Special Programme for Research & Training
in Tropical Diseases (TDR) sponsored by
UNICEF/UNDP/World Bank/WHO

TDRnews supplement

30th anniversary of the Joint Coordinating Board

TDR Ten Year Strategy endorsed by JCB

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Anniversary message from the Director of TDR

It was a great honour for me, as TDR's present director, to participate in convening the 30th anniversary celebrations of the JCB — including such a broad range of former directors and staff, partners and collaborators. Many of the meeting participants have led the management and governance of the programme over its critical years of infancy and maturity. But they will be the first to admit that it is through the efforts of thousands of others, contributing as investigators, committee members and advisers, that TDR's impact on research and disease control history over 30 years has been, and continues to be, so significant.

A summary of TDR's history has been prepared in celebration of TDR's 30 years. Some brief excerpts of your comments and remarks, thoughts and reflections about TDR's history past and present are gathered together here in these supplement pages, while full texts are available on the special anniversary pages of the TDR website: www.who.int/tdr

I have been associated with TDR myself, in one way or another, since 1988, when I first began serving on expert committees related to malaria vaccine development. The programme then was just completing its first decade; but the thing that impressed me from the start was the fact that research in TDR had a clear focus and purpose — to reduce disease burden, to make a difference.

One of our most noted guest speakers at the JCB 30th anniversary was former WHO Director-General Halfdan Mahler. I have had the privilege of meeting with, and hearing, Dr Mahler on several occasions and have observed how, when he relates to WHO's mission and goals in the world today, he often refers back to early, basic documents and decisions — such as the WHO Constitution.

We in TDR have a chance in a historical moment like this one to reflect on our own foundations, upon the essential principles that drive us, that make us unique, and can also propel us forward.

Many of these principles are underlined in TDR's governance structures. From the beginning TDR was unique, almost revolutionary (to use 1970s language), in the equal mix of so-called 'donor' and 'recipient' governments that it brought to the table. The programme also brought together diverse UN and development agencies — UNDP, the World Bank and WHO — joined more recently by UNICEF. Through the structure of TDR's Joint Coordinating Board as well as the Scientific and Technical Advisory Committee (STAC), scientific working groups and steering committees, TDR set a precedent by seeking equality between developed and developing countries in the determination of research priorities, definition of tasks and their implementation.

The success of these formulas is evident not only in TDR's work, but in the fact that elements of this governance have been copied by other organizations such as UNAIDS. The collaborative model epitomized by TDR is of enduring value today in an era when coordination between UN agencies and between the UN and other public and private organisations is so important.

But what about the future of TDR? Our new TDR Ten Year Strategy, endorsed at the JCB 30th session, while reflecting today's needs and realities, builds on TDR's historic principles. The new strategy reinforces essential governance principles, grounded in the need to transparently and equitably improve international public health, and builds upon them further. Through our new strategic emphasis on stewardship, we lay the foundation for even closer consultations and coordination with our four co-sponsoring agencies, which all made statements at JCB 30, and spoke about their continuing commitment to TDR.

Our new strategic emphasis on ‘empowerment’ engages developing countries even more profoundly as stakeholders, owners and leaders of TDR’s operations. This involves two aspects: the fostering of disease endemic country leadership in research and even deeper involvement of developing countries in TDR’s governance structures.

Within TDR, we can see the shift already taking place. More developing countries are opting to become resource contributors to the Special Programme and several generations of highly trained and internationally renowned researchers are emerging in the South, as well as the North. This is generating a new and emerging equality in terms of policy, practice and know-how about engagement in health research.

Of course, there is still a tremendous way to go to fully realize the promise of this international activity, capacity and knowledge. We need to address the new and re-emerging diseases that have become a threat over the past decades, and sustain the control and elimination of TDR’s originally targeted diseases, for which there have been numerous research-led disease control advances over the years. There are new opportunities that can be further enhanced through the increased commitment and funding of research by countries and organizations.

In the wake of the JCB 30th anniversary, and looking forward to the next 10 years, TDR is poised to build on its past and make a major difference to global research, to global health, and through that, to global development.

Dr Robert G Ridley,
TDR Director

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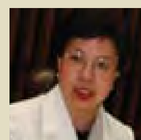

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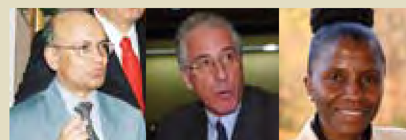

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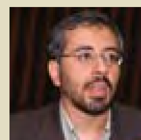

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Excerpts from presentations at the 30th Session of the Joint Coordinating Board, 19-21 June 2007

Dr Margaret Chan

Director-General of WHO

Full text version available at:
www.who.int/dg/speeches/2007/20070619_tdr/en/index.html

"We are about to launch a new vision and strategy for TDR. I believe the ambitions TDR have set address some of the most pressing needs in public health today.

Since its inception, TDR has always been concerned with the neglected needs of neglected populations. It has always brought the power of rigorous scientific investigation to bear on the infectious diseases of the poor.

In my address to the Health Assembly last month, I described the complexities of the public health landscape and the challenges they present for WHO and its many partners. Unprecedented commitment has been accompanied by a surge of new initiatives and innovative funding mechanisms and a rapid growth of public-private partnerships. These partnerships include new models for conducting R&D for product development. As we know, some of these models were nurtured by TDR.

While these are certainly welcome trends, they have also introduced some problems. The field is crowded. There are more actors in health than in any other sector. Roles and responsibilities are blurred, as are lines of accountability. Who is in charge — countries or donors?

We have seen a burst of interest, and a burst of activity. But what is the impact on health outcomes? Are we closing the gaps, especially among the poor?

Here is the catch: if we want better health to work as a poverty-reduction strategy, we must reach the poor. This is the acid test, and this is where we are failing.

The poor are traditionally the hardest group to reach. They tend to live in remote rural areas or urban shanty towns that are beyond the reach of the formal health system. … Unless we make some radical changes in the way we deliver services to the poor, we will not achieve our international commitments.

We know the lessons from decades of experience: build national capacity, and promote local ownership and community engagement. We need to make local priorities, local conditions, and the local expertise of scientists our point of departure. We know that demand-led initiatives have the greatest chance of sustainable success.

And so firmly acknowledged in the new (TDR) strategy, health leaders in endemic countries know best what they need most. And they know what works in their countries.

It is good to see that TDR will continue to engage in product development for the most neglected diseases, like the helminths, that are not being addressed by others.

Countries also want support for implementation. The new directions for TDR will increase our ability to attack, on multiple fronts, some very long-standing and seemingly intractable problems. I mean here our ability to… scale up show-case pilot projects to reach large populations; to improve access to existing interventions or reach the poor on an adequate scale.

I also mean our ability to address multiple health needs in a cost-effective, integrated way. All of you will know that the points I am stressing pertain to elements in the new vision and strategy. The new ambitions fixed for this Programme greatly expand the portfolio of strategies being pursued in our collected efforts to improve health and alleviate poverty. They help round out the picture. We are closing in.

The new vision and strategy give TDR a more strategic role, and allow a more holistic approach. These are very welcome attributes in the complex landscape of public health. We greatly need coordination, cohesion and coherence. We need stewardship for an effective global effort. And we need to enable endemic countries to take the leadership role in this effort.

Dr Margaret Chan, WHO Director-General, at the opening JCB session, flanked by TDR Director, Dr Robert Ridley, on left, Dr Anarfi Asamoa-Baah, Deputy Director-General WHO behind her, and on right, former WHO Director-General, Halfdan Mahler and outgoing JCB Chairman Dr Bijan Sadrizadeh.

In line with the strategy, I believe we must build on what exists, but not by doing the same old things in the same old ways. I am personally very glad to see TDR move into new territory. These are the hard tasks, but it is absolutely vital that they be addressed.

We must be smart in the way we respond to increased commitment and resources. I welcome the initial focus on community-based interventions and strategies. Since inadequate delivery systems are a key bottleneck, it is smart to deliver packages of interventions, and to use established systems to do so. It is smart to build on what works well in difficult situations. TDR is doing this with APOC (the African Programme on Onchocerciasis Control), which is reaching 60 million people. Integrated delivery of multiple interventions is a value-added approach that brings multiple benefits for health.

But we need an evidence-based understanding of which combination of tasks can be effectively integrated, and of how community empowerment can be sustained. If we want initiatives to be demand-led, we must pick the right entry point. TDR is doing this with malaria. It is smart to integrate the clinical management of people co-infected with diseases long addressed by single initiatives. TDR is gathering evidence for treatment policy for TB and HIV co-infection, focusing on national control programmes at the primary care level.

These are just some of the «hot topics» set out in the new strategy. I warmly welcome the major new emphasis being given to implementation research, especially for large-scale disease control. TDR will be looking for innovative ways of getting new and existing interventions to populations who have poor geographical or economic access to services.

TDR will also be strengthening its traditional work on training and capacity building. One unfortunate consequence of the surge of international interest in health is this: scientists in disease endemic countries are being left behind in global research planning and priority setting. We must not allow this to happen … actually engaging scientists in endemic countries in product development is likely to bring the most rewarding results for all concerned.

Ladies and gentlemen, the strategy calls on TDR to strengthen its strategic links with co-sponsoring agencies, and most especially with WHO. I warmly welcome this move. TDR's experience and expertise make a vital contribution as WHO develops its health research strategy and supports the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property.

The tasks mapped out for TDR over the coming years are not easy, but they are absolutely vital to our goals and our prospects for long-term success. These new functions, if performed well, will greatly increase our chances of making life better for the world's huge population of neglected people with neglected health needs. I wish you every success. ”

Expanded role in stewardship and empowerment of research on neglected diseases of poverty

JCB approves new TDR Ten Year Strategy

In a 30-year anniversary session, TDR's Joint Coordinating Board (JCB) endorsed a new strategy that strengthens and expands TDR's focus on prevention and control of 'infectious diseases of poverty.' The strategy builds upon TDR's substantial record in developing drugs, delivery strategies and research capacity in countries where parasitic tropical diseases are endemic. The new plan, however, also addresses some of the new and emerging infectious disease challenges facing developing countries, such as TB-HIV co-infection, sexually transmitted infections, and dengue virus.

Over the coming decade, TDR will focus on addressing key bottlenecks or gaps in getting health care treatments to poor and remote populations, and fostering research and policy leadership in disease endemic countries, as part of its new Ten Year Strategy, unanimously approved by the JCB following 3 days of meetings (June 19-21).

The strategy and vision, developed over the past year, calls on TDR, one of the major UN-based programmes dedicated to health research in the developing world, "to foster an effective research effort on infectious diseases of poverty in which disease-endemic countries play a pivotal role."

"If we want better health to work as a poverty reduction strategy, we must reach the poor. This is the acid test," said WHO Director General Dr Margaret Chan, speaking at the JCB's opening session. "I am very glad to see TDR move into this new territory."

JCB pays tribute to TDR's successful past

Over the past three decades, TDR research paved the way for the control of leprosy, onchocerciasis (river blindness), Chagas disease, lymphatic filariasis and visceral leishmaniasis, the Director-General noted. These five neglected tropical diseases, which previously killed or disabled millions of people every year, are now targeted for global or regional elimination, "largely as a result of tools and strategies developed through TDR-coordinated activities."

TDR also sponsored the first large-scale field trials of insecticide-impregnated bednets in the mid-1990s, demonstrating their life-saving value in malaria control.

Implementation research expanding

Under the new strategy, TDR's field research experience and networks will be harnessed to address one of the biggest challenges faced by the global health community: access to primary health treatments for poor people. Implementation research — research to investigate how best to use health tools and drugs more effectively in communities and health systems — has traditionally been a cornerstone of TDR's work.

Chan cited TDR's model for community-directed treatment with ivermectin for onchocerciasis as one of the models for how research can improve health access. Community-directed treatment has become the backbone for control strategies in remote, rural African communities facing a shortage of formal health care services. Community-directed treatment systems now cover 60 million Africans, and by 2010 will cover some 100 million people, nearly one-sixth of the sub-Saharan population. The onchocerciasis control effort has been described as "one of the most triumphant public health campaigns ever waged in the developing world" (UNESCO, 2005).

Now, TDR is supporting African scientists to explore how community-directed systems could be used to deliver other essential primary health care interventions that are still underutilized — such as insecticide-treated bednets, home-based malaria treatment, TB diagnosis and treatment, and Vitamin A supplements.

"TDR-supported research has made a difference because of a long-term commitment from countries and donors to research as a critical factor in disease control," said Dr Robert Ridley, Director of TDR. "Together with researchers and experts in disease control globally, particularly those from disease-endemic countries, we identify key disease control problems or gaps that research needs to address. We sponsor that research in partnerships, leading to evidence-based solutions that can be taken up by health ministries, global health agencies and disease-control officials."

> *"To foster an effective global research effort on infectious diseases of poverty in which disease endemic countries play a pivotal role is TDR's new vision."*

Research on how to implement is critical to WHO's broader goal of improving access to critical health-saving medications and tools. "TDR's experience offers some of the best models for doing that — and in the long term, investment in that kind of research saves time and money," said new JCB chairman Dr Rolf Korte, a senior health policy advisor at the German-based GTZ, and a representative of the Government of Germany. Korte was elected at the meeting to replace outgoing JCB chairman, Dr Bijan Sadrizadeh, Senior Adviser to the Minister of Health and Medical Education, in the Islamic Republic of Iran.

'Stewardship' and 'Empowerment' central to the strategy

The JCB endorsement followed endorsement of the proposed strategy by TDR's Scientific and Technical Advisory Committee (STAC) at its annual meeting in February. STAC and JCB also reviewed details of the 11 new "business lines" being developed to make the new strategy operational. These include business lines designed to reinforce TDR's role in 'stewardship' for global research activities and promote 'empowerment' of developing country research leadership on neglected priorities.

The stewardship business line will engage broad-based groupings of stakeholders to evaluate and propose new research directions for diseases and thematic areas — moving dialogue beyond expert-only arenas. However, experts also will be engaged continuously in virtual web-based discussions as part of "disease reference groups" and "thematic reference groups" so that the most up-to-date research issues are continually being assessed.

A web-based knowledge management platform, TropIKA.net, also is being developed with several partners, along with a new publications series on trends and developments in tropical diseases.

The 'Empowerment' business line aims to build leadership at individual, institutional and national levels so that countries can better initiate research activities, develop a stronger international health research presence and effectively use research to inform policy.

Neglected priority needs

Research on neglected priority needs is the focus of a series of business lines that cover topics such as: treatment for TB/HIV co-infections; development/evaluation of quality-assured diagnostics, particularly for remote locales; and expansion of drug discovery networks with public and industry partners to accelerate the identification of potential new drug leads for diseases receiving insufficient focus from private sector R&D.

Business lines also address: innovation for product development in disease-endemic countries; innovative vector control; new drugs for helminth infections (e.g. lymphatic filariasis, onchocerciasis and schistosomiasis); evidence for antimalarial policy and scale-up of management tools; and research to support visceral leishmaniasis elimination. A business line on integrated community-based health interventions will take the community-directed treatment model for onchocerciasis forward and examine other applications.

Gathered for the JCB anniversary session and strategy endorsement were JCB members representing TDR's four cosponsors — UNDP, UNICEF, the World Bank and WHO — as well as 30 governments of developed and developing countries. In addition, 21 representatives of official JCB observer governments and agencies participated.

A range of dignitaries attended and gave addresses commemorating the 30th anniversary. These included the Health Minister of Ghana, Major Courage Quashigah (Rtd), and the Minister of Health and Medical Education of the Islamic Republic of Iran, Dr Kamran Lankarani, guests of honor at the opening and closing ceremonies respectively. Also attending were the ambassadors of Thailand and Luxembourg to the United Nations Office in Geneva, and senior officials or diplomatic envoys of the Governments of Brazil, India, Mali, and Nigeria. Two former TDR directors, Dr Adetokunbo Lucas and Dr Carlos Morel, made remarks, along with former WHO Director-General, Dr Halfdan Mahler, and former WHO Assistant Directors General, Mr Warren Furth and Dr Stanislas Flache. Also present was a representative of the Mectizan (ivermectin) Donation Program.

Mahler, who helped lead the creation of TDR in the 1970s while WHO Director-General, told the JCB: "As WHO prepares to write the history of its first 60 years, any chapter on tropical diseases would highlight the immense contribution of TDR. It is my conviction that new WHO Director-General Dr Margaret Chan can benefit enormously from TDR's input into her commitment to improving health in Africa in the coming decades."

☛ ***Excerpts of JCB anniversary speeches and remarks on following pages.***

Link to WHO Press release on new TDR Strategy and Strategy full text: ***www.who.int/tdr/about/strategy/strategy_06.htm***

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Outgoing JCB Chairman Dr Bijan Sadrizadeh hands over the chairmanship to Professor Rolf Korte, elected at the JCB 30 meeting.

Co-sponsors addresses

Mr Kul Gautam

Assistant Secretary-General of the United Nations and Deputy Executive Director of the United Nations Children's Fund (UNICEF)
(in videotaped presentation)

"UNICEF's work has benefited greatly from TDR's research. TDR sponsored the largest field trials ever on insecticide-treated bednets. TDR also contributed to the development of ACTs (artemisinin-combination therapies). UNICEF is today the largest purchaser of bednets in the world, 25 million in 2006. And 68 countries today have adopted ACT therapy as their official policy. We commend TDR for its new strategy… This strategy with detailed deliverables, timelines and partnerships, provides a solid roadmap for TDR as it enters its fourth decade of operations. You can count on UNICEF's support."

Mr Julian Fleet

Chief, HIV/AIDS Liaison Unit, UNDP Office in Geneva, on behalf of Mr Kermal Dervis, Administrator of the United Nations Development Programme

"UNDP wishes to join the other co-sponsors in commending TDR for its important accomplishments over the last 30 years to combat major neglected diseases of the poor. We would like to draw particular attention to TDR's key role in nurturing local scientists in low- and middle-income countries and in contributing to numerous scientific, technical and educational partnerships. We in UNDP are particularly pleased that TDR and our Southern African Capacity Initiative (SACI) have teamed up to help build and strengthen operational research capacity within national programmes in sub-Saharan Africa, with the aim of improving the delivery and uptake of treatment for HIV and opportunistic infections including TB, as well as promoting a "research ethos" within the public health systems. As a founder and long standing co-sponsor, UNDP remains engaged in TDR. TDR is an early example of the kind of global partnership for development envisaged in Millennium Development Goal 8, helping to develop the research capacity and research leadership which help make available new technologies to control disease, improve health and, in turn, advance overall economic and social development."

Mrs Joy Phumaphi

Vice President and Head, Human Development Network, the World Bank
(in videotaped presentation)

"I would like to assure you of the World Bank's commitment to TDR and to the excellent work you have been doing with partners in developing countries. We have been a cosponsor of TDR since its inception in 1977. From 1981 until the present we have contributed US$ 82 million to its programmes. We see TDR as critical to responding to the needs of the global development agenda, not only to attain the Millennium Development Goals, but to assure sustainable development. We see research and development as being critical to building the capacity of developing countries to inform not only the health agenda, but also the development agenda and the agenda of the social determinants of health... We have a global network that has been created by TDR which has proven to be absolutely critical to informing evidence-based integration of research findings into the agendas of developing countries. … We are extremely delighted and hopeful that the agenda of TDR will continue to support these principles, and contribute to focus on capacity building and implementation."

Dr David Heymann

Assistant Director-General for Communicable Diseases; Representative of the Director-General for Pandemic Influenza and Polio Eradication, and TDR Special Programme coordinator

"I am looking forward to working closely with TDR to develop and implement the new strategy, building on its strong history of discovery research, product development and clinical studies, and strengthening of research capabilities in disease endemic countries. This new strategy is a bold approach to be a convener on health research issues, and to more strongly and strategically support researchers and governments in disease-endemic countries so that they can play a pivotal role in setting research priorities and agendas and conducting research. We believe this is what is needed to make a long-term health impact that is sustainable from within and contributes to improved health, poverty alleviation and real economic growth. TDR's future is building on the successes of the past while recognizing the need to adapt to the future. WHO provides a bridge and a link for TDR to work effectively within countries and with national institutions, and an incredible source of knowledge and outreach on what problems need to be addressed from a disease control perspective as well as on debates around policy development. By enabling TDR to operate as a broad-based co-sponsored research programme within WHO, closely aligned to disease control and development needs, we seek to build on WHO's and TDR's strengths to assist the development of innovation and evidence-based policy and action."

Opening addresses

Governments that have hosted JCB sessions

Major Courage Quashigah (Rtd)

Minister of Health of Ghana

"We in the developing world have over the last 30 years benefited from the constructive partnership with the TDR in our fight against endemic diseases. Indeed many of the advances we have made in the management and control of some of these diseases can be traced to the support offered to our scientists and research institutions in the development of realistic interventions and innovations, some of which have helped us shape our health policies over the years. I am also grateful to the TDR for their contribution to the current vibrant leadership in health research that is emerging in countries such as Ghana and other African countries. For me this is clear evidence of the focus on capacity building that has characterized the partnership between the TDR and developing countries. I believe that the new vision and strategy will further seek to deepen this partnership for the benefit of our people, especially the poor and disadvantaged. The link between health research and the development of health policy, planning and service delivery will remain critical to our developmental efforts, and so we have also committed to increasing investments in health research, with emphasis on health systems improvement, policy formulation, human resource development and enhancement of indigenous initiatives in health industry with increasing south-south cooperation and networking."

Mr Jean Feyder

Ambassador and Permanent Representative of the Grand-Duchy of Luxembourg to the United Nations Office at Geneva

“I want to underline that Luxembourg is extremely pleased with the achievements of TDR over the past 30 years and their impact on health in disease endemic countries... Luxembourg supports the new strategic vision of TDR. It is eager for its implementation in the context of a strengthened effort by the WHO and by other intergovernmental and private organizations to promote health research.”

Dr Sihasak Phuangketkeow

Ambassador and Permanent Representative of Thailand to the United Nations Office and the Specialized Agencies in Switzerland

“By strategically promoting structured capacity-building in health decision-making, TDR can provide a platform for advancing scientific and ethical conduct as core elements of health policy and development. This is the highest level of empowerment. In view of this, TDR is uniquely positioned to facilitate the growing global discussion on health research policy and development.”

Mr Vijay Trivedi

Counsellor, Permanent Mission of India to the United Nations Office and other international organizations in Switzerland on behalf of the Ambassador and Permanent Representative

“India has been a proud member of the TDR partnership and has benefited from, and contributed toward, scientific and technical progress under TDR. TDR, at present, is going through a stage of transformation in view of the increasing multiplicity of stakeholders, on the one hand, and decline in the resource base for research, on the other, and therefore, faces challenges that need to be overcome for effective implementation of TDR's mandate and the opportunities that need to be further exploited to enhance product delivery and improve the R&D base of the Programme. India will continue to constructively engage with TDR.”

Closing addresses

Governments supporting in research dialogue leading up to the 2008 Global Ministerial Forum on Research for Health

Dr Kamran Lankarani

Minister of Health and Medical Education of the Islamic Republic of Iran

“The Islamic Republic of Iran welcomes the new strategy for the TDR Programme, and the vision that the disease endemic countries will play a pivotal role. We support the new strategic functions of stewardship, empowerment and research on neglected priorities.

Dr Kamran Lankarani (on the right) presents a gift from the Islamic Republic of Iran to Dr Margaret Chan, Director-General of WHO, to commemorate the 30th anniversary of TDR's JCB.

With regard to stewardship, we believe TDR has an important new role to fulfill and we welcome the Programme providing a neutral platform for partners to discuss and harmonize activities. We look forward to the sharing of knowledge through the global information platform on health research needs, opportunities and activities on infectious diseases of poverty.

With regard to empowerment, we fully support this concept which builds on the three decades of TDR capacity building. In the Islamic Republic of Iran, we promote strong health research leadership but this can be strengthened, especially through regional networks and assistance to low income countries, and we look forward to collaborating with TDR in this domain also. I am very pleased to learn that the JCB has endorsed the Business Plan for the new strategy which can now move ahead. Of course, TDR needs financial resources to enable it to implement the activities in the new strategy. My Government will do its best to maintain and increase its financial support to the Programme and we call on other nations like ourselves to make financial contributions, however small, as an indication of their commitment. We also invite the richer nations to increase their support for the important activities of this Programme. TDR is one of the few programmes which truly involve disease endemic countries. We encourage our brother countries to indeed play their pivotal role. ”

Major Courage Quashigah (Rtd)

Minister of Health of Ghana (present at both opening and closing sessions)

“Ghana is particularly delighted that its representative Dr Frank Nyonator has been elected as the Vice Chairman of the JCB. This shows the confidence you have in us and recognition of our long standing relation with TDR. Mr Chairman, next year we will be meeting in Bamako, Mali as a follow up to the high level Ministerial meetings held in (2006) in Abuja and Accra. Before this, ministers from Africa will be meeting in Algeria to further consolidate the African position on the health research agenda. I am glad that TDR has taken a keen interest. On behalf of my government and also, I believe, my colleague health ministers, I once again congratulate you all for a successful meeting and for adoption of the Ten Year Vision and Strategy. We pledge our full support to the goals and objectives and we hope that together we will work towards the realization of the ideas captured by the vision. ”

Mallam Ibrahim Talba

Permanent Secretary of the Ministry of Health of Nigeria

“Among many other achievements, TDR has played a pivotal role in initiating and catalysing the generation of key knowledge including the development of drugs to treat tropical disease; provided evidence for advances in health policy, strategy and practice related to several important diseases; supported more than ten thousand projects and trained thousands of developing country scientists. In collaboration with the Government of Ghana, we enthusiastically organized the High Level Ministerial Meeting on Health Research in Africa in Abuja, in March 2006, which was followed by the joint hosting of the JCB Session in Accra in June 2006, which was the first Session to be held in Africa. ”

Dr Mamadou Souncalo Traoré

Head, Department of Education and Research in Public Health, Faculty of Medicine and Pharmacy and Odonto-stomatology, on behalf of the Minister of Health, Mali

“In Mali, we are very aware of how TDR helped a “first generation” of researchers to gain access to the highest levels of professional training, and subsequently, facilitated the training of a critical mass of researchers over several generations, constituting a corps of research excellence of which our country can today be proud. Mali will support TDR’s efforts in the implementation of the new strategy and will do its utmost to ensure that the Global Forum on Health Research planned for November 2008 in Bamako offers an opportunity for all partners present to join Mali in supporting the TDR Programme in this process. ”

Former WHO and TDR leadership

From the left: Mr Warren Furth, Dr Stanislas Flache and Dr Halfdan Mahler

Dr Halfdan Mahler

Former WHO Director-General (1973-1988)

"It is my conviction that the Director-General of WHO, Dr Margaret Chan, could hugely benefit from TDR's input to her very special WHO commitment to improving African health in the coming decade. If that commitment is to be realized, it would, in my opinion, require immense efforts in political, epidemiological, sociological, economic and systems research, in order to test-run throughout Africa sustainable and cumulatively growing health systems in order to realize health gains through primary health care. I am sure that such a role for TDR would be welcomed, both by WHO's Member States at large and the global donor community in particular. So dear TDR, happy birthday and happy landings in the challenges and the problems of the next 30 years!"

Mr Warren Furth

Former Assistant Director-General and Special Programme Coordinator (1980-1989)

"By 1989, when I retired from WHO, some 65 TDR products were in actual use or being tested in TDR trials. I have always felt that the continuous review of TDR's activities by STAC, JCB and the Standing Committee held TDR accountable in a way that is unparalleled, in comparison to other UN programmes. TDR has been and continues to be a powerful force for good in this troubled world. I am glad to have played a small part in its history."

Dr Stanislas Flache

Former Assistant Director-General and Special Programme Coordinator (1977-1980)

"As former WHO Assistant Director-General, I recall with pleasure this period, when overseeing the integration of TDR's undertakings with other WHO activities was among the most satisfying of my responsibilities. On the other hand, ensuring continued financial support of TDR by its co-sponsors and other donors was a challenge and presented occasionally some difficulties. I am happy to express deep appreciation to my former colleague, past TDR Director Dr Adetokunbo Lucas, as well as other past and present TDR leadership and staff, for their excellent performance and wish them continued success in the future."

Dr Adetokunbo Lucas

Nigeria, former TDR Director (1976-1986)

"The work of TDR led to the invention, development and deployment of multiple-drug therapy for leprosy. In 1985, when MDT was accepted as a global strategy, 122 countries had significant prevalence of leprosy. In 2004, only six countries still had a significant level, and even in those countries, the expectation is that within the foreseeable future, leprosy will be eliminated (as a public health problem). Same thing has happened with onchocerciasis, the cause of river blindness. Under the leadership of Roy Vagelos, Merck decided to develop a compound for human use. Then, Vagelos made the further decision to donate the drug for use in developing countries. Last year some 69.3 million treatments were facilitated. And they are keeping to their word 'as much as is required for as long as it takes.' I thank Merck for making the donation of ivermectin but I thank them even more for this slogan which, I hope, will soon be adopted by all the donors to TDR.

The five pillars of support for TDR were the strong leadership within WHO, secondly the talented and committed colleagues in WHO, then the global networks of scientists, the generous donors, and finally the pharmaceutical industry.

TDR's success formula includes: clearly defined goals, global networks, multidisciplinary input, flexible and innovative strategies, objective decision-making, partnerships including the drug industry and long-term commitment by all stakeholders."

Dr Carlos Morel

Brazil, former TDR Director (1998-2004)

"Something that I think is very important in TDR is the JCB. I am on many boards… But here you see something unique. First you have the UN umbrella. Secondly, you have this partnership… we have eliminated the divide between donor and recipients. We are partners today. And as partners we see the emergence of more and more 'innovative developing countries', such as China, India, Brazil, Cuba and Thailand. These countries are in a very different position than 30 years ago, and can serve as good platforms for action along with TDR. Some say the field is crowded. I would say it is not crowded enough. No one tells us that too many people work on cancer or obesity. But when you have a few people working on neglected diseases, we say it's crowded! I don't think it's crowded. I would like to have many more people working on neglected diseases."

On the occasion of the 20th anniversary of the Mectizan Donation Program

Dr Yao Sodahlon

Associate Director, Lymphatic Filariasis, Mectizan Donation Program

"The Mectizan Donation Program is a symbol of the fruit of all of the collaborations between all of the TDR directors, WHO and the pharmaceutical industry since TDR's inception. There are three great events. The pharmaceutical industry tested, and TDR helped field test a drug (ivermectin) to treat onchocerciasis in 1982-1987, contributing to the its registration as Mectizan®. The second great event was the donation by the pharmaceutical industry (Merck) of a product that it had innovated. In 1989, Merck expanded its Mectizan donation programme to countries where lymphatic filariasis is endemic. The third great event was the distribution; TDR innovated an approach, which is community-directed treatment, which triggered a revolution in the health services of countries where onchocerciasis was endemic. We have distributed nearly 500 million tablets and the results are eloquent. I hope for more success for TDR in the future and for many more intersectoral collaborations."

Above: *Dr Anarfi Asamoa-Baah, Deputy Director-General WHO and outgoing JCB Chairman, Dr Bijan Sadrizadeh.* **To left:** *Prof Herbert Gilles, JCB Representative of Malta and former TDR Director, Dr Adetokunbo Lucas.*

JCB Representatives, Dr Jacques Laruelle of Belgium and Prof Gustavo Kouri of Cuba.

Far left: *Dr David Heymann, Assistant Director-General WHO/CDS and TDR Special Programme Coordinator with Dr Bijan Sadrizadeh.*

Left: *Dr Ok Pannenborg, World Bank Representative to the JCB and WHO Director-General Dr Margaret Chan.*

From left: *TDR Director Dr Robert Ridley, Ghana Health Minister Major Courage Quashigah (Rtd), former TDR Directors Dr Carlos Morel and Dr Adetokunbo Lucas, and Dr Bijan Sadrizadeh.*

Ms Susan Block Tyrrell and Ms Christine Elliott-Coze, JCB staff.

Dr Frank Nyonator, Vice Chairman of JCB and Director of Policy, Planning, Monitoring and Evaluation, Ghana Health Service.

Above (far left): *Prof Peter Ndumbe, Chairman of TDR's STAC, Dr Gill Samuels STAC Co-Rapporteur, Dr Bijan Sadrizadeh and Dr Viveka Persson, JCB Representative of Sweden.*

Above: *JCB Representatives of TDR cosponsoring agencies: Dr Pannenborg, World Bank; Mr Julian Fleet, UNDP; and Mr Pascal Villeneuve, of UNICEF.*

Brazil offers to host JCB 31 in June 2008

Professor Reinaldo Guimarães
Secretary of Science, Technology and Strategic Health Products, Ministry of Health of Brazil, on behalf of Minister of Health Dr José Gomes Temporão

“Brazil has profited immensely from TDR. When we were trying to convince our decision-makers that Chagas disease transmission could be brought to a halt, TDR was our most reliable ally. When in the 1980s, institutions that now have worldwide recognition such as FIOCRUZ were weak and fragile and needed capacity strengthening, TDR played a critical and fundamental role. Now, on behalf of President Lula and Minister José Gomes Temporão, I am honoured to have witnessed the acceptance of the Joint Coordinating Board to have its 31st session in Brazil. Our Government sees this as a unique opportunity to discuss collaborations and partnerships. Currently the Ministry of Health is investing over US$ 10 million in R&D in six neglected diseases which are of direct interest to TDR — Chagas disease, dengue, leishmaniasis, leprosy, malaria and tuberculosis. The Ministry of Health is teaming up with Brazil's National Bank of Social and Economic Development to rescue, reshape and develop

what we call the “Health Industrial Complex”; Brazil is reshaping its macro-policies in innovation and biotechnology; the Oswaldo Cruz Foundation (FIOCRUZ) is collaborating with the Governments of Angola and Mozambique towards the establishment of National Schools of Public Health. TDR's Ten Year Vision and Strategy, emphasizing the pivotal role that disease endemic countries should play, can provide a sound platform for sharing experiences, fostering collaborations and nurturing partnerships.”

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To our readers:
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