



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



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**SELECTION OF ONE MEMBER STATE FROM THE REGION OF THE
AMERICAS ENTITLED TO DESIGNATE A PERSON TO SERVE ON THE JOINT
COORDINATING BOARD OF THE UNDP/WORLD BANK/WHO SPECIAL
PROGRAM FOR RESEARCH AND TRAINING IN TROPICAL DISEASES (TDR)
ON THE EXPIRATION OF THE PERIOD OF OFFICE OF BOLIVIA**

The Special Program for Research and Training in Tropical Diseases (TDR) is a global program of international technical cooperation, managed by the World Health Organization and cosponsored by the United Nations Development Program and the World Bank to develop new tools for the prevention and control of tropical diseases and to strengthen the research capabilities of the affected countries.

The Joint Coordinating Board is the most important administrative body of the Special Program. It consists of 30 members. Twelve government representatives are selected by the WHO Regional Committees from among those countries directly affected by the diseases dealt with by the Special Program, or from among those providing technical or scientific support to the Special Program (paragraph 2.2.2 of the Memorandum of Understanding). One vacancy will occur in the Region of the Americas on 1 January 2002 when the term of office of Brazil will have expired.

The Directing Council, acting in its capacity as Regional Committee of WHO for the Americas, is requested to select one Member State entitled to designate a person to serve on the TDR Joint Coordinating Board for a three-year term commencing 1 January 2002. Any Member State from the Region is eligible for selection.

The Special Program for Research and Training in Tropical Diseases (TDR) is a global program of international technical cooperation managed by the World Health Organization and cosponsored by the United Nations Development Program (UNDP) and the World Bank, to develop new tools for the prevention and control of tropical diseases and to strengthen the research capabilities of the affected countries.

The diseases included in the Special Program are malaria, schistosomiasis, filariasis (including onchocerciasis), African and American trypanosomiasis, leprosy, and leishmaniasis, dengue, and tuberculosis.

The Joint Coordinating Board (JCB) is the most important administrative body of the Special Program. It consists of 30 members selected as follows:

- ***Twelve government representatives selected by the contributors to the Special Program resources*** (paragraph 2.2.1 of the Memorandum of Understanding)

The Government of Canada is a JCB member until 31 December 2004 and the Government of the United States of America is a member until 31 December 2002.

- ***Twelve government representatives selected by the WHO Regional Committees from among those countries directly affected by the diseases dealt with by the Special Program, or from among those providing technical or scientific support to the Special Program*** (paragraph 2.2.2 of the Memorandum of Understanding)

The Government of Argentina is a member until 31 December 2003.

One vacancy will occur in the Region of the Americas on 1 January 2002 when the term of office of Bolivia expires.

- ***Three members designated by the JCB itself from among the remaining Cooperating Parties*** (paragraph 2.2.3 of the Memorandum of Understanding)

The Region of the Americas does not have a member designated by the JCB itself for the current period.

- ***Three agencies which comprise the Standing Committee***

This Committee is made up by the United Nations Development Program, the World Bank, and the World Health Organization.

According to paragraph 2.2.2 of the Memorandum of Understanding, the Directing Council, acting in its capacity as Regional Committee of WHO for the Americas, is requested to select a Member State entitled to designate a person to serve on the TDR Joint Coordinating Board for a three-year term commencing 1 January 2002. Any Member State from the Region is eligible for selection under paragraph 2.2.2.

Summaries of the scientific and technical basis of the Special Program and the functions, composition, and operation of the Joint Coordinating Board are attached as Annexes A and B.

Annexes

UNDP/WORLD BANK/WHO SPECIAL PROGRAM FOR RESEARCH AND TRAINING IN TROPICAL DISEASES

Scientific and Technical Summary of the Memorandum of Understanding on the Administrative and Technical Structures

1. Despite the remarkable advances in medical science over recent decades, parasitic diseases still affect or threaten more than a thousand million people in the tropical countries, taking a heavy toll in human lives and gravely impeding economic development. Furthermore, rather than coming under control, in many regions some of these diseases are increasing in both prevalence and severity.
2. These diseases, burden of the tropics, are borne by the very people least equipped to control disease—the populations of the developing countries. Not only is development impeded by disease, but some of the development projects, such as man-made lakes and irrigation schemes designed to improve conditions, have in fact altered the ecology and aggravated major public health problems, such as malaria, leishmaniasis and schistosomiasis.
3. In addition, technical problems have significantly reduced the effectiveness of some disease control programs. A prime example is the increasing resistance of anopheline mosquitoes to chemical control, the mainstay of the majority of malaria control programs. In some areas, such insecticide resistance in the vector is combined with chloroquine-resistant strains of the malaria parasite in man, further increasing the severity of the problem.
4. To stimulate and coordinate goal-oriented research leading to the development and application of new and improved tools for control of these diseases, the Special Program for Research and Training in Tropical Diseases has been planned and initiated by the World Health Organization (WHO) with the assistance and co-sponsorship of the United Nations Development Program (UNDP) and the World Bank.

This Program's two principal objectives can be summarized as:

- Research and development to obtain better tools to control tropical diseases;
- Training and strengthening of institutions to increase the research capability of tropical countries.

5. Criteria for selection of the diseases—malaria, schistosomiasis, filariasis, trypanosomiasis (both African sleeping sickness and the American form called Chagas' disease), leishmaniasis, leprosy, dengue and tuberculosis—included:

- the impact of the disease as a public health problem;
- the absence of satisfactory methods for control of the disease in prevailing circumstance of the tropical countries;
- the presence of research opportunities leading to improved control methods.

Since several major problems requiring research apply to most or all of the eight diseases, the Special Program includes components on epidemiology and field research, vector control, and socioeconomic and biomedical research.

6. Each component of the Special Program is developed under the guidance and with the participation of multidisciplinary groups of scientists organized into a number of Scientific Working Groups, each with clearly defined research goals.

7. Intimately related to this search for new tools is the equally important and interdependent objective: the development of manpower and the strengthening of research institutions in the endemic countries of the tropics.

8. To these ends, institution strengthening activities focus upon the creation of a network of collaborating centers in tropical countries. These centers will become focal points for strengthening the research capabilities of the affected countries and will also be the sites for training activities.

9. The Special Program is concerned with ensuring that the full spectrum of technologists and scientists is trained to carry out the required research in accordance with the decisions and needs of the countries involved. Thus, while the Special Program is especially concerned with training leaders in research, it is not neglecting the training of supporting workers in the laboratory, the clinic, and the field.

10. The Special Program must be looked upon as a long-term effort of 20 years or more. It is hoped, however, that within the next five years some of the new tools will be ready for extensive trials within the national health services of those countries needing them.

**EXTRACTED FROM THE MEMORANDUM OF UNDERSTANDING
ON THE ADMINISTRATIVE AND TECHNICAL STRUCTURES
OF THE SPECIAL PROGRAM FOR RESEARCH AND TRAINING
IN TROPICAL DISEASES**

Joint Coordinating Board (JCB)

Functions

The Joint Coordinating Board (JCB) is the most important administrative body of the Special Program. For the purpose of coordinating the interests and responsibilities of the parties cooperating in the Special Program, it has the following functions:

- review and decide upon the planning and execution of the Special Program. For this purpose it keeps itself informed of all aspects of the development of the Special Program, and considers reports and recommendations submitted to it by the Standing Committee, the Executing Agency, and the Scientific and Technical Advisory Committee (STAC);
- approve the proposed plan of action and budget for the coming financial period, prepared by the Executing Agency and reviewed by the Standing Committee;
- review the proposals of the Standing Committee and approve arrangements for the financing of the Special Program in that period;
- review proposed longer-term plans of action and their financial implications, and review the annual financial statements submitted by the Executing Agency, as well as the audit report thereon, submitted by the External Auditor of the Executing Agency;
- review periodic reports which evaluate the progress of the Special Program toward the achievement of its objectives;
- endorse the proposals of the Executing Agency and the Standing Committee for STAC membership;
- consider such other matters relating to the Special Program as may be referred to it by any Cooperating Party.

Composition

Members

The JCB consists of 30 members from among the Cooperating Parties as follows:

- twelve government representatives selected by the contributors to the Special Program resources;
- twelve government representatives selected by the WHO Regional Committees from among those countries directly affected by the diseases dealt with by the Special Program, or from among those providing technical or scientific support to the Special Program;
- three members designated by the JCB itself from among the remaining Cooperating Parties;
- the three agencies which comprise the Standing Committee.

Members of the JCB serve for a period of three years and may be reappointed.

Observers

Other Cooperating Parties may, at their request, be represented as observers upon approval by the JCB.

Operation

The JCB meets in annual session, and in extraordinary session if required and with the agreement of the majority of its members.

The JCB elects each year, from among its members, a chairman whose responsibilities are to:

- convene and preside over meetings of the JCB;
- undertake such additional duties as may be assigned to him by the JCB.

The Executing Agency provides the Secretariat and arranges for supporting services and facilities as may be required by the JCB.

Subject to such other special arrangements as may be decided upon by the JCB, members of the JCB make their own arrangements to cover the expenses incurred in attending sessions of the JCB. Observers attend meetings of the JCB at their own expense. Other expenses of the JCB are borne by the Special Program resources.

**Past and Current Membership of the Joint Coordinating Board (JCB)
from the Region of the Americas**

Country	Paragraph 2.2.1*	Paragraph 2.2.2**	Paragraph 2.2.3***
Argentina		1983-1985 2001-2003	
Bolivia		1999-2001	
Brazil		1978-1980 1989-1991 1995-1997 1998-2000	1983-1988 1992-1994
Canada	1978-2004		
Colombia		1986-1988	
Cuba		1981-1982 1987-1989 1993-1995	
Mexico		1981-1983 1996-1998	1985-1990
Nicaragua		1990-1992	
United States of America	1978-2002		
Venezuela		1978-1980 1984-1986 1992-1994	

* 2.2.1 Government representatives selected by the contributors to the Special Program resources.

** 2.2.2 Government representatives selected by the WHO Regional Committee for the Americas.

*** 2.2.3 Members designated by the JCB itself.