



Pan American  
Health  
Organization



World Health  
Organization  
REGIONAL OFFICE FOR THE  
Americas

# 30th PAN AMERICAN SANITARY CONFERENCE

## 74th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

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*Provisional Agenda Item 6.1*

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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 UNICEF/UNDP/WORLD BANK/WHO SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES**

#### **Background**

1. The UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) is an independent global program of scientific collaboration. Established in 1975 and co-sponsored by the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the World Bank, and the World Health Organization (WHO), it aims to help coordinate, support and influence global efforts to combat infectious diseases that affect the poor and the disadvantaged.
2. The Joint Coordinating Board (JCB) is TDR's top governing body. It consists of 28 members. Of these 28 representatives, 6 governments are selected by WHO Regional Committees from among those countries directly affected by the diseases dealt with by the Special Programme, or from those that provide technical or scientific support to TDR (paragraph 2.2.2 of the TDR Memorandum of Understanding<sup>1</sup>). In addition, 12 members are selected from among the TDR resource contributors, some of which are organized into constituencies of two or more governments (paragraph 2.2.1). Six members are selected from other cooperating parties (paragraph 2.2.3) and four are the TDR co-sponsoring agencies who are permanent members of the JCB (paragraph 2.2.4).
3. On 31 December 2022, the four-year term of office of Ecuador (as a JCB member under paragraph 2.2.2) will come to an end, leaving a vacancy in the Region of the Americas.

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<sup>1</sup> TDR Memorandum of Understanding:  
<https://tdr.who.int/docs/librariesprovider10/governance/mou-2013-rev1-en.pdf>.

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4. According to paragraph 2.2.2 of the Memorandum of Understanding, the Pan American Sanitary Conference, 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 four-year term commencing 1 January 2023. Any Member State from the Region that is not currently a member of the JCB, or whose term is due to end on 31 December 2022, is eligible for selection under the same paragraph.

5. The representative of the Member State selected by the Regional Committee under paragraph 2.2.2 of the Memorandum of Understanding will represent both the Region of the Americas and their own country at sessions of the JCB. Member States are encouraged to nominate a representative who meets the qualifications outlined in Annex A. Their nominee should be committed to serve for the full duration of the term of office, thus ensuring continuity. The representative should provide feedback on the JCB sessions to the Regional Office and the Regional Committee.

### **The Special Programme**

6. The Special Programme focuses on research related to infectious diseases that affect the most vulnerable populations.

7. The JCB consists of 28 members from among the Cooperating Parties, as follows:

- a) twelve representatives from the governments contributing to the Special Programme resources;
- b) six government representatives selected by the WHO Regional Committees from among those countries directly affected by the diseases dealt with by the Special Programme, or from among those providing technical or scientific support to the Special Programme;
- c) six members designated by the JCB itself, from among the remaining Cooperating Parties; and
- d) the four co-sponsors of the Special Programme.

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

9. Other Cooperating Parties may, at their request, be represented as observers upon approval by WHO as the Executing Agency, in consultation with the co-sponsors.

10. The meetings of the Joint Coordinating Board are held in English, French and Spanish; therefore, it is important that the person who is designated to serve by the Member State can participate in one of these languages. Moreover, the person should be a researcher in communicable diseases, or his/her work should be closely related to research in communicable diseases, particularly infectious diseases of poverty.

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

12. For more information, you may wish to consult the TDR Governance website: <https://tdr.who.int/governance>.

**Action by the Pan American Sanitary Conference**

13. The Conference is requested to select one Member State to replace Ecuador as a JCB member under paragraph 2.2.2, whose term of office will expire on 31 December 2022.

Annexes

**Annex A**

**UNICEF/UNDP/World Bank/WHO  
Special Programme for Research and Training in Tropical Diseases (TDR)  
Joint Coordinating Board (JCB)**

**Guidelines for JCB representatives selected by the  
WHO Regional Committees**

**Background issues**

1. This document is intended to provide guidelines for those selected by the Regional Committees for JCB membership.
2. Regional representatives are encouraged to proactively participate in the discussions at the JCB. Disease endemic country and other regional representatives can contribute to TDR, and in order to do this, they should play an active role during JCB sessions.
3. To facilitate participation by the regional representatives at JCB, they need to be briefed about TDR before arriving for their first JCB session. A regional representative should be well versed not only of his/her country's relationship with TDR, but also know about TDR activities in their region. Good briefing should enable the representatives to participate in and contribute to the discussions at the JCB and benefit the cause of TDR.

**Guidelines on the role of representatives**

- Represent both the country and the region at the JCB, recognizing the importance of voicing the needs of the country, the region and the disease endemic countries in the Board's deliberations
  - Familiarization with the work of TDR and the regional issues by:
    - reading background information provided by the Programme and/or the Regional Office - the TDR website is <https://tdr.who.int/>,
    - making contact with (or visiting) current and/or past representatives who have attended JCB sessions,
    - making contact with (or visiting) key national or neighbouring country scientists who are familiar with the work of TDR (details to be provided by TDR),
    - making contact with (or visiting) the Regional Office.
  - Secure national briefing before the JCB session and provide feedback to the Government after the JCB session.
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- Secure briefing from the Regional Office before the JCB session and provide feedback to the Regional Office after the JCB session, with possible attendance at the Regional Committee meeting if possible.
- Participate in the following meetings just prior to or during the JCB:
  - the JCB briefing meeting,
  - the meeting of regional representatives, aimed primarily at disease endemic countries.
- Participate in the virtual network of regional representatives.
- Keep JCB dates free to ensure attendance for the whole term of office if nominated by the Government for the full period – if not nominated for the full period or if changes occur, brief the successor. Ensure availability of suitable alternates in case of absence and brief them thoroughly.
- At the end of the term of office, be prepared to provide briefing to the next regional representative.
- Assist, as required, in raising resources for research for health, especially for the neglected diseases, at the national, regional and global level.

**It is recommended that all JCB representatives have the following qualifications:**

- Expertise in the field of infectious diseases of poverty, preferably from the research side or with good knowledge of the research issues. Disease programme officers with research knowledge, as well as those with experience in resource mobilization, within government or other relevant sources if the representative is from a nongovernmental organization, would be a distinct advantage.
- Experience preferably as a research coordinator in or linked to the Ministry of Health or the Ministry of Science and Technology, with experience in the overall coordination of national health research activities and collaboration with the Regional Office and TDR.
- Fluency in English or French, the working languages of WHO as the Executing Agency for TDR.
- Familiarity with the workings of WHO or other United Nations specialized agencies and past experience in their governing body and/or international scientific meetings.
- Knowledge of the work of TDR or willingness to rapidly acquire such knowledge.
- Cooperating Parties participating as observers should preferably also meet these qualifications.

## Annex B

### Brief history of TDR achievements

1. Established in 1975, the Special Programme for Research and Training in Tropical Diseases (TDR) is hosted by the World Health Organization (WHO) and is co-sponsored by the United Nations Children’s Fund (UNICEF), the United Nations Development Programme (UNDP), the World Bank and WHO. TDR is core-funded by a range of governments across the globe, all committed to using research evidence to improve health outcomes. TDR’s position in the United Nations provides us with a unique opportunity to convene a wide variety of global stakeholders and catalyse research action. It has allowed us to develop and disseminate essential health tools and strategies that serve the needs of the people most at risk of infectious diseases of poverty. Since its earliest days, TDR has been committed to the two interdependent objectives of supporting research to improve the control of infectious diseases, and strengthening the capacity of disease-affected countries to perform valuable health research themselves.

### TDR Achievements

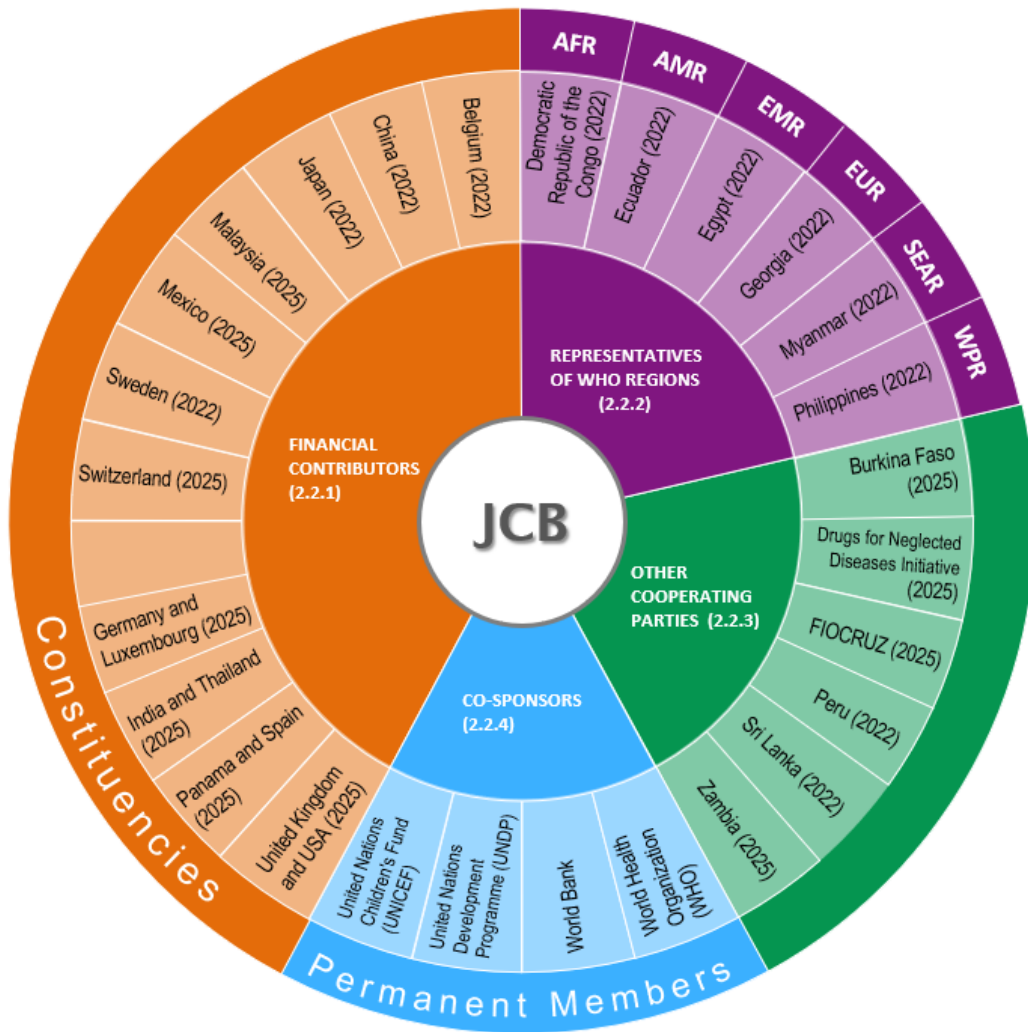
<p><b>PROVIDED EVIDENCE</b> on a range of prevention and care strategies, new medications and diagnostics. For example, TDR helped establish the effectiveness of artemisinin-combination therapies and insecticide-treated bednets to control malaria, and community-led approaches to ivermectin distribution for river blindness.</p>		<p><b>PARTNERED WITH COUNTRIES</b> on five major elimination campaigns for neglected diseases – leprosy, onchocerciasis (river blindness), Chagas disease and lymphatic filariasis globally, and visceral leishmaniasis on the Indian subcontinent.</p>	
<p><b>INCREASED THE RESEARCH CAPACITY</b> in low- and middle-income countries by training and mentoring thousands of researchers in developing countries, playing a pivotal role in the growth of significant research institutions in Africa, Asia and South America.</p>		<p><b>CO-DEVELOPED 12 new drugs</b> for infectious diseases such as malaria, leprosy, leishmaniasis, and sleeping sickness – more than half of all drugs developed for these diseases since 1975.</p>	
<p><b>PIONEERED</b> the role of communities and community health workers in delivering health interventions – now a critical component in many low- and middle-income countries.</p>		<p><b>ESTABLISHED NATIONAL AND REGIONAL HUBS</b> that are improving healthcare delivery or policies through operational and implementation research training and conduct on major public health challenges like multi-drug resistant tuberculosis.</p>	

See “Celebrating 40 years of research” to learn more about TDR’s achievements.<sup>1</sup>

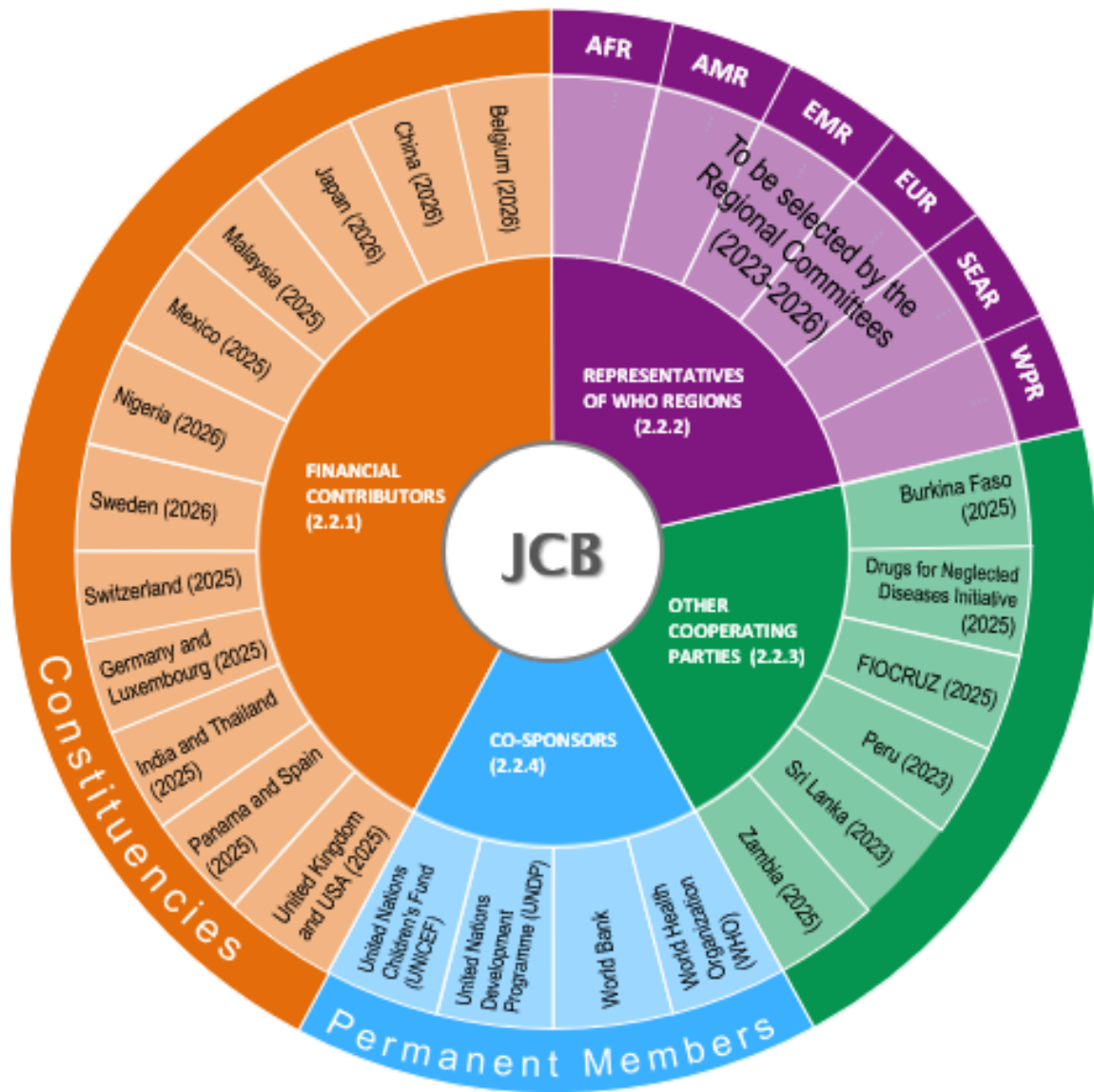
<sup>1</sup> Available at: <https://tdr.who.int/publications/i/item/celebrating-40-years-of-research>.

Annex C

**Membership of the  
TDR Joint Coordinating Board**  
(as of 1 January 2022)



(as of 1 January 2023)



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