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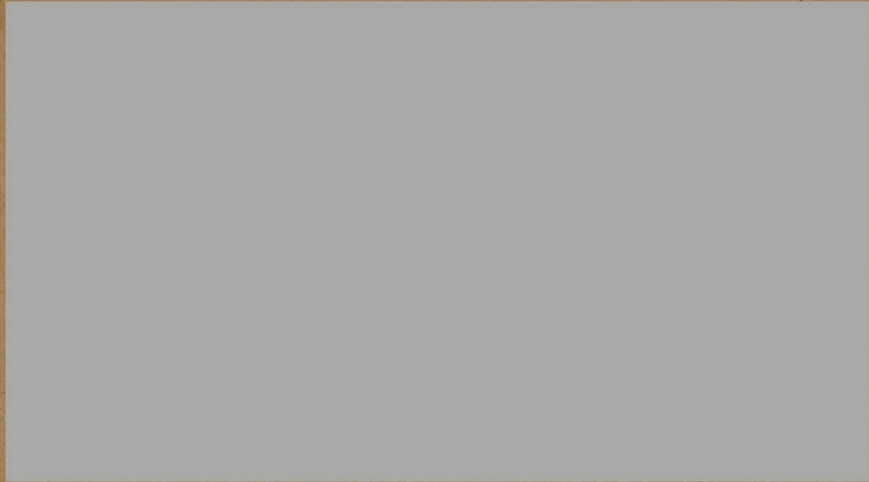
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PHN - TDR Files  
2.2 - Background Materials for Bank  
Participation in TDR



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# Record Removal Notice

<b>File Title</b> Population, Health and Nutrition [PHN] - Tropical Disease Research [TDR] Files - Background Materials for Bank Participation in Tropical Disease Research	<b>Barcode No.</b>  1103166
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<b>Document Date</b> Jan 4, 1980	<b>Document Type</b> Board Record
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**Correspondents / Participants**

**Subject / Title**  
 Summary of Discussion at Meeting of the Executive Directors of the Bank and IDA, December 4, 1979

**Exception No(s).**

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<b>Withdrawn by</b> Chandra Kumar	<b>Date</b> Sep 13, 2013
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✓ *Dr. Evans*

## OFFICE MEMORANDUM

1- A.F. - note comments on Agg  
 DATE: December 19, 1979 *Research*  
 2- Dec (N340) - file *p2.*  
 1-7-80

TO: Files

FROM: Office of the Vice President, Operations

SUBJECT: Minutes of Operational Vice Presidents' Meetings of December 3 and 5

Present: Messrs. Stern (Chairman), Wapenhans, Chaufournier, Hopper, Baum, Husain, Benjenk, Ardito-Barletta, Willoughby, Lari, Haq, Yudelman, Thalwitz, Goodman, Hornstein, Horsley, Ms. Duersten.

Meeting of December 3Water Supply and Waste Disposal

1. The meeting discussed the revised paper on Water Supply and Waste Disposal prepared by TWT. The paper reviews Bank experience in the sector, and discusses the Bank's potential future role, particularly within the context of the UN Water and Sanitation Decade. The paper concludes that the thrust of current Bank policy in the water supply and waste disposal sectors does not need to be changed but rather re-emphasized and to some extent organizationally reinforced in order to play the important role envisaged in the coming decade. Speakers welcomed the paper, but one questioned the paper's contention that the per capita costs of services in rural areas tend to be lower than in urban areas, noting that when the full cost of both investment and O&M are included the delivery of rural services can be more expensive. Mr. Willoughby responded that indeed in areas where the population is highly dispersed or where water resources are limited or of poor quality, the provision of services can be very costly. However, as a broad generalization, costs of meeting basic needs in water/sanitation do tend to be lower in rural areas. On another issue, Mr. Stern commented that the paper tends to imply an uncritical acceptance of the objectives of the UN Water Supply and Sewerage Decade and some thought needs to be given to whether these targets are consistent with other priorities which have been set for the decade, and overall country strategies which may establish competing or alternative priorities.

2. Mr. Stern then referred to paragraph 5.16 which proposes a new and expanded role for the Bank in technical assistance to governments in the planning and programming of sector investments and in the identification and preparation of projects for financing by other agencies. Mr. Stern queried why this sector had been singled out for this approach, what volume of assistance was anticipated, and whether it was intended as a precedent for work in other sectors? Mr. Baum replied that this kind of technical assistance role would be well justified in other sectors as well, particularly with an aim to improve project preparation work. The need is particularly great in the water supply and sewerage disposal sectors, and the Bank has developed through its research and operational work a considerable base of experience, particularly in the area of technology design and applications. However, there were a variety of ways in which the



technical assistance could be provided. Other speakers while agreeing that the sector was an important one, commented that the priority given by the paper to this type of additional support for preinvestment activity, needed further consideration. Others commented that the technical assistance efforts, to be fully effective, required some level of follow-up financing, and that in addition, the role of the bilateral agencies in preinvestment work and technical assistance should be examined. Mr. Stern noted that the paper suggests a new type of activity for the Bank, essentially quite different from technical assistance tools presently available. He questioned the desirability of having Bank staff in CPS and the regions provide technical assistance and execute preinvestment activities, with possible partial cost recovery from those financing projects. He noted that the Bank has both resource and staffing constraints, and that a preferable arrangement might be to offer technical assistance loans/credits to borrowers for these activities, which could include project preparation and engineering activities. Mr. Stern concluded that it appeared that adequate tools exist to support technical assistance in the water supply and sewerage sector, but that if it was felt there was a substantive argument for the creation of a new mechanism, then TWT should provide a fuller proposal for further review.

#### Agricultural Research

3. At the December 5 meeting the paper on the World Bank and Agricultural Research Systems in Developing Countries was discussed. The paper emphasized the key role of research as a factor in raising agricultural productivity. The paper describes the status of agricultural research in the developing countries and identifies the scarcity of financial resources, shortage of trained or qualified researchers, and the absence of an administrative framework to support actual research systems as major impediments to growth. The paper also recommends that the financial commitment of national governments and of the international agencies including the Bank be increased, that training programs be mounted to strengthen the technical and administrative capability of the national systems, and that the Bank continue to support the international research systems although not in substitution for efforts to establish or expand national systems. \*

4. Mr. Stern welcomed the paper and suggested that the meeting focus on the main policy issues raised in it. The proposed increase in lending for agricultural research was generally supported, as was the shift in the extension-research lending mix from 70-30 to 50-50 by 1984. Mr. Thalwitz suggested that the paper should more clearly identify the hurdles which must be overcome in particular Bank regions in order to implement expanded research programs. These constraints include the scarcity of scientists in some regions, e.g., East and West Africa, and difficulties of recurrent cost financing. Mr. Wapenhans noted that an additional constraint to expansion is that countries which have access to substantial bilateral aid often prefer to finance agricultural research on a grant basis. Others agreed that an expansion in lending was both desirable and feasible; both Mr. Barletta and Mr. Benjenk noted that in their respective regions relatively strong bases exist, and therefore that future efforts will have to



address problems and priorities within that research infrastructure. Mr. Benjenk also commented that countries in his region were hesitant to enter into foreign exchange borrowings for agricultural research projects, and that given restrictions on local cost financing, expanded lending in this area could prove difficult. Mr. Hopper saw no problems in expanding lending in South Asia but he and others were concerned about differentiating between lending for research in large and small economies.

5. Mr. Stern questioned the balance reflected in the paper between research on products which are important in consumption patterns of the poor and overall research, questioning whether the objective should not be more broadly defined as the development of national research systems with a substantial capacity, with one important component of that process being a shift in emphasis to foodcrops which are important to the poor. Mr. Yudelman agreed, commenting that the paper simply proposes a shift in orientation rather than the exclusion of any one activity. There was general agreement with the research emphasis proposed in the paper. Mr. Stern also commented that the rather extensive list of country conditions in the agricultural sector should be viewed not as preconditions to lending but as a statement of overall objectives to be achieved in Bank dialogue with borrowers. The relationship of the Bank to the international centers was discussed and Mr. Baum noted that a study to be undertaken by the Consultative Group of International Agricultural Research would attempt to define more clearly the roles of the International Agricultural Research Center (IARC) boards. He added that the creation of the International Service for National Agricultural Research (ISNAR) will be of an important new step and also of direct benefit to the Bank as it will provide services and assistance in the organization and evolution of national research systems.

Cleared with: Messrs. Stern, Baum, Yudelman, Willoughby



ALDuersten:ml

The World Bank

→ DR EVANS  
To A. Foucault

December 13, 1979

DPS Directors and Division Chiefs  
CPS Directors and Division Chiefs  
Regional Directors  
Chief Economists  
Members of Steering Groups

This may be  
useful in creating  
position paper on  
W.B. role in  
health research  
(12-19-79)

The attached summary analysis, based on the transcript of the Board discussion of the report of the General Research Advisory Panel, was prepared by Mr. Nankani for the Research Committee. It may be of more general interest.



Shankar Acharya

ANALYSIS OF GRAP BOARD DISCUSSION  
(Number of EDs who spoke = 19) 120

<u>Issues</u>	<u>Favoured</u>	<u>Opposed</u>	<u>Ambiguous</u>	<u>TOTAL</u>
<b>I. <u>Research Dissemination/Application/Assimilation (DAA)</u></b>				
A. Better DAA	10	-	-	10
B. Improved external distribution of Research Output	4	-	-	4
C. Quarterly News Bulletin on Research	3	-	-	3
D. Stronger EDI role (workshops/seminars)	5	-	-	5
E. House Research Journal	3	-	-	3
<b>II. <u>Operations and Research</u></b>				
A. Need for closer links ("cross fertilization")	6	-	-	6
B. Establishment of Research Steering Groups	14	-	-	14
C. More operationally relevant (including project-related) research	10	-	-	10
D. Transfer Bank Research to a Subsidiary	4	8	2	14
E. 3-6 month in-house 'sabbaticals' across operations and research	3	-	-	3
F. More time and incentive to operational staff to use research	2	-	1	3
G. Greater control over research not presently subject to centralized review	3	-	-	3
<b>III. <u>Strengthening Research Capacity in Developing Countries</u></b>				
A. Stronger Bank initiatives	14	-	-	14
B. Increase in number of Collaborative Research Projects	9	-	-	9
C. Loans and Credits to finance/expand LDC Research Institutions	7	1	1	9
D. More use of LDC Researchers in CSW and Project Work	3	-	-	3
E. Inventory of Research Capacity in LDCs	2	-	-	2
F. Avoidance of greater centralization of research resources in Washington	2	-	-	2
G. Post doctoral Fellowships	3	-	-	3
H. More LDC research managers in Bank	2	-	-	2
<b>IV. <u>Size and Priorities</u></b>				
A. Increase for more DAA and Collaborative Research	10	-	1	11
B. Increase in underlying Research Program	4	3	5	12
C. Research based on priorities of LDCs	6	-	-	6
D. Systematic data collection effort	5	-	-	5
E. Need for minimum critical mass in research areas	4	-	-	4
F. Need for some non-operational (directly) research	3	-	-	3
G. Large share of comparative studies in Bank research	2	-	-	2
H. More research on international issues	5	-	-	5
I. More research on natural resources and related development issues	3	-	-	3
J. Not leave research on financial/fiscal development to IMF	2	-	-	2
K. Regular External Review Panels	3	-	-	3



## OFFICE MEMORANDUM

SPECIAL

TO: Mr. Warren C. Baum, CPSVP

DATE: November 7, 1979

FROM: John Evans, PHNDR

*John Evans*SUBJECT: WHO - TDR Program

Reacting to your telephone call about the timing of consideration of support for the TDR Program, I would like to set down two or three of the points which I mentioned which, I believe, favor early rather than later support by the Bank. Ideally, the Bank's position would be strengthened if it could announce its commitment at the meeting of the JCB on December 12-13, but you have pointed out some of the difficulties involved in meeting such a schedule. The reasons why I believe an early announcement of the Bank's position as a financial contributor would be desirable are the following:

1. The TDR will face fund-raising problems in FY81 and it is desirable that the Bank set the tone and give leadership to the other donors in meeting this challenge. If the Bank demurs as a contributor it is possible that other donors will take this as an excuse not to meet the needs of the Program in that year.
2. With problems in the transition in management of the TDR Program at WHO the Bank would be in a much stronger position as one of the co-sponsors in guiding the selection of a suitable successor for coordination of the Program if it were also a financial contributor. It is my understanding that the Bank was instrumental in the first place in arranging the selection of an individual with the right qualities as official coordinator of the Program to negotiate in WHO and with donor countries.
3. The role of the Bank as a leader in the direction of the TDR Program in the Standing Committee and the JCB would be strengthened if it was a financial contributor since this is already a bone of contention in those organizations.
4. There seems to be a lack of consistency in the Bank's position in the OCP and TDR Programs and yet these are the same groups of donors.
5. The issue of the Bank contribution to the TDR was raised and seemed to have unanimous "support" from the JCB at its first meeting in 1978. In effect, the Bank representatives at the 1979 JCB meeting on December 12-13 will have to report no progress.

The best way that I can think of to cast the situation for the World Bank at this time would be to indicate that the matter arising from the JCB meeting in 1978 has been presented within the Bank by its representatives on the JCB but that no decision could be taken without reviewing the recommendation within



the context of the Bank's general position on the support of research activities. A study of this position has been undertaken and a report will be before the Bank very shortly. However, it was not possible to have the recommendation about the TDR Program reviewed in the context of this new policy in sufficient time to have a recommendation on a financial contribution from the Bank to this Program. I do not believe the cash flow position will surface but, if it does, it can be dealt with on the basis of the facts we have obtained. The absence of a Bank contribution to the TDR Program will probably raise renewed pressure for an increased role of the Bank in fund-raising which is, I believe, the first choice by WHO for the Bank's financial role.

bcc: Mrs. A. Fonaroff, PHN

JEvans/jim



## OFFICE MEMORANDUM 2.2

TO: Dr. John Evans, Director, PHN

DATE: November 6, 1979

FROM: Arlene Fonaroff, PHN *af*SUBJECT: Special Programme for Research and Training in Tropical Diseases (TDR)

1. The Bank has been requested by the Joint Coordinating Board (JCB) of the TDR to make a financial contribution to the Special Programme during CY 1979 in order to meet expected financial needs and demonstrate further the Bank's confidence in TDR. Subsequently, WHO has proposed instead that the Bank consider (a) establishing some type of financing arrangement to assure uninterrupted cash flow during a budget period; and (b) assistance in fund raising.
2. This memorandum (a) reviews the background of Bank cosponsorship of the TDR; (b) summarizes technical and financial performance to date; (c) recommends a modest financial contribution commencing in CY80; (d) recommends against establishing cash flow assistance unless consideration could be given to using the proposed financial contribution in a manner similar to the reserve employed by CGIAR; and (e) recommends against active fund raising by the Bank. A critical path of action is included.

Bank Cosponsorship

3. In February 1978, the Bank entered into a formal agreement with WHO and UNDP to become a cosponsor of the TDR (Attachment 1). The Bank, WHO and UNDP agreed as cosponsors to accept two major responsibilities: (a) membership, along with representatives of contributing governments and organizations and beneficiary countries, in the Joint Coordinating Board (JCB) which is responsible for the overall management of the Special Programme; and (b) participation as the Standing Committee, which is responsible for developing and/or reviewing plans and budgets prepared for the JCB.
4. In March 1978, a second agreement was signed by the WHO and the Bank (Attachment 2) making the Bank fiscal manager of an international fund, the Tropical Diseases Research Fund, through which the majority of donors were expected to make contributions to the Special Programme.\*
5. Mr. McNamara wrote earlier to Dr. Mahler (October 27, 1978) indicating that the Bank's Board of Executive Directors had approved cosponsorship. He enclosed his memorandum to the Executive Directors (SecM77-744) which stated (a) that the Bank would become fiscal agent; (b) it would establish and manage an international fund to which governments and others would contribute; and (c) Bank cosponsorship would be similar to that in the Onchocerciasis Control Programme (OCP), except that unlike its

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\* WHO also maintains a TDR trust fund for those countries unable or unwilling to contribute through the Bank-managed fund.



role in OCP, the Bank presently would not be contributing financially to TDR, nor would it be engaged in fund raising. The memorandum noted however, that WHO had suggested that a Bank financial contribution would be welcome, primarily as evidence of the importance the Bank attaches to TDR. Mr. McNamara said that if it should appear that a contribution would be desirable, he would present a specific proposal to the Executive Directors. This position was conveyed by Dr. Lee to the donors at a meeting in February 1978.

6. The possibility that the Bank would actively raise funds for TDR was also mentioned in earlier WHO/Bank correspondence. However, in September 1977 Mr. McNamara wrote to Dr. Mahler that the matter should be left in abeyance. The understanding was that this would present no difficulty to the conduct of TDR at that time.

#### TDR Financial Experience

7. TDR has been fully operational since February 1978 according to terms of reference specified in the Memorandum of Understanding on Technical and Administrative Structures drawn by the cosponsors and contributing parties (Attachment 1). There is thus only a brief history on which to assess difficulties that may be encountered in securing funds to meet approved budgets; as well as potential problems in assuring liquidity throughout a budget period. These appear to be the main concerns in assuring financial stability. Securing adequate resources is the major concern expressed by the JCB. While WHO shares this concern, it also appears equally concerned that preventive measures be established to offset potential cash flow problems.

8. Securing Funds to Meet Approved Budgets: A CY 1979 budget of US\$25.5M was approved by the JCB at its first meeting in December 1978, despite a shortfall of US\$1.7M in relation to estimated resources. In order to meet this expected gap, the JCB requested that the Bank make a financial contribution to the TDR. It was also felt that this financial contribution would demonstrate further the Bank's confidence in the TDR and its commitment to the Programme.

9. In response to a JCB mandate to constrain spending in relation to anticipated resources, WHO has behaved conservatively. Estimated expenses against the CY79 budget of US\$25.5M through year end are now estimated at US\$23M. As of September 30, total estimated income for 1979 was US\$25.4M: 22.4M in pledges (including US\$4.4M in CY 1978 pledges paid in CY 1979) plus about US\$3M cash carry-over of unexpended CY 1978 contributions. Rather than the anticipated shortfall of US\$1.7M, it now appears that unexpended items will result in an estimated cash carry-over of US\$6.8M to CY 1980.

*Add Table.*



10. Is there need for additional income for the biennial budget period 1980-81? \* In light of the high cost of inflation and the need to maximize potential scientific leads, the Standing Committee is recommending to the JCB approval of a US\$26.4M budget for 1980, which provides essentially no growth, yet is \$2M short of presently anticipated contributions. In 1981, the recommended budget increases to US\$32-35M, which appears to be 30% over 1979 but in real terms accounts for only a 10% increase. To meet these needs, the Standing Committee has urged that JCB donors be encouraged to increase their financial commitments and that new contributors be sought. WHO has requested Bank assistance in fund raising in order to expand its spheres of influence beyond Ministries of Health to Ministries of Planning and Finance, and to potential new donors.

11. To evaluate the adequacy of TDR financial resources in meeting approved budgets, however, requires additional information to that provided above; namely an examination of how WHO treats receipts, expenditures and unliquidated obligations:

(a) Receipts: A major factor to assure uninterrupted program activity is the timing on payment of annual pledges. WHO has expressed continual concern throughout CY 1979 that program liquidity might be jeopardized due to unpredictable arrival of paid pledges. This has not occurred. Problems were predicated on uneven receipt of CY78 pledges, with many arriving late in the year and over US\$4M not received until early in CY79. Pledges made at the JCB and at other times during the year do not indicate expected payment dates. Receipt of pledges is tied to legislative appropriation calendars and in no way reflects lack of donor confidence in support of the TDR. Encouragement for prompt payment is made by WHO and the Bank in discussions and correspondence with donors to the respectively managed trust funds. In 1979, the range of total payments on pledges received at the Bank and WHO managed trust funds was from US\$7M by the end of January to none in October. Information provided to the Bank by WHO on cash on hand/month does not present a true picture of total monthly resources available to the Special Programme. WHO records only the total amount in Geneva; it does not include income available to the Special Programme which is on deposit in the Bank-managed TDR Fund awaiting call by the Executing Agency. This is an essential consideration in assessing financial need. On August 31, 1979, for example, WHO reported a debit figure of over US\$900,000; at the same time, however, there was approximately US\$4.9M at the Bank in the TDR Fund available for call by WHO. WHO is informed by the Bank of each receipt made to the TDR Fund.

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\* The JCB approved biennial budgeting for TDR beginning January 1, 1980 to conform with overall WHO procedures; however, annual pledging for TDR will likely continue.



(b) Expenditures and Unliquidated Obligations: WHO calculates monthly expenditures on both actual amounts disbursed and unliquidated obligations.\* From information supplied by WHO, the highest monthly expenditure reported was US\$1.8M. On average, WHO estimates that it incurs an additional US\$1.7M in unliquidated obligations */month*.

12. Assuring Liquidity. The JCB was advised by the Executing Agency that cash flow might become a problem in 1979, both because of the anticipated financial gap and because, judging from 1978 experience, uneven payment on pledges could be anticipated. The JCB, however, did not agree to a proposal to establish a program reserve or working capital fund. The JCB also did not accept a WHO/Bank proposal to approach the Bank for assistance with potential temporary shortfall in lieu of its request for a Bank financial contribution. The Standing Committee was delegated to prepare a report on the subject and has analyzed four possible options:

- (a) Establishing a working capital fund or program reserve by using donor contributions. (This was poorly received by donors at the JCB meeting because it immobilizes operational disbursements for substantial periods during the year.)
- (b) Using commercial banking or financial institutions to provide interim financing or overdrafts, with reimbursements made on receipt of donor contributions. (Interest rates, however, must be considered in light of the estimated duration and order of overdrafts.)
- (c) Requesting the Bank to use its own resources to provide temporary overdraft or similar facilities. (This is a policy decision which would require action by the Bank's Executive Directors, and it is questionable whether support could be obtained.)
- (d) Reducing the level of program operations when expenditures reach the point of exhausting cash on hand. (This is highly undesirable as it would disrupt scientific operations which cannot be turned on and off on a monthly basis.)

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\* Unliquidated obligations include primarily (a) staff salaries obligated as of January 1, and disbursed monthly by payroll; (b) contractual technical service agreements between WHO and institutions receiving awards for projects. (CTS agreements are obligated throughout the year by Steering Committees of Scientific Working Groups but are not disbursed until WHO receives the signed agreement from the institution.)

WHO and UNDP both are urging that the Bank, as part of its fiscal agent role, consider establishing temporary financing by advancing relatively modest sums of money during periods of late payment on pledges by JCB members, on the understanding that these funds would be immediately repaid on receipt of pledges to the TDR Fund.

13. Will cash flow problems develop in CY80? Because of the brief history of the TDR, it is not possible to predict the extent to which the CY78/79 pattern of receipts on pledges will be repeated in subsequent years. However, information provided by WHO on receipts and disbursements in 1979 and estimates for 1980 do not support WHO's current anticipation that cash flow problems will emerge in CY80. \*

Requests before the Bank

14. Three requests are before the Bank:

- (a) The JCB has requested a direct financial contribution to the TDR Fund to reinforce to the JCB the degree of Bank commitment to its cosponsorship role and to the goals of the TDR.
- (b) WHO has requested a line of credit or program reserve to assure liquidity during short periods when cash flow problems might arise.
- (c) WHO has requested that the Bank assist in fund-raising.

15. As indicated above, the information provided by WHO shows that the estimated shortfalls and liquidity problems which motivated the JCB and WHO requests for Bank financial assistance have not materialized as problems in CY79; nor does it appear likely that they will materialize in CY80, although as in CY79 a shortfall of US\$2M is again anticipated. In strictly financial terms, it appears difficult to justify a recommendation for Bank financial participation. The decision therefore must be considered on the performance of the TDR; the potential effect on TDR if the Bank were to reject appeal for assistance in any form; and on the types of research programs the Bank determines it should support.

16. Performance and Potential of the TDR. The Bank agreed to become a cosponsor because of the high potential and high payoff to social and economic development in countries affected by the six diseases under investigation by TDR. Until more effective tools are available for prevention and treatment of these diseases, development in tropical countries will continue to be impeded. The Bank's operations in many sectors (e.g., agriculture, rural and urban development, hydroelectric power generation, irrigation) can be expected to benefit significantly from improvements in the technology

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\* WHO estimates 2 months operating capital (US\$4M) would be needed several times in 1980.



of disease control being developed by TDR. These new technologies will also have direct impact on the Bank's activities in health care.

17. The TDR Scientific and Technical Advisory Committee (STAC) has commended both technical and managerial accomplishments, particularly, in leprosy and malaria vaccine development and the screening of new drugs for onchocerciasis. It also recognized progress in activities to strengthen research institutions in countries affected by the diseases. Over 600 research projects have now been funded in over 66 countries; over half were awarded to scientists in developing countries. While TDR is not expected to achieve all of its goals for 20 years or more, some benefits are expected within the decade.

18. The extent to which both short- and long-range goals are achieved depends to a large degree on the effectiveness of TDR management. The Bank's initial concerns about the system's delivery capability, as well as the administrative capacity of WHO, led the Bank to insist on certain managerial and organizational arrangements that would strengthen the technical and administrative relationships between the TDR and WHO. This required changes in WHO's original plans, but the issues were considered of such importance that the Bank conditioned its participation on their acceptance. The Bank's proposals were subsequently accepted by WHO. There is now a complex but efficient administrative/management system for TDR's global scientific and technical activities.

19. The Bank has closely observed TDR for more than a year through participation at all operational levels and through liaison with the cosponsors. While monitoring of fiscal and technical components of projects needs to be and will be further strengthened, the TDR mechanism is generally functioning well. The Standing Committee has approved the Bank's recommendation that an internal audit system be developed to assure that funds are being used as intended. Scientific working groups have instituted procedures for project funding in accordance with the JCB mandate that the financial demands of TDR activities should not exceed the estimated donor contributions.

20. Potential Effect of a Bank Decision on TDR. A negative decision by the Bank would likely (a) diminish the Bank's role as cosponsor both in the Standing Committee and the JCB, thereby minimizing the Bank influence in the overall management of the Programme; (b) affect level of contributions, as some donors would likely interpret the Bank's action as indicating lack of confidence in the TDR; and (c) reduce contributions to the TDR Fund, which might bring into question the necessity for the Bank's role as fiscal manager.

*for the Bank*

(a) Overall Management Role: If the Bank continues to be a non-contributor to the TDR, its influence on the overall management of the Programme could be diminished both in the Standing Committee and in the JCB. When the Standing Committee met last October, both WHO and UNDP



expressed disappointment in the Bank's unwillingness to provide financial resources for TDR, and stressed that the JCB response to the Bank's position was likely to be even stronger than that of the two cosponsors. The cosponsors both urged that the Bank seriously reconsider its position, particularly in regard to cash flow. The Bank was to be assured that this situation was not like that presented by the UNDP emergency request for cash flow assistance; nor was it due to improper management of the WHO TRust Fund for TDR or the Bank-managed TDR Fund, but by factors beyond the control of the cosponsors.

(b) Commitment as Cosponsor: Within the JCB a number of donors share the view that the Bank's demonstrated commitment as cosponsor should be backed by a financial commitment. Some governments believe it necessary to induce additional donors.

(c) Fiscal Management Role: Some <sup>large & influential</sup> JCB donors have said that if the Bank fails to contribute to the TDR, their contributions would be directed to the WHO-administered trust fund rather than the Bank-managed Fund. That could hurt TDR, since some major donors initially conditioned participation on the Bank's becoming fiscal agent, and their insistence was a principal factor in our decision to accept that role. While it was recognized that some governments would be unable, for legal or political considerations to contribute through the Bank, amounts deposited with WHO were expected to represent only a small proportion of total TDR resources. The Bank agreed to be fiscal agent on the understanding that it would be administering the bulk of the TDR funds. If that were no longer so, the administrative and other burdens of a fiscal agent role would probably not be justified. Should this occur, donors which had earlier insisted on the Bank's participation might well reduce their support. In any case, to require WHO to take on the major fiscal management function (which it does not want to accept) would divert it from its responsibilities as the technical executing agency and could impair the effectiveness of its performance in the latter role. As of September 30, 1979, 66% of CY79 deposits have been made to the TDR Fund, representing 11 of 23 contributors.

21. Bank Criteria for Research Support: The Bank currently is cosponsor of three research projects: CGIAR, OCP and TDR; TDR alone receives no financial input. The request for a financial contribution to the TDR was discussed at the President's Council on May 21. The major issue raised by the Council was that Bank support of CGIAR, OCP and TDR was based on ad hoc decisions, and that it was now appropriate for the Bank to establish objective criteria to determine financial support for TDR as well as other possible new opportunities that come before the Bank. The President's Adviser for Science and TEchnology is assigned to this task.

22. No action on TDR was taken by the President's Council. Mr. McNamara, however, subsequently accepted a recommendation from the Vice President, Finance, that decisions in this area be delayed (probably until the end of the next fiscal year) to enable the Board of Directors to



agree upon criteria for allocating future new income in support of requests for research grants. Mr. McNamara at the same time informed Mr. Stern to advise if immediate action was necessary in regard to TDR.

23. We are in full agreement with the position to establish criteria for Bank support of non-lending operations before making commitments against future new income. The Bank cannot and ought not to try to fund all research which would support its activity. However, as Mrs. Boskey noted in an April 20 memorandum to Mr. McNamara: "... that does not seem to be a sufficient reason to decline to support a program to which the Bank is already committed, which is of high priority and which is proceeding satisfactorily. The fact that the Bank supports OCP and CGIAR has not prevented it from rejecting requests to fund other likewise meritorious research. If we think TDR does not deserve support, or if we cannot afford to support it, that is one thing. But we ought not to say 'no' in this case because we cannot say 'yes' to all others."

#### Recommendations

24. The Special Programme has demonstrated ability to attract and manage high quality scientific involvement. Its leadership has attracted other institutions to accelerate scientific investigations for tropical diseases control. The potential for biomedical breakthroughs for controlling leprosy, schistosomiasis, onchocerciasis and malaria may now realistically be expected in the decade ahead. The Bank has played a major developmental role in moving TDR to this position, and future progress could be hampered if the donor community, in particular, associates a reduction in Bank commitment to TDR with its non-contribution status. In view of the above considerations, and the forthcoming JCB meeting on December 12-13 in Geneva, the urgency of Bank financial participation in the TDR should be brought to Mr. McNamara's attention.

25. Recommendation: Financial Contribution: The most expeditious method for Bank financial participation in the TDR and the most realistic response in relation to financial and political considerations, would be for Mr. McNamara to accept the recommendation made by the Vice President, Operations (August 4, 1979). He proposed that Mr. McNamara request that the Board of Directors approve a financial contribution of US\$1.5M to TDR commencing in CY80, with continuation in future years not expected to exceed 10% of the total budget. Mr. Stern has suggested that such financing could be derived from the net income transfer out of the FY 1980 earnings. We would expect that Bank acceptance of this recommendation would be well-received by both the JCB and the two cosponsors, although as noted earlier the cosponsors would prefer Bank assistance in a form which could offset potential cash flow problems.

26. Recommendation: Cash Flow Assistance: The brief financial experience in TDR provides little evidence to support actual need for this option. However, as the problems anticipated by the Executing Agency are



not unlike those faced by CGIAR, I would suggest that you discuss with Mr. Baum whether the recommended financial contribution proposed above for TDR might be used in a manner similar to that of CGIAR. In CGIAR, a portion of the Bank's contribution is not committed for disbursement until the second half of the calendar year, but is available up to that time on a short-term loan basis to offset temporary cash flow problems resulting from uneven receipt of donor contributions due to the timing of donor's internal procedures and fiscal years. This suggestion does not require either Messrs. Baum or Stern to reconsider their rejection of larger issues of providing cash flow assistance to TDR. It merely suggests that deposit of the proposed contribution to the TDR Fund be delayed until July 1, so that during the calendar year the full amount be available if necessary for short-term accommodation (not to exceed 60 days) to offset the potential late payment of donor pledges. We would expect acceptance of this recommendation to be well received by the two cosponsors, but perhaps with minimal enthusiasm by the JCB since it had rejected a proposal to establish a reserve. We would expect, however, that a well-documented WHO presentation of need for a Bank contribution-cum-reserve at the 1979 JCB meeting would offset potential adverse response by the JCB.

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half  
of

27. Recommendations: Fund-raising: Since financial participation by the Bank will be seen as demonstrating Bank support for and confidence in the TDR, it can be expected to attract new donors and would indirectly serve as a form of fund raising. Therefore, we suggest that the Bank does not agree to engage in fund raising at this time. We would hope, however, that the Bank might assist WHO with some potential donors, such as the OPEC countries, with which the Bank's ties are presumed to be closer than the WHO's. This assistance would take the form of assisting WHO in acquainting potential donors with technical and administrative aspects of TDR. Each request from WHO for assistance would be considered on its merits and in consultation with interested parts of the Bank.

#### Action Required

28. In order to obtain a Board decision on the Bank's financial participation in TDR for presentation at the JCB meeting on December 12-13, the following steps and timetable are required. The schedule is developed on the assumption of approval of recommendations through Mr. Stern. There is little flexibility to account for inevitable delays, particularly in Mr. McNamara's office.

CRITICAL PATH FOR BANK CONTRIBUTION TO TDR

<u>Action</u>	<u>Actor</u>	<u>Deadline</u>
Review and approval of recommendations	Dr. Evans	Nov. 7
Submission of recommendation to Mr. Baum	Dr. Evans/Ms. Fonaroff	Nov. 9
Review of recommendations for Mr. Stern	Mr. Baum	Nov. 9
Submission of recommendations to Mr. Stern	Mr. Baum	Nov. 12
Review and recommendations for Mr. McNamara	Mr. Stern	Nov. 12
Submission of recommendations to Mr. McNamara	Mr. Stern	Nov. 12
Review and recommendation	Mr. McNamara	Nov. 14
Circulation of paper to Board	Mr. McNamara / Dr. Evans / Ms. F.	Nov. 20
Presentation to Board	Mr. McNamara Dr. Evans	Dec. 4

## Attachments

cc: Dr. James A. Lee, OEA  
Mr. Robert Jones, CTR

AFonaroff:va

419 10 Mr. Baum

# OFFICE MEMORANDUM

TO: Mr. Robert S. McNamara

DATE: April 4, 1979

FROM: I.P.M. Cargill

*Line*

SUBJECT: The WHO/UNDP/World Bank Special Programme for Research and Training in Tropical Diseases (TDR)

Considering the demands on the Bank's budget for regular operations, I could not support committing funds for this special programme. Extending Bank financial assistance to TDR would open us to other equally justifiable requests. Moreover, I am not convinced that a contribution by the Bank to TDR would help attract funds from other sources. We have already demonstrated our support for TDR by co-sponsoring the programme and acting as its fiscal agent.

cc: Mr. Baum

4/5

Warren, I am inclined to share Peterist & Emel's views. Therefore I do not believe we should contribute to the TDR Fund.  
*Line*



## OFFICE MEMORANDUM

TO: Mr. Robert S. McNamara

DATE: March 30, 1979

FROM: Warren C. Baum

SUBJECT: Tropical Disease Research Program:  
Mr. Stern's Note of March 29th

I would like to clarify or comment briefly on some of the points raised by Mr. Stern.

1. We have indeed been involved in this program for a long time, and it has a considerable history, with which you are familiar. It is important to note that no additional staff resources will be required to carry out the activities in question, beyond the staff which you authorized early in 1978.
2. A number of the principal donors to the program are looking to the Bank for financial as well as technical support. A short-term or declining contribution from the Bank would not sit well with them and could lead them to reconsider their own participation. We also question the ability of WHO to raise the necessary funds without our support.
3. There are indeed a host of research problems that could command our support, and we cannot finance them all. This, of course, does not mean that we should not finance any of them, and I suspect that the TDR program would rank high on any list. But I agree that we need a clearer policy and set of priorities as to what research we will or will not finance; Mr. Weiss has a paper under preparation on the subject.

WCBaum:rma

cc: Mr. Stern  
Mr. Lee ✓

Mr. Robert S. McNamara

March 29, 1979

Ernest Stern, Vice President, Operations

The WHO/UNDP/World Bank Special Program for  
Research and Training in Tropical Diseases (TDR)

1. We seem to be quite far in already. I think this diverts very scarce time and talent. I am amazed that CPS, notoriously short of staff, would suggest yet a further burden.
2. If we contribute, it should be with the clear understanding that it will be on a declining scale, to be ended in three years.
3. There is no difference between this and a host of other research problems, whose resolution would support Bank activities. We cannot, nor should we try to, fund them all.
4. While we are apparently committed to managing the Fund, we should minimize other involvement.
5. In the present climate, I do not believe WHO could have serious difficulty in raising \$1.7 million from other donors.

cc: Mr. Baum ✓  
EStern/lis

OFFICE OF THE PRESIDENT

TO: Members of President's Council

Mr. McNamara would like to discuss the attached memoranda (by Mrs. Boskey and Messrs. Baum, Cargill and Stern) on Bank contribution to the WHO/UNDP/World Bank Special Program for Research and Training in Tropical Diseases (TDR) at the PC meeting on May 21.

cc: Mrs. Boskey

*Caio Koch-Weser*  
Caio Koch-Weser  
April 25, 1979



## OFFICE MEMORANDUM

TO Mr. McNamara (through Mr. Warren C. Baum) <sup>W.C.B.</sup> DATE April 20, 1979

FROM Shirley Boskey, Director, IRD <sup>SBS</sup>

SUBJECT Bank Contribution to the Special Program for Research and Training in Tropical Diseases (TDR)

1 I have seen the Stern and Cargill responses to your request for reactions to Dr. Lee's March 20 proposal that the Executive Directors be asked to approve a Bank contribution to the TDR program. I have also seen your note to Warren Baum, saying that you are "inclined" to share their view. Since I had something to do with the Bank's current degree of involvement with TDR, and on the assumption that an inclination is not quite a decision, I am taking the liberty of adding some (admittedly unsolicited) comments to those which Warren has already given you.\*

2 The Bank has not until now been presented with a clear request to help fund TDR. WHO, when it asked the Bank to serve as co-sponsor and fiscal agent, also invited financial support but did not press the point. As the Lee memorandum recalls, when you recommended that the Executive Directors approve Bank association with TDR, you said that you had made no funding commitment and that if it should later appear that a contribution would be "desirable", you would present a specific proposal to the Board.

3 The request now before the Bank does not come from WHO. <sup>WHO</sup> It comes from representatives of governments, meaning as the Joint Coordinating Board of TDR. These representatives come, not from Ministries of Health, but from aid ministries, and they presumably speak on instruction. The Nordic countries, Switzerland and the Federal Republic of Germany took the lead on this point in the JCB. However, the request was supported by all JCB members, i.e., representatives of contributing governments and organizations as well as of beneficiary countries. WHO, in fact, while not averse to a financial contribution by the Bank, had proposed to the JCB that the Bank be asked only to assure the program's liquidity.

4 A second relevant consideration is that it appears that there will be a \$1.7 million shortfall in TDR funding for CY79. Implementation of the Lee proposal would not fully bridge the gap but would go most of the way. For the future, the Lee suggestion that Bank support be limited to 5% of the TDR budget, not to exceed \$1.5 million, coupled with the fact that the Bank, as one of the co-sponsors, reviews all TDR budget proposals, would assure relatively modest Bank support. Moreover, the level of commitment would be reviewed annually in the light of the program's performance and need.

5 It would be reasonable, I think, to conclude that we are now presented with a situation in which a Bank contribution would be

cont....

\* See memo copy attached.

Mr. McNamara

April 20, 1979

"desirable". And I would note that Ernie has not flatly recommended against a contribution. He suggests that if the Bank contributes it should at the outset stipulate that its participation will be short-term and progressively reduced. (But surely if we do contribute, it would be by reason of the merit/potential of the program, its need for funds, the perceived significance of monetary support by the Bank, etc. To announce that we intend in any event to cease funding after a stated date and to contribute less each year would be inconsistent with any of these considerations, and arbitrary. The annual review might lead to a reduction in level or an end to support, but then that consequence would reflect a considered judgment).

Of course, as Peter and Ernie point out, the Bank cannot and ought not to try to fund all research which would support its activity. But that does not seem to be a sufficient reason to decline to support a program to which the Bank is already committed, which is of high priority and which is proceeding satisfactorily. The fact that the Bank supports the onchocerciasis control program and CGIAR activities has not prevented it from rejecting requests to fund other likewise meritorious research. If we think TDR does not deserve support, or if we cannot afford to support it, that is one thing. But we ought not to say "no" in this case because we cannot say "yes" to all others.

I must add that I do not understand why governments should feel that the Bank's demonstrated commitment to TDR requires the reinforcement of a financial contribution. But apparently that view is held. Some governments have said that a Bank contribution is needed to induce additional contributions. Others have said they will not contribute to the Bank-managed fund in the absence of a Bank contribution; they will instead direct their contributions to a fund administered by WHO.

Suppose they do.

That could hurt the program.

Some major donors initially conditioned their participation in the program on the Bank's becoming fiscal agent. Their insistence was a principal factor in our decision to accept that role. While it was known that some governments would not be able, for legal or political considerations, to contribute to a Bank-managed fund, the amounts to be deposited with WHO were expected to represent only a small proportion of total TDR resources. The Bank, for its part, agreed to be fiscal agent on the understanding that it would be managing the bulk of the program's funds. If that were no longer to be so, the administrative and other burdens of a fiscal agent role would probably not be justified. Yet if the Bank ceased to be fiscal agent, donors which had earlier insisted on Bank management might well reduce their support to

cont....



Mr. McNamara

April 20, 1979

the program. In any case, to require WHO to take on a major fiscal management function (which it does not want to accept) would divert it from its responsibilities as the program's technical executing agency and could impair the effectiveness of its performance in the latter role.

One final consideration: each of the other co-sponsors -- UNDP and WHO -- provides a measure of financial support to TDR, a slightly larger percentage of the annual budget than is proposed for the Bank. The Standing Committee, composed of the co-sponsors, reviews plans and budgets prepared for presentation to the JCB. If, notwithstanding the JCB request, the Bank continues to be a non-contributor, its influence, both in the Standing Committee and in the JCB, on the overall management of the program may be weakened.

For all these reasons, I hope that you will agree, after all, to recommend a financial contribution to the Executive Directors. If you are not fully persuaded to do so, would you agree that Warren or Jim might explore with some key Executive Directors how they would react to such a recommendation? At the very least, would you agree that we might say to the JCB that the timing of the request is awkward, but that it will be put before the Directors once the negotiations for a capital increase and for IDA replenishment are concluded?

SEBoskey:jfh

c.c. Mr. Cargill  
Mr. Stern  
Dr. Lee

WORLD BANK

OFFICE OF THE PRESIDENT

3/13

To Messrs Cargill &  
Stora

1. May I have your views.
2. If we were to contribute to TDR, how would we justify not contributing to a host of other development related activities.

Shaw



# OFFICE MEMORANDUM

TO: Mr. Robert S. McNamara, President (through Mr. Warren C. Baum, Vice President, Projects Staff) DATE March 20, 1979  
FROM: James A. Lee, Office of Environmental and Health Affairs  
SUBJECT: The WHO/UNDP/World Bank Special Programme for Research and Training in Tropical Diseases (TDR)

1. At its November 1978 meeting in Geneva, the Joint Coordinating Board (JCB) of the Special Programme for Research and Training in Tropical Diseases (TDR) voted unanimously to request the Bank to make a financial contribution to TDR during calendar year 1979 in order to meet expected financial needs and demonstrate further the Bank's confidence in TDR. Subsequently, WHO proposed instead that the Bank consider establishing some form of an operational reserve or temporary financing arrangement to assure uninterrupted flow of cash during a budget period. (Reimbursement terms were unspecified). WHO also requested the Bank to assist in fund-raising.

2. This memorandum a) reviews the background of Bank co-sponsorship of the TDR; b) summarizes the TDR performance to date; c) recommends a modest financial contribution to the TDR; and d) recommends against active fund-raising by the Bank.

## Bank Co-sponsorship

3. On October 27, 1977 you informed Dr. Mahler that the Bank's Executive Directors had approved co-sponsorship of the TDR. Accompanying this letter was your memorandum to the Executive Directors (SecM77-744) which stated that the Bank would become fiscal agent, and would establish and manage an international fund, The Tropical Diseases Research Fund, to which governments and others would contribute. The Bank's role was described as being similar to its role in the Onchocerciasis Control Program. The major differences are that at present the Bank does not contribute financially to TDR, nor does it engage in fund-raising.

4. Your memorandum further noted that WHO had suggested that a Bank financial contribution would be welcome, primarily as evidence of the importance the Bank attaches to TDR. You said that if it should appear that a contribution would be desirable, you would present a specific proposal to the Executive Directors. This position was conveyed to the donors at a meeting in February 1978.

5. The possibility that the Bank would actively raise funds for TDR was mentioned in earlier WHO/Bank correspondence, and in September 1977 you wrote to Dr. Mahler that the matter should be left in abeyance. Your understanding was that this would present no difficulty to the conduct of TDR at the time.

6. The expanded co-sponsorship role now proposed by actions of the JCB and WHO should be examined in light of the performance and potential of the TDR.



TDR Performance and Potential

7. Until more effective tools for the prevention and treatment of the diseases being investigated by TDR are available, development in tropical countries will continue to be impeded by these diseases. The Bank's operations in many sectors such as agriculture, rural and urban development, hydroelectric power generation, irrigation, and others can be expected to benefit significantly from improvements in the technology of disease control being developed by TDR. These new technologies will also have direct impact on the Bank's proposed activities in health care.
8. While TDR is not expected to achieve all of its goals for 20 years or more, some benefits are expected within five years. The extent to which both short and long-range goals are achieved depends to a large degree on the effectiveness of TDR management. The Bank was initially concerned about the system's delivery capability as well as the administrative capacity of WHO. Accordingly, the Bank insisted on certain managerial and organizational arrangements, requiring changes in WHO's original plans. These issues were considered of such importance that the Bank conditioned its participation on a strengthening of the technical and administrative relationships between the TDR and WHO. The Bank's proposals were subsequently accepted by WHO. There is now a complex but efficient administrative/management system for TDR's global scientific and technical activities.
9. The Bank has closely observed TDR for more than a year, through participation at all operational levels, and through liaison with the co-sponsors. While monitoring of fiscal and technical components of projects needs to be and will be further strengthened, the TDR mechanism is generally functioning well. The Standing Committee has approved the Bank's recommendation that an internal audit system be developed to assure that funds are being used as intended. WHO has recently recruited a highly qualified financial/management analyst. This year the various scientific and technical groups will institute procedures for project funding in accordance with the JCB mandate that the financial demands of TDR activities should not exceed the estimated contributions from donors. TDR management will be further strengthened now that the Chief Executive Officer is resident full time in Geneva.
10. At its first meeting in November 1978, the JCB approved a CY 1979 budget of US\$25,539,000. As of January 31, 1979, total estimated income for CY 1979 was \$21,284,397. This included \$4,645,397 in pledges made but not paid in 1978 and \$16,741,000 in new pledges for CY 1979. Carry-over of unexpended 1978 contributions (\$2,440,000) brings total estimated resources to \$23,826,397. Thus, if all proposed projects were fully funded during 1979 the estimated shortfall would be on the order of \$1.7 million.



Recommendation: Bank Financial Contribution

11. A Bank decision to contribute to the TDR Fund will have long-range implications. A significant financial contribution would demonstrate to the donor community that the Bank is confident of the Programme's potential. Additional funds from other sources might therefore be attracted. The Bank's co-sponsorship per se does not fully serve this purpose; the donors consider the Bank's present position, while welcome, as only a partial commitment to the TDR. Moreover, while the Bank has an active role in TDR management, its effectiveness would be greater if it also contributed financially. The Bank has been making a modest contribution-in-kind through its technical, administrative and management activities. However, both WHO and UNDP, the other co-sponsors, have made similar in-kind contributions and each has in addition pledged 6-7% of this year's estimated budget.

12. A Bank contribution is likely to induce more contributions to the TDR Fund. That Fund was established, you will recall, at the request of the original group of TDR Contributing Parties, with the expectation that the majority of donors would contribute to it. Countries either unable or unwilling to contribute to a Bank-administered fund may make their contributions to the WHO Voluntary Fund for Health Promotion. WHO would prefer the Bank to have complete responsibility for management of all financial contributions to TDR, leaving WHO to concentrate on its role as the technical, executing agency. However, while we would welcome this move, it would be more difficult to achieve if the Bank maintains its current non-contributor status. A number of important donors have said they are not willing to direct their contributions to the TDR Fund unless and until the Bank contributes. Contributions from these donors would substantially increase the Fund. Of estimated new pledges for CY 1979 (\$16,741,000), 42% (US\$7,055,600), are now specifically designated for the Fund representing contributions of eight donors.

13. On the basis of progress to date, and the importance of TDR to social and economic development in the affected countries, I urge that you recommend to the Executive Directors that they approve an annual Bank contribution to the TDR Fund commencing in CY 1979. I suggest that the contribution be 5% of each year's estimated annual budget, not to exceed \$1.5 million. For CY 1979 this would imply a Bank contribution of \$1.2 million. I would recommend that the Bank's commitment to this level of financial contribution should be carefully reviewed each year in light of TDR performance and projected needs.

Recommendation: WHO Request for Bank Fund-Raising

14. As indicated earlier, a financial contribution will be seen as demonstrating Bank support for and confidence in TDR and can be expected to attract new donors. It thus would indirectly serve as a form of fund-raising. Therefore, I suggest the Bank should not agree to engage in fund-raising directly. Indeed, in asking that the Bank consider fund-raising,

March 20, 1979

WHO does not have in mind that the Bank should directly approach donors as it does in the Onchocerciasis Control Program, but rather that it should assist WHO with some potential donors, such as the OPEC countries, with which the Bank's ties are presumed to be closer than WHO's. I hope you will see no objection, therefore, to our assisting WHO in acquainting potential donors with the technical and management aspects of TDR. Each request from WHO for assistance would of course be considered on its merits and in consultation with the interested parts of the Bank.

Response of Donors and WHO to Recommendations

15. If the above recommendations are adopted they will be welcomed by both the full membership of the JCB and by WHO. While WHO initially dissented from the JCB recommendation that a Bank financial contribution be sought, and instead proposed that the Bank simply arrange to assure the Programme's liquidity, WHO is aware a) that the donors remain less than enthusiastic about this idea; and b) that we also are negative toward a proposal which could lead to the Bank's incurring a potentially large, open-ended obligation. WHO has therefore left the issue of assuring cash flow for further study. In any case, WHO is fully supportive of the position set forth in this memorandum.

16. A paper detailing the progress of TDR is being prepared for the information of the Executive Directors.

AFonaroff/JALee:va



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# International Bank for Reconstruction and Development

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FOR  
EXECUTIVE  
DIRECTORS'  
MEETING

For consideration on  
November 27, 1979

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R79-271

FROM: Vice President and Secretary

November 6, 1979

REPORT OF GENERAL RESEARCH ADVISORY PANEL -  
PRESIDENT'S MEMORANDUM

Attached hereto is a memorandum from the President entitled "The Report of the General Research Advisory Panel" dated November 6, 1979.

Further to the notice (SecM79-759/1) issued on October 24, 1979, the Report of General Research Advisory Panel (R79-221) will also be considered on November 27, 1979.

Distribution:

Executive Directors and Alternates  
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THE WORLD BANK  
 Washington, D.C. 20433  
 U.S.A.

Office of the President

November 6, 1979

MEMORANDUM TO THE EXECUTIVE DIRECTORS

The Report of the General Research  
 Advisory Panel

1. The Report of the General Research Advisory Panel (the GRAP Report), together with the reports of the six specialized research advisory panels, constitutes a comprehensive and thoughtful assessment of the Bank's research program. While gratified by the Panel's favorable overall judgment on the Bank's research record, we agree with the conclusion that there is considerable scope for expanding our efforts and for improving objectives, quality and direction. We welcome the GRAP Report's many valuable suggestions for strengthening the Bank's research effort and enhancing the gains to be reaped from it. In particular, we support the following major conclusions:

- the need for greater efforts to build research capacity in developing countries;
- the need for stronger links between the Bank's operational activities and its research program;
- the need to expand the Bank's research effort, especially with respect to research applications and dissemination.

Some of the principal recommendations are selected for comment in this memorandum, which follows the structure of the Report.

Research Objectives and Criteria

2. Having endorsed the four objectives of Bank research formulated in 1971, the GRAP Report goes on to outline some of the elements of the Bank's comparative advantage in research including project-related analysis, comparative studies and large-scale investigations involving several man-years of research. We accept the Panel's recommendation calling for more research based on project experience and project data. We plan to move in this direction through a variety of means, including the review of information and ideas generated by project performance audit reports and by the monitoring and evaluation studies conducted in the course of project execution. In this context, we note the Panel's support for recent efforts to strengthen the technical bases of monitoring and evaluation exercises.



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Building Research Capacity in Developing Countries

3. We welcome the Panel's stress on the need to strengthen research capacity in developing countries as well as the suggestions it offers to meet this need.

4. We note the Panel's endorsement of the general idea of collaborative research as a major instrument of interaction between the Bank's research program and developing country researchers. The Report recommends that the number of such collaborative projects be increased, even though this may involve higher costs and greater risks of failure. We agree that if the Bank is to be successful in this endeavor, it must be prepared to accept the added costs involved, which past experience suggests may be substantial. Greater efforts will also be needed to improve the quality of collaboration and to ensure that developing country researchers are not used simply as compilers of data for analysis elsewhere. We also agree with the Panel that the Bank's lending operations and country and sector economic work programs offer valuable opportunities for expanding collaboration with developing country researchers.

5. However, if the basic goal is to build and strengthen research capacity in developing nations, then increased collaborative research can make a contribution but it will not be sufficient to achieve this objective. The Panel's suggestion that the Bank provide loans and credits for building or expanding socio-economic research institutions in developing countries is aimed more directly at the fundamental problem of limited research capacity in developing nations. We intend to explore such possibilities actively and to include such components in projects for Board consideration whenever suitable.

Data Collection

6. We find the Panel's recommendations in this area to be very much in line with our current thinking. Regarding the Report's recommendation that the Bank undertake a strong initiative with respect to the systematic collection of data on income distribution, living conditions and poverty, we can report substantial progress. The Bank is financing a major study designed to generate authoritative guidelines to national statistical authorities for the collection of data on living standards, poverty, income distribution and basic needs. The study, which is expected to take about 3 years and to cost about \$1.5 million, will be conducted in association with the United Nations Statistical Office and other expert bodies and individuals. In addition, while the above study is being conducted, the Bank will collaborate with the ILO in a two-year study of existing survey data, designed to make the best use of presently available material.

Organization of Research Within the Bank

7. The Report stresses the importance of improving the interaction between researchers and operational staff and of allowing the latter better



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- 3 -

opportunities to influence the Bank's research program. We agree with this diagnosis and accept the suggestion to form Steering Groups for major areas of Bank research. In the last two months we have initiated Steering Groups for research on (a) the International Economy, (b) Industry, (c) Agriculture and Rural Development, and (d) Urban and Regional Economics. If these Groups prove to be productive over the next year, we would propose to extend the system to other areas of Bank research, such as Population and Human Resources, Employment and Income Distribution, and Energy. Following the GRAP Report's recommendations, we will also take steps to ensure that the views of social scientists, other than economists, are reflected in the deliberations of the Steering Groups.

#### Research Application and Dissemination

8. We agree with the Panel's strong emphasis on the need for expanded efforts at research application and dissemination. To facilitate broader and deeper application of research results, the Report advocates (a) an expansion of the Development Policy and Central Project Staffs, and (b) a strengthening of the Regional economic staff to facilitate better articulation of research needs stemming from operational activity and faster dissemination of new research results and methods. We will consider these proposals in formulating our work programs and budgets for FY81.

9. Several of the other measures recommended by the Panel for improving research dissemination within and outside the Bank have already been initiated during the last few months. Over twenty state-of-the-art review papers, done as background studies for the World Development Report, have been published through the Bank's Staff Working Paper series. The Development Policy Staff has launched a series of workshops and seminars for operational staff on such topical subjects as income distribution and the performance of public enterprises. Finally, to the extent that the new Steering Groups are successful in imparting greater focus and operational relevance to the Bank's research program, this should facilitate the processes of research application and dissemination.

10. Dissemination outside the Bank can be assisted through a variety of means, including seminars on results of individual research projects or on broad functional topics. We foresee a major role for the EDI in this context. We are also considering the initiation of a brief quarterly news bulletin on Bank research to better inform people in and outside the Bank about the Bank's research program and its results.

11. But the applications of research results should not be limited to Bank staff. The major benefit of new results and techniques emanating from the Bank's research program is achieved from applications in developing countries. There may also be a case for a specific budgetary allocation to support trial applications of newly created research techniques in these countries.



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Size and Priorities

12. The Bank's research program, defined to include the research funds allocated through the Research Committee as well as research financed from departmental budgets, has remained approximately constant in real terms since FY73. It has declined from 5 percent of the Bank's total administrative expenses in FY73 to 3 percent in FY80.

13. If an institution with the mandate of the Bank is to continue to be effective, it seems essential that it keep the development process and its association with that process continuously under review. This requires research. While it is difficult to predict the areas in which research is going to pay off, we need to keep abreast of changing needs in developing countries for financial support and technical advice, to assess the effectiveness of our operations, and to improve the way people think about development. Over the past decade we have relied heavily upon the Bank's research in considering changes in the role and operations of the Bank. We are running a risk if we allow the relative size of the research program to continue to diminish.

14. We consider that the time has come to reverse this trend and to allow a significant increase in real expenditure on research. We also agree with the Report that to the extent choices need to be made, the various additional functions regarding research collaboration, application and dissemination advocated in the Report should receive higher priority than increases in the size of the existing research program. It is conceivable however that the expansion of the program should be so great -- perhaps through the organization of a research subsidiary to be financed out of IBRD profits -- as to allow for both an increase in the scope of the program and in the application and dissemination of its results. Specific proposals for expansion of research expenditures on both counts will be made in the course of the next year.

15. With regard to new research to be financed by the Bank, the Panel expressed great reluctance in drawing up a program of research priorities. The list of topics they suggest is useful. Beyond that, it is our intention that the new mechanism of the Steering Groups will be used to assist the Research Committee in giving greater focus and direction to the Bank's research program.

*Robert S. M. Newman*

## OFFICE MEMORANDUM

TO: Dr. James A. Lee, Office of Environmental Affairs

FROM: Arlene Fonaroff, Office of Population, Health and Nutrition

SUBJECT: Request for Bank Financial Contribution

DATE: October 19, 1979

1. Mrs. Boskey has conveyed the following regarding my September 20 memorandum to you detailing my discussion with her on suggestions for conveying information to the JCB on the above subject; and the October 16 memo to Mr. Baum on outcomes of the October 1 Standing Committee meeting.

JCB

2. Please note that discussions with the JCB on the Bank position should be limited to the review of the request (a) in light of the present financial uncertainty on IDA replenishment and (b) in light of the current development of criteria for grants in support of science and technology. More specific information as presented, particularly in points 2 (b) and (d) of the September 20 memo are internal matters, details of which are not for public disclosure. Discussions should be limited to the outcome of Bank decisions rather than the process of obtaining them.

Standing Committee

3. In describing the current Bank position to the Standing Committee at its October meeting, Mrs. Boskey advises it would also have been appropriate to limit information, as noted above.

AFonaroff:va



Date 10.17.79

~~Lee~~ \_\_\_\_\_

Nash \_\_\_\_\_

Overby \_\_\_\_\_

Tixhon \_\_\_\_\_

Goodland \_\_\_\_\_

McNeal \_\_\_\_\_

Liese \_\_\_\_\_

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Addy \_\_\_\_\_

Reitze \_\_\_\_\_

Luke \_\_\_\_\_

Kleysteuber \_\_\_\_\_

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Watson \_\_\_\_\_

Deric \_\_\_\_\_

*Held for Braun rat, -*

## OFFICE MEMORANDUM

TO: Dr. James A. Lee, Office of Environmental and  
Health Affairs

FROM: Arlene Fonaroff, Office of Environmental and  
Health Affairs

SUBJECT: TDR Contribution and Cash Flow

DATE: September 20, 1979

1. After our discussion on the above and a further one with Mrs. Boskey, I concur with the position that we let the matter rest at the present time, since there are no new arguments to present which might alter management's decision.

2. I expressed my apprehensions of JCB response to the Bank's decision against making a financial contribution and the potential weakened co-sponsorship role of the Bank. Mrs. Boskey suggested that the following interrelated issues of the scenario at the Bank, (timing of the request and management's attitude toward its co-sponsorship role) should be conveyed to the JCB in conveying the Bank's decision as it now stands:

- /to
- ✓ (a) The Bank is currently in a state of financial uncertainty, hence the reluctance to commit funds against new income.
  - (b) There has been a recent change in financial managers at the Bank, making it difficult for Mr. Qureshi, who replaced Mr. Cargill, to evaluate TDR in isolation from other priorities under evaluation at the Bank.
  - ✓ (c) The Bank's position is still uncertain on criteria for grants support. As a result of the recent international meetings on science and technology, the Bank is having to examine critically its role in this field and TDR cannot be isolated from this.
  - (d) It has been difficult to convince management that the most significant support it can give is equated with financial input to TDR. Management feels its commitment is being demonstrated through managing the TDR Fund and technical/administrative overseeing.

3. JCB attitudes towards the Bank co-sponsorship role will also be influenced by Mr. Stern's negative response to the request that the Bank consider assisting TDR in the event of cash flow problems. Mrs. Boskey noted the precedent that the Bank on a one-time, exceptional basis, assisted UNDP in a cash flow problem. However, this was an action requiring Board approval and there is only a slim probability of a repeated approval on a cash flow issue. Should the Bank be requested to examine its policy in regard to TDR, Mrs. Boskey recommended that a very specific approach be taken to the problem, identifying receipt/disbursement activities and projected timing of a cash flow problem.

4. I advised Mr. Jones of the above and he will include it in his discussion with the Controller in preparation for the Standing Committee Meeting.



Dr. James A. Lee

- 2 -

September 20, 1979

5. For the record, an uncirculated draft of the appeal to Mr. Baum is attached.

Attachment

cc: Mrs. S. Boskey, IRD

AFonaroff:va

DRAFT (Not Circulated)  
AFonaroff:va  
September 14, 1979

TO: Mr. Warren C. Baum, CPSVP

FROM: Arlene Fonaroff(through Dr. James A. Lee, Office of Environmental and Health Affairs)

SUBJECT: Special Programme for Research and Training in Tropical Diseases: Financial Contribution and Programme Liquidity

1. In response to Mr. Stern's recommendation that the Bank make a financial contribution to TDR, Mr. McNamara's August 9 reply was that unless Mr. Stern felt strongly about the immediate need for action, he was inclined to agree with Mr. Qureshi's recommendation that despite the high priority attached to the TDR activity and its potential high payoff, that no Bank contribution be made.
2. Mr. Stern's memorandum also indicated that the Bank is in no position to assist with short-term financing to ameliorate cash flow problems in the course of the year. The matter of cash flow was not addressed in Mr. Qureshi's memorandum.
3. I would appreciate your advice as to whether the Bank should be asked to reexamine its position on the possibility of providing short-term financing during temporary financial gaps. While cash flow problems have not yet occurred, this may happen early in FY80 when anticipated disbursements will have caught up with contributions and result in a potential temporary financing gap of up to US\$4M over 2-3 months. This is because contributing parties tend to meet their pledges during or towards



the end of the FY rather than at the beginning, and in some cases contributions are received in the following fiscal period, e.g. over US\$5M of FY78 pledges were received in FY79. The Bank and WHO correspond with donors on the timing of meeting pledges, political calendars affect uneven cash flow vis-a-vis budgetary requirements.

4. The Standing Committee at its July 1979 meeting decided to seek the Bank's advice on how best to assure program liquidity. Attachment 1 identifies suggested possibilities. The Standing Committee must formulate a recommendation on handling program liquidity at its next meeting, October 1 - 2 in Geneva, and would like to obtain the Bank's views on the overall issue.

5. Regarding the Bank's position on a financial contribution in FY80, while we fully appreciate Mr. Qureshi's position to establish criteria for Bank financial support of non-lending operations before making commitments against future income, we would like to remind you of comments made on this subject in Mrs. Boskey's memorandum to Mr. McNamara. She makes the point that while the Bank cannot and ought not to try to fund all research which would support its activity, "... that does not seem to be a sufficient reason to decline to support a program to which the Bank is already committed, which is of high priority and which is proceeding satisfactorily. The fact that the Bank supports the Onchocerciasis Control Program and CGIAR activities has not prevented it from rejecting requests to fund other likewise meritorious research. If we think TDR does not deserve support, or if we cannot afford to support it, that is one thing.

But we ought not to say "no" in this case because we cannot say "yes" to all others."

6. The Boskey memorandum also identified a significant implication of a negative response to the JCB request for a financial contribution: **that** as the only non-contributing co-sponsor, the Bank's influence could be weakened, both in the Standing Committee and in the JCB. Since overall management of the Programme is determined by these bodies, it is vital that the Bank maintain its position of strength.

7. TDR has demonstrated ability to attract and manage high quality scientific involvement; and the potential for biomedical breakthroughs for controlling leprosy, schistosomiasis, onchocerciasis and malaria may now realistically be expected in the decade ahead. The Bank has played a major developmental role in moving the Special Programme to this position. Future progress could be hampered if the Bank's negative decisions on a financial contribution and/or dealing with potential cash flow problems are ~~associated with~~ <sup>interpreted as</sup> a reduction in Bank commitment.

8. For these reasons, and since the JCB is expecting a Bank decision announced at its December 12 meeting in Geneva, I would urge that Mr. McNamara be informed that it does appear desirable to act now on a FY 1980 contribution according to terms specified in Mr. Stern's August 6 memorandum. It would also be desirable to have clarification on the position regarding cash flow.

9. Perhaps in your forthcoming trip to Geneva, you might wish to discuss these issues with Drs. Lucas and Wilson, as Dr. Flache will be in Japan.



ATTACHMENT 1

- (a) Establishing a working capital fund or program reserve by using donor contributions. (This was discussed at the 1978 JCB meeting, and was poorly received by donors because it immobilizes operational disbursements for substantial periods during the fiscal year).
- (b) Using commercial banking or financial institutions to provide interim financing or overdrafts, with reimbursements made on receipt of donor contributions. Interest rates, however, must be considered in light of the estimated duration and order of overdrafts.
- (c) Requesting the Bank to use its own resources to provide temporary overdraft or similar facilities.
- (d) Reducing the level of program operations when expenditures reach the point of exhausting cash on hand. (This is highly undesirable as it would disrupt scientific operations which cannot be turned on and off on a monthly basis).

Date

8/14

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Nash

Overby

Tixhon

Goodland

McNeal

Liese

Robinson

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FORM NO. 75  
(9-78)

THE WORLD BANK

<b>ROUTING SLIP</b>		DATE: 8/10/79
NAME		ROOM NO.
Mr. Baum --		
The attached for your		
information.		
APPROPRIATE DISPOSITION	NOTE AND RETURN	
APPROVAL	NOTE AND SEND ON	
CLEARANCE	PER OUR CONVERSATION	
COMMENT	PER YOUR REQUEST	
FOR ACTION	PREPARE REPLY	
INFORMATION	RECOMMENDATION	
INITIAL	SIGNATURE	
NOTE AND FILE	URGENT	
REMARKS:  "8/9 to Mr. Stern. Unless you feel strongly that we should move now, I am inclined to agree with Moeen. R. McN."		
FROM: E. Stern	ROOM NO.:	EXTENSION:



## OFFICE MEMORANDUM

TO: Mr. Robert S. McNamara

FROM: Ernest Stern, VP, Operations *ES*

SUBJECT: Special Program for Research and Training in Tropical Diseases

DATE: August 6, 1979

You will recall that earlier this year we discussed in the President's Council a proposal for funding of the Research and Training Program in Tropical Diseases. At that time both Mr. Cargill and I had raised questions about the need for a Bank financial contribution to supplement the technical support we were already providing to this program.

Since then, I have discussed further our involvement in the program and reviewed the financial requirements for the coming years. I am now reasonably satisfied that a small contribution by the Bank to the financing of the Special Program for Research and Training in Tropical Diseases would be appropriate and would have a high payoff in terms of contributions from others and the scope of the work to be undertaken. I would therefore recommend that you now proceed to authorize our representatives to the October meeting to indicate a Bank contribution for calendar year 1980 of \$1.5 million and to state further that in future years we would not expect our contribution to exceed 10% of the total budget. Such financing could be derived from the net income transfer out of the FY1980 earnings and we would of course indicate that our commitment is subject to approval of our Board of Directors. We would also instruct our representatives to indicate that the Bank is in no position to assist with short-term financing to ameliorate the cash flow problems in the course of the year.

EStern/lms

## OFFICE MEMORANDUM

DATE: August 9, 1979

TO: Mr. Robert S. McNamara

FROM: Moeen A. Qureshi *ma*SUBJECT: Special Program for Research and Training in Tropical Diseases

There are two issues involved: one is whether this particular program has sufficient priority and future potential, and whether it offers the Bank the opportunity to make an innovative and important contribution. Second, whether we ourselves are at the stage in our thinking and planning where it would be appropriate to make new commitments against future income.

On the first issue, I am prepared to accept Ernie's judgement that this program has sufficient priority and that a small contribution by the Bank will have a high pay-off.

On the second issue, however, I feel quite strongly that it would be untimely for us to begin making commitments against the Bank's future income for any individual program without taking a look at the whole range of possibilities that might be open to us.

I am sure that this issue will be raised at today's Board meeting by several Directors who will ask us to formulate some general guidelines and criteria for future allocation of the Bank's income. As you know, this item ranks high on the agenda of work that we must undertake.

My recommendation therefore to you at this time would be that we not authorize any Bank contribution to specific programs, until we are able to look at the range of available alternatives and to come up with a better overall approach to the whole issue. I expect that we shall be called upon to do so well before the end of this fiscal year.

MAQureshi:gmb



Sample CGIAR  
requests for staff  
presented to Board  
~~1976~~, 1977, 1979

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20. The individual contributions proposed to be made at this time are:

<u>Center</u>	<u>\$ million</u>
CIAT	.475
CIMMYT	.150
CIP	.700
IITA	1.200
IRRI	1.000
ILCA	1.500
ILRAD	.800
ICARDA	.100
	<hr/>
TOTAL	\$5.925
	<hr/>

21. The further recommendation to the Executive Directors to be made in the autumn will specify the disposition of the remaining funds. Based on current expectations, IITA and ILCA are likely to be among the centers requiring significant additional amounts from IDA, between \$600,000 and \$700,000 each. CIP, ILRAD, IRRI and ICARDA may also require additional funding.

#### Short-term Accommodation for Centers

22. If the Executive Directors approve the proposed first tranche contribution of \$5.925 million, the balance would customarily remain unallocated until October. However, as I indicated in my memorandum of October 18, 1976 (IDA/R76-79), some part of these funds might usefully be temporarily employed to help resolve short-term cash flow difficulties which centers may face early in 1977.

23. As I mentioned previously, several international centers faced short-term cash flow problems in 1976 because the payment of contributions from donors was not spread evenly over the year. This was due in part to the timing of donors' fiscal years and to their internal administrative and budgeting procedures. When this problem was brought to the attention of the Group by the CGIAR Secretariat in June 1976, most donors indicated they could accelerate their payments in 1977.

24. If all donors are able to make their 1977 payments at the earliest time permitted by their procedures, the cash flow problem should be overcome. However, against the possibility that some centers may still confront short-term problems because major contributors to them are unable to make early payments, I believe that standby arrangements should be authorized permitting a portion of the Bank Group's second tranche to be used if needed to provide short-term accommodation to centers pending receipt of expected funds from other donors. Advances in the



## OFFICE MEMORANDUM

*George*  
*(Signature)*

TO: Mr. Ernest Stern, VPO

DATE: January 5, 1979

FROM: Warren C. Baum, CPSVP

SUBJECT: CGIAR -- President's Recommendation on Bank Group Financial  
Support in 1979 for International Agricultural Research Centers

1. Attached for your approval is a memorandum from the President to the Executive Directors making recommendations on grants to be made from IDA funds to the centers and programs supported by the CGIAR. You will remember that we have traditionally gone to the Board twice each year, requesting a first tranche of grants in January and a second in October. The memorandum updates last year's information and recommends specific grants totaling \$7 million. In form and content, it is along the customary lines.
2. We have requested Board approval again this year for the short-term cash facility which is designed to overcome temporary cash shortages which some centers have experienced in the past. Although the facility was not needed in 1977 or 1978, the centers very much appreciated the added security, and we propose continuing the arrangement in 1979. We believe there is a good chance that one or more of the centers may need to make use of it in 1979, since cash flow problems have recently again caused difficulties.
3. The Consultative Group has decided to go ahead with establishing the proposed new service to assist developing countries in strengthening their national programs of research. The new service will get under way later this year. The only money required in 1979 is for start-up expenses. The attached paper proposes that the Bank Group contribute \$25,000 for this purpose in 1979.
4. Our target is to have the memorandum on the agenda of the January 23 meeting of the Executive Directors.

## Attachment

cc: Messrs. McNamara  
Cargill  
Lejeune  
Yudelman  
Gabriel  
Delaume  
✓R. Jones

AHayman/MLLejeune:apm

File DIA

FROM: The President

Bank Group Financial Support in 1979 for International Agricultural Research

1. I submit the following report and recommendation on the contribution of up to \$10.2 million of IDA funds in calendar year 1979 to international agricultural research activities supported by members of the Consultative Group on International Agricultural Research (CGIAR).

Background

2. The CGIAR was founded in May 1971 at the initiative of the Bank. It is an informal association of countries, multilateral organizations and private institutions which collectively support international programs of research and related training and assistance whose purpose is to increase the quantity and improve the quality of food produced in developing countries. The Group is now supporting institutions whose research programs encompass crops and animals accounting for three-quarters of the food supply of these countries. They employ nearly 8,000 staff, including over 500 internationally recruited senior scientists.

3. The Consultative Group, which is jointly sponsored by the FAO, the UNDP and the World Bank, now includes virtually all donors with significant programs in support of agriculture in the developing countries as well as countries elected to represent each of the five developing regions of the world. There are 38 members in all. The Bank provides the Chairman of the Group. The Group is served by a Secretariat, also provided by the Bank, and advised by a panel of experts, the Technical Advisory Committee, whose Secretariat is provided by FAO. The International Fund for Agricultural Development (IFAD) joined the Group in 1978 and plans to make a contribution

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Distribution:

Executive Directors and Alternates  
Senior Vice President, Finance  
Vice President, Operations  
President's Council  
Vice Presidents, IFC  
Directors and Department Heads, Bank and IFC



for the 1979 program. (A full list of the membership is attached as Annex I.) Total contributions have grown from about \$20 million in 1972 to an amount estimated at just over \$100 million in 1979 if the proposed World Bank Group contribution is included (see Annex III).

4. The system of research institutions and related activities supported by the Group comprises nine international agricultural research centers engaged in developing improved production technology suited to the environments and circumstances of the developing countries and two related programs, one for rice in West Africa and one concerned with preserving for scientific purposes the great variety of food crop genetic material still extant. In addition it has been decided to establish as part of the system a new service to assist developing countries in strengthening their own agricultural research. The eleven existing centers and programs currently supported by the CGIAR are given below.

The International Center for Tropical Agriculture (CIAT), based in Colombia and working on cassava, field beans, local adaptations of maize and rice, and production systems for cattle and swine;

The International Maize and Wheat Improvement Center (CIMMYT), based in Mexico, which, in addition to its main research on breeding improved varieties of maize and wheat, conducts some research on barley, triticale (a cross between wheat and rye) and sorghum;

The International Potato Center (CIP), based in Peru, serving potato-growing regions throughout the developing world;

The International Center for Agricultural Research in the Dry Areas (ICARDA), with principal stations being established in Syria and Iran, which deals with crop improvement (barley, broad beans, lentils and durum wheat), soil and water management and farming systems (including sheep husbandry) for arid zones;

The International Crops Research Institute for the Semi-Arid Tropics (ICRISAT), based in India, deals with the development of systems of farming in semi-arid zones and with developing improved varieties of groundnuts, sorghum, pearl millet, chickpeas and pigeon peas;

The International Institute of Tropical Agriculture (IITA), based in Nigeria, deals with cassava, cowpeas, soybeans and local adaptations of internationally developed strains of maize and rice, and with the development of farming systems for the humid tropics;

The International Livestock Center for Africa (ILCA), based in Ethiopia, does multidisciplinary research to improve livestock production systems in Africa;



The International Laboratory for Research on Animal Diseases (ILRAD), based in Kenya, studies two protozoal diseases which infect and are often fatal to cattle in parts of Africa-- trypanosomiasis and theileriosis (East Coast Fever);

The International Rice Research Institute (IRRI), based in the Philippines, has worldwide responsibility for developing improved varieties of rice and related farming systems;

The West Africa Rice Development Association (WARDA), based in Liberia, deals with rice research and development in 14 West African countries. The CGIAR supports research activities only;

The International Board for Plant Genetic Resources (IBPGR), with headquarters in Rome, seeks to stimulate and coordinate the collection, preservation, evaluation and exchange of a wide range of varieties of seed and other genetic materials of potential interest to plant breeders in the developing countries.

More information on each of these programs is given in Annex IV.

5. As a first step, the international research centers develop crop varieties and farming systems and practices which are broadly applicable over wide environmental regions. The second step is to refine and adapt this technology to the particular circumstances within a developing country. It has long been recognized that a developing country will obtain the full benefit of the research done at the international centers only if its own research effort can effectively carry out this process of refinement and adaptation. To do this, many countries need to strengthen their agricultural research capacity. Acting on the recommendations of a Task Force set up by it to study this matter, the CGIAR has therefore decided to establish a new service--The International Service for National Agricultural Research (ISNAR)--which will assist developing countries in strengthening their agricultural research. Initial start-up expenses for the new Service are estimated for 1979 at \$300,000, towards which it is proposed that the Bank Group contribute \$25,000. Once fully operational, the budget of ISNAR is expected to amount to some \$3 million per year (in 1978 dollars). ISNAR is likely to prove complementary and relevant to the Bank Group's own lending in support of national agricultural research programs. Further information on this proposed service is in Annex IV.

#### Monitoring the Progress and Achievements of the CGIAR System

6. The Group recognizes that agricultural research is necessarily a long-range activity and it takes many years to develop technology which is readily useable by farmers with severely limited resources. The Group also appreciates that the work of scientists can be disrupted by subjecting them to unduly frequent review. Nevertheless, it is concerned to see that the resources it provides for research are effectively and efficiently used. It has, therefore, evolved systematic procedures for the regular assessment



of the relevance, progress and achievements of the activities it supports. Program and budget proposals are scrutinized each year by the Secretariat and the Technical Advisory Committee. Members of the Group also have the opportunity to review each center's program during a meeting held each year at which Center Directors make presentations and respond to questions raised by the members. Secretariat staff, and representatives of donors, participate in the meetings of a center's Program Committee and its Board of Trustees. A detailed, in-depth review of each center's activities is made every five years by a panel of experts chosen for the particular assignment. During 1978 such "Quinquennial Reviews" were made of IITA, WARDA and ICRISAT. The report on IITA has already been issued and the other two reports will be issued shortly. Earlier reports on CIMMYT, CIAT, CIP and IRRI, as well as the one on IITA, may be found in the Executive Directors' library.

7. The research supported by the Group continues to concentrate mainly on the important food crops and on the breeding of improved varieties whereby higher yields may be obtained with lower risk. The rapid spread of high-yielding varieties (HYVs) of rice and wheat through many parts of the developing world has been largely due to the work of the system's two oldest centers, IRRI and CIMMYT. However, these early successes have brought second-generation problems in their wake, particularly in rice, such as susceptibility to new strains of insects and disease, and the challenges facing even the older centers are becoming more complex.

8. Research is being expanded on the development of improved farming systems. Usually these are based mainly on a crop which is under intensive research (such as rice or maize), but may include other crops or animals. Increasing emphasis is being given to the evaluation of socio-economic effects of new or improved technologies as, for example, on income distribution and farm size and ownership. A constant concern is the need to design research strategies which will best serve the needs of the poorest farmers, and the landless poor. Greater emphasis is being given to research on diet and nutrition.

9. An overview of the CGIAR system's activities is given every year in an annual report prepared by the CGIAR Secretariat. The 1978 report discusses, among other things, the effects so far observable of the adoption of technology resulting from the research of the two oldest international centers--IRRI and CIMMYT--on rice and wheat. The high-yielding varieties originally developed by these centers and then adapted to local circumstances are now widely grown. Sixty-two million hectares in the developing countries are planted to such rice and 73 million to wheat. The impact of these major changes has been widely studied and much has been written about it.

10. The Secretariat arranged for a review of the literature and in its annual report summarized the main findings. The general conclusion was that introduction of high-yielding varieties of wheat and rice has had a remarkable effect on food production in developing countries. It has also had a significant, and positive, effect on some aspects of income distribution. The studies show that the primary beneficiaries have been lower income consumers, who spend a high proportion of their total income on food. In areas where the new varieties are ecologically suited, adoption rates



have been comparable between all farm sizes. The relative distribution of income among producers has not worsened even though absolute differences between larger and smaller farmers have widened due to the unequal ownership of productive assets. The direct employment effect at the farm level has been marginally positive, and more significant in sectors benefiting from the secondary effects of increased farm incomes. Wage levels have increased but less rapidly than land values, thereby worsening the relative distribution of wealth between landowners and laborers. The total availability of protein and energy has increased as a result of the use of HYVs. The wheat and rice varieties so far developed are best suited to favorable environments of land and water, but not so well suited to the harsh environments in which many resource-poor farmers live. The adoption of these improved varieties has provided substantial benefit to the people in areas where the varieties do well, but has not done much for those in less favored regions, with the consequence that, as between these differing regions, income disparities have widened, although this is partially mitigated by the lower cost of food imported from the more favored areas. Most of the centers are now devoting increasing attention to the development of varieties and farming systems for the poorer regions.

11. A further discussion of the impact of the technology already developed by the international agricultural research centers is in the Secretariat's annual report ("The Consultative Group and the International Agricultural Research System - An Integrative Report," September 19, 1978) which has been circulated to the Executive Directors for their information and is available in the Executive Directors' library.

#### Financing the Research Network

12. The Bank Group (through IDA) is a major contributor to the CGIAR research system. The United States is the largest single donor, contributing up to 25 percent of total requirements of the centers. Other major donors expected to provide the equivalent of \$5 million or more in 1979 are the Federal Republic of Germany, Canada, the United Kingdom, the Inter-American Development Bank, Japan, and the Bank Group. The Bank Group serves primarily as the donor of last resort; within the amount authorized by the Executive Directors and the Board of Governors, which has been established at about 10 percent of the estimated needs of the system in the ensuing year, it stands ready to cover the needs remaining after other donors have made their commitments. Beginning in 1973, the Bank Group's annual contribution has been provided from the funds transferred from the Bank's net income to IDA. Each year, in recommending the transfer of net income, the Executive Directors recommend to the Governors that a specific amount of the transfer be used for this purpose. Specific contributions, and hence the amount of the authorization actually used, are approved by the Executive Directors during the year in the light of actual needs. Any funds authorized but not used revert to IDA for its regular purposes.

13. Last July the Executive Directors recommended the provision of up to \$10.2 million for the 1979 program of international agricultural research based on total net requirements which it was estimated at that time would be about \$102 million. The recommendation was approved by the Governors at the



Annual Meeting in September (Resolution No. 330). Table I shows the amounts authorized each year by the Governors since the inception of the CGIAR and the amounts actually approved by the Executive Directors and contributed by the Bank Group. Unused funds have reverted to IDA for its regular purposes.

Table I - The Bank Group's Support for CGIAR

(\$ millions)

<u>Year</u>	<u>Authorization</u>	<u>Actual Contribution</u>	<u>Total Contributions by CGIAR Members, including the Bank Group</u>
1972	3.0	1.3	20.1
1973	3.0	2.8	25.9
1974	3.2	2.4	34.5
1975	4.8	3.5	47.6
1976	6.8	6.2	64.0
1977	8.5	7.8	79.3
1978	8.7	8.7	86.9
1979	10.2		100.6 (est.)

Funds Required in 1979

14. The financial year for the CGIAR system is the calendar year. The centers' programs and budgets for the year in question are drawn up in the first half of the preceding year and presented to the Consultative Group. At a meeting, customarily in November, the members of the Group review budget requests, and indicate the amounts they plan to contribute to each center for its program in the ensuing year, subject in most cases to approval by their legislatures or other authorities. Following that meeting it is usually possible to arrive at a reasonable estimate of the extent to which each center's needs may be met by donors other than the Bank Group. The Bank Group's contribution is then allocated to help fill any gaps.

15. Since the inception of the Consultative Group in 1971, the financial requirements of the system have grown rapidly. In the past, the generosity of continuing donors and the addition of three or four new donors each year have enabled the Consultative Group to meet the requirements of the network and have a small amount to spare. Thus the Bank Group, as donor of last resort, has, as indicated above, usually been called upon to pay out less than the full amount of its annual pledge.

16. At the November 1978 meeting of the Consultative Group, the members of the Group indicated their planned contributions for 1979. The total, excluding the Bank Group's contribution, was about \$90 million at prevailing exchange rates. With a contribution from the Bank Group of up to \$10.2 million, the total requirement, then estimated at \$103.4 million, would not quite be met. Past experience shows, however, that the small shortfall that is currently being estimated is likely to be accommodated as budget estimates are better refined. In keeping with its residual role, the Bank Group has,

in the past, allocated only part of its contribution early in the year. Estimates of requirements can be subject to revision in the course of the year and a few donors have not yet finally confirmed their commitments. The final allocations and total amount of the Bank Group's contribution cannot therefore be decided until well into the year.

17. In these circumstances, and consistent with past practice, I propose that IDA, acting for the Bank Group, make initial contributions to the centers and programs indicated below in paragraph 18. In the autumn, I intend to seek the approval of the Executive Directors of further grants, out of the unallocated balance of the \$10.2 million authorized, to cover the residual needs of the centers as then known.

18. The individual contributions proposed to be made at this time are:

<u>Center</u>	<u>\$ millions</u>
CIAT	.600
CIMMYT	.800
IITA	1.400
IRRI	.350
ILCA	.800
ILRAD	1.275
IBPGR	.150
ICARDA	1.600
ISNAR	<u>.025</u>
	<u>7.000</u>

19. This first tranche represents about 70 percent of the total authorized. By retaining unallocated for the present some 30 percent of the total amount authorized, the Bank Group maintains flexibility to deal with changing circumstances primarily due to variations in exchange rates, which can affect substantially the dollar value of contributions actually received from donors pledging in their national currencies. The further recommendation to the Executive Directors to be made in the autumn will specify the disposition of the remaining funds. Based on current expectations, ICARDA, IITA and ILCA are likely to be among the centers requiring significant additional amounts from the Bank Group--between \$400,000 and \$700,000 each. CIAT, CIMMYT, ILRAD, IRRI and one or two other centers may also require additional funding.

#### Short-term Accommodation for Centers

20. During 1976 several centers faced cash shortages because the payment of donors' contributions was not spread evenly over the year. To meet this problem the Executive Directors in 1977 authorized the use of a portion of the Bank Group funds not allocated in the first tranche to be held available to meet short-term cash flow problems facing the international centers. In 1977, and for most of 1978, however, prompt payment by donors of their contributions largely prevented such problems, and the standby facility was not used. Nevertheless, it provided a welcome degree of security which was



much appreciated by the international research centers and assisted them in their financial planning. Consequently, I recommend that standby arrangements again be authorized which would be identical to those approved by the Executive Directors in 1977. The terms and conditions of such grants are described in paragraph 2 of the attached resolution (Annex V). Essentially, conditional grants of up to \$500,000 could be advanced to centers to meet short-term cash flow problems on presentation of satisfactory evidence of need and on condition that the funds be returned to IDA within 60 days or by August 1, whichever is earlier. No more than \$1.5 million could be outstanding and the Executive Directors would be notified of each transaction for their information. A more detailed description of these procedures is provided in my 1977 memorandum to the Executive Directors on the Bank Group contribution to the CGIAR (IDA/77-2).

Recommendation

21. I recommend that the Executive Directors approve the attached resolution (Annex V) authorizing the grants aggregating \$7.0 million as set forth in paragraph 18 above for the support of international agricultural research, and the use of the unallocated balance of the funds authorized for 1979 as set forth in paragraph 20 above.

Robert S. McNamara

Attachments

December 21, 1977

Dear Halfdan:

Thank you for your letter of December 13, with its kind invitation to the meeting of governments and agencies co-operating in the Special Programme for Research and Training in Tropical Diseases, to be held on February 1 and 2 in Geneva. I should like to be present but it will not be feasible for me to go to Europe at that time. The World Bank will be ably represented by Dr. James Lee, and I shall be receiving a report on the meeting from him. I have, however, been thinking for some while that I should sit down with you at some time convenient for both of us, so that I might become more familiar with the full scope of WHO activities and so that we might together consider how the work of each organization might better reinforce the work of the other. I hope to be able to follow up on this before very long.

I understand that Dr. Fliche and some of his colleagues had a useful discussion with Bank staff last week on arrangements for discharge of the Bank's fiscal agent role. I am pleased that matters are progressing satisfactorily, and I hope that the meeting with current and proposed contributors to the Special Programme will prove most successful.

With kind regards and Season's Greetings,

Sincerely,

(Signed) Robert S. McNamara  
Robert S. McNamara

Dr. Halfdan Mahler  
Director-General  
World Health Organization  
1211 Geneva 27, Switzerland

December 19, 1977

SEBoskey/rob

cc: Dr. Lee (w/cc: of incoming) ✓





1211 GENEVA 27 - SWITZERLAND  
Telegr.: UNISANTE-Geneva

Tél. 34 60 61 Télec. 27821

1211 GENÈVE 27 - SUISSE  
Télégr.: UNISANTÉ-Genève

In reply please refer to: TDR/T16/87/15  
Prière de rappeler la référence:

13 December 1977

Dear Mr McNamara,

Special Programme for Research and Training in Tropical Diseases

Thank you very much again for your letter of 27 October 1977. I am delighted that the World Bank has joined the UNDP and WHO as co-sponsor of the Special Programme for Research and Training in Tropical Diseases. From our exchange of views in New York, you are of course aware of the importance I attach to the Bank's co-sponsorship and I feel certain that the three co-sponsors will provide the foundation upon which to build the wide international support the Programme requires to achieve its goals.

I understand that the representatives of the World Bank, UNDP and WHO have agreed to hold a meeting of governments and agencies cooperating in the Programme on 1 and 2 February 1978 in WHO headquarters. This meeting has been planned both to maintain the scientific momentum of the Programme and to take full advantage of the Bank's recently established co-sponsorship.

... I enclose for your information a copy of the letter of invitation which the co-sponsors agreed we send to the Governments and agencies contributing financial resources to the Programme. In addition, I have asked the Regional Directors to invite three governments from each of the WHO regions to represent the cooperating parties at this meeting. While I look forward to welcoming your representatives, it would give me great pleasure if you were to attend at least part of the meeting and in this regard, I extend to you my warm personal invitation.

With best regards,

Yours sincerely,

H. Mahler, M.D.  
Director-General

Mr Robert S. McNamara  
President  
International Bank for Reconstruction  
and Development  
1818 H. Street N.W.  
Washington, D.C., 20433  
United States of America

ENCL.

... p.s. We are sending you under separate cover a copy of the Annual Report for 1977 of the Special Programme, which includes the Report of the second Technical Review Group held from 12 to 16 September 1977 and my observations on this Report.

WORLD HEALTH  
ORGANIZATION



ORGANISATION MONDIALE  
DE LA SANTÉ

1211 GENEVA 27 - SWITZERLAND  
Telegr.: UNISANTE-Geneva

Tél. 34 60 61 Télex. 27821

1211 GENÈVE 27 - SUISSE  
Télégr.: UNISANTÉ-Genève

In reply please refer to: TDR/T16/87/15  
Prière de rappeler la référence:

9 December 1977

Dear Dr Cumming,

Special Programme for Research and Training in Tropical Diseases

I am writing to you at this time to inform you of the latest important development in the Special Programme for Research and Training in Tropical Diseases. I am very pleased indeed to be able to report that the World Bank has formally notified the World Health Organization and the United Nations Development Programme of its agreement to become a co-sponsor of the Special Programme.

The three co-sponsors feel that to maintain the momentum of the Programme, as well as to take full advantage of the Bank's recent co-sponsorship, a meeting of governments and agencies cooperating in the Programme should take place on 1 and 2 February 1978 at WHO headquarters in Geneva and I should like to cordially invite you or your representative to participate. At the meeting we shall consider the following items, to ensure the smooth evolution of the Programme:

1. The scientific and technical progress of the Programme
2. The proposed Administrative and Technical Structures of the Special Programme
3. The procedures for the formal establishment of the Programme
4. The Programme's financial aspects including the budget recommended for 1978 by the second Technical Review Group, which met from 12 to 16 September 1977.

The co-sponsors are inviting 37 governments and agencies to attend the meeting and we hope to reach agreement on the Programme's Administrative and Technical Structures and the steps towards its formal establishment.

Dr R. Cumming  
Assistant Director-General  
International Health Branch  
Department of Health  
Canberra, A.C.T. 2600  
Australia

cc: Mrs J. Morison-Turnbull, First Secretary, Permanent Mission of Australia  
to the United Nations Office at Geneva, 1211 Genève 19

... ENCL: As stated



Dr R. Cumming, Assistant Director-General, International  
Health Branch, Department of Health, Canberra

Page 2

TDR/T16/87/15

9 December 1977

... In this regard I should like to draw your attention to the enclosed latest revision of the proposed Administrative and Technical Structures of the Special Programme. This draft is based on a series of exchanges of views held this year between the three co-sponsors and a number of interested governments. I have enclosed it for your advance information and consideration, and should be most grateful to receive, if possible before the meeting, any comments you may have.

We have already sent to you the 1977 Annual Report of the Special Programme, as well as the Report of the second Technical Review Group and the Director-General's Observations on the Review Group's Report. We hope that these documents will provide sufficient scientific, technical and financial information for the discussions during the meeting.

We look forward to your participation in the meeting on 1 and 2 February 1978 and I hope to hear from you shortly in this regard. Should you require any additional information or documentation on the proposed subjects for consideration at the meeting, we shall do our best to provide it to you.

Yours sincerely,

Dr S. Flache  
Assistant Director-General  
Coordinator, Special Programme for  
Research and Training in Tropical  
Diseases

SUGGESTIONS FOR THE  
ADMINISTRATIVE AND TECHNICAL STRUCTURES OF THE SPECIAL PROGRAMME

DEFINITIONS

(a) The Special Programme for Research and Training in Tropical Diseases (hereinafter called the Special Programme) is a global programme of international technical cooperation initiated by the World Health Organization and co-sponsored by UNDP and the World Bank, with the two interdependent objectives of developing improved tools for the control of tropical diseases and of strengthening the research capability of affected tropical countries themselves.

(b) Cooperating Parties are:

(i) those governments contributing to Special Programme Resources, those governments providing technical and/or scientific support to the Special Programme, and those governments whose countries are directly affected by the diseases dealt with by the Special Programme;

(ii) those intergovernmental and non-profit organizations contributing to Special Programme Resources or providing technical and/or scientific support to the Special Programme.

(c) The Executing Agency is the World Health Organization.

(d) Special Programme Resources are the financial resources made available to the Special Programme by governments and organizations, namely



the Tropical Diseases Research Fund, an international fund administered by the World Bank (hereinafter called the Bank) and other Agency funds, including both regular budget and voluntary funds.

THE JOINT COORDINATING BOARD (JCB)

1. Functions

The JCB shall, for the purpose of coordinating the interests and responsibilities of the parties cooperating in the Special Programme, have the following functions:

- review and decide on the planning and execution of the Special Programme. For that purpose it will keep itself informed of all aspects of the development of the Special Programme, and consider 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 the 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 Programme in that period;
- review proposed longer-term plans of action and their financial implications;
- 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 Programme towards the achievement of its objectives;

- endorse the proposals of the Executing Agency and the Standing Committee for the STAC membership;
- consider such other matters relating to the Special Programme as may be referred to it by any Cooperating Party.

2. Composition

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

- (a) twelve government members selected by the contributors to the Special Programme Resources;
- (b) twelve government members selected by the WHO Regional Committees from among those countries directly affected by the diseases dealt with by the Special Programme or which are providing technical or scientific support to the Special Programme;
- (c) three members designated by the JCB itself from among the remaining Cooperating Parties;
- (d) the three Agencies which comprise the Standing Committee.

The members of the JCB shall serve for a period of three years and may be reappointed.

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

3. Operation

- (a) The JCB shall meet in annual session, and in extraordinary session if required and with the agreement of the majority of its members;
- (b) The JCB shall elect each year from among its members a Chairman who shall:



- convene and preside over the meetings of the JCB;
  - undertake such additional duties as may be assigned by the JCB.
- (c) The Executing Agency shall provide the Secretariat and arrange for supporting services and facilities as may be required by the JCB.
- (d) Subject to such other special arrangements as may be decided by the JCB, members of the JCB shall make their own arrangements to cover the expenses incurred in attending sessions of the JCB. Observers shall attend meetings of the JCB at their own expense. Other expenses of the JCB shall be borne by the Special Programme Resources.

#### THE STANDING COMMITTEE

##### 1. Composition and Functions

The Standing Committee shall comprise the representatives of those Agencies administering the Special Programme Resources, namely the United Nations Development Programme, the World Health Organization and the Bank.

It shall have the following functions:

- review the plan of action and budget for the coming financial period as prepared by the Executing Agency in time for presentation to the JCB not less than forty-five days before the JCB's annual session;
- make proposals to the JCB for the financing of the Special Programme for the coming financial period;
- approve reallocation of resources between Programme areas and Scientific Working Groups of the Special Programme during a financial period upon the recommendation of STAC and the Executing Agency and report such reallocations to the next meeting of the JCB;

- examine the reports submitted to the Executing Agency by the Scientific and Technical Advisory Committee (STAC) and of the Executing Agency's comments, make the necessary observations thereon and transmit these with comments as appropriate to the JCB;
- review particular aspects of the Special Programme, including those which may be referred to it by the JCB and present findings in the form of reports and recommendations to the JCB.

2. Operation

- (a) The Standing Committee shall usually meet at least twice a year; once at the time of the JCB meeting, and additionally between sessions of the JCB.
- (b) The Executing Agency shall arrange for supporting services and facilities as may be required by the Standing Committee.
- (c) Members of the Standing Committee shall make their own arrangements to cover the expenses incurred in attending sessions of the Standing Committee.

THE SCIENTIFIC AND TECHNICAL ADVISORY COMMITTEE (STAC)

1. Functions

The STAC shall have the following functions:

- review from a scientific and technical standpoint the content, scope and dimensions of the Special Programme, including the diseases covered and approaches to be adopted;
- recommend priorities within the Special Programme, including the establishment and disestablishment of scientific working groups and all scientific and technical activities related to the programmes;



- provide the JCB and the Executing Agency with a continuous independent evaluation of the scientific and technical aspects of all activities of the Special Programme.

For these purposes the STAC may propose and present for consideration such technical documents and recommendations as it may deem appropriate.

## 2. Composition

The STAC shall comprise 15-18 scientists and other technical personnel who will serve in their personal capacities to represent the broad range of biomedical and other disciplines required for Special Programme activities. Members of STAC, including the Chairman, will be selected on the basis of scientific or technical competence by the Executing Agency in consultation with the Standing Committee and with the endorsement of the JCB.

- Members of the STAC, including the Chairman, shall be appointed to serve for a period of three years, and will be eligible for further reappointment. To maintain continuity of membership, the expiration of the initial terms of office of members of STAC will be staggered.

## 3. Operation

- The STAC shall normally meet twice a year.
- The Executing Agency shall provide the Secretariat to STAC, including sustained scientific, technical and administrative support.
- Costs of the STAC shall be borne by the Special Programme Resources.
- The STAC shall prepare an annual report on the basis of a full review of all technical and scientific aspects of the Special Programme. This report, containing its findings and recommendations, shall be submitted to the Executing Agency and to the Standing Committee.

The Executing Agency shall submit its comments on the report to the Standing Committee. The Standing Committee shall transmit the report, including the comments of the Executing Agency, together with its own observations and recommendations, to the JCB not less than forty-five days before the JCB's annual session. The Chairman of the STAC, or in his absence a member of the STAC deputed to act for him, shall attend all sessions of the JCB.

THE EXECUTING AGENCY

The Director-General of WHO, after such consultations as he may deem appropriate, shall appoint the Programme Coordinator, the Programme Director and appoint or assign all other personnel to the Special Programme as specified in the plans of work. Drawing as required upon the administrative resources of the World Health Organization and in cooperation with the co-sponsors of the Programme, the Coordinator will be responsible for the overall management of the Special Programme. Under the authority of the Programme Coordinator and drawing to the full upon the scientific and technical resources of the World Health Organization, the Director of the Special Programme shall be responsible for the development of the plan of action and budget and for the operation of the scientific and technical activities of the Special Programme.



## OFFICE MEMORANDUM

TO: Dr. James A. Lee

DATE: November 8, 1977

FROM: H. Reitze

SUBJECT: TDR Meeting with Representatives from WHO, US/AID and CIDA

1. At your request and in your absence, I attended a meeting last Thursday, November 3, which had been convened in your Office at 10:00 AM. Present at the meeting were Dr. S. Flache, WHO; Ms. M. Belcher, US/AID; Mr. J. Thompson, US/AID; Mr. P. Ladouceur, CIDA; and myself. Mr. W.T. Mashler, UNDP, phoned that morning to inform that he would not be able to attend. The meeting was informally steered by Dr. Flache and divided into three parts: a general discussion of the subject, and examination of suggested administrative and technical structures for the Special Programme, and a review of possible membership for its Joint Coordinating Board (JCB).

General Discussion

2. Dr. Flache informed that the pre-JCB meeting, initially planned for December 1977, will now be held sometime during February 1978 in Geneva at WHO headquarters. He explained that while this will not constitute an official JCB meeting, it will nevertheless, have all the trappings and status of a JCB meeting whose membership remains to be determined.

3. Dr. Flache announced the World Bank's resolution to participate as a cosponsor and fiscal agent of the Special Programme. To that effect, he produced and circulated Mr. McNamara's letter of October 27, 1977, to Dr. Mahler communicating this official decision. He also announced his own appointment as Programme Coordinator and that of Dr. A.O. Lucas as Programme Director under his immediate authority. The three functions now under the direct responsibility of Dr. Lucas include: (a) the management function, in charge of Mr. R. Wilson; (b) the institution-strengthening function, in charge of Dr. Barcelatto; and (c) the research function, under Dr. D.S. Rowe. A fourth function--having to do with the "economics" of the Special Programme--will be later incorporated under Dr. Lucas, and possibly within Mr. Wilson's office. The Secretaries of the Scientific Working Groups (SWGs), it was also announced, who are also the chiefs of those respective units at the WHO, will now have an Assistant Secretary with whom they would share for the Group responsibility. This came as a solution to the problem of the Secretary's divided attention between their WHO and their TDR responsibilities.

4. Mr. Ladouceur expressed his satisfaction to learn about the Bank's decision to participate in the Special Programme. He then asked me for comments on when and how much would the Bank pledge for the Programme, and if it was going to engage in fund raising for the TDR Fund. I responded to him saying that since these arrangements have been reached only recently and in close consultation between Dr. Flache, Mr. Mashler and yourself, principally, any comment on these issues would have to be sought directly from them. I pointed out, however, that my reading of the documentation on these subjects led me to understand that the question of the "fund-raising" role envisaged for the Bank has been left in abeyance for the time being (Mr. McNamara's



letter to Dr. Mahler of September 12, 1977); and while the question of a World Bank contribution to the TDR Fund appears desirable to some, it has not yet been formally proposed to the Board of Executive Directors by the President (Mr. McNamara's memorandum to the EDs on the TDR of October 17, 1977--Document Sec77-744). The roles of cosponsor and fiscal agent, however, have now been officially accepted by the Bank's management and communicated to WHO and UNDP (Mr. McNamara's letter addressed to Dr. Mahler, with copy to Mr. B. Morse, of October 27, 1977).

5. Dr. Flache was in agreement with this understanding and commented that the financial operations of the Programme are proceeding well at the present time. He pointed out that some US\$10 million would have been spent during FY77, and that projected expenditures for FY78 are approximately US\$18 million. Therefore, he said, there is no need to rush the Bank on these matters. He furthered the point of the Bank's readiness to cooperate with the Programme by mentioning some personal assurances he had received from Mr. Chauffournier, WANVP, of the Bank's increasing concern for health problems and growing involvement in health activities in its project work. He also said that a further strengthening of the OEHA is being considered in order to adequately cope with the added demands posed by the TDR. The addition of a staff (myself) earlier this year, in order to work on some of the international aspects of the work of this Office was considered as a step forward. I appreciated this comment and said that indeed I am looking forward to making some, albeit modest, contribution to the new and heightened Bank involvement in the Special Programme.

6. The representatives from US/AID and CIDA said they would welcome a more explicit definition of the precise purpose of the TDR Fund in order to clarify the lines linking the Fund with their "bosses" at their respective agencies. Ostensibly, this would smoothen the financial "entry points" of these governmental agencies into the TDR. In my view, this point was presented rather sketchily and somewhat obliquely, and Dr. Flache chose merely to take note of the observation without pursuing the matter much further.

7. Ms. Belcher said that a case could be made that since the UNDP was "prioritizing" (trypanosomiasis), its own financial contribution to the Programme, then the other agencies, such as US/AID, could follow suit by earmarking their own contributions. She added that there was no need to worry about their agency however since she would not raise this issue in any other forum. While it is not yet official, she assured Dr. Flache that the agency will most likely allocate US\$800,000 to the TDR for FY78 but cannot estimate the agency's contribution for FY79 at this time.

#### Structure

8. The following discussions on the various structures of the Special Programme focused on the text of a paper (copies of which were made available to participants by our Office) entitled Suggestions for the Administrative and Technical Structures of the Special Programme (Document 11.10.1977/Rev. 4, Provisional).

9. Under the heading Definitions, point (b) Cooperating Parties, Mr. Ladouceur suggested, and was joined by the others present, that the possible role of "profit organizations"--namely industries participating in the



Programme ought to be defined. Under point (d) Special Programme Resources it was suggested that the entire point be reworded in order to define the precise role of the World Bank as the "fiscal agent", as opposed to the role of the other two agencies in this respect.

10. Under the heading of The Joint Coordinating Board, Paragraph 3 Operation, point (d) reads "Other expenses of the JCB shall be borne by the Special Programme Resources"; this text produced some difficulties. An abbreviated rationale for this problem, as I understood it, is that if WHO contributes to the TDR Fund through its regular untied budget resources, then the United States Government contribution to WHO's regular budget may be construed as being, in itself, a United States contribution to the TDR Fund. And, this perspective would be clearly damaging to any further US contribution to the TDR.

11. Under the heading The Standing Committee, the third function listed here refers to the approval and reallocation of resources; two questions were brought up in this connection: one (by Ms. Belcher) was whether this function was to be discharged "upon the recommendation of STAC (Scientific and Technical Advisory Committee) and the Executing Agency", or instead, upon the recommendation of the STAC and/or the Executing Agency. The other question by Mr. Ladouceur was addressed to the same paragraph where it reads: ". . . and report such reallocations to the next meeting of the JCB", suggesting it be changed to read: ". . . and report such reallocations to the JCB". The thrust of the latter modification was suggestive of bringing in a more "open" character to the Standing Committee meetings, not out of suspicions over its confidential deliberations, but rather out of a general desire to be kept well informed of its proceedings. Dr. Flache showed some reluctance to accept the full implications of such a suggestion but took note of it and said that perhaps some mechanism of appropriate and opportune circulation of Standing Committee meeting documents could be devised to cover JCB members.

12. The remaining paragraphs of the paper outlining the Functions, Composition, and Operation of the STAC as well as that describing The Executing Agency were reviewed rather quickly and no significant changes were proposed.

#### JCB Membership

13. Dr. Flache read down a list of country names soliciting views on their possible consideration for JCB membership. No great difficulty was found with any of the countries mentioned. The list was not finalized since, among other things, some decision must be made as to "joint memberships"; that is to say which countries would have to share a single membership with other or others. Mr. Thompson suggested that the membership of some non-profit foundations, such as the Ford or Rockefeller Foundations should be sought.

14. The following list gives the names of those countries mentioned, which Dr. Flache suggests ought to be grouped into no more than twelve memberships. He said that it was not important, or even desirable that all

potential members join the pre-JCB meeting in Geneva next February.

Countries considered for Membership

- The Scandinavian countries (not more than two)
- Japan (not the GOJ)
- Belgium/Netherlands (one or both)
- France/Germany (one)
- United States
- Canada
- United Kingdom (one)
- Switzerland/Austria (one)
- Australia/New Zealand (one)
- Iran (tentatively)
- Nigeria/Zambia (one)
- Kuwait (tentatively)
- Other Middle East contributors (tentatively)

15. The meeting adjourned at 12:45 PM.

HReitze/fb

cc: All OEHA Staff  
Mrs. S. Boskey & Mr. M.A. Burney (IRD)



OCT 27 1977

Dear Dr. Mahler:

When I last wrote you about WHO's Special Programme for Research and Training in Tropical Diseases, in September, I said that I was prepared to propose to the Bank's Executive Directors that the Bank serve as co-sponsor of the Tropical Diseases Programme, performing the functions and discharging the responsibilities outlined in my letter of April 15, on which you and I were agreed. That has now been done, and I am glad to be able to say that no objections to the Bank's undertaking this role have been raised. This letter will, therefore, serve as formal notice of the Bank's willingness to join WHO and UNDP as co-sponsor and to act as fiscal agent for the Programme. I understand that staff of WHO and of the Bank intend to begin discussions soon on the mechanics of the fiscal agency activity.

I take this occasion to assure you, again, of the importance which the Bank attaches to the Programme and of our wish and intention to work cooperatively with WHO and UNDP in making the Programme a success.

I am sending a copy of this letter to Bradford Morse.

With kind regards.

Sincerely,

(Signed) Robert S. McNamara

Robert S. McNamara

Dr. Halldan Mahler  
Director-General  
World Health Organization  
1211 Geneva 27, Switzerland

SEBoskey/rob

cc: Dr. Lee

October 26, 1977

# International Bank for Reconstruction and Development

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**SEP 13 2013**

**WBG ARCHIVES**

SecM77-744

October 17, 1977

FROM: The President

## SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES

1. Parasitic and infectious diseases are a major impediment to the improvement of economic productivity and the quality of life in tropical developing countries. Several of these diseases, notably malaria, and schistosomiasis in association with water development schemes, are showing frightening increases in prevalence and severity. The preventive and therapeutic tools at hand to control the diseases are ineffective, cumbersome and too expensive for widespread use. As costs continue to escalate, application of present control technologies will advance even further beyond the means of the poorer countries. Strategies to improve the socio-economic conditions of the many millions of the poor in developing countries must include disease control, and this requires the development of new and more effective tools.
2. The current level of research to this end is wholly inadequate. For example, no major new drug for the treatment of any of the tropical diseases has appeared within the past three decades and there are no vaccines. Little money and effort go toward tropical disease research: total worldwide annual expenditure is estimated at US\$30 million.
3. Against this background, and at the request of the 1974 World Health Assembly, the World Health Organization (WHO) drew up a proposal for a "Special Programme for Research and Training in Tropical Diseases." The Programme was first presented to a group of governments and international agencies in October 1975. While the objectives of the Programme were endorsed, and a small amount of funds was pledged, the reaction of these potential sources of support made apparent the need to explore further a number of issues related to organization, management and finance. A working group composed of representatives of interested governments and international agencies was set up for the purpose. Bank staff have been participating actively in this planning work, on both the bio-medical and organizational/administrative aspects, which has proceeded under the auspices of WHO and the United Nations Development Programme (UNDP), co-sponsor of the Programme.

### Distribution:

Executive Directors and Alternates  
Senior Vice President, Operations  
President's Council  
Vice Presidents, IFC  
Directors and Department Heads, Bank and IFC



4. The Special Programme has two principal objectives (a) to develop and apply effective and low-cost methods to control six tropical diseases -- malaria, schistosomiasis, filariasis (including onchocerciasis), trypanosomiasis, leprosy, leishmaniasis -- and (b) to train scientists and technicians and to strengthen research institutions in the countries affected by the diseases, thus increasing the capability of these countries to deal with the problems. Although the Programme is global in concept and plan, its initial major focus will be in Africa. Technical advances and the development of new research potential may well be achieved in a few years, but the full benefits of disease control will not be realized for at least several decades. The Programme is accordingly planned for 20 years or more.

5. WHO is now estimating the Programme's 1977 costs at \$10 million, and the 1978 costs at \$18 million, with the annual cost rising to \$30 million when the Programme is fully operational. These are only tentative figures. The Programme is to be carried out by "task forces", one for each of the six diseases. Scientists from technologically advanced countries will work with scientists from the developing countries. The research will be carried out through a network of existing laboratories and clinical research centers in both tropical and technologically advanced countries.

6. As now proposed to be put forward to another meeting of potential donors, the organs of the Special Programme would be a Joint Coordinating Board (JCB), a Standing Committee, and a Scientific and Technical Advisory Committee (STAC). WHO would be the Executing Agency.

(a) The composition of the JCB would be as follows: the co-sponsors; 12 government members selected by contributors to the Programme; 12 government members representing countries affected by the diseases which the Programme will address; and three members selected by the JCB itself from among intergovernmental or non-profit organizations supporting the Programme. The JCB would review and decide on the planning and execution of the Programme, approve the plan of action and budget each year, review and approve financing plans, etc.

(b) The Standing Committee would be composed of the Programme's sponsors. It would review plans and budgets coming up to the JCB from the Executing Agency, including reports of the STAC, and make proposals to the JCB for the Programme's financing.

(c) The STAC, to be composed of 12-15 scientists, would review the content of the Programme, recommend priorities, and provide the JCB and the Executing Agency with an independent evaluation of the scientific and technical aspects of the Programme's activities.

(d) WHO, as Executing Agency, would appoint a Director of the Special Programme, to be responsible for the development of the plan of action and the budget and for the technical and administrative conduct of the Programme's operations.



WBG ARCHIVES

7. Dr. Mahler, the Director-General of WHO, on behalf of WHO and UNDP, has invited the Bank to become a co-sponsor of the Programme and to serve as its fiscal agent. Because I believe the Programme has the potential for producing results of great direct benefit to the developing world, I propose that the Bank should help to mobilize support for it by associating itself with the Programme in these capacities. The role which the Bank would play would be similar, although not identical, to its role in the Riverblindness Control Program in the Volta River Basin in Africa, in which it participates with WHO, UNDP and the Food and Agriculture Organization of the U.N. } ←

8. When Dr. Mahler first raised these questions with me a year ago, I replied that I was in principle prepared to agree to his request, which I understood was endorsed by governmental representatives on the Working Group. However, I added that before I could commit the Bank to an association with the Programme, I felt it essential to be assured of appropriate organizational and managerial arrangements. WHO, as Executing Agency, will be faced with a coordinating and managerial task of extraordinary magnitude. The Programme itself is complex and broad in scope. The task force and network approach of the Programme contemplates that research and training will be carried out in a large number of centers which vary considerably in their present quality and are widespread geographically. This approach is experimental, in that it has not been followed before on so massive a scale. It contrasts with the approach of the Consultative Group on International Agricultural Research, under which a single institution would be charged with responsibility for research and training for each of the six diseases to which the Programme is addressed. However, WHO, after giving careful consideration to this "institutional model" and its success in the agricultural field, believes that for the problems of tropical diseases the network of centers approach offers the necessary and desirable flexibility, while at the same time enabling individual research institutions to be created, or existing institutions to be progressively strengthened, where and when that appears to be the most effective course to take.

9. Dr. Mahler fully shares my view of the importance, for the success of the Programme, of sound managerial arrangements, and I now feel satisfied that the framework has gone very far toward meeting my concerns. An Assistant Director-General of WHO, who has played a leading role in setting up the Programme, will assume the function of chief executive of the Programme, with the title of Programme Coordinator. He will be accountable to Dr. Mahler and to the JCB for the Programme's total management. Arrangements have also been made for discharge of day-to-day managerial functions, separate from the scientific direction of the bio-medical research, and for the necessary coordination of these two aspects of the Programme's activities. Dr. Mahler himself will be keeping a close eye on the management of the Programme. I am confident that if the contemplated arrangements outlined should not in practice fulfill his expectations and mine, Dr. Mahler will be receptive to suggestions for change.

10. As a co-sponsor, the Bank would be represented on the JCB and take part in the work of the Standing Committee. As fiscal agent, the Bank would undertake to set up and manage a "Tropical Diseases Research



Fund" to which governments and others would direct their financial contributions. (Some WHO member countries, which are not members of the Bank, may not be able or willing to contribute to a fund administered by the Bank. These countries would be invited to contribute to WHO's Voluntary Fund for Health Promotion, which will not be administered by the Bank. Contributions to the Voluntary Fund are not expected to account for more than a small part of the Programme's total funding.) We would also continue our staff work on the socio-economic aspects of the Programme, to which we attach great importance and which is closely related to our own activities in the health field.

11. When the Bank was invited to become a co-sponsor of the Programme, it was suggested that a financial contribution by the Bank would be welcome, primarily as evidence that the Bank attached importance to the Programme. However, I have made no commitment in this regard. A total of \$14.6 million has been pledged for the Programme thus far by a number of donors. WHO is planning to bring governments and agencies together, probably early in 1978, at which time the Programme would be formally launched, the Bank's agreement to co-sponsor the Programme and to serve as its fiscal agent would be announced, and pledges for future years would be sought. Should it then appear that a financial contribution by the Bank would be desirable, I would present a specific proposal to the Executive Directors.

Robert S. McNamara

DR. Negotiations  
Special

Mr. Vittorio Masoni, IRD

September 22, 1977

H. Reitze, CPSEM

Draft Document for the Board on the TDR Programme

1. This follows our earlier conversations regarding your question of the number of World Bank projects with health components signed during FY77 for the purpose of providing a few significant statistics in the opening paragraph of this document on the subject of the Special Programme for Research and Training in Tropical Diseases (TDR).

2. These five tables which I handed to you on Monday, September 19, only list those Bank projects which contain health care components, health considerations and occupational safety. From these tables it is possible to obtain the figure of 19 such components, plus seven other projects containing health considerations (including occupational safety and health). This, however, as I warned in our conversation, does not show the complete picture. Moreover, the title given these tables ("Bank Projects with Health Components") may mislead the reader to include all health components, and this is clearly not the case.

3. In view of this, please note that a careful review of the same tables also reveals that 131 projects in 55 countries have health components, while 41 projects in 23 countries presently in the lending pipeline will include such components. Additionally, 12 projects in 9 countries have health measures being undertaken by governments outside the provisions of the loan. Furthermore, occupational health and safety measures have been incorporated in 53 projects in 29 countries; and, 61 IFC projects in 29 countries have similar protective measures. All Bank and IFC industrial projects now routinely have these measures incorporated. Thus, 298 projects with health implications are presently under active surveillance by this Office.

4. A comparison between FY73 and FY77 is not entirely possible due to the increasing comprehensiveness of the health activities of this Office since that year. For that purpose we would suggest dealing with aggregate amounts broken up in periods of years rather than single-year figures. We look forward to receiving your draft for comments; and, at that time we may be able to provide and suggest some additional information.

HR/ib

Cleared and cc: Dr. J.A. Lee  
cc: Mr. R. Overby



10/3/77

cc: Feldeste P4 B

September 12, 1977

Dr. Halfdan Mahler  
Director-General  
World Health Organization  
1211 Geneva 27  
Switzerland

Halfdan  
Dear Dr. Mahler:

Dr. Lambo's letter of August 18, on managerial arrangements for the Tropical Diseases Programme, written in your behalf during your absence from Geneva, arrived while I too was away from headquarters.

I am pleased that you found it possible to accept the suggestion that Dr. Flache assume the function of chief executive of the TDR Programme, accountable to you and the Programme's Joint Coordinating Board for the Programme's total management. Particularly since, as I understand, oversight of the Programme and coordination will be Dr. Flache's principal, perhaps exclusive, responsibilities as Assistant Director-General, I am satisfied that the concerns which prompted my letter of April 15 have been met. I know that you will yourself continue to pay the closest attention to the conduct and progress of the Programme.

I hoped it would be possible for you to agree that the officers immediately responsible, respectively, for the scientific and the management aspects of the Programme should be, and should appear to be, co-equal in authority within their respective spheres. However, I understand that considerations of which you must take account preclude that arrangement. I am confident that you, Dr. Lambo and Dr. Flache share my view that sound management of the Programme will be critical to its success, and that you will be prepared to make adjustments to the present arrangements should experience demonstrate their need.

I am therefore prepared to propose to the Bank's Executive Directors that the Bank serve as co-sponsor of the TDR Programme, performing the functions and discharging the responsibilities outlined in my letter of April 15. I should prefer to leave in abeyance for the time

Dr. Mahler Mahler

- 2 -

Being the question of a fund-raising role; I understand that to do so will present no difficulty. Because of the imminence of the Bank's Annual Meeting, it may not be possible to bring this matter to the attention of the Executive Directors until some time in October. I would not expect any objection to be raised, but you will understand that I cannot formally commit the Bank to a co-sponsorship role until I have consulted the Directors. | ←

I am sending a copy of this letter to Brad Morse. I understand that the arrangements you have proposed are satisfactory to him.

With kind personal regards,

Sincerely,

Robert S. McNamara

SEBoskey/rob

September 2, 1977

cc: Mr. Bradford Morse  
Mr. Baum (cleared with)  
Dr. Lee ✓



In reply please refer to: T16/372/2  
Prière de rappeler la référence:

18 August 1977

Dear Mr McNamara,

I refer to the letter addressed to you by Dr Mahler on 30 June and to your reply of 20 July 1977. In his absence, I am writing to you in order to facilitate this matter. Dr Mahler has requested that I convey to you his pleasure with the recent discussions held in Washington between the Bank and WHO, as reported to him by Dr Flache. The conclusion would seem to be that we will find a mutually acceptable solution to the tropical disease research problem earlier than anticipated.

Your letter of 20 July confirmed the Bank's continuing interest in the Programme and, in this regard, we certainly hope that following its co-sponsorship of the Programme, the Bank will consider raising funds for it, particularly from the Participants contributing to the proposed Tropical Disease Research Fund.

I am writing to you at this time because of the urgency expressed by the "participants" of the Special Programme for Research and Training in Tropical Diseases for the earliest possible formal launching of the Programme with the Bank as co-sponsor. Dr Mahler and I have considered again the last paragraph of page 2 of your letter of 14 April, as well as the administrative organization of the Special Programme, as illustrated by the diagram developed by your Office for Environmental and Health Affairs.

It gives me great pleasure to say that we agree with the general concepts presented in your proposal, and especially with the suggestion that Dr Flache assume the role of chief executive accountable to me, to the Director-General and to the JCB for the Special Programme's total management. This will not be the only function of Dr Flache, since he will remain an Assistant Director-General and be responsible for other duties. In relation to the Special Programme, however, he will have the title of "Programme Coordinator" which is more in line with WHO's terminology than that of "Administrator", and Dr Lucas, the Director of the Special Programme, will report to him.

./...

Mr Robert S. McNamara  
President  
International Bank for Reconstruction  
and Development  
1818 H. Street, N.W.  
Washington D.C., 20433  
United States of America

cc: Mr Bradford Morse, Administrator, United Nations Development Programme,  
New York

Mr Robert S. McNamara

T16/372/2

18 August 1977

We are also taking steps to strengthen the day-to-day scientific and administrative management of the Programme. We propose to consolidate management functions, especially the coordination and financing of the Programme, under Dr Flache and Dr Lucas. To this effect, we will establish a management team to carry out the overall planning and evaluation of the Programme's scientific and technical activities, the application of technical and financial project control mechanisms, the further development of the Programme's scientific and administrative information systems, the establishment of efficient lines of scientific, administrative and financial communication, and the effective harnessing of all the required support services in the Organization. This team will be led by a Responsible Officer for Programme Management who will be supported by the necessary management officers and administrative staff.

The Responsible Officer for Programme Management will work closely with the Programme Director and Dr Flache and he will be a member of the executive group within the office of the Programme Director which will assist the Director in the scientific and technical planning and execution of the Programme. This group will also include the Responsible Officers for Research and Development and for the strengthening of National Biomedical Research Capability.

We believe, therefore, that the administrative organization of the Special Programme suggested by the Bank are very close to the concepts which we have worked out and agreed upon with the UNDP.

We look forward to your early positive reply regarding the Bank's co-sponsorship of the Programme. We will then move ahead to re-convene the Working Group on the Organization and Financing of the Special Programme in mid October and plan for the next meeting of the Programme Participants in early December 1977 or the first week of January 1978.

Yours sincerely,



---

Dr T.A. Lambo  
Deputy Director-General



WORLD HEALTH  
ORGANIZATION



ORGANISATION MONDIALE  
DE LA SANTÉ

1211 GENEVA 27 - SWITZERLAND  
Telegr.: UNISANTE-Geneva

Tél. 34 60 61 Télex. 27821

1211 GENÈVE 27 - SUISSE  
Télégr.: UNISANTÉ-Genève

In reply please refer to: TDR/N55/372/1  
Prière de rappeler la référence:

28 July 1977

Dear Mr McNamara,


... I have pleasure in transmitting to you a copy of resolution WHA30.42 on the Special Programme for Research and Training in Tropical Diseases which was adopted on 19 May 1977 by the Thirtieth World Health Assembly.

As you will see, the World Health Assembly noted with satisfaction "the progress made towards the establishment of the programme and in the development of its initial activities in cooperation with UNDP, the World Bank and the Member States".

The association of the Bank with the programme having been strongly endorsed by the Health Assembly, I look forward to our joint endeavours.

With best regards,

Yours sincerely,

  
H. Mahler, M.D.  
Director-General

Mr Robert S. McNamara  
President  
International Bank for Reconstruction  
and Development  
1818 H. Street, N.W.  
Washington D.C., 20433  
United States of America

... ENCL. (1)

THIRTIETH WORLD HEALTH ASSEMBLY

WHA30.42

19 May 1977

**SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN  
TROPICAL DISEASES**

The Thirtieth World Health Assembly,

Having considered the progress report<sup>1</sup> submitted by the Director-General, pursuant to resolution WHA29.71, on the Special Programme for Research and Training in Tropical Diseases;

Having further taken cognizance of the views expressed by the Executive Board on this Programme and of the recommendations made in resolution EB59.R31.

Considering that the most appropriate environment to conduct research and training activities is in the countries affected by the diseases in question;

Emphasizing again the need for national research and training institutions in every region to participate fully in the global networks of the collaborating centres of the Special Programme;

1. NOTES with satisfaction the progress made towards the establishment of the programme and in the development of its initial activities in cooperation with UNDP, the World Bank and the Member States;
2. EXPRESSES its appreciation of the generous contributions to the Special Programme made so far or pledged for the future;
3. URGES the Governments of Member States to (a) maximize their contributions and (b) on the other hand develop to the fullest possible extent national research and training institutions and facilities in support of the Programme;
4. REQUESTS the Director-General to identify and develop such institutions and facilities in countries of each region;
5. INVITES the Director-General:
  - (1) to use the budgetary provisions made for the 1978-1979 biennium according to priorities approved within the Special Programme;
  - (2) to use in the same way any budgetary provisions for the Special Programme which may be included in future programme budgets, starting with the 1980-1981 biennium;

<sup>1</sup> Document A30/11.



(3) to endeavour to ensure that contributions to the Special Programme originating from (a) a Tropical Diseases Research Fund which the World Bank has been requested to consider establishing and managing; (b) the WHO Voluntary Fund for Health Promotion; and (c) other agency funds such as the contributions made by the United Nations Development Programme, be made to the greatest extent possible without restrictions on the uses to which they may be put among the activities approved within the Programme;

6. FURTHER REQUESTS the Director-General to continue to report on the development of the Programme to the Executive Board and the World Health Assembly.

Fourteenth plenary meeting, 19 May 1977  
A30/VR/14

July 20, 1977

Dear Halldan:

Thank you for your letter of June 30, which followed our talk in Denmark about a Bank role in the Tropical Diseases Programme.

As I told you on that occasion, I am quite agreeable to letting things stand as they are for several more months. I would hope that at the end of that time you will see your way clear to making the managerial arrangements we discussed. Meantime, I appreciate the fact that you understand my point of view. I do assure you that we shall continue our technical cooperation and association with the Programme as it develops.

You picked up the statement in my earlier letter that the Bank would not be engaging in fund raising for the Programme. I had been given to understand that you were not looking to the Bank to engage in that activity. If that understanding was incorrect or if your own concept has changed, the point can be considered in the larger context in a few months' time.

With kind regards,

Sincerely,

Robert S. McNamee

Halldan Mahler, M.B.  
Director-General  
World Health Organization  
1211 Geneva 27  
Switzerland

Cleared with and copy to Dr. Lee  
cc: Mr. Bradford Morse, Administrator, UNDP, N.Y.

SEBoskey.az



ROUTING SLIP

DATE

5/13/77

NAME

ROOM NO.

Dr Lee

cc: Baum

APPROPRIATE DISPOSITION

NOTE AND RETURN

APPROVAL

NOTE AND SEND ON

COMMENT

PER OUR CONVERSATION

FOR ACTION

PER YOUR REQUEST

INFORMATION

PREPARE REPLY

INITIAL

RECOMMENDATION

NOTE AND FILE

SIGNATURE

REMARKS

Jim - I dictated this in Geneva, during the Governing Council session, about 4 weeks ago. I saw Roche again in Geneva last week & learned that he will be here soon & that Bill Mashler has left some new thoughts w/ you and Warren. So this may be quite outdated, but you may as well have it —

FROM

8/13

ROOM NO.

EXTENSION

## OFFICE MEMORANDUM

TO: Dr. J. Lee, PAS

DATE: July 13, 1977

FROM: Shirley Boskey, Director, IRD *SB*(dictated in Geneva,  
June 17)SUBJECT: Tropical Disease Program

I had a brief conversation with Dr. Mahler about the outcome of his discussions with Mr. McNamara in Denmark. Dr. Mahler said that he and Mr. McNamara had agreed to leave the program in its present status for perhaps six months, with each side watching the outcome. At the end of the six months consideration would be given then to the Bank's posture vis-a-vis the program. No commitment was made that the Bank would then take a more affirmative stance. Dr. Mahler told me that the program would now be attached to his office, that he too placed considerable store by management, and that WHO now had enough funds to proceed. He said something cryptic about the possibility of "striking oil".

Dr. Flache, with whom I also talked, was rather less ebullient. He feels that it will now be necessary to freeze everything, that is, to proceed no further with the consideration of the statutes of the program and, in particular, that it will not be possible to convene a donors' meeting until the six-month period has elapsed. In short, he says that the program is now simply a WHO program, not an international one. He is quite disappointed about this, but of course accepts it as inevitable. When I remarked that after all UNDP was prepared to be (indeed is already) a sponsor, he said that that did not in fact make the program an international one, because without the Bank and a "Bank fund", the large donors (the U.S., U.K., etc.) would not contribute.

SEBoskey/rob





WORLD HEALTH  
ORGANIZATION

1211 GENEVA 27 - SWITZERLAND  
Telegr.: UNISANTE-Geneva

Office of the Director General



Tél. 34 60 61 Tél. 27821

*Mrs. Brody*  
ORGANISATION MONDIALE  
DE LA SANTÉ

1211 GENÈVE 27 - SUISSE  
Télégr.: UNISANTÉ-Genève

Bureau du Directeur Général

Ref.: T16/372/2

*Dear Bob,*

30 June 1977

*Please draft reply.  
Loren*

It should be rather awkward of me to reply so belatedly to your letter of 14 April on WHO's Special Programme for Research and Training in Tropical Diseases, had I not been able to hold informal exchanges of views on the subject with Dr James Lee on the occasion of his visit to Geneva last May and then with you yourself in Denmark.

As I told you I was grateful for the care you have taken to explain personally to me your position in this regard. I can readily confirm that I am in agreement with most of the points you make. I have however a query on the fact that it is not your intention to engage in fund-raising for the Programme, as I should have thought that, at some later stage, the Bank could have taken upon itself such a role with the utmost efficiency. More important, perhaps, I have, as you know, some problems with the way in which you envisage the executive management of the Programme by WHO.

I explained to you the managerial, scientific and political reasons why I cannot fully agree with your specific suggestion in this regard; but I hope I made it unequivocally clear to you that I more than fully share your concern over the management of the Programme. Strong and sound management is obviously a sine qua non condition for success. As you rightly say, our prestige is at stake, in the sense that we must not fail to meet effectively and efficiently the twin objectives of the Programme.

After considerable thought, I came to the conclusion that the best course of action, for the moment, was not to introduce any change in the Special Programme set-up except for improving and strengthening it towards optimal scientific and managerial performance. I do not pretend that we have reached that level but I firmly believe we can attain it with the solid experience WHO already has from programmes of similar complexity. I have decided to attach the Programme to my office to be able personally to follow its development.

./..

Mr Robert S. McNamara  
President  
International Bank for Reconstruction  
and Development  
1818 H. Street, N.W.  
Washington D.C., 20433  
United States of America

cc: Mr Bradford Morse, Administrator, United Nations Development Programme,  
New York



Mr Robert S. McNamara

Page .....2.

T16/372/2

30 June 1977

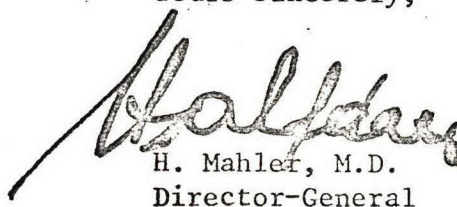
I very much appreciated your readiness to accept this approach for the coming few months, subject to our reviewing the whole situation later in the year, jointly with Brad Morse (to whom I am copying this letter).

Let me renew my request to you that the Bank continues during this period, together with UNDP, to be associated with the Programme, particularly concerning its socio-economic research aspects, and to give to me every possible cooperation in analysing the ways and means to make it as effective as possible.

It is my strong impression that this further period of reflection and consultation will not amount to delaying the operation of the Programme unnecessarily but will, on the contrary, allow us to establish it on a stronger partnership basis.

Looking forward to meeting you again and with warm personal regards.

Yours sincerely,



H. Mahler, M.D.  
Director-General

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~~Mrs. Boskey~~

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1977 APR 14 PM 12: 17

WASHINGTON

FOR MRS BOSKEY

4086 - AAA CONTACT MCNAMARA MAHLER PARIS LAST WEEK RE TDR  
CONSIDERED HERE VERY ENCOURAGING BBB WELCOME CORDIALLY BANK  
PARTICIPATION WHA AS CONFIRMED CABLE 8 APRIL FROM LEE STOP  
HOPE ABLE ADVANCE THEN DISCUSSIONS RE BANK PARTICIPATION TDR  
PROGRAMME BEST REGARDS

FLACHE UNISANTE

GENEVE 14/4/77





INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT  
INTERNATIONAL DEVELOPMENT ASSOCIATION  
WASHINGTON, D. C. 20433 U.S.A.



OFFICE OF THE PRESIDENT

April 14, 1977

Dr. H. Mahler  
Director-General  
World Health Organization  
1211 Geneva 27  
Switzerland

Dear Halfdan:

I am writing to you with respect to WHO's Special Programme for Research and Training in Tropical Diseases. This letter is addressed specifically to the request which you and Brad Morse have made, that the Bank join WHO and UNDP as a co-sponsor of the Programme and that it serve as fiscal agent for the Tropical Diseases Research Fund out of which it is intended that most of the costs of the Programme will be met.

In my letter of November 23, 1976, I said that I was prepared in principle to propose to the Bank's Executive Directors that the Bank agree to serve in this capacity. It was then my understanding that this was the wish of all the governments which, at that time, appeared likely to contribute to the financing of the Programme. But, as you know, at a meeting of potential donors in Geneva last December, representatives of some Bank member countries raised questions concerning the necessity for a Bank role. I am glad to learn that these questions have now been satisfactorily resolved, and that all of the potential donors wish the Bank to participate in the Programme.

I am, therefore, ready to make an appropriate recommendation to the Executive Directors. Before doing so, however, I would like to be sure that you, Brad Morse and I have the same understanding of the nature and extent of the role the Bank would play.

As you can understand, the Bank does not co-sponsor an international undertaking unless it believes that it has the competence, capacity, and authority to take an active part in direction and management. I appreciate that the administrative structure of the Programme is still under review. Indeed, Bank staff have been working with staff of WHO and UNDP in designing the administrative, as well as the technical, structure of the Programme, and expect to continue their consultations. I assume, however, that the final arrangements will be essentially similar to those reviewed by the Bank last month. On that assumption, I would expect that the Bank would participate along with the other co-sponsors in the proposed "Standing Committee," which would review the annual plan of action and budget for the Programme prepared by WHO as the executing agency, and which would make proposals for the financing of the Programme for the ensuing budget period. I would also expect that



the Bank would be represented on the proposed "Joint Coordinating Board," to be composed of the representatives of the sponsoring agencies, governments, and intergovernmental or non-profit organizations contributing to the resources of the Programme or providing non-financial support, which would decide on the planning and execution of the Programme and would approve the budget.

In the role of fiscal agent, the Bank would undertake to set up and manage the Tropical Diseases Research Fund to which governments and others would direct their financial contributions. It would not, however, undertake to engage in fund-raising for the Programme, and I understand that such is not your intention. I appreciate that some WHO member countries, non-members of the Bank, would not be able or willing to contribute to a Bank-administered fund. These countries will therefore make their contribution to WHO's Voluntary Fund for Health Promotion, which will not be administered by the Bank. I see no problems of principle in this, and I am sure that satisfactory arrangements can be worked out to deal with the problem of divided responsibility for the Programme's financial resources, provided that, as I understand it, contributions to the Voluntary Fund are expected to represent only a small part of the Programme's total funding.

The Bank would also be prepared to participate actively in the socioeconomic research aspect of the Programme. As you know, Bank staff have already contributed in a preliminary way to a working paper and participated in the formulation of terms of reference for the research endeavor. The Bank was also host recently to an informal working group established by WHO to define further the objective, strategy and studies to be undertaken. The Bank attaches great importance to this aspect of the Programme, which is closely identified with our own economic development objectives.

As I have said to you before, the Bank fully appreciates the tremendous potential of the Programme and what it can mean for the developing countries. But given the complexity of the undertaking and its magnitude, in terms both of cost and duration, it is essential, as I am certain you will agree, that it be expertly managed. If the Programme is not, not only will the expected results fail to be achieved but the sponsoring agencies will have lent their prestige to an unsuccessful undertaking on a world-wide scale.

Therefore, I would want to be able to inform the Bank's Board when I recommend that the Bank serve as a co-sponsor, that the Programme will be placed under the over-all day-to-day executive direction of an individual of international stature with recognized organizational and managerial ability. The role I see as being essential is that of chief executive, accountable to you and to the JCB for the Programme's total management. This managerial function should be separate from the scientific direction of the biomedical research efforts, which is carried out with the assistance of the Scientific and Technical Advisory Committee. I am confident that you, Brad Morse and I will be able to agree on the selection of such an individual.

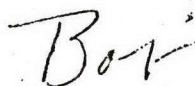


I would be glad to receive from you confirmation of the correctness of my understanding of the role the Bank would be expected to play as co-sponsor and fiscal agent, as well as the requested assurance concerning executive responsibility for the Programme. With these in hand, I would promptly proceed with Board submission.

I am sending a copy of this letter to Brad Morse.

It was good to see you in Paris, albeit briefly.

Sincerely,

A handwritten signature in dark ink, appearing to read "Bob", written in a cursive style.

Robert S. McNamara

cc: Mr. B. Morse, Administrator, UNDP

OFFICE MEMORANDUM

DRAFT (SECOND)  
JALee/SEBoskey: on  
March 28, 1977

TO: Mr. Robert S. McNamara  
(through Mr. Warren C. Baum, CPSVP)  
FROM: James A. Lee, CPSEN

SUBJECT: Tropical Diseases Research Programme - WHO/UNDP

This memorandum will bring you up to date on the status of potential Bank involvement in the Tropical Disease Programme. Dr. Mahler may mention it to you at the ACC.

Background

1. In her memorandum of December 17, Mrs. Boskey reported on the outcome of a meeting of the Working Group on Management and Structure in Geneva at which the Nordic delegations expressed the view that the Bank should not become a co-sponsor or the fiscal agent for the Programme. This unexpected turn of events resulted in a number of the potentially large donors indicating they probably would not participate in a meaningful financial way unless the Bank assumed the role requested by the heads of WHO and UNDP. The Nordic delegations also requested that the organizational structure and managerial elements of the Programme be streamlined, and thereby place greater responsibility for management on WHO. To this the major donors responded by insisting that the Bank be given a major managerial role, stating that they placed great confidence in the Bank's capacity for managing and financing the Programme.
2. Following the meeting, Dr. Mahler and senior officials of WHO met with representatives of the Nordic countries. The outcome, we are told, has been a complete reversal of the position taken earlier. These countries reportedly now wish to see the Bank act both as co-sponsor and fiscal agent. Further, they indicated a strong desire for the Bank to make a financial



contribution as evidence of its interest in and support for the objectives of the Programme. This was confirmed independently by Mr. Magnussen (as Mrs. Boskey reported in her note to you dated March 9).

Present Status

3. Representatives of the WHO/UNDP visited the Bank last week bringing with them a draft of proposed revisions in the administrative and technical structure of the Programme, in the light of comments made at the Working Group meeting and in the subsequent consultations with the Nordic governments. The WHO would be the Executing Agency -- the WHO, UNDP and the Bank would constitute a "Standing Committee" which would review the annual plan of action and budget prepared by the Executing Agency and make proposals for the financing of the Programme for the next year. The three agencies would also serve on a "Joint Coordinating Board" (JCB), along with 24 representatives of governments and three representatives of intergovernmental or non-profit organizations contributing to the resources of the Programme or providing non-financial support. The JCB would decide on the planning and execution of the Programme and approve the budget.

4. In addition, the Bank would establish and manage an international fund, the Tropical Diseases Research Fund (TDR), to which governments and other institutions would direct their contributions, much the same as is done in the Onchocerciasis Control Programme. Since some WHO members are not members of the Bank and might not be able or willing to contribute to the Bank-administered TDR Fund, WHO's Voluntary Fund for Health Promotion would also receive contributions for the Programme -- in effect, two funds

would exist and the Bank would directly administer only one. However, it is expected that contributions to the latter would comprise but a small part of the Programme's overall funding.

5. The WHO and UNDP want the Bank to play a meaningful managerial role through its representation on the Standing Committee and the JCB. They would welcome a financial contribution, even if only a modest one, as further evidence to donor governments of the Bank's interest in the Programme's objectives. But both have made it clear to prospective donors that they want the Bank's participation with or without a contribution.

6. The WHO and UNDP also wish the Bank to participate actively in the socioeconomic research element of the Programme. To this end, my Office has helped in the preparation of a detailed working paper and terms of reference for the research endeavor. The Bank also recently acted as host to an informal working group set up to define further the objectives, strategy, and studies to be undertaken.

#### Recommendations

7. The problem of divided responsibility for the financial resources of the Programme, should the Bank serve as fiscal agent, is not regarded as a serious one, and we are confident that any difficulties can be minimized. Much more serious is the matter of assuring the Programme's effectiveness, should the Bank associate itself as co-sponsor. The objectives and aims of the Programme are of signal importance. The WHO is clearly the appropriate executing agency; indeed, no other body within the U.N. system could carry out this kind of program. At the same time, I believe that unless the Bank does associate itself with the Programme, it will never properly



get off the ground. As noted above, the support of a number of major potential donors will not be forthcoming in the absence of a meaningful Bank role. And, clearly, a principal reason why those governments want a Bank association is their expectation that this would materially increase the likelihood of a successful Programme. The dilemma with which we are confronted is, therefore, that should the Bank decline to become an active managing co-sponsor, there will be no Programme on the scale needed, while if it accepts that role and the Programme is, nevertheless, badly managed by the WHO, not only will the expected results fail to be achieved, but the Bank would have lent its prestige to an unsuccessful undertaking on a global scale.

8. I would recommend, therefore, that the Bank condition its agreement to serve as co-sponsor on the receipt of an assurance by Dr. Mahler that the overall execution of the Programme will be made the responsibility of someone of international stature, with recognized organizational and managerial skills, who is acceptable to the Bank. This person need not (probably should not) be a physician. None of the individuals presently designated to administer the Programme has the kind of experience which suggests a capability to handle a global research undertaking of the contemplated complexity and magnitude, and which may approach \$200-\$400 million over its projected 20-year span. I believe this condition would be acceptable to Dr. Mahler, and that we should be able to reach agreement on an administrator satisfactory to both WHO and the Bank.

9. Once this condition is accepted, we might then set about drawing up a Fund Agreement in cooperation with WHO, and working out the details

of administration. The WHO is prepared to send appropriate officers to meet with Bank staff for this purpose.


10. At the appropriate time, the Bank would designate its representative on the Standing Committee and JCB. I would propose that I serve on the Standing Committee, and that Warren Baum represent the Bank on the JCB.

11. If you approve the recommendation in paragraph 8, we shall prepare a letter to Dr. Mahler for your signature, and shall make some suggestions to you concerning possible nominees. However, at the forthcoming ACC meeting Dr. Mahler may approach you on this matter of the Bank's involvement in the Programme. You may wish to inform him that the Bank is agreed in principle to undertake the role requested and that you will be writing to him in the near future concerning the conditions of our participation.

12. The question of a Bank financial contribution to the Programme can be taken up later, although I would think that if the Bank does agree to serve as co-sponsor, on the condition indicated, a modest contribution would be appropriate. It should, however, be recognized that participation in an active, meaningful way in the Programme will necessarily entail assignment of personnel and related travel expenses. It is recommended that one professional and one assistant level position be initially designated for the purpose, and organizationally located under the Bank's representatives to the Standing Committee and JCB, with an FY78 budget of \$15,000. The positions and working budget would reasonably be expected to be financed out of the Bank's contribution to the Programme.



WORLD BANK GROUP

ROUTING SLIP		DATE March 28	
NAME		ROOM NO.	
Dr Lee			
	APPROPRIATE DISPOSITION		NOTE AND RETURN
	APPROVAL		NOTE AND SEND ON
	COMMENT		PER OUR CONVERSATION
	FOR ACTION		PER YOUR REQUEST
	INFORMATION		PREPARE REPLY
	INITIAL		RECOMMENDATION
	NOTE AND FILE		SIGNATURE
<p>REMARKS:          Jim: Attached is a redraft of the memo on TDR. I have made a number of editorial changes throughout, which I have not bothered to identify. But in some places I made more than editorial suggestions, and I have put a red circle around those para. numbers. You will read it all carefully, but pl. pay especial attention to the marked paras. Then let's talk. I have a 4-5 o'clock meeting this afternoon, and a short one right after lunch, but am otherwise free.</p>			
FROM		ROOM NO.	EXTENSION.
SBoskey 			

## OFFICE MEMORANDUM

TO: Mr. Warren C. Baum  
FROM: James A. Lee *JAL*  
SUBJECT: TDR - Attached

DATE: March 28, 1977

I understand Mr. McNamara leaves for Paris (ACC) this weekend. Shirley indicates we should have a memorandum of the kind attached ready for him on Thursday.

It is likely Dr. Mahler will approach him on the TDR at the meeting.

Attachment

JAL:on



DRAFT #2  
JAL/SEBoskey/rob  
March 28, 1977

TO: Mr. Robert S. McNamara (through Mr. Baum, CPSVP)

FROM: James Lee

SUBJECT: Tropical Diseases Research Programme - WHO/UNDP

This memorandum will bring you up to date on the status of potential Bank involvement in the tropical disease program. Dr. Mahler may mention it to you at the ACC.

#### Background

1. In her memorandum of December 17, Mrs. Boskey reported on the outcome of a meeting of the Working Group on Management and Structure in Geneva at which the Nordic delegations expressed the view that the Bank should not become a co-sponsor or the fiscal agent for the Programme. This unexpected turn of events resulted in a number of the potentially large donors indicating they probably would not participate in a meaningful financial way unless the Bank assumed the role requested by the heads of WHO and UNDP. The Nordic delegations also requested that the organizational structure and managerial elements of the Programme be streamlined, and thereby place greater responsibility for management on WHO. To this the major donors responded by insisting that the Bank be given a major managerial role, stating that they placed great confidence in the Bank's capacity for managing and financing the Programme.
2. Following the meeting, Dr. Mahler and senior officials of WHO met with representatives of the Nordic countries. The outcome, we are told, has been a complete reversal of the position taken earlier. These countries reportedly now wish to see the Bank act both as co-sponsor and fiscal agent. Further, they indicated a strong desire for the Bank to make a financial contribution as evidence of its interest in and support for the objectives

of the Programme. This was confirmed independently by Mr. Magnussen (as Mrs. Boskey reported in her note to you dated March 9).

Present Status

3. Representatives of the WHO/UNDP visited the Bank last week bringing with them a draft of proposed revisions in the administrative and technical structure of the Programme, in the light of comments made at the Working Group meeting and in the subsequent consultations with the Nordic governments. WHO would be the Executing Agency. WHO, UNDP and the Bank would constitute a "Standing Committee" which would review the annual plan of action and budget prepared by the Executing Agency and make proposals for the financing of the Programme for the next year. The three agencies would also serve on a "Joint Coordinating Board" (JCB), along with 24 representatives of governments and three representatives of intergovernmental or non-profit organizations contributing to the resources of the Programme or providing non-financial support. The JCB would decide on the planning and execution of the Programme and approve the budget.

4. In addition, the Bank would establish and manage an international fund, the Tropical Diseases Research Fund (TDR), to which governments and other institutions would direct their contributions, much the same as is done in the Onchocerciasis Control Programme. Since some WHO members are not members of the Bank and might not be able or willing to contribute to the Bank-administered TDR Fund, WHO's <sup>the</sup> Voluntary Fund for Health Promotion would also receive contributions for the Programme -- in effect, two funds would exist and the Bank would administer only one. However, it is expected that contributions to the latter would comprise but a small part of the Programme's overall funding.



5. WHO and UNDP want the Bank to play a meaningful managerial role through its representation on the Standing Committee and the JCB. They would welcome a financial contribution, even if only a modest one, as further evidence to donor governments of the Bank's interest in the Programme's objectives. But both have made it clear to prospective donors that they want the Bank's participation with or without a contribution.

6. WHO and UNDP also wish the Bank to participate actively in the socioeconomic research element of the Programme. To this end, <sup>my office has</sup> I have helped in the preparation of a detailed working paper and terms of reference for the research endeavor. The Bank also recently acted as host to an informal working group set up to ~~define~~ further the objectives, strategy, and studies to be undertaken.

#### Recommendations

7. The problem of divided responsibility for the financial resources of the Programme, should the Bank serve as fiscal agent, is not a serious one, and we are confident that any difficulties can be minimized. Much more serious is the matter of assuring the Programme's effectiveness, should the Bank associate itself as co-sponsor. The objectives and aims of the Programme are of signal importance. ~~The~~ WHO is clearly the appropriate executing agency; indeed, no other body within the U.N. system could carry out this kind of program. At the same time, I believe that unless the Bank does associate itself with the Programme, it will never properly get off the ground. As noted above, the support of a number of major potential donors will not be forthcoming in the absence of a meaningful Bank role. And, clearly, a principal reason why those governments want a Bank association

is their expectation that this would materially increase the likelihood of a successful Programme. The dilemma with which we are confronted is, therefore, that should the Bank decline to become an active managing co-sponsor, there will be no Programme on the scale needed, while if it accepts that role and the Programme is, nevertheless, badly managed by WHO, not only will the expected results fail to be achieved, but the Bank would have lent its prestige to an unsuccessful undertaking on a global scale.

8. I would recommend, therefore that the Bank condition its agreement to serve as co-sponsor on the receipt of an assurance by Dr. Mahler that execution of the Programme will be made the responsibility of <sup>some one of</sup> ~~an~~ <sup>international stature,</sup> ~~experienced public figure~~ <sup>who is</sup> with recognized organizational and managerial skills, acceptable to the Bank. This person need not (probably should not) be a physician. None of the individuals WHO is now thinking of as administrator has the kind of experience which suggests a capability to handle a global research undertaking of the contemplated complexity and magnitude, which may approach \$200-\$400 million over its projected 20-year span. I believe this condition would be acceptable to Dr. Mahler, and that we should be able to reach agreement on an administrator satisfactory to both WHO and the Bank. I have in mind the following as possibilities: ...I

9. Once this condition is accepted, we might then set about drawing up a Fund Agreement in cooperation with WHO, and working out the details of administration. WHO is prepared to send appropriate officers to meet with Bank staff for this purpose.

10. At the appropriate time, the Bank would designate its representative on the Standing Committee and JCB. I would propose that I serve on the Standing Committee, and that Warren Baum represent the Bank on the JCB.



11. If you approve the recommendation in paragraph 8, we shall prepare a letter to Dr. Mahler for your signature, and shall make some suggestions to you concerning possible nominees. The question of a Bank financial contribution to the Programme can be taken up later, although I would think that if the Bank does agree to serve as co-sponsor, on the condition indicated, a modest contribution would be appropriate. It should, however, be recognized that participation in an active, meaningful way in the Programme will necessarily entail assignment of personnel and related travel expenses. It is recommended that one professional and one assistant level position be initially designated for the purpose, and organizationally located under the Bank's representatives to the Standing Committee and JCB, with an FY78 budget of \$15,000. The positions and working budget could reasonably be expected to be financed out of the Bank's contribution to the Programme.

cleared with cc to: Boskey

OFFICE MEMORANDUM

DRAFT

JALee:on

March 25, 1977

TO: Mr. Robert S. McNamara

FROM:

SUBJECT Tropical Diseases Research Programme - WHO/UNDP

Background

1. In her memorandum of December 17, Mrs. Boskey reported on the outcome of a meeting of the Working Group on Management and Structure in Geneva in which the Nordic delegations expressed the view that the Bank should not become a co-sponsor or the fiscal agency for the Programme. This unexpected turn of events resulted in a number of the potentially large donors indicating they probably would not participate in a meaningful financial way unless the Bank assumed the role requested by the heads of WHO and UNDP. The Nordic delegations also requested that the organizational structure and managerial elements be streamlined, and thereby place greater responsibility within the WHO for management of the Programme. To this the major donors responded by insisting that the Bank be given a major managerial role, stating that they placed great confidence in the Bank's capacity for managing and financing the Programme.

Following the meeting, senior officials of the WHO met individually and collectively with the Nordic countries. The outcome has been a complete reversal of the position taken earlier. These countries reportedly now wish to see the Bank accept the role of co-sponsor and fiscal agent. Further, they indicated a strong desire for the Bank to make a financial contribution and thereby give symbolic evidence of its interest in and support for the objectives of the Programme.



Present Status

2. In a parallel but unrelated action, Mr. Einar Magnusson of the Bank's Board of Executive Directors likewise visited the Nordic countries to seek an understanding of their position on the role of the Bank. Upon his return he reported to Dr. James A. Lee that there was a complete reversal of their earlier position; and, that they felt strongly about the Bank's making a contribution to the Fund. He indicated that these countries would each be sending a letter to you expressing their hopes for the Bank's participation.

3. Representatives of the WHO/UNDP visited the Bank last week bringing with them a draft of the proposed revisions in the administrative and technical structure of the Programme. In effect, it calls for the establishment of two principal organs to manage and otherwise oversee the development and execution of the Programme. The Bank would be expected to serve on both and to share equally along with WHO and UNDP in the planning and implementation of the Programme. Specifically, however, the Bank would be expected to establish and manage an international fund, to be called the Tropical Diseases Research Fund, to which donor governments and other institutions would direct their contribution, much the same as is done in the Onchocerciasis Control Programme. In the case of those countries (eastern European) or organizations not able or willing to contribute to the TDR Fund, the WHO's Voluntary Fund for Health Promotion would be employed -- in effect, two funds would exist. It is expected that contributions to the latter would comprise but a small part of the Programme's overall funding.

Further, the WHO/UNDP representatives want the Bank to play a meaningful managerial role through its representation on the two administrative bodies; i.e., the Standing Committee and the Joint Coordinating Board (JCB). Additionally, the hope was expressed that the Bank might make a financial contribution, even if only a modest one as further evidence to donor governments of its interest in the objectives to be served. The WHO and UNDP Have made it clear to the donors, however, that the Bank's participation could not be conditional on its making a contribution -- they want the Bank's participation with or without a contribution.

Lastly, the WHO/UNDP wish the Bank to participate actively in the Socioeconomic Research element of the Programme. To this end, the Bank has already assisted in the preparation of a detailed working paper and terms of reference for the research endeavor. It also recently hosted an informal working group set up to further define the objectives, strategy, and studies to be undertaken.

#### Recommendations

4. The objectives and aims of the Programme are of signal importance. The WHO is clearly the appropriate executing agency; indeed, no other body within the U.N. system could carry out this kind of program. At the same time, unless the Bank associates itself with the Programme, it will never properly get off the ground. As noted previously, the support of a number of principal potential donors will not be forthcoming in the absence of a meaningful Bank role. And, clearly, a major reason why those donor governments want a Bank association is their expectation that it will materially improve the Programme's chance for success. The dilemma with which we are



confronted is, therefore, that should we refuse to become an active, managing co-sponsor, there will be no Programme on the scale needed and that if we do agree and the Programme is, nevertheless, badly managed by the WHO, the expected results will not be forthcoming and the Bank will be associated with something less than a successful global undertaking.

It is, therefore, recommended that the WHO give assurances to the Bank that it will engage an experienced public figure possessed of recognized organizational and managerial skills to be in overall charge. This person need not (probably should not) be a physician. None of the individuals presently designated to administer the Programme have the experience of handling a global research undertaking of such complexity and magnitude, and which may approach \$200-\$400 million over its projected 20-year span. Given the caliber of the personnel now likely to head this massive program, the Bank's association as a co-sponsor is not recommended. The approval of the Bank regarding the selection of this individual would be a condition of its becoming a co-sponsor.

This having been agreed to, the Bank could then set about drawing up a Fund Agreement in cooperation with the WHO and setting forth the conditions governing its administration. A WHO task group is now ready to meet with Bank officials in this regard.

The Bank could then appoint its members to the Standing Committee and JCB. It is recommended that the head of the Office of Environmental and Health Affairs serve on the Standing Committee, and the Vice President, Projects, on the JCB.

It is further recommended that the Bank make a financial contribution to the Fund, the amount to be determined on the basis of informal discussions with the Executive Directors.

It should be pointed out that participation in an active, meaningful way in the Programme will necessarily entail assignment of personnel and related travel expenses. It is recommended that one professional and one assistant level position be initially designated for the purpose, and organizationally located under the Bank's representatives to the Standing Committee and JCB, and be provided with an FY78 budget of \$15,000. The positions and working budget could reasonably be expected to be financed out of the Bank's contribution to the Programme.

If the Bank cannot be <sup>fully</sup> satisfied that the management of this complex and costly global programme is in capable, competent hands, it should limit its association to that of administering the Fund and making a contribution -- and, making clear to the donor governments that its role is, indeed, limited to these two actions.

Cleared with and cc:



OFFICE MEMORANDUM

DRAFT

JALee:on

March 25, 1977

TO: Mr. Robert S. McNamara

FROM:

SUBJECT Tropical Diseases Research Programme - WHO/UNDP

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Lastly, the WHO/UNDP wish the Bank to participate actively in the Socioeconomic Research element of the Programme. To this end, the Bank has already assisted in the preparation of a detailed working paper and terms of reference for the research endeavor. It also recently hosted an informal working group set up to further define the objectives, strategy, and studies to be undertaken.

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confronted is, therefore, that should we refuse to become an active, managing co-sponsor, there will be no Programme on the scale needed and that if we do agree and the Programme is, nevertheless, badly managed by the WHO, the expected results will not be forthcoming and the Bank will be associated with something less than a successful global undertaking.

It is, therefore, recommended that the WHO give assurances to the Bank that it will engage an experienced public figure possessed of recognized organizational and managerial skills to be in overall charge. This person need not (probably should not) be a physician. None of the individuals presently designated to administer the Programme have the experience of handling a global research undertaking of such complexity and magnitude, and which may approach \$200-\$400 million over its projected 20-year span. Given the caliber of the personnel now likely to head this massive program, the Bank's association as a co-sponsor is not recommended. The approval of the Bank regarding the selection of this individual would be a condition of its becoming a co-sponsor.

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fully  
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Cleared with and cc:

January 4, 1977

Dear Dr. Mahler:

Thank you for your letter of December 22.

As I told you when we spoke recently, the Bank continues to believe in the importance of the objectives of the Special Programme for Research and Training in Tropical Diseases. Dr. Lee will continue to participate in the activities of the Working Group, and will keep me informed of developments.

With good wishes for the New Year.

Sincerely,

Robert S. McNamara

Dr. Halfon Mahler  
Director-General  
World Health Organization  
1211 Geneva 27  
Switzerland


SBoskey/rob

January 3, 1977

cc: Dr. Lee ✓  
Dr. J'Colmain (WHO)



ROUTING SLIP		DATE	1.3.77
NAME		ROOM NO.	
<del>Warren E. Baum</del>			
<p>Mr Lee - good tone, but it doesn't explicitly accept the idea that one disease should be tried in a different way see 1/4</p>			
APPROPRIATE DISPOSITION	<input checked="" type="checkbox"/>	NOTE AND RETURN	
APPROVAL	<input type="checkbox"/>	NOTE AND SEND ON	
COMMENT	<input type="checkbox"/>	PER OUR CONVERSATION	
FOR ACTION	<input type="checkbox"/>	PER YOUR REQUEST	
INFORMATION	<input type="checkbox"/>	PREPARE REPLY	
INITIAL	<input type="checkbox"/>	RECOMMENDATION	
NOTE AND FILE	<input type="checkbox"/>	SIGNATURE	
REMARKS			
<p>Warren: You may be interested in Dr. Mahler's reply to Mr. Namais's ltr —</p>			
FROM	J Lee	ROOM NO.	EXTENSION
		E1010	6151

ROUTING SLIP		DATE: December 28, 1976	
NAME		ROOM NO.	
Dr. Lee			
APPROPRIATE DISPOSITION		NOTE AND RETURN	
APPROVAL		NOTE AND SEND ON	
CLEARANCE		PER OUR CONVERSATION	
COMMENT		PER YOUR REQUEST	
FOR ACTION		PREPARE REPLY	
INFORMATION		RECOMMENDATION	
INITIAL		SIGNATURE	
NOTE AND FILE		URGENT	
REMARKS:			
<p>Jim:</p> <p>Please see the attached. I think it warrants no more than a short acknowledgement, with reference to the phone call (i.e., "As I told you, we continue to be interested, etc., etc."). Please let me know whether you agree or not.</p>			
FROM:		ROOM NO.:	EXTENSION:
 Shirley Boskey			



TDR Id./Preparations:  
ajnal

WORLD HEALTH ORGANIZATION



ORGANISATION MONDIALE DE LA SANTÉ

1211 GENEVA 27 - SWITZERLAND  
Telegr.: UNISANTE-Geneva

1211 GENÈVE 27 - SUISSE  
Télégr.: UNISANTÉ-Genève

Office of the Director General

Tél. 34 60 61 Télex. 27821

Bureau du Directeur Général

Ref.: DG

222

Geneva, 22 December 1976

Dear Mr McNamara,

I am sorry I was unable to reply earlier to your letter of 23 November 1976 concerning the Special Programme for Research and Training in Tropical Diseases. Since it was written our December meeting has taken place and Dr James Lee will have informed you of its outcome.

It was good to learn that you are prepared in principle to propose to your Executive Directors that the Bank join UNDP and WHO in sponsoring this Programme and that it agree to serve as fiscal agent for the proposed Tropical Diseases Fund. I would welcome an early opportunity to discuss these two possibilities with you in the light of the recent meeting. I shall accordingly only deal here with the two specific points made in your letter.

In the case of the first, we shall of course provide you with whatever information you will need on the financial implications of the Programme. The general support which the Programme has now received and the substantial contributions pledged at the December meeting for its being launched in 1977 will allow us to work out more refined and meaningful projections.

As to the second point, I understand your concern and I certainly share your anxiety about the feasibility and practical impact of such an ambitious endeavour. Since the beginning of the Programme we have striven to organize research and development in ways which are economic and effective. We have been impressed with the successes of the institutional model in the agricultural field and we focused initially on the establishment of a large multidisciplinary centre at Ndola in Zambia. But it appeared to us very doubtful whether this approach was the most effective way to tackle the complex and multifaceted set of problems

Mr Robert S. McNamara  
President  
International Bank for Reconstruction  
and Development  
1818 H. Street, N.W.  
Washington, D.C., 20433

cc: Mr Bradford Morse, Administrator, United Nations Development Programme

... ENCL. Note on the strategy for promotion of research and training in the Special Programme - 14.12.76

Mr Robert S. McNamara

22 December 1976

Ref: DG

presented by the tropical diseases. We then shifted the emphasis to the present plan involving Scientific Working Groups (in fact "task forces" of the type used in our Human Reproduction programme) and a network of centres. This approach offers the necessary flexibility; it provides for the enlistment of the world's best scientists and, most importantly, for a developmental partnership in research and training between the so-called developing and developed countries. However, we have not abandoned the institutional approach: far from it. The Scientific Working Groups and the network of centres are geared, precisely, to stimulating the emergence and progressive upgrading of institutions where and when they are the most effective means of action. I am attaching to this letter a note, elaborating on the above, which you may find useful.

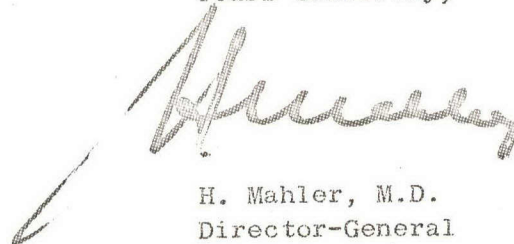
I entertain no doubt that WHO is being faced, as you say, "with a coordinating and managerial task of extraordinary magnitude"; but I sincerely believe that it can face it and that it must face it if it is to contribute in any significant manner to the creation of a new world order.

As regards the organizational and managerial arrangements proposed and the financing of the Programme, further study has been considered necessary by the December meeting and I have been requested to take the necessary steps to that effect. I particularly count on the close collaboration of the Bank in this effort and I am looking forward to discussing the matter with you personally at an early date.

Thank you for your congratulations for the Award WHO has received for its Smallpox Eradication Programme. I remain hopeful that eradication will soon become a fait accompli.

I am sending a copy of this reply to Brad Morse.

Yours sincerely,



H. Mahler, M.D.  
Director-General



14.12.76

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## THE STRATEGY FOR PROMOTION OF RESEARCH AND TRAINING IN THE SPECIAL PROGRAMME

### The Development of the Strategy

The strategy for promotion of research and training in the Special Programme has been an evolving one and will continue to evolve as the Programme develops. The initial strategy was heavily weighted towards a large multidisciplinary centre or institution as a focal point of the Programme. Subsequently, there has been less emphasis on individual institutions, and the concept of Working Groups and networks has been developed. This paper examines the reasons for the change of emphasis in the Special Programme. It also shows that the present plans are compatible with the emergence of broadly based centres of research excellence when and where these are found to be the most effective means to achieve progress.

It is clear that the organization and effective control of a programme for research and training on the scale of the Special Programme is a complex task. The keynote should be flexibility, the opportunity to experiment, to promote modes of working which are effective and to discard failures. The present plan provides such flexibility and is based on the following evaluation of the nature of the research and training activities which are required in order to improve the control of the selected tropical diseases.

### Requirements for Research and Training Related to Disease Control

The problems of control of the six diseases are intimately related to economic, social, cultural and ecological aspects of the populations and

environments in which the diseases occur. There are different requirements for control in different regions, for example measures effective in the control of malaria in the Indian sub-continent proved unable to interrupt transmission in the African savanna. It is not anticipated that research will often yield a universal panacea, such as the smallpox vaccine, effective in the control of diseases under all circumstances. The strategy for research and development lies in a broad front, combining epidemiology and improved diagnostic tests to define disease problems, improved methods to control disease vectors, new vaccines and drugs to prevent or cure disease, and operational research to improve methods of delivery.

Set alongside this diversity of approach to disease control is the diversity of approaches among biological disciplines which can now be exploited to develop the necessary new tools. The likelihood of success is in proportion to the number of relevant disciplines which can be brought to bear. For example, the Scientific Working Group on the Immunology of Malaria includes the following activities in its work plan:

- Basic studies in biochemistry, immunology, cell biology and genetics;
- Studies of the in vitro cultivation of the malaria parasite in mammalian and insect tissues;
- Clinical and pathological studies of malaria;
- Studies of substances (adjuvants) to be included in vaccines to boost the recipient's response;
- Epidemiological and operational research to define specifications for vaccines for malaria and methods for their use;
- Safety tests and clinical trials of candidate malaria vaccines.



Complementary to the research is the need to strengthen the capability of the tropical countries themselves to analyze and solve their different specific problems in disease control. Whilst there are no absolute criteria of national self-reliance in this respect, a minimal target for the Programme is to enable countries to identify their disease problems and to work to best advantage with experts from any country on their solution.

#### The "Institution Approach"

One option for development is the ab initio establishment of specific institutions with goal-oriented programmes to produce new tools to control one or more diseases. This option would be comparable to that taken by the Consultative Group on International Agricultural Research and has led to the successful development of improved varieties of staple foodstuffs. Such institution development is a clearly defined coherent process and progress towards achieving specific goals can be readily evaluated. Organizational and management aspects are relatively straightforward. There are, however, a number of disadvantages which appear when the institutional approach is considered in relation to requirements for research and training related to tropical diseases:

- 1) Full deployment of the multidisciplinary approach within a single institution may be scientifically and financially uneconomic. A critical mass of scientists must be assembled to tackle specific problems related to each discipline. Success, or abandonment of the research, should result in disbandment of this group.
- 2) The lead time is long. A minimum of four to five years is required to begin scientific productivity (it is notable that the very early technical

successes of the International Laboratory for Research on Animal Diseases have been based on a "network" type of association of research with many other laboratories, including the WHO Immunology Research and Training Centres at Ibadan, Nigeria and Lausanne, Switzerland.)

3) As already mentioned, the problems of disease control differ according to geographic region. It would not be realistic to suppose that one institution could deal with all regional problems.

4) There is inevitably a degree of rigidity imposed by institutionalization. It will be an essential component of the Special Programme that its research is opportunistic and can rapidly exploit promising new lines. It can be difficult to achieve this within established institutions.

5) Institutions for the study of tropical diseases must be located in endemic areas. Rapid progress will only be achieved if highly experienced scientists can be recruited from wherever they may happen to be in the world. A local institution will, however, have important obligations in respect to participation of nationals of the host country which may be difficult to reconcile with the most effective international participation. In the past, this difficulty has sometimes led to the abandonment of research institutions in the tropics.

#### The Scientific Working Group and Network Approach

This is the option proposed for the Special Programme and is based on the traditional pattern of research in the biomedical sciences, one strength of which is the diversity of approaches to problem solving which is engendered by conducting research on related topics by separate groups



in different places. The Scientific Working Group and network option operates largely within a framework of research which already exists. Scientific Working Groups identify specific tasks to be performed and ensure that they are carried out either as part of existing research programmes or, if not, by specifically promoting them. It has been questioned whether an international organization can manage research in this way or even whether such coordination and management is at all possible. There is evidence from WHO's recent history that this can be done as instanced by the activities of the Human Reproduction Programme and the Scientific Working Group on the Immunology of Leprosy. A member of this Scientific Working Group, Professor Barry Bloom, has written the following:

"There is great skepticism about the ability of international organizations like WHO to carry out complex scientific tasks. But a WHO program currently underway to develop a leprosy vaccine suggests that the task, though difficult, can be exciting and effective. The lepra bacillus cannot yet be grown in a test tube. The armadillo, because of its low body temperature, is one of the few animals which have the potential for growing human lepra bacillus in sufficient quantities to be used for vaccine. The bacilli are inoculated into armadillos in Louisiana. Masses of lepromatous tissue are then flown to Atlanta or London where the organisms are isolated and sent to Norway for chemical fractionation. The organism and its products are shipped to Saranac Lake and Bronx, New York, for studies attempting to make a vaccine which will immunize laboratory animals. An investigator in Japan is developing a diagnostic test; a group in Ethiopia is studying the immune response of patients with different forms of the disease; and a group in England is carrying out taxonomic studies on related microorganisms which grow in the test tube and which could be useful for cross-immunizing against the lepra bacillus. At the same time, even in the absence of a vaccine, plans are being made to set up future epidemiological studies so that the groundwork for testing the effectiveness of a vaccine can be worked out."

The Scientific Working Group and network approach provides for a rapid development of activities using existing scientists and facilities. It ensures flexibility by the recruitment of scientists and facilities to the Programme as they are required. There is good evidence that first-rate scientists are willing to be involved in this way, so that the Programme can call upon the best scientific talent wherever it exists. This approach presents major economies since much of the work will be done at substantially less than full cost to the Programme. The institutional infrastructure for research and training will be to a large extent provided by other (national) resources.

#### Conclusion and Summary

The development of the Special Programme based on the Scientific Working Group and network concept offers the following advantages over development based on ad hoc disease-oriented institutions:

- 1) Greater flexibility to exploit new opportunities in research and training;
- 2) Broad geographical spread to encompass the different problems of disease control in different regions;
- 3) A prospect of more rapid progress;
- 4) Substantial economies of operation;
- 5) Involvement of the affected tropical countries is integral to the Programme.

These advantages should be set against a less tidy organizational structure and a more complex task of evaluation. There is evidence that these potential disadvantages can be overcome.

The Scientific Working Group and network concept provides for development of programme activities according to need and performance. It may



emerge that certain centres can be most effective if they become large multidisciplinary institutions, comparable to the institutions of the alternate approach. A strength of the Scientific Working Group and network approach is that it can provide for these to develop without prior commitment.



INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT  
INTERNATIONAL DEVELOPMENT ASSOCIATION  
WASHINGTON, D.C. 20433, U.S.A.



OFFICE OF THE PRESIDENT

November 23, 1976

Dr. Halfdan Mahler  
Director-General  
World Health Organization  
1211 Geneva 27  
Switzerland

Dear Dr. Mahler:

Your letter of October 6, concerning the Special Programme for Research and Training in Tropical Diseases, arrived while I was in Manila for the World Bank's Annual Meeting. I left for a visit to a number of Asian countries soon after my return to Washington -- just after we met at the ACC. Thus it is only now I am able to reply to you.

You asked, in behalf of UNDP as well as WHO, whether the World Bank would be willing to join the two organizations in co-sponsoring the Special Programme, and whether it would agree to serve as fiscal agent for the proposed Tropical Diseases Fund. I am pleased to say that I am prepared in principle to propose to the Bank's Executive Directors that the Bank agree to play these roles.

I say "in principle" for two reasons.

The first is that I would wish to be in a position to submit to the Executive Directors a more precise description of the financial implications of the Programme than seems possible at the moment. I assume that the financial projections will be refined at the meeting of potential donors which you are convening on December 8.

The second reason relates to the proposed task force and network approach of the Programme. There is a serious question in my mind whether this approach, which contemplates carrying out research and training for all six diseases in a large number of individual centers which vary considerably in their present quality and are widespread geographically, can be expected to provide the critical mass and to create and maintain the momentum necessary to produce optimum and timely results. Moreover, these characteristics, plus those inherent in the complex nature and scope of the Programme, will inevitably



November 23, 1976

confront the executing agency with a coordinating and managerial task of extraordinary magnitude. In the circumstances, and particularly because the proposed approach is experimental, in the sense that it has not been tried before on the scale contemplated, I would like to suggest that it would be prudent to make provision for approaching research and training activity for at least one of the diseases, in some different, proven manner. This might be, for example, to confide the attack on the particular disease to a single established (or even a new) institution with appropriate outreach activities. I do not believe that such a modification of the plan would or should delay the initiation of the general Programme, and I recommend it only because I am anxious that the Programme be a success. I am asking Dr. James Lee, the Bank's Environmental and Health Adviser, who will represent the Bank at the December 8 meeting, to raise this question with you and the UNDP.

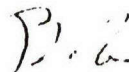
As you know, the Bank staff who have been working closely with staff of WHO and UNDP in the preliminary planning for the Programme have been particularly concerned to ensure that the organizational and managerial arrangements proposed are sound and appropriate. I am glad to learn from them that they are satisfied on this point, and I very much welcome the willingness of WHO to serve as the executing agency. I am also gratified that, on the basis of experience in the riverblindness program, you and Mr. Morse feel that it would be helpful to have the Bank serve as fiscal agent. I am told that this was also the unanimous recommendation of the Working Group which met to consider the organization and financing of the Programme last July.

As to the possibility, which you also raise in your letter, of a financial contribution from the Bank, I cannot now make any commitment in that respect, and I understand that a postponement of this question will not have any negative consequences for the launching of the Programme.

I extend my good wishes for a useful meeting with potential donors next month. I would hope that the Tropical Disease Programme proves as successful, in its way, as WHO's smallpox eradication campaign, and I extend my warm congratulations to WHO as recipient of the Special Albert Lasker Public Health Service Award for its achievement in that respect.

I am sending a copy of this letter to Brad Morse.

Sincerely,



Robert S. McNamara

*Management*

DRAFT  
SBoskey/JALee: on  
November 17, 1976

[Insert as first full paragraph on page 2 of draft]

I have, however, one comment to make. As I understand it, the organizational and managerial approach which is proposed would ostensibly be the same for all the diseases now within the scope of the Programme. This approach is admittedly experimental insofar as it has not been tried before on the scale contemplated. It would seem to me to be prudent, therefore, to make some provision for dealing with one of the diseases in a different manner, for example, on the model of the Consultative Group on International Agricultural Research, confiding the research and training to a single institution with appropriate outreach activities, in contrast to the network approach now envisaged for the Programme. I do not believe that identifying one disease for a different type of treatment would or should delay the initiation of the general Programme. I do believe that providing an alternative approach to the management of this highly complex and diversified research endeavor would help to ensure the overall success of the Programme. I am asking Dr. Lee, who will represent the Bank at the December 8 meeting, to explore this possibility with you.



Mr. Warren C. Baum

November 12, 1976

James A. Lee

Special Programme for Tropical Diseases Research and Training (TDR)

Attached for your review and comment is a suggested reply to Dr. Mahler's letter of October 6 to Mr. McNamara, along with a suggested briefing memorandum on the subject of the TDR, prepared by Shirley Boskey and myself.

We are in hopes of having these finalized and ready for Mr. McNamara upon his return.

cc: Mr. H.G. vander Tak  
Ms. S. Boskey

Attachment

JAL:on

OFFICE MEMORANDUM

DRAFT

JALee/SBoskey: on  
November 12, 1976

TO: Mr. Robert S. McNamara

FROM: Warren S. Baum and Shirley Boskey

SUBJECT: Special Programme for Research and Training in  
Tropical Diseases

Attached is a letter which we recommend that you send to Dr. Mahler, Director-General of WHO, responding sympathetically to the request he has conveyed to you, speaking for himself and Bradford Morse, that the World Bank join WHO and UNDP as co-sponsor of the Special Programme for Research and Training in Tropical Diseases, and that it also serve as fiscal agent for the Programme.

The background of the Special Programme is as follows.

Malaria and other parasitic and infectious diseases are a major impediment to the alleviation of poverty in developing countries of the tropics. Several of these diseases, notably malaria, and schistosomiasis in association with water development schemes, are showing frightening increases in prevalence and severity. The resurgence of malaria has been alarming, with the mosquito vector showing resistance to the pesticides and the parasite rapidly developing an immunity to the few drugs now available. The preventive and therapeutic tools available to control these diseases, as well as trypanosomiasis, filariasis, leprosy and leishmaniasis, are grossly ineffective, cumbersome and too costly for effective widespread use. And, as costs continue to escalate, application of present control technologies will advance even further beyond the economic means of the poorer countries. Strategies to improve the socio-economic conditions of



the many millions of poor people in developing countries must include the control of tropical diseases. Strategies for disease control must, in turn, include the development of new and more effective tools.

The current level of research for development of the requisite tools is wholly inadequate. For example, no major new drug for the treatment of any of the tropical diseases has appeared within the past three decades, and there are no vaccines. No more than a pittance of money and effort goes toward tropical disease research. Total worldwide annual expenditures devoted to research on all tropical diseases is estimated at US\$30 million. That is why WHO and the UNDP have designed and are jointly sponsoring the Special Programme, intended to equip health services in tropical countries with new, effective and low-cost tools for the control of tropical diseases. The Special Programme is global in concept and in plan, and has been developed in response to a demand for coordinated research on control of the diseases first expressed in the 1974 World Health Assembly. The strategies to be used were re-examined in 1976 and further endorsed by the Assembly. The Special Programme, like the onchocerciasis program, has evolved on the basis of consultation; it is one of cooperation with and service to governments.

To assure that the tools which are developed will be appropriate to the varied social, economic and environmental circumstances of the tropical regions, research in the Special Programme will be based on studies in those countries, which will identify needs and specify tools to meet those needs, and which will also evaluate the effectiveness of new tools in a variety of tropical environments. Research and development will be carried out wherever it can be most effectively pursued.

Integrated with the research program, a training program will be established to increase the self-reliance of tropical countries in research on technological aspects of disease control. There is a scarcity in many tropical countries of indigenous scientific and technical capacity to work on disease control problems. The Special Programme will incorporate training into its research activities and will strengthen individual centers in tropical countries to carry out research and training. In this way, it will help the tropical countries develop their own policies and programs for research on disease control. The initial major focus of these activities will be in Africa.

In summary, the Special Programme calls for a major effort in research and training on a global scale. Although technical advances and the creation of new research potentials in tropical countries may well be achieved in a few years, the full benefits of the control of disease cannot be expected to be realized for several decades at least. The Programme is therefore conceived as a long-term endeavor lasting twenty years or more. The attached booklet, prepared by WHO, provides a more extensive description of what is envisaged.

The indicative budget put forward by WHO/UNDP is US\$5 million for the initial year, 1977-78, gradually increasing to around US\$20 million annually by 1980.

The Special Programme was first presented by WHO to a meeting of potential donor governments in October 1975. Unfortunately, it was not well prepared, and the manner of presentation evoked a negative response. Governments called for a major re-examination, especially with regard to the organizational/administrative elements. (You received a report on the 1975 meeting at the time.)



As you know, Jim Lee has been actively working with WHO and UNDP this past year on both the biomedical and organizational/administrative aspects. There is to be a meeting next month in Geneva at which potential donors -- foundations, other international organizations and governments -- will have an opportunity to review the revised Programme and to give indications of possible support. They, as well as WHO and UNDP, are expecting some word from the Bank as to its willingness to undertake the role of co-sponsor and fiscal agent. As is mentioned in the reply prepared for you to send to Dr. Mahler, a Working Group convened to consider organizational and financial aspects of the proposed Programme unanimously recommended that the Bank be asked to set up and manage a fund for the Programme. Moreover, a number of potential donors, including Australia, Belgium, Canada, the U.K. and the U.S., have informally made it known that their own contributions might (in some cases would) be conditional on the Bank's becoming both a co-sponsor and fiscal agent. Because we believe that the Programme has the potential for producing results of great benefit to the developing world, we think the Bank should help to mobilize support for it by taking on the roles requested.

Dr. Mahler has also invited a financial contribution to the Programme by the Bank. The Bank could, of course, confine its association with the Programme to non-financial support. Moreover, it must be recognized that even if it were to make no more than a token initial contribution and to state, or to imply, that the contribution was on a once-only basis, it is likely that it will be looked to as a source of further support if sufficient funds are not forthcoming elsewhere. Nevertheless, we would recommend that you contemplate seeking authorization from the Executive

Directors for some modest initial contribution as evidence of Bank support. We will have a better idea, after the December meeting of potential donors, of what amount might be appropriate. The draft letter reflects this recommendation.



DRAFT

SBoskey/JALee:tsb:on  
November 10, 1976

Dear Dr. Mahler:

Your letter of October 6, concerning the Special Programme for Research and Training in Tropical Diseases, arrived while I was in Manila for the World Bank's Annual Meeting. I left for a visit to a number of Asian countries soon after my return to Washington -- just after we met at the ACC. Thus it is only now I am able to reply to you.

You asked, in behalf of UNDP as well as WHO, whether the World Bank would be willing to join the two organizations in co-sponsoring the Special Programme, and whether it would agree to serve as fiscal agent for the proposed Tropical Diseases Fund. I am pleased to say that I am prepared in principle to propose to the Bank's Executive Directors that the Bank agree to play these roles. I say "in principle" because, while I fully appreciate the potential contribution which such a program could make to the improvement of social and economic conditions in the developing countries, I would wish to be in a position to provide the Executive Directors with a more definitive description of the financial scope of the Programme than seems possible at the moment. I assume that this will be feasible following the meeting of potential donors which you are convening next month.

Mr. Baum, the Bank's Vice President for Central Projects Staff, and Dr. Lee, the Bank's Environmental and Health Adviser, who have been working closely with staff of WHO and UNDP in the preliminary planning for the Programme, have been particularly concerned to help to assure that the organizational and managerial arrangements proposed are sound and appropriate. I am glad to learn from them that they are satisfied on this point. I am also gratified that, on the basis of experience in the riverblindness program, you and Mr. Morse feel that it would be helpful to have the Bank

serve as fiscal agent for this program. I am told that this was also the unanimous recommendation of the Working Group which met to consider the organization and financing of the Programme last July.

As to the possibility of a financial contribution, I cannot now make any commitment in that respect, and I understand that a postponement of this question will not have any negative consequences for the launching of the Programme. I would, however, regard it as appropriate to accompany a proposal that the Bank become a co-sponsor with a recommendation that the Executive Directors authorize a modest contribution, in the nature of seed money, as evidence of the importance which the Bank attaches to the Programme.

I extend my good wishes for a successful meeting with potential donors next month.

Sincerely,

Robert S. McNamara

cc: Mr. Morse, Administrator, UNDP



DRAFT

SBoskey/JALee:on

November 17, 1976

[Insert as first full paragraph on page 2 of draft]

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DRAFT  
SBoskey/JALee:tsb:on  
November 16, 1976

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I am concerned that the Programme may not exhibit sufficient organizational flexibility to

I am concerned that the Programme seems to rely too heavily (exclusively) on an atomistic approach to the conduct of research. The network of interlocking & interrelated institutions & individuals will present a formidable managerial task with many

OFFICE MEMORANDUM

TO: Mr. Robert S. McNamara

FROM: Warren S. Baum and Shirley Boskey

SUBJECT: Special Programme for Research and Training in Tropical Diseases

DRAFT  
JALee:on  
November 10, 1976

Attached is a letter which we recommend that you send to Dr. Mahler, Director-General of WHO, responding affirmatively to his request that the World Bank serve as co-sponsor (together with WHO and UNDP) and as fiscal agent of the Special Programme for Research and Training in Tropical Diseases.

1. The Special Programme

Malaria and other parasitic and infectious diseases are a major impediment to the alleviation of poverty in developing countries of the tropics. Several of these diseases are showing frightening increases in prevalence and severity, notably malaria, and schistosomiasis in association with water development schemes. The resurgence of malaria has been alarming, with the mosquito vector showing resistance to the pesticides and the parasite no longer responding to the few drugs presently available. *immunity*

The preventive and therapeutic tools which are at present available to control these diseases, as well as trypanosomiasis, filariasis, leprosy and leishmaniasis, are grossly ineffective, cumbersome and too costly for effective widespread use. And, as costs continue to escalate, application of present control technologies, inefficient as they are, will advance even further beyond the economic means of the poorer countries. Strategies to improve the socio-economic conditions of the many millions of poor people in developing countries must include the control of tropical diseases. Strategies for disease control must, in turn, include the development of new and more effective tools.



The present level of research and development to obtain the tools which are needed is wholly inadequate. For example, no major new drugs for the treatment of any of the tropical diseases appeared within the past three decades, and there are no vaccines. A mere pittance of money and effort goes toward tropical disease research. Total worldwide annual expenditures devoted to research on all tropical diseases is estimated at US\$30 million. To promote urgently needed research, the World Health Organization and the United Nations Development Programme have jointly sponsored the Special Programme -- it is designed to equip health services in tropical countries with new, effective and low-cost tools for the control of tropical diseases. The Special Programme is global in concept and in plan, and has been developed in response to a demand for coordinated research on control of the diseases first expressed in the 1974 World Health Assembly. The strategies to be used were re-examined in 1976 and further endorsed by the Assembly. The Special Programme has been evolved on the basis of numerous consultations; it is one of cooperation with and service to governments.

The present sponsors of the Special Programme recognize the health and socio-economic burdens which these and other diseases impose on the peoples of the tropical countries. They also recognize the complexity of the problems of the control of these diseases. The tools which will be developed must be appropriate to control disease in the varied social, economic and environmental circumstances of the tropical regions. Research in the Special Programme will, therefore, be based on studies in tropical countries, which will identify needs and specify the tools which are required to meet these needs, as well as assessing the effectiveness

of new tools in a variety of tropical environments. All relevant aspects of biomedical science will be applied to develop the new tools. Thus, research and development will be carried out in any place in the world where it can be most effectively pursued.

Integrated with the research program, a training program will be established to increase the self-reliance of tropical countries in research on technological aspects of disease control. There is a scarcity in many tropical countries of indigenous scientists and technicians to work on disease control problems. The Special Programme will incorporate training into its research activities and will strengthen specific centers in tropical countries to carry out research and training. In this way, the Special Programme will assist in developing the key manpower needed to enable these countries to develop their own policies and programs for research on disease control. The initial major focus of these strengthening activities will be in the continent of Africa.

In summary, the Special Programme calls for a major effort in research and training on a global scale. Although technical advances and the creation of new research potential in tropical countries may well be achieved in the early years of the Programme, the full benefits of the control of diseases cannot be expected to arise within a short period of time. The Programme is conceived as a long-term endeavor lasting twenty years or more.

The indicative budget put forward by WHO/UNDP is US\$5 million for the initial year, 1977-78, increasing thereafter to around US\$20 million annually. Preliminary indications suggest, however, that donors may make funds available in excess of these figures should this prove necessary.



The documents describing all aspects of the Programme are incorporated into three large volumes; however, a semi-technical description can be found in the attached booklet, Tropical Diseases.

2. Development of the Programme

The Special Programme was first presented to a meeting of donor governments in October 1975. Unfortunately, it was not well prepared and was presented in such a manner as to cause donors to request a major re-examination, especially with regard to its organizational/administrative elements.

3. As you know, Jim Lee has been actively working this past year on both the biomedical and organizational/administrative aspects. It is now expected that at a meeting next month in Geneva, potential donor governments will again have an opportunity to review the revised Programme and indicate their own plans for possible support. Further, these governments, along with the WHO and UNDP will be anticipating some word from the Bank as to its willingness to undertake the role of a co-sponsor and fiscal agent.

4. Additionally, it is important to note that many of the potential donors, including the U.S., U.K., Canada, Belgium, Australia, have informally made it known that their own contributions might (in some cases would) be conditional on the Bank being a co-sponsor and the fiscal agency.

5. An additional item concerns the reference in Dr. Mahler's letter to a possible modest contribution by the Bank. Like the Onchocerciasis Control Programme and the CGIAR, if the Bank makes a contribution it can be expected that further requests may be forthcoming. This could, perhaps, be avoided by indicating that the Bank's contribution will be on a once-only basis.

DRAFT  
SBoskey/JALee:tsb:on  
November 10, 1976

Dear Dr. Mahler:

Your letter of October 6, concerning the Special Programme for Research and Training in Tropical Diseases, arrived while I was in Manila for the World Bank's Annual Meeting. I left for a visit to a number of Asian countries soon after my return to Washington -- just after we met at the ACC. Thus it is only now I am able to reply to you.

You asked, in behalf of UNDP as well as WHO, whether the World Bank would be willing to join the two organizations in co-sponsoring the Special Programme, and whether it would agree to serve as fiscal agent for the proposed Tropical Diseases Fund. I am pleased to say that I am prepared in principle to propose to the Bank's Executive Directors that the Bank agree to play these roles. I say "in principle" because, while I fully appreciate the potential contribution which such a program could make to the improvement of social and economic conditions in the developing countries, I would wish to be in a position to provide the Executive Directors with a more definitive description of the financial scope of the Programme than seems possible at the moment. I assume that this will be feasible following the meeting of potential donors which you are convening next month.

Mr. Baum, the Bank's Vice President for Central Projects Staff, and Dr. Lee, the Bank's Environmental and Health Adviser, who have been working closely with staff of WHO and UNDP in the preliminary planning for the Programme, have been particularly concerned to help to assure that the organizational and managerial arrangements proposed are sound and appropriate. I am glad to learn from them that they are satisfied on this point. I am also gratified that, on the basis of experience in the riverblindness program, you and Mr. Morse feel that it would be helpful to have the Bank



serve as fiscal agent for this program. I am told that this was also the unanimous recommendation of the Working Group which met to consider the organization and financing of the Programme last July.

As to the possibility of a financial contribution, I cannot now make any commitment in that respect, and I understand that a postponement of this question will not have any negative consequences for the launching of the Programme. I would, however, regard it as appropriate to accompany a proposal that the Bank become a co-sponsor with a recommendation that the Executive Directors authorize a modest contribution, in the nature of seed money, as evidence of the importance which the Bank attaches to the Programme.

I extend my good wishes for a successful meeting with potential donors next month.

Sincerely,

Robert S. McNamara

cc: Mr. Morse, Administrator, UNDP

OFFICE MEMORANDUM

DRAFT

JALee: on

November 10, 1976

TO: Mr. Robert S. McNamara

FROM: Warren S. Baum and Shirley Boskey

SUBJECT: Special Programme for Research and Training in Tropical Diseases

Attached is a letter which we recommend that you send to

Dr. Mahler, Director-General of WHO, responding <sup>sympathetically</sup> ~~affirmatively~~ <sup>the</sup> to his re-

quest that the World Bank <sup>join</sup> ~~serve as co-sponsor~~ (together with WHO and UNDP) ~~as co-sponsor~~

and ~~as~~ <sup>the</sup> fiscal agent of the Special Programme for Research and Training in

Tropical Diseases, <sup>and that it also serve as fiscal agent for the</sup> ~~and~~ <sup>Programme.</sup>

The Special Programme

Malaria and other parasitic and infectious diseases are a major

impediment to the alleviation of poverty in developing countries of the

tropics. Several of these diseases are showing frightening increases in

prevalence and severity, notably malaria, and schistosomiasis in associa-

tion with water development schemes, The resurgence of malaria has been

alarming, with the mosquito vector showing resistance to the pesticides

and the parasite no longer responding to the few <sup>now</sup> ~~presently~~ available.

The preventive and therapeutic tools ~~which are at present~~ available to

control these diseases, as well as trypanosomiasis, filariasis, leprosy

and leishmaniasis, are grossly ineffective, cumbersome and too costly for

effective widespread use. And, as costs continue to escalate, application

of present control technologies, ~~inefficient as they are,~~ will advance even

further beyond the economic means of the poorer countries. Strategies to

improve the socio-economic conditions of the many millions of poor people

in developing countries must include the control of tropical diseases.

Strategies for disease control must, in turn, include the development of

new and more effective tools.

he has conveyed to you, speaking for himself and Bradford Morse,

The background of the Special Programme is as follows.

Jim: are drugs administration to the mosquito and the parasite?

Lee  
Mr. re type this memo as a draft, finishing 1-1



The <sup>current</sup> ~~present~~ level of research <sup>to</sup> ~~and~~ development <sup>of</sup> ~~to obtain~~ the <sup>required</sup> ~~obtain~~ tools which ~~are needed~~ is wholly inadequate. For example, no major new drugs for the treatment of any of the tropical diseases <sup>has</sup> appeared within the past three decades, and there are no vaccines. <sup>No more than a</sup> A mere pittance of money and effort goes toward tropical disease research. Total worldwide annual expenditures devoted to research on all tropical diseases is estimated at US\$30 million. <sup>This is why WHO and the UNDP have designed and are</sup> To promote urgently needed research, the World Health Organization and the United Nations Development Programme ~~have~~ jointly sponsored <sup>the</sup> Special Programme <sup>it is</sup> ~~it is~~ designed to equip health services in tropical countries with new, effective and low-cost tools for the control of tropical diseases. The Special Programme is global in concept and in plan, and has been developed in response to a demand for coordinated research on control of the diseases first expressed in the 1974 World Health Assembly. The strategies to be used were re-examined in 1976 and further endorsed by the Assembly. The Special Programme <sup>like the oncho</sup> ~~has been~~ evolved on the basis of <sup>program, has</sup> ~~numerous~~ consultations; it is one of cooperation with and service to governments.

~~The present sponsors of the Special Programme recognize the health and socio-economic burdens which these <sup>indicated</sup> and other diseases impose on the peoples of the tropical countries, They also recognize the complexity of the problems of the control of these diseases. <sup>to avoid that</sup> The tools which <sup>are</sup> will be developed <sup>which</sup> ~~must~~ be appropriate to ~~control disease~~ in the varied social, economic and environmental circumstances of the tropical regions, Research in the Special Programme will, ~~therefore~~, be based on studies in <sup>these</sup> tropical countries, which will identify needs and specify the tools ~~which~~ <sup>and which will also evaluate</sup> ~~are required~~ to meet these needs, as well as ~~assessing~~ the effectiveness~~

of new tools in a variety of tropical environments. All relevant aspects of biomedical science will be applied to develop the new tools. Thus, <sup>wherever</sup> research and development will be carried out ~~in any place in the world~~ ~~where~~ it can be most effectively pursued.

Integrated with the research program, a training program will be established to increase the self-reliance of tropical countries in research on technological aspects of disease control. There is a scarcity in many tropical countries of indigenous <sup>scientific</sup> ~~scientists~~ and <sup>technical capacity</sup> ~~technicians~~ to work on disease control problems. The Special Programme will incorporate training into its research activities and will strengthen <sup>individual</sup> ~~specific~~ centers in tropical countries to carry out research and training. <sup>It will help the tropical</sup> ~~In this way,~~ ~~the Special Programme will assist in developing the key manpower needed to enable these countries to~~ develop their own policies and programs for research on disease control. The initial major focus of these ~~strengthening~~ activities will be in ~~the continent~~ of Africa.

In summary, the Special Programme calls for a major effort in research and training on a global scale. Although technical advances and the creation of new research potential in tropical countries may well be achieved in <sup>a few</sup> ~~the early~~ years of the Programme, the full benefits of the control of diseases cannot be expected to <sup>be realized for several decades at least</sup> ~~arise within a short period of~~ time. The Programme is <sup>therefore</sup> conceived as a long-term endeavor lasting twenty years or more. <sup>As attached booklet, prepared by WHO, provides a more extensive description of what is envisaged.</sup>

The indicative budget put forward by WHO/UNDP is US\$5 million for the initial year, 1977-78, <sup>probably</sup> increasing thereafter to around US\$20 million annually. <sup>by whom?</sup> ~~Preliminary indications suggest, however, that donors may make funds available in excess of these figures should this prove necessary.~~



The documents describing all aspects of the Programme are incorporated into three large volumes; however, a semi-technical description can be found in the attached booklet, Tropical Diseases.

2. Development of the Programme

The Special Programme was first presented to a meeting of donor governments in October 1975. Unfortunately, it was not well prepared and was presented in such a manner as to cause donors to request a major re-examination, especially with regard to its organizational/administrative elements. (You received a report on the 1975 meeting at the time.)

(by WHO) (potential)  
of presentation evoked a negative response. Governments called for

As you know, Jim Lee has been actively working this past year on both the biomedical and organizational/administrative aspects. It is now expected that at a meeting next month in Geneva, potential donors -- foundations,

with WHO and UNDP  
There is to be at which

governments will again have an opportunity to review the revised Programme and indicate their own plans for possible support. Further, these governments, along with the WHO and UNDP, will be anticipating some word from the

Bank as to its willingness to undertake the role of a co-sponsor and fiscal agent. As is mentioned in the reply prepared for you to send to Dr. Mahler,

Other international organizations and

Additionally, it is important to note that many of the potential donors, including the U.S., U.K., Canada, Belgium, Australia, have informally made it known that their own contributions might (in some cases would) be conditional on the Bank being a co-sponsor and the fiscal agency.

at this Belgium, Canada, the U.K. and the U.S.,

An additional item concerns the reference in Dr. Mahler's letter to a possible modest contribution by the Bank. Like the Onchocerciasis

Control Programme and the CGIAR, if the Bank makes a contribution it can be expected that further requests may be forthcoming. This could, perhaps, be avoided by indicating that the Bank's contribution will be on a once-only basis, it is likely that we will be looked to as a source of further support

proposed Programme minimal recommended that the Bank be asked to set up and manage a fund for the Programme. Moreover, a number

The Bank could, of course, express its association with the Programme to non-financial support. Moreover, it must be recognized that even if it were to make no more than a token initial contribution and to state, or to imply,

WORLD HEALTH  
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Tél. 34 60 61 Tél. 27821

In reply please refer to: TDR/T16/87/5

Prière de rappeler la référence:

7 October 1976

Dear Mr McNamara,

While I am also writing to you this week about the possibility of your organization joining the Special Programme for Research and Training in Tropical Diseases, I would like you to know that in connexion with this Programme, WHO is planning to convene, with the co-sponsorship of UNDP, a meeting to be held at WHO Headquarters in Geneva from 7-8 December 1976. This is a follow-up of the meeting which took place in October 1975 at which the basic concepts of the Special Programme were outlined and discussed. Since then, comprehensive scientific, technical, managerial and financial proposals have been prepared on the basis of further informal consultations. The forthcoming meeting in December will examine these proposals and take the necessary steps to advance the Special Programme. I have pleasure in inviting you or your representative to attend this meeting, to which we attach the greatest importance.

Mr Robert S. McNamara  
President  
International Bank for Reconstruction  
and Development  
1818 H. Street, N.W.  
Washington D.C., 20433  
United States of America

ENCL: Draft agenda

cc: Dr J. A. Lee, World Bank

*JAL advised meeting.*



Mr Robert S. McNamara, President, International Bank for  
Reconstruction and Development, Washington  
TDR/T16/87/5

Page 2

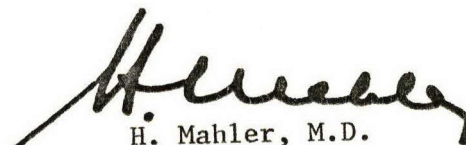
7 October 1976

Under separate cover you will receive detailed documentation on the Programme, its objectives, scope of operations, management structure and budgetary proposals. Before the end of October you will also receive the report of a Technical Review Group, composed of distinguished scientists, which will be meeting to review the priorities of the scientific and technical content of the Programme as described in the detailed documentation on the Programme.

The problem of tropical diseases which affect the health, social well-being and economic potential of large populations in developing countries is, it cannot be over-emphasized, a very serious one, and your advice and support at this meeting would be of inestimable value to the sponsoring agencies in the development of the Special Programme. The proposed financing will allow us a smooth transfer from the planning phase to full operations. Technical cooperation in this health field depends on our ability to activate all international resources to meet this most challenging health problem.

I very much hope that in spite of your other heavy commitments you, together with members of your staff, will be willing to give the Organization the benefit of your knowledge and experience, and will accept this invitation to participate in the December meeting.

Yours sincerely,

  
H. Mahler, M.D.  
Director-General

**WORLD HEALTH  
ORGANIZATION**



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DE LA SANTÉ**

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Tél. 34 60 61 Téléx. 27821

In reply please refer to: TDR/T16/372/2  
Prière de rappeler la référence:

6 October 1976

Dear Mr McNamara,

I am writing to ask if the International Bank for Reconstruction and Development would be prepared to consider becoming a co-sponsor for the Special Programme for Research and Training in Tropical Diseases jointly with the United Nations Development Programme and the World Health Organization. This prospect was warmly endorsed by representatives of a number of governments who attended meetings on the Programme in Geneva in April and July this year. The idea also has the full support of the Administrator of UNDP, Mr Bradford Morse, with whose agreement I am writing to you and to whom I am sending a copy of this letter.

I understand that as a result of discussions that have recently taken place in Washington between Vice President Warren Baum, Dr James Leo and officials of the United Nations Development Programme, the Bank would be willing to examine the issue.

This Programme, as you may know, constitutes a critical priority for the world because of its significant relation to economic and social development. Parasitic and infectious diseases are a major impediment to the alleviation of poverty in developing countries of the tropics; several of these diseases are increasing in prevalence, notably malaria and schistosomiasis. The tools which are at present available to control these diseases are woefully inadequate for effective widespread use. For example, few new drugs for the treatment of the major tropical parasitic diseases have appeared over the past three decades, and there are no vaccines. To remedy this situation the World Health Organization and

Mr R.S. McNamara  
President  
International Bank for Reconstruction  
and Development  
1818 H. Street, N.W.  
Washington D.C., 20433  
United States of America

cc: Mr Bradford Morse, Administrator, United Nations Development Programme,  
New York



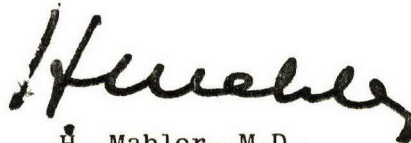
6 October 1976

the United Nations Development Programme have therefore joined together to sponsor the Special Programme for Research and Training in Tropical Diseases, which is designed purposely to equip health services in tropical countries with effective and low-cost tools for the control of tropical diseases. Another important component of the Special Programme is the training of manpower and the strengthening of research institutions in the tropical countries in order to increase their capability to identify and solve their own problems.

The cooperation which we have already experienced with the Bank in connexion with the Onchocerciasis Control Programme is to my mind conclusive as to the advantages of the Bank's also acting as fiscal agent for a programme of this importance and scope. Both the Administrator of UNDP and I should therefore also like to invite you to consider the Bank's acting in this capacity for the Special Programme for Research and Training in Tropical Diseases. Further, should the Bank be able to see its way to contributing financially to the Programme even to a modest extent this would, of course, be more than welcome.

We should be glad to have your reaction to the idea of co-sponsoring the Programme and to the prospect of the Bank's managing the fund for the Special Programme. If, as I hope, the Bank would be willing to serve as fiscal agent, we could then work out together the modalities to govern contributions and disbursements.

Yours sincerely,



H. Mahler, M.D.  
Director-General

WORLD HEALTH  
ORGANIZATION



TDR *Ad. Prep. Gen.*  
ORGANISATION MONDIALE  
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In reply please refer to: TDR/T16/372/2  
Prière de rappeler la référence:

119

6 October 1976

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I understand that as a result of discussions that have recently taken place in Washington between Vice President Warren Baum, Dr James Lee and officials of the United Nations Development Programme, the Bank would be willing to examine the issue.

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Mr R.S. McNamara  
President  
International Bank for Reconstruction  
and Development  
1818 H. Street, N.W.  
Washington D.C., 20433  
United States of America

Rec'd in IRD

10/10/76

cc: Mr Bradford Morse, Administrator, United Nations Development Programme,  
New York



Mr R.S. McNamara, President, International Bank for  
Reconstruction and Development, Washington  
TDR/T16/372/2

Page 2

6 October 1976

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The cooperation which we have already experienced with the Bank in connexion with the Onchocerciasis Control Programme is to my mind conclusive as to the advantages of the Bank's also acting as fiscal agent for a programme of this importance and scope. Both the Administrator of UNDP and I should therefore also like to invite you to consider the Bank's acting in this capacity for the Special Programme for Research and Training in Tropical Diseases. Further, should the Bank be able to see its way to contributing financially to the Programme even to a modest extent this would, of course, be more than welcome.

We should be glad to have your reaction to the idea of co-sponsoring the Programme and to the prospect of the Bank's managing the fund for the Special Programme. If, as I hope, the Bank would be willing to serve as fiscal agent, we could then work out together the modalities to govern contributions and disbursements.

Yours sincerely,



H. Mahler, M.D.  
Director-General

## OFFICE MEMORANDUM

TO: Mr. Warren C. Baum

DATE: September 15, 1976

FROM: James A. Lee

SUBJECT: Attached Draft Letter, Dr. Mahler to Mr. McNamara

Dr. Flache has transmitted the attached draft letter from Dr. Mahler to Mr. McNamara, requesting the Bank to consider becoming a co-sponsor and fiscal agent for the capitalization of the Special Programme for Research and Training in Tropical Diseases. You will recall that we discussed this at some length with Bill Mashler and Will Mathieson in your office several months ago. The attached draft has undergone a number of revisions and has the approval of Brad Morse and Bill Mashler. However, both Bill and I agree it could stand some improvement, which I would be prepared to do over the next few days.

I should like to meet with you on Thursday to ascertain your views and recommendations in this matter.

Attachment

JALee:on



DRAFT  
27.8.76

Sept 13, 1976  
Xerox for Mr. McNamara

Dear Mr McNamara,

I am writing to ask if the World Bank would be prepared to consider becoming a co-sponsor for the Special Programme for Research and Training in Tropical Diseases jointly with the United Nations Development Programme and the World Health Organization. This prospect was warmly endorsed by representatives of a number of governments who attended meetings on the Programme in Geneva in April and July this year. The idea also has the full support of Mr Bradford Morse with whose agreement I am writing to you.

I understand that as a result of discussions that have recently taken place in Washington between Vice-President Baum, Dr James Lee and officials of the United Nations Development Programme, the World Bank would be willing to examine the issue.

This Programme, as you may know, constitutes a critical priority for the world because of its significant relation to economic and social development. Parasitic and infectious diseases are a major impediment to the alleviation of poverty in developing countries of the tropics; several of these diseases are increasing in prevalence, notably malaria and schistosomiasis. The tools which are at present available to control these diseases are inadequate for effective widespread use. For example, few new drugs for the treatment of the major tropical parasitic diseases have appeared over the past three decades and there are no vaccines. To remedy this situation the World Health Organization and the United Nations Development Programme

/...

Mr R. S. McNamara  
The President  
International Bank for Reconstruction  
and Development  
1818 H. Street, N.W.

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The cooperation which we have already experienced with the World Bank in connexion with the Onchocerciasis Control Programme is to my mind conclusive as to the advantages of the Bank acting again as a fiscal agent for a programme of this importance and scope. Both the Administrator of UNDP and I should therefore also like to invite you to consider the Bank acting in this capacity for the Special Programme for Research and Training in Tropical Diseases. Further, should the Bank be able to see its way to becoming a contributor to the Programme this would, of course, be more than welcome.

We should be glad to have your reaction to the idea of co-sponsoring the Programme and to the prospect of the Bank managing the fund for the Special Programme, upon which we could then work out together the modalities to govern contributions and disbursements.

Yours sincerely,

H. Mahler, M.D.  
Director-General

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1211 GENÈVE 27 - SUISSE  
Télegr.: UNISANTÉ-Genève

In reply please refer to:  
Prière de rappeler la référence:

T16/372/2

31 AOUT 1976

Dear Mr Mashler,

...  
Further to our discussions with you on 6 August 1976 and following consultations with Mr W.A.C.Mathieson, we have prepared the attached draft letter to Mr Robert S.McNamara of the World Bank regarding the role which the Bank might play in the Special Programme for Research and Training in Tropical Diseases.

This draft text has been cleared by our Director-General and is now passed to you for the attention and agreement of Mr Morse. A copy is also being sent to Mr Lee of the World Bank. Please do not hesitate to let us have any changes or modifications which it is felt might be necessary prior to finalization of the letter to the President of the World Bank.

Yours sincerely,

Dr S. Flache  
Director  
Division of Coordination

Mr William T.Mashler  
Director  
Division of Global and Interregional Projects  
United Nations Development Programme  
One United Nations Plaza (16th fl.)  
New York, NY 10017

... ENCL.(1)

cc: Mr W.A.C.Mathieson, IDRC, London  
Mr James A.Les, IERD, Washington

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DE LA SANTÉ

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1211 GENÈVE 27 - SUISSE  
Télégr.: UNISANTÉ-Genève

In reply please refer to: T16/372/2  
Prière de rappeler la référence:

31 AOUT 1976

Dear Dr Lee,

We understand that Mr Mathieson has had discussions with you on the possible role of the Bank in the Special Programme for Research and Training in Tropical Diseases.

... From the attached copy letter to Mr Mashler of UNDP you will see  
... that we have prepared a draft letter to the President of the World Bank on the subject. We would be most grateful for any comments you may have on the text so that we may finalize the letter, and no doubt you will keep UNDP apprised of any changes to be made.

Yours sincerely,

Dr S. Flache  
Director  
Division of Coordination

Dr James A. Lee  
Environmental and Health Adviser  
Office of Environmental and Health Affairs  
International Bank for Reconstruction and  
Development  
1818 H. Street, N.W.  
Washington, DC 20435

... ENCLS.: as ment.

cc: Mr William T. Mashler, UNDP, New York



ORGANISATION MONDIALE DE LA SANTÉ



WORLD HEALTH ORGANIZATION

*Nov. 1979* *J. 507.1*

ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ

ORGANIZACION MUNDIAL DE LA SALUD

Telegr.: UNISANTÉ, Genève

1211 GENÈVE 27 - SUISSE

Télex. 27821

818

Tél. 34 60 61

Ref.: C.L. 9.1976

Geneva, 22 April 1976

Sir,

...

I have the honour to transmit to you resolution EB57.R20 adopted by the Executive Board at its fifty-seventh session on the intensification of research on tropical parasitic diseases.

The scale of human suffering from tropical parasitic and other communicable diseases demands that every available resource for their control be deployed in the most effective way. However, in developing a strategy for control, we cannot ignore that present methods frequently lie beyond the financial and technical resources of the less developed countries. Research development is needed to obtain new methods. There is widespread conviction that this requires a major, new internationally coordinated effort and that research and development based on new knowledge in biomedical sciences should be an integral part of control strategy. This is the basis for the joint sponsorship by WHO and UNDP of a Special Programme for Research and Training in Tropical Diseases. In its present planning phase, the Special Programme is probing and testing these assumptions, and developing ways by which research leading to better control can be coordinated.

The Executive Board thanked those governments and voluntary agencies which have already contributed support to test the new strategies being developed for research on tropical diseases and to implement the pilot activities involved in the Special Programme for Research and Training in Tropical Diseases. The Board also expressed the hope that funds and other necessary forms of cooperation will continue to be made available for this purpose.

I have the honour to be,

Sir,

Your obedient Servant,

for H. Mahler, M.D.  
Director-General

Mr Robert S. McNamara  
President  
International Bank for Reconstruction  
and Development  
1818 H. Street, N.W.  
Washington, D.C. 20433  
USA

Rec'd in IRD  
4/27/76

... ENCL: (1)

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1976 APR 27 AM 8:28

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4/27/76  
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USA  
Washington, D.C. 20433  
1818 N. Street, N.W.  
and Development  
INTERNATIONAL BANK FOR RECONSTRUCTION  
President  
Mr. Robert S. McNamara

Director-General

Dr. H. Mahler, M.D.

Joint Operations Agreement

212

I have the honor to re-

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resources of the less developed countries. Research development is needed to  
know that present methods fundamentally lie beyond the financial and technical  
the most effective way. However, in developing a strategy for control, we cannot  
disease demands that every available resource for their control be developed in

The scale of human suffering from tropical diseases and other communicable  
tropical diseases.  
Executive Board at its fifty-seventh session on the intensification of research on

I have the honor to transmit to you resolution EB27.820 adopted by the

212

Mr. C. T. D. T. D.

General 25 April 1976

818

1976 04 27

1976 (ORGANIZATION OF HEALTH)

1311 GENEVA 33 - SWITZER

1976 33831

ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ



ORGANISATION MONDIALE DE LA SANTE

ORGANIZATION MONDIALE DE LA SANTE

WORLD HEALTH ORGANIZATION

Handwritten notes and signatures at the bottom right of the page.





世界衛生組織執行委員會決議

قرار المجلس التنفيذي لمنظمة الصحة العالمية

RESOLUTION OF THE EXECUTIVE BOARD OF THE WHO  
RÉSOLUTION DU CONSEIL EXÉCUTIF DE L'OMS  
РЕЗОЛЮЦИЯ ИСПОЛНИТЕЛЬНОГО КОМИТЕТА ВОЗ  
RESOLUCION DEL CONSEJO EJECUTIVO DE LA OMS

Fifty-seventh Session

EB57.R20

26 January 1976

INTENSIFICATION OF RESEARCH ON  
TROPICAL PARASITIC DISEASES

The Executive Board,

Having examined the progress report<sup>1</sup> submitted by the Director-General in accordance with resolution WHA27.52;<sup>2</sup>

Considering that continuing importance should be given to intensifying research on tropical parasitic and other communicable diseases,

1. THANKS the Director-General for his report;
2. ENDORSES the steps taken or envisaged to implement the above resolution and also resolutions WHA28.51, WHA28.70 and WHA28.71;<sup>3</sup>
3. RECOMMENDS the active development of the special programme for research and training in tropical diseases;
4. THANKS those governments and voluntary agencies which have already contributed support to test the new strategies being developed for research on tropical diseases and to implement the pilot activities involved;
5. EXPRESSES the hope that funds and other necessary forms of cooperation will continue to be made available for this purpose; and
6. TRANSMITS the report to the Twenty-ninth World Health Assembly, along with the comments of the Executive Board.

Twentieth meeting, 26 January 1976  
EB57/SR/20

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<sup>1</sup> Document EB57/18.

<sup>2</sup> WHO Official Records, No. 217, 1974, p. 25.

<sup>3</sup> WHO Official Records, No. 226, 1975, pp. 26, 39 and 40 respectively.

ROUTING SLIP		DATE: <b>October 11, 1976</b>
NAME		ROOM NO.
Mr. McNamara		
<i>J. Lee</i>		
APPROPRIATE DISPOSITION		NOTE AND RETURN
APPROVAL		NOTE AND SEND ON
CLEARANCE		PER OUR CONVERSATION
COMMENT		PER YOUR REQUEST
FOR ACTION		PREPARE REPLY
INFORMATION		RECOMMENDATION
INITIAL		SIGNATURE
NOTE AND FILE		URGENT
REMARKS:		
<p style="text-align: center;">Copy of this letter from Dr. Mahler is with Dr. Lee. CPS and IRD will consult to prepare the reply.</p>		
FROM:	ROOM NO.:	EXTENSION:
L. Peter Chatenay, IRD		





SPECIAL PROGRAMME FOR RESEARCH AND  
TRAINING IN TROPICAL DISEASES

1. INTRODUCTION TO THE SPECIAL PROGRAMME

*control*  
Malaria and other parasitic and infectious diseases are a major impediment to the alleviation of poverty in developing countries of the tropics. Several of these diseases are increasing in prevalence, notably malaria in the Indian sub-continent, and schistosomiasis in association with <sup>water development</sup> irrigation schemes. The tools which are at present available to control these diseases are too <sup>ineffective</sup> crude, too cumbersome and too costly for effective widespread use. As costs continue to escalate, application of present technologies, inefficient as they are, will advance even further beyond the economic means of the poorer countries. Strategies to improve the living conditions of the many millions of poor people in developing countries must include the control of tropical diseases. Strategies for disease control must, in turn, include the development of new and more effective tools.

*medic*  
The present level of research and development to obtain the tools which are needed is inadequate. For example, no major new drugs for the treatment of any of the tropical diseases appeared within the past three decades, and there are no vaccines. To promote <sup>urgently</sup> this research, the World Health Organization and the United Nations Development Programme have jointly sponsored a Special Programme for Research and Training in Tropical Diseases (hereafter called the Special Programme). This is designed to equip health services in tropical countries with new, effective and low-cost tools for the control of tropical diseases. The Special Programme is global in concept and in plan, and has been developed in response to a demand for coordinated research on control of the diseases first expressed in the <sup>1974</sup> World Health Assembly resolution WHA 27.52 of 1974. The strategies to be used were re-examined in 1976 and <sup>further</sup> endorsed by the World Health Assembly resolution WHA 29.71. The Special Programme ~~described here~~ has been evolved on the basis of numerous consultations; it is one of cooperation with and service to governments.

*present*  
The sponsors of the Special Programme recognize the health and socio-economic burdens which these and other diseases impose on the peoples of the tropical countries. They also recognize the complexity of the problems of the control of these diseases. The tools which will be developed must be appropriate to control disease in the varied social, economic and environmental circumstances of the tropical regions. Research in the Special Programme will, therefore, be based on studies in tropical countries, which will identify needs and specify the tools which are required to meet these needs, as well as assessing the effectiveness of new tools in a variety of tropical environments. All relevant aspects of biomedical science will be applied to develop the new tools. Thus, research and development will be carried out in any place in the world where it can be most effectively pursued.

Integrated with the research programme, a training programme will be established to increase the self-reliance of tropical countries in research on technological aspects of disease control. There is a scarcity in many tropical countries of indigenous scientists and technicians to work on disease control problems. The Special Programme

*> A moreittance of money & effort goes toward tropical disease research. Total world divided & equal expenditures devoted to research on all tropical diseases is estimated at US \$30 million.*

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Ce document ne constitue pas une publication. Il ne doit faire l'objet d'aucun compte rendu ou résumé ni d'aucune citation sans l'autorisation de l'Organisation Mondiale de la Santé. Les opinions exprimées dans les articles signés n'engagent que leurs auteurs.



will incorporate training into its research activities and will strengthen specific centres in tropical countries to carry out research and training. In this way, the Special Programme will assist in developing the key manpower needed to enable these countries to develop their own policies and programmes for research on disease control. The initial major focus of these strengthening activities will be in the continent of Africa.

*In summary!*  
The Special Programme calls for a major effort in research and training on a global scale. Although technical advances and the creation of new research potential in tropical countries may well be achieved in the early years of the Programme, the full benefits of the control of disease cannot be expected to arise within a short period of time. The Programme is conceived as a long-term endeavour lasting twenty years or more.

## 2. OBJECTIVES

The Special Programme has two interdependent objectives.

2.1 Development of improved tools needed to control tropical diseases - To develop new preventive, diagnostic, therapeutic and vector control methods specifically suited to prevent, treat and control selected tropical diseases in the countries most affected by them. The new methods must be susceptible to implementation:

- at a cost that can be borne by developing countries;
- requiring minimal skills or specialized supervision; and
- in a manner which allows their integration into the health services, especially the primary health care systems of developing countries.

2.2 Strengthening of biomedical research capability in tropical countries - To strengthen research capability in the countries most affected by tropical diseases through training in biomedical sciences and various forms of institutional support. Biomedical research capability in tropical countries must be strengthened because major activities in the specification, development and testing of new tools must occur in the tropical countries where the diseases are endemic, to ensure that these tools are effective in controlling the target diseases in these countries.

## 3. SCOPE OF OPERATIONS

3.1 Diseases - The initial six diseases which the Special Programme embraces in its scope, in order of priority, are:

- malaria
- schistosomiasis
- filariasis (including onchocerciasis)
- trypanosomiasis (including African sleeping sickness and South American Chagas' disease)
- leprosy
- leishmaniasis

3.2 Technical approaches - The activities of the Special Programme are directed towards the development of any practical tool needed to solve the problems of the selected

*77*  
The indicative budget put forward by WHO/UNDP is US \$5 million for the initial year, 1977-78, increasing thereafter to US \$20 million annually. Preliminary indications suggest, however, that funds will be available in excess of these figures.



TDR Ed/Pres

TY41 762 (DP) GENEVE 209 26 1557Z

ETAT  
UNDEVPRO  
NEWYORK

DPI14 BOURGOIS INFO MASHLER. DISCUSSION IN WHO EXECBOARD ON  
SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES  
COMPLETED. UNDP WAS NOT MENTIONED BY NAME DURING DISCUSSION BUT ONE  
BOARD MEMBER WARNED AGAINST IMPOSING TO DONORS ANY CONDITIONS WHICH  
DONORS THEMSELVES SHOULD BE IN

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PAGE2

POSITION TO DECIDE UPON. THE WHO  
DIRECTOR CONCERNED FULLY AGREED THAT UNRESTRICTED CONTRIBUTION WAS  
A WISH EXPRESSED BUT FINAL DECISION, OF COURSE RESTED WITH  
CONTRIBUTORS. MAJORITY BOARD MEMBERS FAVOURED CREATION SEPARATE  
SPECIAL FUND AND EMPHASIS SEEMS TO BE SHIFTING TOWARDS WORLD BANK.  
FROM RESOLUTION ADOPTED THIS

PAGE3

MORNING FOLLOWING OPERATIVE PARAGRAPHS ARE OF DIRECT INTEREST  
QUOTE 5 RECOMMENDS TO THE WORLD HEALTH ASSEMBLY THAT IT INVITE THE  
DIRECTOR GENERAL (3) TO ENDEAVOUR TO ENSURE THAT  
VOLUNTARY CONTRIBUTIONS TO SPECIAL PROGRAMME FUNDS BE MADE TO THE  
GREATEST EXTENT POSSIBLE WITH RESTRICTIONS ON THE USES TO WHICH

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PAGE4

THEY MAY BE PUT AMONG THE ACTIVITIES APPROVED WITHIN THE PROGRAMME  
UNQUOTE. QUOTE 6 REQUESTS THE DIRECTOR GENERAL (1) TO CONTINUE TO  
COOPERATE WITH THE UNITED NATIONS DEVELOPMENT PROGRAMME, CO-SPONSOR OF  
THE SPECIAL PROGRAMME, AND THE WORLD BANK, PARTICULARLY WITH  
REGARD TO THE FURTHER

PAGES

DEVELOPMENT OF THE FINANCING OF THE PROGRAMME UNQUOTE

UNDEVPRO  
NEW YORK

DP114 BOURGOIS INFO MASHLER. DISCUSSION IN WHO EXECBOARDS ON  
SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES  
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REGARD TO THE FURTHER

PAGE5

DEVELOPMENT OF THE FINANCING OF THE PROGRAMME UNQUOTE



WORLD BANK GROUP

ROUTING SLIP		DATE	March 17, 1976
NAME		ROOM NO.	
<del>Mr. Baum</del>			
<i>Mr. Lee</i>			
<i>4/31/7</i>			
APPROPRIATE DISPOSITION	<input checked="" type="checkbox"/>	NOTE AND RETURN	
APPROVAL		NOTE AND SEND ON	
COMMENT		PER OUR CONVERSATION	
FOR ACTION		PER YOUR REQUEST	
INFORMATION		PREPARE REPLY	
INITIAL		RECOMMENDATION	
NOTE AND FILE		SIGNATURE	
REMARKS			
<i>File</i> <i>Non-Reg.</i>			
FROM	ROOM NO.	EXTENSION	
James A. Lee	E1010	6151	

UNITED NATIONS  
DEVELOPMENT PROGRAMME



PROGRAMME DES NATIONS UNIES  
POUR LE DEVELOPPEMENT

12 March 1976 W.T/ Mashler/bm DC2164 4808

UNDP 37000-441 GLO/75/011

UNISANTE  
GENEVA (SWITZERLAND)

INTERNATIONAL DEVELOPMENT RESEARCH CENTRE  
18 GROSVENOR STREET  
LONDON, W.1, (ENGLAND)

MISC \_\_\_\_\_ FLACHE INFO W.A.C. MATHIESON. GOODMAN'S CABLE 66. SINCE GREAT DEAL  
REMAINS TO BE DONE BEFORE SPECIFIC PROPOSALS CAN BE FORMULATED TOGETHER  
WITH REALISTIC BUDGET AND WORK PLANS FOR TROPICAL DISEASES PROGRAMME CONSIDER  
PROPOSED DONORS' MEETING 6 DECEMBER PREMATURE AND UNREALISTIC. BELIEVE  
EARLIEST WE CAN AIM FOR, PROVIDED WORK IS COMPLETED, WOULD BE MARCH 1977  
ELSE EYE FEAR DONORS' REACTION WILL BE HARMFUL TO LAUNCHING THIS IMPORTANT  
PROGRAMME. THIS WE WISH TO AVOID AT ALL COSTS. RECOMMEND, THEREFORE, TO  
DROP AT LEAST FOR TIME BEING ANY REFERENCE TO DATE NEXT DONORS' MEETING.  
REGARDS

MASHLER

William T. Mashler, Senior Director



RECEIVED

1976 MAR 16 PM 2:48

INCOMING MAIL UNIT

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RECEIVED

THAT WE TRAVEL FOR THE FIRST TIME VIA AIRCRAFT TO VISIT THE DOMAINS, INCLUDING  
 ADOPTING THIS AS A WAY TO VISIT THE VIT CORPS' HEADQUARTERS IN  
 THE EARLY PART OF THE YEAR, BECAUSE IT WILL BE EASIER TO REACH THIS IMPORTANT  
 POINT AS WE VISIT THE ADOPTED WORK IS COMPLETED. SHOULD BE WITH THE  
 EMPLOYED PERSONS, INCLUDING THE EMPLOYERS' HEADQUARTERS AND HEADQUARTERS. BECAUSE  
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GENERAL (SALISBURY)  
 BRISBANE

FORWARD (RECEIVED)  
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 TELETYPE UNIT HEADQUARTERS HEADQUARTERS

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WORLD HEALTH  
ORGANIZATION



ORGANISATION MONDIALE  
DE LA SANTÉ

1211 GENEVA 27 - SWITZERLAND  
Telegr.: UNISANTE-Geneva

Tél. 34 60 61 Tél. 27821

1211 GENÈVE 27 - SUISSE  
Télégr.: UNISANTÉ-Genève

In reply please refer to: TDR/T16/87/5  
Prière de rappeler la référence:

3 March 1976

WHO/UNDP MEETING OF HEADS OF AGENCIES IN  
CONNEXION WITH THE SPECIAL PROGRAMME FOR  
RESEARCH AND TRAINING IN TROPICAL DISEASES  
GENEVA, 6-7 OCTOBER 1975

A summary record of this meeting has previously been sent to you and all other participants at the meeting. Several participants have requested that minor amendments be made to the record of their ... contributions. These are shown on the attached sheet.

Yours sincerely,

Dr David S. Rowe  
(Secretary to the Meeting)

Special Programme for Research  
and Training in Tropical Diseases

Dr J.A. Lee  
Environmental and Health Adviser  
International Bank for Reconstruction and  
Development  
1818 H. Street, N.W.  
Washington, D.C., 20433  
United States of America

... ENCL. (1)

Original sent to Admin/Policy Files



Page 13, paragraph 7 should read:

Schistosomiasis drugs were very toxic and relatively inefficient, and administration must be supervised by trained personnel.

Page 14, paragraph 1 should read:

Professor Lucas said one approach might be mass chemotherapy, but he would not wish to use the drugs available at present. If a less toxic drug with a simpler regimen were available it could be used in mass treatment, through the basic health services.

Paragraph 2 should read:

Since there was clinical and some laboratory evidence that the host developed immunity to schistosomiasis, it might be possible to produce a vaccine. But work on immunology of the disease was recent, and was being carried out in very few centres. What was required was a simple safe drug and an effective vaccine.

Page 27, paragraph 1, first sentence should read:

Mr Mathieson (United Kingdom of Great Britain and Northern Ireland) said that his government had been reviewing the pattern of United Kingdom aid for development.

Paragraph 5:

The figure mentioned was in fact referred to in sterling at the meeting (i.e., it should read £250,000 instead of \$500,000).

Page 33, paragraph 3 should read:

Speaking as an African, she did not see why there should be any uneasiness because Africa has been selected for the first phase. Would it have been preferable for it to start elsewhere? If for instance in Latin America, then why not Africa?

Page 41, paragraph 1, first line:

Change Mr to Dr. Correct "East African Medical Council" to read "East African Medical Research Council". The last sentence should read "it hoped that all such possible advisory bodies would be kept in the picture."

Paragraph 3, line 1 should read:

"...as the statutory body responsible...."

Paragraph 3, line 4 should read:

"...in the implementation of the World Health Assembly resolutions, including resolution WHA 27.61...."

Page 41, paragraph 4:

Dr Kamunvi has sent us a full list of the regional research institutes referred to. He added the East African Industrial Research Organization to complete the list. In the third line, please correct to read "East African Natural Resources Research Council".

Paragraph 5, fourth line:

Please correct to "East African Virus Research Institute, Entebbe, Uganda...."

Paragraph 5, fifth line:

Please correct to "The East African Institute for Medical Research at Mwanza, Tanzania had worked on a five-year schistosomiasis...."

Paragraph 5, sixth line:

Please correct to "the East African Trypanosomiasis Research Organization acted as a WHO trypanosome bank."

Page 42, paragraph 6:

The general mandate received by USAID from the United States Congress was that its efforts should be devoted to the poor majority throughout the world. It had received specific instructions to ensure that health services reached that poor majority within a reasonably short period of time. Obviously health services in tropical countries were closely concerned with the prevention or control of tropical parasitic diseases, and USAID, having taken part in the discussion on priorities at Yaoundé, fully acknowledged the importance of those diseases. The United States Government was already devoting a total of between \$15,000,000 and \$20,000,000 annually to research on tropical diseases (at the National Institutes of Health, at the Centre for Disease Control, and in Army and Naval medical research units), and to this must be added the amount spent on animal trypanosomiasis. It involved direct cooperation with countries, e.g. schistosomiasis research in Egypt, malaria research in Pakistan, and research on Chagas' disease in Latin America. Much of it was in cooperation with WHO. Those figures did not include some \$100,000,000 a year spent on basic scientific research - cell biology, immunology and genetics. Much of this research was of the "cooperative association" type, which the meeting had discussed. In addition, USAID is providing assistance to the multilaterally supported Onchocerciasis Control Project in West Africa.

Page 43, paragraph 1, fourth line:

Please correct to ....four priority areas under consideration....

Paragraph 3, third line:

Please correct to ....building up of a "critical mass" of competent research personnel and appropriate equipment and facilities to carry out research....



Page 43, paragraph 6, first two sentences:

Please correct to read: USAID has always been guided in its programme by the advice of international experts, and would continue to be so guided, whether the experts were called task forces or by some other name. It would continue working in close cooperation with WHO.

Page 46, paragraph 8:

Please correct to read: Professor Lucas (WHO Temporary Adviser), gave the example of the Nigerian Medical Research Council, in its attempt to define priorities for medical research in Nigeria.

The Council had identified four levels:

- (1) Epidemiological research to define the health problems of an area.
- (2) Operational research to find out how best to apply known methods in the local context.
- (3) Development research to provide new tools.
- (4) Fundamental research, for example on the biology of host, parasite and vector to provide information on which the development of new tools could be based.

Page 47, paragraph 1, sixth line:

Please correct to read: "...one-third of the doctors now on the Nigerian Medical Register had been trained...."

Paragraph 2, second line:

Please correct to read: Most of his own teaching, e.g., on malaria in pregnancy....

EAST AFRICAN REGIONAL RESEARCH ORGANIZATION  
OPERATING UNDER THE EAST AFRICAN COMMUNITY

1. East African Medical Research Council

- (a) East African Virus Research Institute at Entebbe, Uganda  
(E.A.V.R.I.)
- (b) East African Trypanosomiasis Research Organization at  
Tororo, Uganda (E.A.T.R.O.)
- (c) East African Tuberculosis Investigation Centre at  
Nairobi, Kenya (E.A.T.I.C.)
- (d) East African Leprosy Research Centre at Alupe, Busia,  
Kenya (E.A.L.R.C.)
- (e) East African Institute of Malaria and Vector-Borne  
Diseases at Amani, Tanga, Tanzania  
(E.A.I.M. & V.B.D.)
- (f) East African Institute for Medical Research at Mwanza,  
Tanzania (E.A.I.M.R.)

2. East African Natural Resources Research Council

- (a) East African Agriculture and Forestry Research  
Organization at Muguga, Kenya  
(E.A.A.F.R.O.)
- (b) East African Veterinary Research Organization at  
Muguga, Kenya (E.A.V.R.O.)
- (c) East African Freshwater Fisheries Research  
Organization at Jinja, Uganda (E.A.F.F.R.O.)
- (d) East African Marine Fisheries Research Organization  
in Zanzibar, Tanzania. (E.A.M.F.R.O.)
- (e) Tropical Pesticides Research Institute at Arusha, Tanzania  
(T.P.R.I.)
- (f) East African Meteorological Research Programme of the  
East African Meteorological Department, at Nairobi, Kenya.

3. Under the East African Community Common Market and  
Economic Affairs Secretariat

- (a) East African Industrial Research Organization at Nairobi,  
Kenya (E.A.I.R.O.)





Jim

① I do not think  
these letters should go  
to RSM.

② When we learn  
what happens when  
people / flocks / mathematicians  
come together in early Feb,  
we can then consider whether  
a "progress" report should be  
made to RSM.





# Record Removal Notice

<b>File Title</b> Population, Health and Nutrition [PHN] - Tropical Disease Research [TDR] Files - Background Materials for Bank Participation in Tropical Disease Research	<b>Barcode No.</b>  1103166
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<b>Document Date</b> Jan 16, 1976	<b>Document Type</b> Letter
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**Correspondents / Participants**  
Dr. Stan Flache  
  
Mr. William T. Mashler

**Subject / Title**  
Research and Training in Tropical Diseases

**Exception No(s).**  
 1    2    3    4    5    6    7    8    9    10 A-C    10 D    Prerogative to Restrict

**Reason for Removal**  
Information Provided by Member Countries or Third Parties in Confidence

**Additional Comments**

The item(s) identified above has/have been removed in accordance with The World Bank Policy on Access to Information. This Policy can be found on the World Bank Access to Information website.

Withdrawn by Chandra Kumar	Date Sep 13, 2013
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GLO/74/010

200  
16 October 1975

Dear Howard,

Having returned to New York and reflected on the meeting which we attended last week, I thought it might be helpful, and I mean helpful, if I repeated in writing some of the suggestions which I put forward, hopefully in a constructive and cooperative way in the course of the meeting on Monday, 6 October. Before I launch into these various points I will repeat what perhaps may not have come across when I raised the points, namely that there was no criticism intended over what WHO had done and was proposing for the future in terms of a programme. If you will recall our first meeting in New York late last year, I was the first to say that the idea of launching a major attack on the diseases in question was the kind of activity that we were interested in supporting, and I adhere to the enthusiastic support that I gave you then. Experience, however, shows that in an effort of this kind, where large sums of money will be required to launch, maintain, and to succeed in the research, donors as well as participants in the programme must (a) be fully aware of all the aspects to be covered by such a programme, and (b) have more than an outline of the scientific and managerial framework within which it is to be carried out. As I stated privately and in public, we are sure that WHO has, in drawing up the plans as they stand now, made certain assumptions on technical and medical grounds which may be clear to WHO, but are not necessarily fully or, in some cases, even remotely clear to those who, so to speak, will have to provide the financial and for that matter other support. This is not unusual, and I think if we reflect further on these points, I am sure you will agree that we must from the very outset stipulate as succinctly as possible all the elements which need to be spelled out so that there can be no doubt as to what we are about to undertake. Indeed, each of us who, in one way or another, is being asked to provide long-term support is in both formal and logical terms required to justify whatever support is to be provided to our respective governing bodies. It is for these reasons, and these reasons alone, that I restate here what it is we would like to know before major investments can be made. Judging by the reactions from other participants of the meeting last week, similar questions are in the minds of quite a number even though, as I detected, there was no question amongst the participants that the effort posed merited material and moral support. On the UNDP side, needless to say, this is equally applicable.

Dr. Howard C. Goodran  
Director, Special Programme for  
Research and Training in Tropical Diseases  
World Health Organization  
1211 Geneva 27



Turning now to the specifics: We believe it to be important that the papers that were placed before us, in particular the one on strategy and on the diseases, are not sufficiently articulated and will require substantial re-drafting and amplification. The programme papers should start out with a succinct assessment of the state of the art which has been reached at this point, the reasons for initiating a major attack now, and an assessment of the prospects for finding a "solution" in the foreseeable future. This might be followed by a more tightly drafted programme envisaged for dealing with research and training, and the modalities in which the programme will be carried out.

Over and above the points covered in the present documentation, the following issues need to be either clarified or, where they do not exist, be introduced:

1. In the introductory part I think it is necessary that a statement be included to the effect that a programme of this kind is a longer term effort which is likely to require substantial financial and material support over many years to come, and that those who are prepared to support it must be aware that they are undertaking a long term moral and financial commitment from which there is no turning back. One might even consider including a reference to the effect that if the programme is to be brought to a successful conclusion the support that will be required for it may have to be given - should financial and economic conditions so require - if necessary to the detriment of support to other programmes. I think these considerations must be made abundantly clear if one is to avoid the very serious danger of working from hand to mouth. The Consultative Group on International Agricultural Research, which is now getting into the big league where funding is concerned, is beginning to find out that even an extremely well-organized programme such as the agricultural programme, must depend on continued financial support. This is particularly true when one considers the psychological effect which increasing budgets have on donors even though they are aware of the fact that inflation, devaluation and the mere growth of the research activities tend to accelerate financial requirements rather than to decrease them.

2. There needs to be a clearer articulation of the scope of the research to be undertaken. The documentation at present seems to emphasize or even over-emphasize research activities to be carried out in Africa. We are aware of some of the reasons why this should be so. On the other hand, we are also aware that the bulk of the diseases are world-wide in scope and those suffering from them in regions other than Africa are entitled to know more about the global scope of the research activities which are designed to benefit the broader spectrum of humanity suffering from the diseases.



3. We are still not convinced that it will be possible to launch research activities in all six diseases simultaneously, nor are we convinced that in purely managerial and financial terms this will be sound, by which I do not mean to suggest that some diseases should be left aside. Not at all! We are rather thinking of an orderly phasing in of activities which might have the advantage of developing better management methodology, and to obtain, what in the final analysis will be crucial, full financing to assure the execution of each of the research programmes. In other words, we are suggesting merely methodology knowing full well that there are common elements in research and we are flagging an issue for which we believe there may be valid answers. Personally, I doubt very much whether the totality of the research in each disease can be taken simultaneously, or even should be. On the other hand, it may be that the task forces may identify certain common elements to some of the diseases which might be pulled together leaving other elements to be phased in one form or another. All I am suggesting here is that caution should be exercised in not rushing things before all the elements have been substantially clarified.
4. An important issue which may be a semantic one, but then again may not be, is the question of vector control as opposed to vector research. My understanding of vector control relates to biological and chemical means whereas vector research relates to the relationship between the parasites or bacteria to the insect and what happens when it is transmitted from the primary host to the human being or the animal. If this is a matter of semantics then perhaps the issue needs to be amplified. If it is not, as I suspect it is not, we believe that it is a major case to be made if this is to be an integrated programme of research to involve those institutions which play a major part in vector research programmes. I think this point was made in the presentation given by Professor de Duve to members of the group.
5. Veterinary research such as is being undertaken by IIRAD and other institutions having a bearing on the diseases involved in the present programme needs to be clearly brought into our research programme. The papers which at present are before us only mention ICIFE and IIRAD in the listing of institutions, but this I believe is not sufficient. A good deal has already been said by myself and others in the course of the meetings about the need of bringing pharmaceutical research into closer contact with the main research activities. This we believe to be absolutely essential, and although we are aware of the reasons why there has been a reluctance by the pharmaceutical industry to come into it, there seemed to be some evidence in the course of the discussions that these reasons were not sufficient to separate pharmaceutical research from the present research effort.



6. Directly connected with the previous point is the need for contemplating at this early stage, as ILRAD will have to do very soon, also, defining a legal basis for the ownership of patents relating to pharmaceutical products and individual processes involved, royalty arrangements, etc. This is an extremely involved and complicated issue, as you well know, involving many interests and about which we have to think very hard. I can envisage major problems arising if processes and products are developed with international financing for the benefit of developing countries which may be exploited excessively by private interests and may come beyond the reach of those for whom they have been developed to afford them.

7. The Special Programme for Research and Training in Tropical Diseases concentrates, as at present written, heavily on research, but little, if anything, is said about its training aspect. We know from experience in this and other fields that training usually involves at the research level doctoral and post-doctoral fellows, but we would like to see a clear programme developed at this stage, even if implemented at a somewhat later stage, to indicate where the trainees will come from, e.g. hopefully in large numbers from the developing countries, what kind of training is envisaged, and how this training will be put to use by the individuals concerned in national services and other institutions.

8. The previous point leads to the present, namely an indication of the existence and development of national institutions and manpower in the field of public health, which are an indispensable part of the "system". As in agriculture, education, etc., we all know that the extent and quality of existing institutions and manpower vary widely and it would seem timely to indicate what attendant efforts may need to be made outside the proposed special programme to bolster and expand, or even create, medical and public health services.

9. The next logical question emerging from the previous two would be to indicate what the role of the developing countries will be through provision of existing facilities and manpower in the furtherance of the special programme. We believe this to be an important element in the consideration of this programme since it is not likely that many of the developing countries will be able to provide more than existing facilities in its support.

10. Nutritional research, with regard to the effect of nutrition on diseases, has not been covered at all in the documentation, and we would like to see the necessary elements of it included in the research programme.

11. Finally, and perhaps not excessively important, is the programme which is now being prepared by a joint donor group in support of potable rural water supply and sanitation with which, conceivably at one stage or another, links will have to be established.

In conclusion, I would refer again to the memorandum dated 6 October which envisages an institutional framework for the administration of the special programme and for which we have expressed our readiness to provide an international coordinator in the person of Mr. Mathieson. Here again I would like to state that we must draw a distinction between biomedical research and its management. While the two converge within the total framework, they should be kept separate entities: one concerned with the research; the other one with its administration. Given the substantial work which needs to be done within the next year or so, we are prepared, in UNDP, to provide the international coordinator for whose services we would pay, but for which he would not be beholden to UNDP, and over and above to provide a sum of anywhere from \$75,000 to \$100,000 to defray the cost of the working group which you indicated would convene to assist WHO and the coordinator in fleshing out the main aspects of the Special Programme for Research and Training in Tropical Diseases.

I hope that these comments, which I repeat are being put forward in a helpful and not a critical fashion, will be of assistance to you, and I assure you that you may count on whatever assistance we may be able to provide in furthering the enormous amount of work which lies ahead. I should finally like to take this opportunity of thanking you for your courtesies, and your hospitality, and to extend to you and your colleagues my appreciation for all that you have done during the conference.

With best personal regards.

Yours sincerely,

William T. Mashler  
Senior Director  
Division for Global and Interregional Projects



~~MIYIK~~ UNISANTE  
GENEVA

DECEMBER 24, 1975

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6151

SWITZERLAND  
27821

MANY THANKS YOURLET ✓  
FOR DR. DAVID ROWE ~~RECEIVED~~ TDR/T16/87/5 OF DECEMBER 15. GRATEFUL YOU SEND  
SIX (6) ADDITIONAL COPIES SUMMARY RECORD OF WHO/UNDP MEETING ON TROPICAL  
DISEASES. KINDEST REGARDS

JALEE  
INTBAFRAD

James A. Lee

VPS-PAS-Environment & Health

  
JAL:on

WORLD HEALTH  
ORGANIZATION



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In reply please refer to: TDR/T16/87/5  
Prière de rappeler la référence:

15 December 1975

Dear Dr Lee,

... I have pleasure in attaching a précis of the discussions of the joint WHO/UNDP meeting with the Governments, Agencies and Foundations which was held in Geneva on 6 to 7 October 1975, concerning WHO's proposal for a Special Programme for Research and Training in Tropical Diseases. We believe that the précis accurately reflects the views expressed by the speakers.

As agreed during the concluding part of the meeting, we shall keep in touch with all participants to establish more detailed exchanges of view on the scope, orientation and main components of the proposed programme.

We look forward to further collaboration with you to give the Special Programme its definitive shape.

Yours sincerely,

Dr David S. Rowe  
Meeting Secretary

Dr J. A. Lee  
Environmental and Health Adviser  
International Bank for Reconstruction  
and Development  
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In reply please refer to:  
Prière de rappeler la référence:

10 November 1975

496-5807

Dear Dr Lee,

I will be in Washington with Professor A. O. Lucas visiting the National Institutes of Health to strengthen existing and make new scientific contacts which will be essential for the functioning of the network of collaborating laboratories in Africa. I have written to Don Frederickson, the Director of NIH, and am hoping that our key contacts will be Dr Sheldon Wolff, Clinical Director of the National Institute of Allergy and Infectious Diseases, Frank Neva, who you know, and the new Director of the NIAID, Dick Krause. I am writing because I thought that either you might like to join us in some of the discussions at NIH or see Professor Lucas and myself separately. I have asked Sheldon Wolff to coordinate appointments, and if he does succeed in setting up a meeting with Dick Krause, Frank Neva and himself, he could let you know when it would be, and we would be delighted if you could join us. If this is not convenient, do let us know when you would be able to see us. We shall be in Washington 4 and 5 December.

By next week we should have the transcript of the meeting of 6 and 7 October, which will be sent to you with a two page summary of the highlights.

All the best,

Yours sincerely

Howard C. Goodman, M.D.  
Director

Special Programme for Research and  
Training in Tropical Diseases

Dr J. A. Lee  
Environmental and Health  
Adviser  
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original sent to Admin-Policy Files



Jan. 29, 1975

WHO SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES

1. Objectives

- 1.1 To develop, through biomedical research, new methods for the prevention, diagnosis, control and treatment of the major communicable diseases, especially parasitic infections, prevailing in the developing countries of the tropical and subtropical zones;
- 1.2 To build up within the developing countries, afflicted by these diseases, capability for research in tropical diseases and in its application.

2. Introduction

Parasitic and certain other communicable diseases are among the most serious public health problems faced by most developing countries. According to estimates based on surveys and epidemiological studies, at least 200 million people are infected with a species of schistosome, at least 300 million suffer from filarial infection, 200-250 million are afflicted by malaria, and it is estimated that there are at least 11 million cases of leprosy, of which 2 million are seriously handicapped. These and other communicable diseases, as well as the vicious cycle in which malnutrition predisposes to infection, and infection predisposes to malnutrition, seriously hamper the socio-economic development of many regions of the tropics.

Although application of existing knowledge is capable of providing major improvements in the level of health, it is clear that existing technologies and services are inadequate for the control of some communicable diseases, especially the major parasitic diseases. These diseases, among which malaria is pre-eminent, constitute major health problems in most developing countries and because these diseases themselves reduce the effectiveness of the utilization of manpower and land, they tend to perpetuate a low level of socio-economic development which itself prevents the production and application of methods for their control.

3. Proposed Programme Operation to Achieve the Objectives

3.1 Prevention, control and treatment of tropical diseases

3.1.1 The establishment of goal-oriented multidisciplinary international task forces to:

- (i) assess current research and development efforts, including vector control;
- (ii) plan new immunological and chemotherapeutic methods to control specific diseases;
- (iii) estimate and evaluate the scientific feasibility, cost and time required to produce the new methods;
- (iv) estimate and evaluate the feasibility, cost and time required to manufacture, distribute and apply each proposed new therapeutic approach;



- (v) relate each proposed new method of control to national priorities and estimate the cost effectiveness of implementation;
- (vi) implementation, monitoring and evaluation of each phase of the research and development.

While such a programme has global significance, it is necessary to initiate such an approach in one region for a limited number of diseases. Should it prove a success this initiative could be extended to other regions and diseases. We propose to develop the initial stage primarily in Africa south of the Sahara, and to concentrate on six major diseases, namely

- Malaria
- Schistosomiasis
- Filariasis, including Onchocerciasis
- Trypanosomiasis
- Leprosy
- Leishmaniasis

A summary of the rationale for selection of these diseases and proposals for research priorities is attached (Annex 1).

### 3.1.2 The organization of task forces:

- (i) a task force should be established for each disease;
- (ii) the force will consist of leading research workers throughout the world studying the diseases and working in the disciplines required to achieve the task forces' goals;
- (iii) each task force will be responsible for the planning of collaborative research projects, their implementation, and evaluation;
- (iv) membership in a task force and its steering committee will change in relationship to the ongoing research problems;

### 3.2 The creation of capability in research and its application in developing countries

#### 3.2.1 The establishment of a network of research and training centres in developing countries to:

- (i) participate in all phases of task force research;
- (ii) participate in collaborative clinical trials and be responsible for the application of new therapeutic methods at a local and regional level;
- (iii) participate in training of the manpower needed for the research and development to control tropical diseases;
- (iv) provide a focus for increased local career opportunities in research and development.

3.2.2 The establishment of a regional multidisciplinary research centre in sub-Saharan Africa where many tropical diseases are endemic to:

- (i) provide a regional resource for the carrying out of research in one or more of the selected diseases;
- (ii) provide a regional resource for training of manpower required for research development and the application of results.

4. Proposed Programme Organization and Management (not finalized)

The programme, at its present stage of planning, has the endorsement and active support of WHO (its headquarters and regional offices), the African countries involved, and certain technical assistance agencies (NORAD, SIDA, IDRC, Wellcome Trust and Edna McConnell Clark Foundation). WHO is organizing the special programme to take into account the involvement of these and other relevant groups. Within the WHO secretariat a programme team has been established to develop the special programme.

Planning groups and task forces are meeting to make plans for the timing of the development and implementation of the programme. Endorsement and financial support has been obtained for detailed planning underway for preparation of a proposal to a meeting of interested donor agencies. The steps which must be carried out prior to this meeting and the estimated costs are outlined in Annex II (attached).

29.1.75



## Annex I

### Rationale for Selection of Diseases and Proposals for Research Priorities

Because of the limitation of resources and in order to avoid dispersion of efforts, it was necessary to make a choice among the many tropical diseases in Africa for which research is needed to develop better methods of control, including prevention, diagnosis and treatment. The procedure involved two stages:

- a) the selection of the diseases, and
- b) the suggestion of research priorities for each disease, as an indication of the activities of project teams.

#### A. Disease Selection

Selection was based on the following:

- 1) the disease is communicable and is caused by a parasitic or a bacterial agent;
- 2) the disease constitutes an important public health problem in Africa;
- 3) there is no satisfactory method for controlling the disease under present conditions in Africa;
- 4) there are research potentials likely to lead to the development of new methods for control of the disease;
- 5) the disease constitutes a good research model for the study of other parasitic or bacterial diseases.

Ideally, a selected disease should meet all five criteria; in practice, only the first three were considered as essential.

On the basis of the above criteria, six diseases have been selected by the Planning Group. These are:

malaria, schistosomiasis, filariasis including onchocerciasis, trypanosomiasis (human African), leprosy and leishmaniasis.

This selection is not a final one; once the programme is in operation, other diseases may also be included.

An analysis of the six selected diseases shows that three clearly meet the essential criteria; these are malaria, schistosomiasis and filariasis, which were selected mainly because they each constitute a major public health problem.

Human African trypanosomiasis (sleeping sickness) was selected in view of the severity of the disease, its epidemic potential, its economic impact (depopulation of large fertile areas) and the influence that discoveries in the field of human trypanosomiasis could have on the development of improved control methods for the animal disease.

Leishmaniasis, although not as serious a public health problem in Africa as the other diseases, was selected because recent research indicates that it furnishes an excellent model for the study of cellular immunity and for the possibility of developing chemotherapy for intracellular parasites.

Leprosy was included not only because of its public health importance, but also because of new possibilities for the development of a skin test for mass diagnosis and of a vaccine. Both of these depend upon the recent finding that it is possible to produce Mycobacterium leprae in large amounts in armadillos.

## B. Proposals for Research Priorities in the Selected Diseases

### 1. Filariasis, including onchocerciasis

#### 1.1 Magnitude of the Problem

Eight different species of filarial worms are recognized as the causative agents of human filarial infections: Wuchereria bancrofti, Brugia malayi, Onchocerca volvulus, Loa loa, Dracunculus medinensis, Dipetalonema streptocera, Dipetalonema perstans and Mansonella ozzardi. They affect some 300 million people throughout the world. In Africa, only Brugia malayi and Mansonella ozzardi have not been found. In many areas of this continent, multiple infections with different species are common. Clinical manifestations vary widely, but the effects of bancroftian filariasis, onchocerciasis, loiasis and dracontiasis are often severe and may lead to chronic incapacitation. Onchocerciasis, which affects at least some 20 million people, is a leading cause of blindness in many areas.

#### 1.2 Reasons for Inclusion in the Special Programme

- a) Need for reliable, more specific immunodiagnostic tests.
- b) Need for more effective and less toxic drugs, especially as regards onchocerciasis.
- c) Need for more adequate baseline data on the prevalence and dynamics of different filarial infections.

#### 1.3 Priorities for Research

##### 1.3.1 Short-term (up to 5 years)

- a) Development of specific immunodiagnostic tests.
- b) Chemotherapeutic trials with available candidate compounds in different parts of Africa.
- c) Studies of the pathogenesis of single and of multiple filarial infections, for the development of new chemotherapeutic agents.
- d) Search for more suitable animal models for some of the filarial infections, e.g. onchocerciasis, to permit chemotherapeutic screening and development of research in immunology.



### 1.3.2 Long term (over 5 years)

- a) Epidemiological studies on each of the more important filariases in order to define the true extent of the problem, including that of urban filariasis.
- b) Assessment of the economic impact of the various diseases.
- c) Immunological studies with particular regard to immunopathological aspects of the disease, and the development of vaccines and other means of immunoprophylaxis.

## 2. Leishmaniasis

### 2.1 Magnitude of the Problem

Leishmaniasis is found throughout most areas of the tropics and subtropics. It is caused by intracellular parasites of the genus Leishmania and is transmitted by sandflies infected from man or from an animal reservoir. In Africa, two forms of the disease occur: the cutaneous form, caused by Leishmania tropica, and the visceral form (kala azar), caused by L. donovani. The visceral form is usually fatal if untreated. No estimates are available as to the number of people in Africa actually infected with the disease or at risk, but it is likely that the importance of leishmaniasis as a public health problem is underestimated.

### 2.2 Reasons for Inclusion in the Special Programme

- a) Need for more specific diagnostic methods.
- b) Need for more satisfactory drugs: treatment with drugs at present available for general use often fails, and the more active leishmanicides are restricted to hospital use because of the frequency of adverse side effects.
- c) Possibility of developing a vaccine: since healed cutaneous and visceral leishmaniasis confer long-lasting immunity, the development of a vaccine would appear feasible.
- d) Need for better knowledge of the epidemiology of leishmaniasis in Africa.
- e) In addition, the inclusion of leishmaniasis in the special programme seemed desirable since research on leishmaniasis would provide a useful model for the study of other diseases, such as trypanosomiasis, malaria and leprosy. Leishmaniasis is representative of those diseases in which macrophage function appears to be of paramount importance, and recent advances in studies of cellular immunity against this parasite suggest that it would constitute a good model for immunological studies of other parasitic and bacterial diseases. Leishmania has also the advantage that the parasite is easily cultivated in vitro and can be transmitted to small laboratory animals (guinea pigs, mice). Research work on this disease is, therefore, well suited for training purposes.

## 2.3 Priorities for Research

### 2.3.1 Short-term (up to 5 years)

- a) Development of a simple diagnostic test, especially for the diagnosis of kala azar.
- b) Search for a better drug by in vitro and in vivo screening of:
  - i) compounds active against other parasitic diseases;
  - ii) analogues of currently used leishmanicides, with a view to finding a more effective and/or less toxic compound;
  - iii) combinations of active compounds with a possible potentiating effect;
  - iv) lysosomotropic compounds.

### 2.3.2 Long-term (over 5 years)

- a) Epidemiological studies of kala azar in Africa, where identification of as yet unknown animal reservoirs would allow for more efficient control of epidemics.
- b) Development of a vaccine, based on a study of the nature of the immune response in different forms of infection.

## 3. Leprosy

### 3.1 Magnitude of the Problem

Leprosy is a public health problem in more than 70 countries, mostly developing ones. Some 11-12 million cases of leprosy are estimated to exist in the world, with little fluctuation over the past 15 years. In Africa, the estimated number of cases is about 4 million, with more than one million disabled patients. Strong prejudice against leprosy, the long duration of the disease, as well as the frequency of disabilities and their steady aggravation create special problems not found with other communicable diseases.

### 3.2 Reasons for Inclusion in the Special Programme

- a) Need for a specific vaccine (BCG cannot be recommended).
- b) Need for improved methods for the detection of the disease, particularly of its contagious forms in the pre-clinical phase.
- c) Need for improved chemotherapy of established cases. Dapsone, introduced some 30 years ago, is still the drug of choice. It is cheap and well-established, but its action is slow, relapses are frequent in the severe (lepromatous) forms, and resistant strains of M. leprae have been demonstrated. No satisfactory alternative drug for mass treatment is at present available.



### 3.3 Priorities for Research

#### 3.3.1 Short-term (up to 5 years)

- a) Development of a simple skin test permitting the identification of individuals at high risk of developing the disease, particularly in its severe infectious form.
- b) Development of a more active drug, or combination of drugs, for treatment (including animal screening and short-term trials in man).
- c) Study of the biochemical requirements of M. leprae, with a view to achieve mass in vitro cultivation of the pathogen.

#### 3.3.2 Long-term (over 5 years)

- a) Confirmation of the possible therapeutic effect of new drugs in long-term trials in man.
- b) Development of a vaccine for the prevention of leprosy

The developments referred to above under 3.3.1(a) and 3.3.2(b) can now be envisaged with some reasonable chance of success, mainly because of the availability of large amounts of bacilli from armadillo tissues.

## 4. Malaria

### 4.1 Magnitude of the Problem

Malaria continues to be a major public health problem in many parts of the world. Although during the past 20 years major achievements have been made through malaria control and eradication programmes, the situation in Africa south of the Sahara has remained virtually unchanged. Malaria is generally hyper or holoendemic in these areas and at any time of the year more than half of the population at risk is actually carrying the infection. Plasmodium falciparum which causes the most serious clinical forms of malaria, is prevalent in Africa, where it is responsible for much suffering and impairment of working capacity. It produces high mortality among infants, young children and pregnant women.

### 4.2 Reasons for Inclusion in the Special Programme

The major difficulties encountered in combating malaria in Africa are due to the lack of a feasible as well as economical method of control, especially with regard to the rural areas. The advent of insecticide resistance, the exophilic behaviour of malaria vectors and the lack of a long-acting blood schizontocidal drug are additional problems, which might be aggravated by the appearance of resistance in P. falciparum to the 4-aminoquinolines, a phenomenon that is at present confined to parts of South-East Asia and South America.

In addition to the above technical problems, other serious obstacles in the way of malaria control result from the reduction of international and bilateral assistance to antimalaria programmes; the rising cost of insecticides, larvicidal oil and vehicle operation; the frequency of nomadic and other population movements; the temporary inaccessibility of large areas; the inadequacy or absence of rural health services, and the population's poor awareness of the adverse impact of malaria on socio-economic development. All these factors call for research likely to open new approaches to the control of malaria in Africa.

#### 4.3 Priorities for Research

##### 4.3.1. Short-term (up to 5 years)

- a) Field trials with new antimalarial drugs, some candidate compounds being already available.
- b) Isolation, purification and characterization of malaria antigens, especially of P. falciparum.
- c) Elucidation of the mechanisms of protective immunity and of immune responses in malaria.

##### 4.3.2 Long-term (over 5 years)

- a) Multidisciplinary research covering biochemical, cellular and immuno-biological aspects of the parasite and the host, with a view to furthering drug and vaccine development.
- b) Development of malaria vaccine(s).
- c) Longitudinal studies of the epidemiology of malaria under different African conditions, in order to better define the most suitable methods of intervention.

### 5. Schistosomiasis

#### 5.1 Magnitude of the Problem

The estimated world prevalence of schistosomiasis is 180-200 million cases, but the insensitivity of measurement techniques and the absence of surveys in many endemic areas make these figures underestimates of the true prevalence. In Africa, three of four species that account for the vast majority of human infections occur, namely Schistosoma mansoni, S. haematobium and S. intercalatum (the fourth species, S. japonicum, is restricted to Eastern Asia). The parasite, which has a snail intermediate host, is widespread throughout the African continent, and its further spread is associated with the development of irrigation schemes and the creation of man-made lakes.

While light infections apparently may not seriously affect the working capacity of the population, more severe infections, which are not uncommon, can cause considerable disability and death.



## 5.2 Reasons for Inclusion in the Special Programme

- a) Need for more sensitive and more specific diagnostic techniques.
- b) Need for more effective and/or less toxic drugs.
- c) Need to improve current control methods directed against the snail intermediate host.
- d) Need for more information on the morbid effects of the disease.

## 5.3 Priorities for Research

### 5.3.1 Short-term (up to 5 years)

- a) Studies to determine the existence and extent of immune reactions in man.
- b) Development of reliable diagnostic techniques.
- c) Improvement of current control methods.

### 5.3.2 Long-term (over 5 years)

- a) Further study of the mode of action of schistosomicides, with a view to developing improved chemotherapeutic agents.
- b) Studies to determine the pathological, economic and social effects of schistosomiasis.
- c) Development of a vaccine.

## 6. Trypanosomiasis

### 6.1 Magnitude of the Problem

The extent of human African trypanosomiasis (sleeping sickness) is difficult to express in terms of prevalence and incidence, owing to the lack of adequate data. According to estimates, some 35 million people in Africa are exposed to the risk of trypanosomiasis, and as the disease when untreated has 100% mortality, trypanosomiasis has a considerable importance as a public health problem. It is a dramatic disease that makes people abandon fertile areas. In West and Central Africa, human trypanosomiasis is of the more chronic type and is caused by Trypanosoma gambiense, while in Eastern Africa the disease is more acute and is attributed to T. rhodesiense. Both forms are transmitted by tsetse flies. The spread of human trypanosomiasis is closely associated with movements of population occurring as a result of economic development schemes, such as man-made lakes, or as a result of drought, or other causes.

Although sleeping sickness is restricted to the African continent, research on this disease may also provide answers to analogous problems of American trypanosomiasis.

6.2 Reasons for Inclusion in the Special Programme

- a) Need for better diagnostic tools that are more reliable and readily applicable in the field.
- b) Need for an effective, less toxic drug for the treatment of advanced sleeping sickness. (At present, patients whose central nervous system is infected have to be treated with drugs that frequently cause severe side effects).
- c) Need for a vaccine.

6.3 Research Priorities

6.3.1 Short-term (up to 5 years)

- a) Development of a simple and rapid diagnostic test that can be used for widespread surveys.
- b) Study of the pathological processes involved in human African trypanosomiasis, with a view to determine the causes of side effects observed in the treatment of trypanosomiasis.
- c) Search for an appropriate animal model of human African trypanosomiasis for pathological and immunological studies and for chemotherapeutic screening.

6.3.2 Long-term (over 5 years)

- a) Search for a drug effective in both early and late trypanosomiasis without causing adverse side effects.
- b) Elucidation of the mechanism of antigenic variation that permits the parasite to escape the host's immune response (this is a pre-requisite to the future development of a vaccine).





TDR 2d/10/2p  
 Jan 13/9

RECOMMENDATIONS AND REPORT OF THE  
 PLANNING GROUP ON THE SPECIAL PROGRAMME  
 FOR RESEARCH AND TRAINING IN TROPICAL DISEASES

Geneva, 12 - 15 November 1974

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## RECOMMENDATIONS

### A. General

- 1) The WHO Secretariat should continue the preparation of plans for a Special Programme in Tropical Diseases Research and Training (TDRT) following Resolution WHA27.61<sup>1</sup>, and the recommendations of the ACMR<sup>2</sup>.
- 2) Plans should be prepared in detail in consultation, where necessary, with selected advisers on particular topics. As soon as possible, these plans should be presented to potential funding agencies.
- 3) A scientific advisory committee of 10-12 members should be invited to advise on the general policy and implementation of the overall TDRT programme. The members should include scientists of international repute, active in branches of research relevant to the overall programme, as well as individuals with administrative experience of research and medical care programmes in tropical and subtropical countries.
- 4) The main features of the overall plan should be the establishment of:
  - a) Task Forces of scientists to plan collaborative research programmes.
  - b) A network of research and training centres and collaborating laboratories with focus of effort in Africa south of the Sahara, but linked to institutions with similar interests in other developing as well as developed countries.
  - c) A multidisciplinary research and training centre in Africa.
- 5) The diseases selected for study in the initial phase should be: malaria, schistosomiasis, filariasis including onchocerciasis, trypanosomiasis, leprosy, and leishmaniasis.
- 6) The TDRT programme should be co-ordinated with other relevant programmes of WHO, e.g. in communicable diseases, parasitic infections, strengthening of health services, vector control, and nutrition, both at headquarters and in the regions of WHO in addition to Africa, where the initial effort would be concentrated.

### B. Specific Recommendations

#### Task Forces

- 7) Task Forces should be set up as soon as possible to identify critical problems in the control of the selected diseases, and to suggest lines of research to lead to their solution. They should also make recommendations on research priorities, and cost them. The research plans of the task forces will, therefore, be goal-oriented and aim at the development of new and improved methods, and their rapid application, for the diagnosis, treatment, prevention and control of the selected diseases.

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1 Appendix 1

2 Appendix 2



### Network of Research and Training Centres and Collaborating Laboratories

- 8) An assessment should be made of existing research efforts in Africa and elsewhere on tropical diseases and the task forces should then identify and support a network of collaborating laboratories in both the developed and developing countries which would carry out the research programme. Where it would help the task forces to achieve their aims, support should be given to already established institutions. New laboratories should be established if necessary to achieve the aims of the programme.

### Multidisciplinary Centre

- 9) The requirements for such a centre should now be examined in detail. The enquiry should include in the first instance the proposal that it should be established at N'dola, Zambia. An administrator should be appointed as soon as possible to consider all the local requirements and to recommend action. Exploratory discussions should define the task of the director of the centre and define the type of qualifications required, so that suitable candidates can be identified.
- 10) The relationship of the Centre to the network of research and training centres and to the task forces should be formulated in detail.
- 11) The staffing, equipment and animal facilities required for the centre should be examined, and costing undertaken.
- 12) Offers already made from several institutions of co-operation of staff who might help in the initial phases of the programme should be given serious consideration for early acceptance. In this way, impetus can be achieved while the more permanent staff are being recruited. The convening of workshops, seminars and other meetings at the centre as soon as possible would give further impetus to the development of the centre.

### Training and Careers

- 13) The network of research and training centres, including the multidisciplinary centre, should, as soon as possible, start to train scientific workers and technical staff for research on tropical diseases, in close relationship with universities and health authorities in Africa and elsewhere.
- 14) A high priority should be given to the development of model systems of career structures for:
  - a) Africans who are trained under the scheme;
  - b) Nationals of non-African countries engaged in research on tropical diseases

### Administration

- 15) The plans outlined here are extensive, and the detail preparatory studies required, involving a systems approach, need qualified and experienced staff. The Group stressed the importance of devising a system of administration appropriate to carry out this research and training programme.

- 16) The programme should be planned to take into consideration a recurrent cost of the order of \$15 million per annum. However, if this amount does not materialize, the plans will have to be modified.
- 17) Discussions with potential donor agencies should take into account their special interests and requirements and the size and types of contribution that might be anticipated.
- 18) Consideration should be given to the eventual establishment of a Consultative Group which would include representatives of donor agencies, regions and the scientific advisory committee, a procedure that has been successfully employed with respect to internationally-supported agricultural science institutes.

These recommendations are based on the following evaluation:



STRATEGY FOR THE SPECIAL PROGRAMME FOR  
RESEARCH AND TRAINING IN TROPICAL DISEASES

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1. Introduction

Parasitic and certain other communicable diseases are among the most serious public health problems faced by most developing countries. According to estimates based on surveys and epidemiological studies, at least 200 million people are infected with a species of schistosome, at least 300 million suffer from filarial infection, 200-250 million are afflicted by malaria, and it is estimated that there are at least 11 million cases of leprosy, of which 2 million are seriously handicapped. These and other communicable diseases, as well as the vicious cycle in which malnutrition predisposes to infection, and infection predisposes to malnutrition, seriously hamper the socio-economic development of many regions of the tropics.

WHO's highest priority, in response to numerous resolutions of its governing body, is directed towards increased collaboration with governments of developing countries in evolving appropriate health care systems which would be acceptable and accessible to greater numbers of their populations, taking into account demographic, cultural and socio-economic factors. A major proportion of WHO's budget is allocated to furthering this objective through various programmes at its headquarters and regional offices. These programmes aim at making the maximum use of the various known tools for the control of diseases, and include the co-ordinated immunization programme, which aims at developing effective health delivery methods for vaccines in Africa.

Although application of existing knowledge can, given sufficient time and money, provide major improvements in health care, it is clear that existing methods are inadequate for the control of some communicable diseases, especially the major parasitic diseases.

Powerful new techniques in biomedical sciences have appeared within the past decade which could be directed towards producing new diagnostic tests, new vaccines and new chemotherapeutic agents for parasitic diseases. However, because research and development in tropical diseases has little direct relevance to the pressing health problems of the developed countries where most biomedical research resources, including highly-trained manpower, exist, funds for tropical disease research are decreasing. There is, therefore, only very limited application of these recent advances in biology to research into finding new methods for the control of tropical diseases.

The new techniques of biomedical science could now be applied in goal-oriented research programmes, directed towards seeking the practical remedies needed to solve disease problems. Resolutions WHA27/52 and 27/61 adopted by the Twenty Seventh World Health Assembly in May 1974<sup>1</sup>, and the Report of the WHO Advisory Committee on Medical Research in June 1974<sup>2</sup>, strongly recommended that WHO set up a Programme to develop and co-ordinate this research.

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<sup>1</sup> Appendix 1

<sup>2</sup> Appendix 2

Clearly, it is appropriate that as much as possible of the research towards controlling these diseases should be done in the developing countries where the diseases occur. In these countries, systematic laboratory and clinical investigation of patients with disease can be carried out, and clinical and field trials of new therapeutic agents, and field trials of control methods can be undertaken. It is only in these countries that there is a possibility for a close association between those scientists working in the laboratory, and others studying diseases in the patient and the community so as to provide for the development of imaginative and opportunistic approaches to solve disease problems.

However, the developing countries frequently lack trained scientists and technicians. For these and other reasons, it is considered that an important objective of the programme should be the training of scientists and technicians, and the establishment of career opportunities in research in tropical medicine in developing countries.

The scientific support of the developed countries for the new programme is essential. This new development will require collaboration in the form of research to be carried out in many of their laboratories including institutes for tropical medicine, and will call upon their trained biomedical scientists to collaborate in developing research and training programmes in the developing countries.

The Planning Group met to formulate a strategy for the development by WHO of a Special Programme for Research and Training in Tropical Diseases. This programme will require resources from the richer nations of the world to provide for the needs of the developing world.

It is appropriate for WHO to act on behalf of the organizations and governments that recognize this need. WHO should not aim to take over the present activities of numerous organizations in the field - rather it should aim to co-ordinate and supplement these in whatever ways are necessary, since it is able through its existing programmes to define the research goals necessary to achieve better disease control, and, when the goals have been achieved, to apply the new advances. WHO is also well-placed to stimulate and co-ordinate research on an international basis, both in developing and developed countries. Furthermore it can ensure that studies are carried out on the socio-economic and demographic impacts of the diseases under investigation and on the potential effects of newly-developed methods of control. In the light of this assessment, it has been thought necessary for this programme to have two main goals:

- 1) to develop through biomedical research, combining the application of laboratory, clinical and epidemiological research, new methods for the prevention, diagnosis and treatment of the major communicable diseases, especially parasitic infections, prevailing in the developing countries of the tropical and subtropical zones;
- 2) to train scientists and technicians in the disciplines and techniques relevant to research in and methods of control of these diseases.

It has also been thought necessary to initiate such a development in the first instance in one region and for a limited number of diseases. Should it prove a success, this initiative could be extended to other regions and diseases. It has, therefore, been decided to develop the initial stage primarily in Africa, south of the Sahara, and to concentrate on six major diseases, namely:



- Malaria
- Schistosomiasis
- Filariasis, including Onchocerciasis
- Trypanosomiasis
- Leprosy
- Leishmaniasis

The rationale for the selection of these diseases and some of the research objectives are indicated in section 7.

## 2. Organization Management

The Planning Committee considered that the goals of the programme could best be achieved by (a) forming Task Forces of leading scientists from developed and developing countries to plan and help carry out goal-oriented research, (b) designating and assisting a Network of Research and Training Centres in African countries, (c) developing a Multidisciplinary Research Centre (MDRC) to form a strong supporting base for the research and training to be carried out in the network.

The annual budget for the total programme is envisaged to be in the order of US \$ 15 million but firm figures have not been worked out and specific costing of activities is needed to provide an accurate estimate. A great deal of flexibility in the organizational structure of the programme at the early stages will be necessary so that it can be modified as necessary.

A systems approach will be employed to manage the programme as a whole as well as for each of the programmes decided upon by individual task forces.

## 3. Task Forces

A task force should be established for each disease. The force will consist of leading research workers studying the diseases, and other scientists, not necessarily working on the diseases, but capable of contributing biological insights from their own fields of study. They will propose new research approaches, assist in carrying out a continuing collaborative research programme on each disease, and provide guidance for the research activities at the various types of centre described below. The force will make a survey of present research throughout the world, formulate aims, assessing the feasibility of achieving them by research, and their application in practice. It will organize collaborative, multidisciplinary research projects, taking into account the availability of resources, and utilize a network of research and training centres (RTCs) and collaborating laboratories in developing and developed regions of the world and, if appropriate, the MDRC. Planning will include studies of cost and an estimate of the time needed to meet specific objectives such as the development of a vaccine, an improved chemotherapeutic agent, or an immunodiagnostic method for epidemiological surveys. The task forces will prepare an annual report on progress.

The proposals for research priorities described in Section 7 are provisional programmes for the work of task forces. Appendix 3 illustrates how a task force would operate. It is the plan of operation of the first task force which has been established to work towards the development of a skin test and a vaccine for leprosy.

#### 4. The Network of Research and Training Centres and Collaborating Laboratories

It is evident that there is already an important potential of research laboratories in Africa. However, many laboratories at present suffer from being dispersed and isolated, from duplication of work and from poor communications. Their yield could be greatly increased by the co-ordination of their activities through the establishment of a network. It was unanimously agreed that the establishment of a network is a conditio sine qua non for the intensification of research on parasitic diseases.

The network will consist of Research and Training Centres (RTCs) and Collaborating Laboratories. RTCs will have a long-term involvement with the programme through their work in research and in training. Collaborating Laboratories will be involved through their research programmes, usually on a temporary basis. Task forces will be responsible for the identification of Collaborating Laboratories. Research and Training Centres may be identified by Task Forces, or, if their work is clearly relevant to the Programme but not within the specific programme of the task forces, by WHO.

The objectives of the network include:

- 1) the execution of the Task Forces' research programmes;
- 2) training in research and in the technical aspects of the control of parasitic diseases.

These requirements will, for the most part, involve strengthening existing institutions but may also call for the creation of new or additional laboratory and technical facilities in Africa.

The designation of a laboratory as an RTC is a matter for full and careful consideration. An institute or other laboratory selected as an RTC should have the following characteristics:

- 1) It should be active in the field of one or more of the selected diseases or in the field of modern technology in biomedical sciences related to those diseases.
- 2) It should have a nucleus of qualified personnel.
- 3) If located in Africa, or other developing regions, there would be a preference for establishing it in an area where one or more of the selected diseases occur.
- 4) It should be assured of stable and long-term funding.
- 5) It would be an advantage to be readily accessible, if possible by air.

In most cases, it would be desirable that:

- 6) It should have access to the facilities of a central or provincial hospital where clinical and pathological research could be undertaken.

The Task Forces and WHO secretariat will be responsible for setting up the network. As a first step, they will identify all laboratories, centres and institutions where research on any of the selected parasitic diseases is in progress and can be developed, including relevant centres in developed countries.



The network's budgetary arrangements will be flexible. Collaborating laboratories will receive annual grants. The only fixed commitments for a number of years will be specific grants for the salaries of research fellows in training and for completing research activities planned to continue longer than one year. RTCs will receive longer-term funding for research and training.

WHO will be responsible for the co-ordination of the scientific activities of the network and the task forces, using means such as scientific meetings and workshops, dissemination of abstracts, reprints and periodic reports, and a newsletter. Network laboratories should consider themselves as a group having related scientific interests, and free communication within the network should be promoted.

RTCs will be selected in consultation with other agencies, national councils and institutions to ensure co-ordination, and after negotiations with the governments and national institutes involved.

#### 5. Multidisciplinary Research Centre

The Planning Group considered that the creation of task forces and a network of RTCs and collaborating laboratories would still leave a gap in the requirements for carrying out the research and training aims of the programme. They therefore examined the proposal to create an MDRC devoted to the study of parasitic diseases. No such centre exists at present although the analogy with cancer and other non-medical disciplines is obvious. It was thought appropriate to consider locating such a centre in Africa. An overwhelming reason for this was the proximity to the country where the diseases occur and the advantage of training Africans in their own continent. The Planning Group considered that in examining the location of such a centre, attention should be given to the proposal that it be established at N'dola, Zambia. Based on this reasoning the following outline was proposed:

##### 5.1. Multidisciplinary Research

Major scientific developments for goal-oriented purposes do not now occur within the rigid confines of disciplines such as morphology, pathology, biochemistry, physiology, microbiology and so forth. Rather, problems are attacked by methods derived from a wide variety of disciplines. For example, cancer research has been advanced by studies of investigators in virology, immunology, molecular biology, endocrinology, epidemiology and cell biology; organ transplantation by studies in experimental surgery, genetics, serology and clinical pharmacology. The research programme of the Centre will in the same way aim at solving problems of the control of parasitic diseases by harnessing the appropriate disciplines and skills of modern biology, and by defining problems in such a way that new techniques can be used to study them and new concepts can be evolved.

The special function of the Centre would be to bring together scientists from a variety of disciplines such as parasitology, pathology, cell biology, immunology, genetics and biochemistry. Project-oriented association between scientists of different disciplines is envisaged. Division into units or laboratories will reflect more the need for a general administrative form than a compartmentalization of scientific function.

Clinical research and epidemiology will be represented by clinical studies of patients in the hospital and of disease in the community. A close working relationship will be established between doctors of the centre and of the adjacent hospital, with centre doctors working in the hospital and hospital doctors working within the centre as appropriate. The purpose will be to orient, and continuously re-orient, research towards the practical problems of the diseases. This is the essential reason for establishing the centre in Africa, and in close proximity to a hospital.

## 5.2 Training

A major purpose of the centre is to train medical research workers, primarily from Africa but also from elsewhere in the world, for a research career in tropical communicable diseases. To the extent that such workers come from African and other developing countries, their emergence as competent, confident research scientists will build up regional self-reliance and a capacity for African nations to solve their own research and development problems rather than relying on aid from abroad. Provision for their subsequent careers is equally as important as training, and is considered elsewhere. Other countries may also wish their own research scientists to gain experience in these research approaches and to apply this knowledge at home after their return.

Whilst the centre will undoubtedly concentrate on training research scientists, the centre will also play an important role in the training of technicians in techniques for the study of parasitic diseases especially in the new techniques that will be developed as a result of progress in research.

## 5.3 Role in the Network

In the network of RTCs, the Centre will complement the existing activities of established institutions, by exchanging investigators and information, and by the establishment of joint research programmes. This exchange will cover both established laboratories in Africa and laboratories of developed countries. In this way, the work of the Centre would itself benefit from the ideas and results of the network laboratories and vice versa. The Centre will also need to establish close working relationships with selected specialized laboratories in developed countries.

## 5.4 The Direction and Staffing of the Centre

The programme of the Centre will be established jointly by its director and associate director, and the senior scientists of its staff, assisted by a scientific advisory council. The director and associate director will be scientists of international repute. He will be responsible for liaison with the WHO Regional Office for Africa, with WHO Headquarters, Geneva, and with African medical and academic communities. The Centre's administrative affairs will be handled by a professional administrative secretary, with appropriate supporting staff.

## 5.5 Research Staff

It is envisaged that the scientific staff of the institute will comprise some 60 graduates. Of these, approximately half will be postdoctoral fellows in training, probably half of these being from Africa and half from the rest of the world. Some (perhaps 6 to 10) of the remaining 30 posts would be reserved for visiting scientists attached to the institute for periods of 6 months to 2 years. The "hard core" of scientific staff, possibly 24 individuals, might consist of 8 people of professor, 8 of associate professor and 8 of assistant professor status.



#### 5.6 Technical and Service Staff

Technical and service staff of high calibre will be needed. On-the-job training programmes for African technical staff will be developed, but, initially, the Centre will depend heavily on recruitment of experienced and resourceful trained technical staff from developed countries. As well as some 40 technicians in laboratories, technicians will be needed in services such as electronic and mechanical workshops, histology and electron microscopy, media preparation and wash-up, a library, visual aids, and animal breeding and maintenance. A conservative total estimate for these would be an additional 40 people (not all of trained technician status).

In addition, staff would be required for secretarial services, purchasing, stores, building cleaning and maintenance, grounds, laundry, catering, transportation, personnel work, accountancy and administration. This could add up to 40 more individuals.

#### 5.7 Experimental Animal Facilities

A facility will be needed for the breeding and supply of healthy laboratory animals, mostly laboratory rodents and rabbits, but also non-human primates.

Staff should be well qualified in laboratory animal medicine and engage in:

- a) Breeding, feeding and management of experimental animals, including non-human primates, under African conditions.
- b) Selection and exploitation of experimental as well as spontaneous animal models of human diseases being investigated at the Centre and at collaborating laboratories.
- c) Search for new laboratory animals among the rich African fauna.

#### 5.8 Budget

The above plans would comprise a total of about 180 individuals. It is estimated that \$5 million, in terms of 1974 purchasing power, would be adequate for the annual budget. The capital requirements were not examined because information was not available. The Group were informed that at N'dola most of the facilities would be provided by the Zambian Government.

#### 6. The Training Programme

The Planning Group considered that the establishment of a training programme was of equal importance to the development of goal-oriented research. The main aim is to train scientists and technicians, at appropriate levels, in the relevant disciplines to carry out research on control of tropical communicable diseases. The trained personnel will ultimately staff laboratories of the programme, and many of them could ultimately become staff members of universities.

An assessment of the needs for training is essential from the beginning. An inventory of requirements will be prepared from information received through the WHO Regional Office for Africa, the Association of Medical Schools in Africa, and from governmental research agencies. The types of training to be given, and the number of persons to be trained, will be periodically reviewed. At the same time there would be an appraisal of the needs of non-African countries, including developed countries, for research manpower in tropical diseases.

On the basis of this inventory, profiles of different categories of trainee research workers will be made in terms of carefully defined objectives related to the tasks to be carried out after completing their training. In defining these educational objectives, it will be necessary to take into consideration future involvement to a limited degree in teaching and in research related to health care delivery services. Furthermore, the objectives should lend themselves to assessment on a continuing, long-term basis, so that the results obtained can be appraised periodically and plans revised as required in the light of experience.

The following examples of training activities are envisaged:

- a) A most important aspect of the training programme at the MDRC and at appropriate RTCs, will be advanced research training leading to higher degrees such as a Ph.D, to be awarded by a university. This training will be by the established method of "apprenticeship" in which students with previous training in a variety of biomedical disciplines will join research groups led by senior researchers tackling problems on a multi-disciplinary basis. This training is for leadership in research. After completion of their training, these scientists should maintain a continued contact with the training centre while developing their own research programmes in their own countries.
- b) Training at the MDRC will be developed, possibly to lead to a Master of Science Degree (to be awarded by a University) for young medical, pharmaceutical, veterinary and other science graduates admitted to the Centre for relatively short periods (1-2 years), and who would be exposed to the modern techniques and methodology of the biomedical sciences in a multidisciplinary framework. These trainees will return to research institutes and university departments in their own countries where they will strengthen the technical and research component.
- c) Refresher training and short-term visits (1-3 months) to RTCs are envisaged. Special training of longer term, such as 1 to 3 years in advanced laboratories outside Africa, would be considered in certain cases.
- d) Short courses (seminars, lectures, practical laboratory and field exercises) on well-defined topics will be organized periodically at the MDRC and in RTCs of the network.



- e) Workshops and seminars will be held at the MDRC and network laboratories. These could start in the early stages of establishing the Programme.
- f) Trained laboratory technicians from participating countries may also be given the opportunity to work in the MDRC or in one of the RTCs to learn advanced techniques, then to return to their countries to strengthen the technical aspects of research in universities and research institutes.

The Planning Group consider that research training is a by-product of the research process itself, and that the training of research scientists as described under (a) above requires their involvement in research activities. A limited number of research activities covering as many as possible of the disciplines necessary to carry out some of the research objectives of the programmes will therefore be initiated as early as possible in various centres in Africa. These activities will be useful for beginning the training of the scientists needed to staff the MDRC and reinforce existing staff in other collaborating African centres.

On the other hand, in the initial stages of the programme and until sufficient facilities and staff become available, it will be necessary to undertake much of the advanced postgraduate training and training in some specialized techniques outside Africa. For this purpose and also for the purpose of providing initial postgraduate training in Africa, a system of fellowships will need to be initiated.

The Planning Group recommended that, in order to facilitate arrangements for training of research scientists, international staff should be recruited to constitute the nucleus of scientific and administrative staff of the MDRC. Such staff would continue in post until there were enough trained Africans to replace them.

Another suggestion of the Planning Group was the creation of a system of Junior Experts (similar to that of FAO) whereby young motivated people are appointed for on-the-job training. This system permits good selection, since the potential candidates for further research training are observed in action. If such a system were adopted, WHO would have to provide fellowships for these trainees also.

The Planning Group envisaged three categories of staff for the MDRC and RTCs:

- 1) African scientists and technicians
- 2) Nationals of countries not in Africa who wish to work in the field of tropical diseases
- 3) A limited number of trained international staff moving within the network

The first two categories will include both trained research scientists and research scientists in training. The third will be recruited within the framework of research career posts specially created by WHO to support the programme.

The Group indicated that the training of laboratory technicians, unlike that of research scientists, could not be conducted alongside research activities. The initial training of laboratory technicians should be conducted in separate training schools, and the Group recommended that existing schools for the training of

laboratory technicians be strengthened by adding teaching staff and equipment, and that new ones be created if the existing ones were insufficient to train the required staff. WHO should initiate a system of fellowships to train laboratory technicians, similar to the one set up for the training of scientists.

#### 6.1 Careers in Tropical Medical Research

The Group stressed the need to provide a career structure for men and women engaged in research work aimed at improving methods of control against tropical diseases, the major aim being to retain trained individuals in the field of tropical diseases and to avoid the movement of trained research scientists out of research to administrative and other positions.

The Planning Group agreed that the primary responsibility for careers lay with each national government, and could not be assumed by WHO, except possibly to a very limited extent (depending upon availability of funds). However, WHO should maintain an active interest in this question and might be able to offer assistance by utilizing supplementary funds provided by outside agencies.

The Planning Group recognized that most African governments do not at present give high priority to medical research. Consequently, few career opportunities exist at present in Africa. It will therefore be an important task of WHO to demonstrate to governments that medical research yields results and that it is worth investing in this activity.

As regards research careers in tropical medicine in developed countries, the Group recognized that requirements for finance and manpower were much more limited, but that at the present time careers were not well funded. The experience of national organizations familiar with the problem should be sought, and the development of an appropriate career structure should be encouraged.

#### 7. Rationale for Selection of Diseases and Proposals for Research Priorities

Because of the limitation of resources and in order to avoid dispersion of efforts, it was necessary to make a choice among the many tropical diseases in Africa for which research is needed to develop better methods of control, including prevention, diagnosis and treatment. The procedure involved two stages:

- a) the selection of the diseases, and
- b) the suggestion of research priorities for each disease, as an indication of the activities of project teams.

These priorities were selected on the basis of their potential value in disease control and their scientific feasibility. It was not considered that there should be any formal restriction on the type of research to be undertaken, e.g. basic studies of parasite molecular biology and genetics, and of biological aspects of vector control could, as appropriate, be included. The major thrust of the programme would be towards the development of new chemotherapeutic agents and of immunological tests and vaccines.

##### A. Disease Selection

Selection was based on the following:

- 1) the disease is communicable and is caused by a parasitic or a bacterial agent;



- 2) the disease constitutes an important public health problem in Africa;
- 3) there is no satisfactory method for controlling the disease under present conditions in Africa;
- 4) there are research potentials likely to lead to the development of new methods for control of the disease;
- 5) the disease constitutes a good research model for the study of other parasitic or bacterial diseases.

Ideally, a selected disease should meet all five criteria; in practice, only the first three were considered as essential.

On the basis of the above criteria, six diseases have been selected by the Planning Group. These are:

malaria, schistosomiasis, filariasis including onchocerciasis, trypanosomiasis (human African), leprosy and leishmaniasis.

This selection is not a final one; once the programme is in operation, other diseases may also be included.

An analysis of the six selected diseases shows that three clearly meet the essential criteria; these are malaria, schistosomiasis and filariasis, which were selected mainly because they each constitute a major public health problem.

Human African trypanosomiasis (sleeping sickness) was selected in view of the severity of the disease, its epidemic potential, its economic impact (depopulation of large fertile areas) and the influence that discoveries in the field of human trypanosomiasis could have on the development of improved control methods for the animal disease.

Leishmaniasis, although not as serious a public health problem in Africa as the other diseases, was selected because recent research indicates that it furnishes an excellent model for the study of cellular immunity and for the possibility of developing chemotherapy for intracellular parasites.

Leprosy was included not only because of its public health importance, but also because of new possibilities for the development of a skin test for mass diagnosis and of a vaccine. Both of these depend upon the recent finding that it is possible to produce Mycobacterium leprae in large amounts in armadillos.

## B. Proposals for Research Priorities in the Selected Diseases

### 1. Filariasis, including onchocerciasis

#### 1.1 Magnitude of the Problem

Eight different species of filarial worms are recognized as the causative agents of human filarial infections: Wuchereria bancrofti, Brugia malayi, Onchocerca volvulus, Loa loa, Dracunculus medinensis, Dipetalonema streptocera, Dipetalonema perstans and Mansonella ozzardi. They affect some 300 million people throughout the world. In Africa, only Brugia malayi and Mansonella ozzardi have not been found. In many areas of this continent, multiple infections with different species are common. Clinical manifestations vary widely, but the effects of bancroftian filariasis,

onchocerciasis, loiasis and dracontiasis are often severe and may lead to chronic incapacitation. Onchocerciasis, which affects at least some 20 million people, is a leading cause of blindness in many areas.

## 1.2 Reasons for Inclusion in the Special Programme

- a) Need for reliable, more specific immunodiagnostic tests.
- b) Need for more effective and less toxic drugs, especially as regards onchocerciasis.
- c) Need for more adequate baseline data on the prevalence and dynamics of different filarial infections.

## 1.3 Priorities for Research

### 1.3.1 Short-term (up to 5 years)

- a) Development of specific immunodiagnostic tests.
- b) Chemotherapeutic trials with available candidate compounds in different parts of Africa.
- c) Studies of the pathogenesis of single and of multiple filarial infections, for the development of new chemotherapeutic agents.
- d) Search for more suitable animal models for some of the filarial infections, e.g. onchocerciasis, to permit chemotherapeutic screening and development of research in immunology.

### 1.3.2 Long term (over 5 years)

- a) Epidemiological studies on each of the more important filariases in order to define the true extent of the problem, including that of urban filariasis.
- b) Assessment of the economic impact of the various diseases.
- c) Immunological studies with particular regard to immunopathological aspects of the disease, and the development of vaccines and other means of immunoprophylaxis.

## 2. Leishmaniasis

### 2.1 Magnitude of the Problem

Leishmaniasis is found throughout most areas of the tropics and subtropics. It is caused by intracellular parasites of the genus Leishmania and is transmitted by sandflies infected from man or from an animal reservoir. In Africa, two forms of the disease occur: the cutaneous form, caused by Leishmania tropica, and the visceral form (kala azar), caused by L. donovani. The visceral form is usually fatal if untreated. No estimates are available as to the number of people in Africa actually infected with the disease or at risk, but it is likely that the importance of leishmaniasis as a public health problem is underestimated.



## 2.2 Reasons for Inclusion in the Special Programme

- a) Need for more specific diagnostic methods.
- b) Need for more satisfactory drugs: treatment with drugs at present available for general use often fails, and the more active leishmanicides are restricted to hospital use because of the frequency of adverse side effects.
- c) Possibility of developing a vaccine: since healed cutaneous and visceral leishmaniasis confer long-lasting immunity, the development of a vaccine would appear feasible.
- d) Need for better knowledge of the epidemiology of leishmaniasis in Africa.
- e) In addition, the inclusion of leishmaniasis in the special programme seemed desirable since research on leishmaniasis would provide a useful model for the study of other diseases, such as trypanosomiasis, malaria and leprosy. Leishmaniasis is representative of those diseases in which macrophage function appears to be of paramount importance, and recent advances in studies of cellular immunity against this parasite suggest that it would constitute a good model for immunological studies of other parasitic and bacterial diseases. Leishmania has also the advantage that the parasite is easily cultivated in vitro and can be transmitted to small laboratory animals (guinea pigs, mice). Research work on this disease is, therefore, well suited for training purposes.

## 2.3 Priorities for Research

### 2.3.1 Short-term (up to 5 years)

- a) Development of a simple diagnostic test, especially for the diagnosis of kala azar.
- b) Search for a better drug by in vitro and in vivo screening of:
  - i) compounds active against other parasitic diseases;
  - ii) analogues of currently used leishmanicides, with a view to finding a more effective and/or less toxic compound;
  - iii) combinations of active compounds with a possible potentiating effect;
  - iv) lysosomotropic compounds.

### 2.3.2 Long-term (over 5 years)

- a) Epidemiological studies of kala azar in Africa, where identification of as yet unknown animal reservoirs would allow for more efficient control of epidemics.
- b) Development of a vaccine, based on a study of the nature of the immune response in different forms of infection.

### 3. Leprosy

#### 3.1 Magnitude of the Problem

Leprosy is a public health problem in more than 70 countries, mostly developing ones. Some 11-12 million cases of leprosy are estimated to exist in the world, with little fluctuation over the past 15 years. In Africa, the estimated number of cases is about 4 million, with more than one million disabled patients. Strong prejudice against leprosy, the long duration of the disease, as well as the frequency of disabilities and their steady aggravation create special problems not found with other communicable diseases.

#### 3.2 Reasons for Inclusion in the Special Programme

- a) Need for a specific vaccine (BCG cannot be recommended).
- b) Need for improved methods for the detection of the disease, particularly of its contagious forms in the pre-clinical phase.
- c) Need for improved chemotherapy of established cases. Dapsone, introduced some 30 years ago, is still the drug of choice. It is cheap and well-established, but its action is slow, relapses are frequent in the severe (lepromatous) forms, and resistant strains of M. leprae have been demonstrated. No satisfactory alternative drug for mass treatment is at present available.

#### 3.3 Priorities for Research

##### 3.3.1 Short-term (up to 5 years)

- a) Development of a simple skin test permitting the identification of individuals at high risk of developing the disease, particularly in its severe infectious form.
- b) Development of a more active drug, or combination of drugs, for treatment (including animal screening and short-term trials in man).
- c) Study of the biochemical requirements of M. leprae, with a view to achieve mass in vitro cultivation of the pathogen.

##### 3.3.2 Long-term (over 5 years)

- a) Confirmation of the possible therapeutic effect of new drugs in long-term trials in man.
- b) Development of a vaccine for the prevention of leprosy

The developments referred to above under 3.3.1(a) and 3.3.2(b) can now be envisaged with some reasonable chance of success, mainly because of the availability of large amounts of bacilli from armadillo tissues.



#### 4. Malaria

##### 4.1 Magnitude of the Problem

Malaria continues to be a major public health problem in many parts of the world. Although during the past 20 years major achievements have been made through malaria control and eradication programmes, the situation in Africa south of the Sahara has remained virtually unchanged. Malaria is generally hyper or holoendemic in these areas and at any time of the year more than half of the population at risk is actually carrying the infection. Plasmodium falciparum which causes the most serious clinical forms of malaria, is prevalent in Africa, where it is responsible for much suffering and impairment of working capacity. It produces high mortality among infants, young children and pregnant women.

##### 4.2 Reasons for Inclusion in the Special Programme

The major difficulties encountered in combating malaria in Africa are due to the lack of a feasible as well as economical method of control, especially with regard to the rural areas. The advent of insecticide resistance, the exophilic behaviour of malaria vectors and the lack of a long-acting blood schizontocidal drug are additional problems, which might be aggravated by the appearance of resistance in P. falciparum to the 4-aminoquinolines, a phenomenon that is at present confined to parts of South-East Asia and South America.

In addition to the above technical problems, other serious obstacles in the way of malaria control result from the reduction of international and bilateral assistance to antimalaria programmes; the rising cost of insecticides, larvicidal oil and vehicle operation; the frequency of nomadic and other population movements; the temporary inaccessibility of large areas; the inadequacy or absence of rural health services, and the population's poor awareness of the adverse impact of malaria on socio-economic development. All these factors call for research likely to open new approaches to the control of malaria in Africa.

##### 4.3 Priorities for Research

###### 4.3.1. Short-term (up to 5 years)

- a) Field trials with new antimalarial drugs, some candidate compounds being already available.
- b) Isolation, purification and characterization of malaria antigens, especially of P. falciparum.
- c) Elucidation of the mechanisms of protective immunity and of immune responses in malaria.

###### 4.3.2 Long-term (over 5 years)

- a) Multidisciplinary research covering biochemical, cellular and immuno-biological aspects of the parasite and the host, with a view to furthering drug and vaccine development.
- b) Development of malaria vaccine(s).
- c) Longitudinal studies of the epidemiology of malaria under different African conditions, in order to better define the most suitable methods of intervention.

## 5. Schistosomiasis

### 5.1 Magnitude of the Problem

The estimated world prevalence of schistosomiasis is 180-200 million cases, but the insensitivity of measurement techniques and the absence of surveys in many endemic areas make these figures underestimates of the true prevalence. In Africa, three of four species that account for the vast majority of human infections occur, namely Schistosoma mansoni, S. haematobium and S. intercalatum (the fourth species, S. japonicum, is restricted to Eastern Asia). The parasite, which has a snail intermediate host, is widespread throughout the African continent, and its further spread is associated with the development of irrigation schemes and the creation of man-made lakes.

While light infections apparently may not seriously affect the working capacity of the population, more severe infections, which are not uncommon, can cause considerable disability and death.

### 5.2 Reasons for Inclusion in the Special Programme

- a) Need for more sensitive and more specific diagnostic techniques.
- b) Need for more effective and/or less toxic drugs.
- c) Need to improve current control methods directed against the snail intermediate host.
- d) Need for more information on the morbid effects of the disease.

### 5.3 Priorities for Research

#### 5.3.1 Short-term (up to 5 years)

- a) Studies to determine the existence and extent of immune reactions in man.
- b) Development of reliable diagnostic techniques.
- c) Improvement of current control methods.

#### 5.3.2 Long-term (over 5 years)

- a) Further study of the mode of action of schistosomicides, with a view to developing improved chemotherapeutic agents.
- b) Studies to determine the pathological, economic and social effects of schistosomiasis.
- c) Development of a vaccine.

## 6. Trypanosomiasis

### 6.1 Magnitude of the Problem

The extent of human African trypanosomiasis (sleeping sickness) is difficult to express in terms of prevalence and incidence, owing to the lack of adequate data. According to estimates, some 35 million people in Africa are exposed to the risk of trypanosomiasis, and as the disease when untreated has 100% mortality, trypanosomiasis has a



considerable importance as a public health problem. It is a dramatic disease that makes people abandon fertile areas. In West and Central Africa, human trypanosomiasis is of the more chronic type and is caused by Trypanosoma gambiense, while in Eastern Africa the disease is more acute and is attributed to T. rhodesiense. Both forms are transmitted by tsetse flies. The spread of human trypanosomiasis is closely associated with movements of population occurring as a result of economic development schemes, such as man-made lakes, or as a result of drought, or other causes.

Although sleeping sickness is restricted to the African continent, research on this disease may also provide answers to analogous problems of American trypanosomiasis.

#### 6.2 Reasons for Inclusion in the Special Programme

- a) Need for better diagnostic tools that are more reliable and readily applicable in the field.
- b) Need for an effective, less toxic drug for the treatment of advanced sleeping sickness. (At present, patients whose central nervous system is infected have to be treated with drugs that frequently cause severe side effects).
- c) Need for a vaccine.

#### 6.3 Research Priorities

##### 6.3.1 Short-term (up to 5 years)

- a) Development of a simple and rapid diagnostic test that can be used for widespread surveys.
- b) Study of the pathological processes involved in human African trypanosomiasis, with a view to determine the causes of side effects observed in the treatment of trypanosomiasis.
- c) Search for an appropriate animal model of human African trypanosomiasis for pathological and immunological studies and for chemotherapeutic screening.

##### 6.3.2 Long-term (over 5 years)

- a) Search for a drug effective in both early and late trypanosomiasis without causing adverse side effects.
- b) Elucidation of the mechanism of antigenic variation that permits the parasite to escape the host's immune response (this is a pre-requisite to the future development of a vaccine).

APPENDIX 1

RESOLUTIONS OF THE WORLD HEALTH ASSEMBLY

TWENTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA27.52

23 May 1974

INTENSIFICATION OF RESEARCH ON TROPICAL  
PARASITIC DISEASES

The Twenty-seventh World Health Assembly,

Recognizing that tropical parasitic diseases are one of the main obstacles to improving, the level of health and socioeconomic development in countries of the tropical and subtropical zones;

Bearing in mind the need to develop research on matters connected with the most important tropical parasitic diseases;

Realizing that national, regional or global programmes of tropical parasitic disease control can be implemented only if scientifically based methods and effective means for their control are available,

1. NOTES with satisfaction that the importance of the medical, social and economic aspects of the major tropical parasitic diseases has been recognized;
2. EMPHASIZES the urgent need for further development and intensification of research in this domain;
3. RECOMMENDS that Member States of WHO extend the activities of their national institutions for the development of research of prime importance for the control of the major tropical parasitic diseases;
4. REQUESTS the Director-General:
  - (a) to intensify WHO activities in the field of research on the major tropical parasitic diseases (malaria, onchocerciasis, schistosomiasis, the trypanosomiasis, etc.) taking into consideration that such activities be carried out in endemic areas whenever possible and feasible;
  - (b) to define the priorities in research on the problem of tropical parasitic diseases in the various regions of the world, bearing in mind the primary needs of the developing countries;
  - (c) to extend cooperation with national institutions and other governmental and non-governmental organizations in regard to the coordination of research in this field;
  - (d) to enlist extrabudgetary resources on a wider scale for these purposes; and
5. FURTHER REQUESTS the Director-General to submit a report on progress in the implementation of this resolution to the Executive Board at its fifty-seventh session and to the Twenty-ninth World Health Assembly.



Appendix 1

TWENTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA27.61

23 May 1974

WHO'S ROLE IN THE DEVELOPMENT AND COORDINATION OF BIOMEDICAL RESEARCH

The Twenty-seventh World Health Assembly,

Recalling resolutions WHA25.60,<sup>1</sup> WHA26.42,<sup>2</sup> and EB53.R36;<sup>3</sup>

Taking into account the discussions at the fifty-third session of the Executive Board on the Director-General's report on WHO's Role in the Development and Coordination of Biomedical Research;<sup>4</sup> and

Reaffirming the importance of biomedical research and the gains from such research for WHO's activities aimed at the solution of practical health problems for the economically developed and developing countries alike,

1. NOTES the Director-General's report as well as the comments made thereon by the Executive Board;
2. ENDORSES the proposals submitted for WHO activities in biomedical research with particular attention to:
  - (a) increased international cooperation and coordination of biomedical research activities and exchange of research information by WHO through medical research councils and similar national bodies and other institutions, keeping public health authorities informed as appropriate, and
  - (b) promotion and initiation of research in developing countries and the strengthening of research and training centres in these countries, particularly with respect to disease problems of importance to the area such as parasitic infections and other endemic diseases;
3. WELCOMES the proposal for greater involvement of regional offices in research activities with the technical guidance of headquarters;
4. REQUESTS the Director-General to provide the Executive Board and the World Health Assembly with an annual progress report on the WHO research programme, including relevant views and recommendations of the Advisory Committee on Medical Research; and to arrange for the Chairman or other members of the ACMR to attend stipulated sessions of the Executive Board and World Health Assembly; and
5. CALLS UPON all Member States and voluntary agencies to give financial support to the Voluntary Fund for Health Promotion for research activities and to assist the Organization in other ways to promote its research programme.

Fourteenth plenary meeting, 23 May 1974  
A27/VR/14

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<sup>1</sup> Handbook of Resolutions and Decisions, Vol. I, 1948-1972, pp. 28-29.

<sup>2</sup> Off. Rec. Wld Hlth Org., No. 209, p. 24.

<sup>3</sup> Off. Rec. Wld Hlth Org., No. 215, p. 27.

<sup>4</sup> Document A27/11.

APPENDIX 2

Recommendations of the WHO Advisory Committee on Medical Research, June 1974

5.2 Special problems of promoting research in developing countries

5.2.1 After discussing working paper ACMR16/74.5 the ACMR strongly recommended the institution of an expanded WHO programme for research and training related to tropical communicable diseases and agreed that the objectives of the expanded programme should be:

- (1) The application of modern biomedical concepts and methods to develop new approaches for the prevention, diagnosis, and treatment of tropical communicable diseases.
- (2) The creation of expertise in the relevant biomedical sciences in developing countries; the emphasis should be placed first on Africa but, building on the experience gained, this aspect of the programme should be extended to other regions as rapidly as available resources allowed.
- (3) The provision of research training in developing countries in close cooperation with universities and allied institutions, and the improvement of career opportunities for research workers.
- (4) The instigation of continuing studies of the demographic and socioeconomic impact of these diseases and of disease control measures developed against them.

These objectives were seen as complementary to the present major programme of WHO to improve the delivery of health care and nutrition based on existing knowledge. Their achievement will involve collaboration with and strengthening of existing universities, medical schools and other appropriate institutions in those countries where the diseases are prevalent. Coordination and cooperation with relevant research and development in other countries will also be required, drawing on the best available talent of the world.

The whole programme is thus also designed to provide the necessary impetus and resources to make it possible for the countries in the region to build up their own manpower pool of expertise.

The ACMR endorsed the view expressed in the working paper that the expanded programme would require three components. These are:

- (1) The creation of task forces to plan, implement, and coordinate research on clearly defined mission-oriented projects in which scientists from developing and developed countries cooperate.
- (2) The establishment of an expanded network of WHO-sponsored Research and Training Centres for the study of tropical diseases.
- (3) The creation of a regional multidisciplinary Research and Training Institute of the highest quality, to carry out research and research training and to play a coordinating role in the network.

The ACMR noted a proposal to establish an institute at N'dola, Zambia. While the Committee felt unable to discuss the relative merits of different sites in Africa, it emphasized that the institute should have access to good clinical and epidemiological facilities. An institute of this type should develop its postgraduate training programme in association with the universities of the region.



Appendix 2

The ACMR recommended the immediate establishment of a planning group to make recommendations on all the measures needed to establish the programme.

The ACMR affirmed that the financing of the expanded programme could not be encompassed within the regular budget of WHO. It recommended that the Director-General approach governmental and private granting agencies to obtain the necessary support. The preparation of the necessarily detailed proposals will require extensive planning, and initial support will be required in 1974 for this early evaluation and planning stage. Although the ACMR was not in a position to cost the programme in detail, it considered that when fully operational it could cost around \$ 10 000 000 per annum.

5.2.2 Present methods for combating many tropical diseases - especially parasitic diseases - under the socioeconomic conditions that will face the developing countries for at least the next generation are grossly inadequate in many respects. This is partly because the lack of basic knowledge of host-parasite relationships and of other biological characteristics of parasites inhibits the development of effective means for vaccination or chemotherapy. Although it is proposed that research should be expanded at all levels, the programme would bring new concepts from such disciplines as immunology, molecular and cell biology, biochemistry, genetics, etc., to bear on specific problems at the most sophisticated level of knowledge and expertise. In the central institute mentioned above these disciplines would be brought together for a multidisciplinary but goal-directed attack on the parasitic and other tropical communicable diseases. Research of this kind is not at present taking place anywhere in the world, so that such an effort is badly needed. The institute should be located in a suitable place in a developing country where the problems exist.

The ACMR drew attention to the interrelationship between malnutrition and infectious disease. The major causes of morbidity and mortality in developing countries are still communicable diseases, many of them parasitic infections. These diseases are aggravated by malnutrition and increased in prevalence by poverty and poor sanitation. In turn they aggravate the effects of malnutrition.

5.2.3 The institute of Nutrition of Central America and Panama (INCAP) is an example of a WHO/PAHO-associated institute established to determine the nutritional problems of the region, find practical solutions to these problems through research, and assist countries in the application of its findings. INCAP carries out both laboratory and field research and has an extensive training programme. As trainees have returned to their own countries, they have contributed to university teaching and research and to the development of national institutes or units in most of the Latin American countries. This Institute found it necessary to develop competence in bacteriology, virology, and parasitology as an integral part of nutrition research. The ACMR noted that the establishment of INCAP did not result in a drain of experts away from the universities, but rather contributed greatly to local capabilities in the fields covered. INCAP may prove a valuable model for the expanded programme. The ACMR emphasized the important role that a central multidisciplinary regional institute of communicable diseases could play in training of personnel for national units in the network as well as in stimulating and coordinating national activities of the proposed network. If the programme is to go forward a training programme for potential African professional scientific staff should be started.

5.2.4 The ICMR noted that research in parasitic diseases is poorly coordinated and generally inadequately funded. The potential of existing research workers and facilities is therefore often underused. Similarly, excellent opportunities for research and for fruitful collaboration often cannot be implemented. The ACMR feels that radical measures are needed to remedy this deplorable situation and that the present proposal represents a necessary first step.



Appendix 2

The ACMR considered that WHO is the only organization that can coordinate efforts internationally and raise funds to improve facilities for research and to recruit research workers. WHO has a unique knowledge of problems on a global scale; a capacity to override national and political barriers; the prestige and ability to persuade people to work for and collaborate with it; an experience in evolving flexible organizational methods of administration with minimal bureaucratic control, and a proven success in developing regional Research and Training Centres, as noted in the 1973 report of the ACMR.

5.2.5 The objectives would be pursued through the better use and strengthening of selected existing facilities in both developing and developed countries and, where necessary, the establishment of additional centres of excellence in developing countries for research and training in the biomedical sciences. The programme would be focused on specific diseases, through a coordinated network of WHO centres; this would increase cooperation within and between developing countries and between them and centres in developed countries. The network should include relevant veterinary research institutions and workers, especially in such fields as trypanosomiasis and immunization against helminth infections. The network would include a range of research and training activities from biomedical research and training in basic science departments of universities, through clinical and epidemiological research, to the application through national health services of new methods for disease control. It would aim to provide stability of opportunity for the necessary research in terms of facilities, funding and careers for research workers - all essential for coherent progress in research.

5.2.6 There are already in existence many institutions on the African continent that undertake research on communicable diseases (e.g., the following non-university institutions: the East African Community Institutes, MRC and Wellcome Trust Units, the Dutch Institute in Nairobi, the Pasteur Institutes in Africa, the Centre Muraz in Bobo-Dioulasso, the WHO Virus Research Institute in Entebbe, the WHO Immunology Research and Training Centres in Ibadan and Nairobi, and the Armauer Hansen Research Institute, Addis Ababa). The programme would strengthen such centres, help develop both their research and their training programmes, and increase the collaboration and communication among them and with centres outside Africa. The research activity of these centres should, as now, be oriented towards diseases that are prevalent locally. It would identify the research needs and make provision to meet them, especially through the increased use of modern biological research methods. Although these proposals concern non-university centres, it is not intended to suggest that African universities be neglected as centres of research, because to do so would have highly undesirable consequences for their standards of education as well as research. On the contrary, emphasis should be placed on strengthening the research capabilities of African universities.

5.2.7 The ACMR considered that a stable career structure was an essential prerequisite for the recruitment of able staff to the field of biomedical research in tropical diseases. The committee was aware that WHO is re-examining the basis of its fellowships programme, and recommends that this study be extended to a consideration of career problems of research workers engaged in this expanded programme.

5.2.8 The ACMR recognized that improvement in health care arising from advances in medical research and training is likely to be a gradual and continuing process. Remarkable benefits are to be anticipated, but the full effectiveness of the expanded programme should be viewed in a long-term perspective. Nonetheless, early benefits should arise from improved coordination and communication, resulting in improved morale of scientists, and from the improved application of existing knowledge. No time should be lost in applying existing and forthcoming knowledge to the control of disease. Full advantage must be taken of WHO's close liaison with national health administrations and research councils for the regular mutual exchange of information and for the organization and evaluation of trials of control measures wherever most appropriate.



APPENDIX 3

PLANNING GROUP ON SPECIAL  
PROGRAMME FOR RESEARCH AND  
TRAINING IN TROPICAL DISEASES

Geneva, 12-15 November, 1974

SUMMARY REPORT OF THE FIRST MEETING OF IMMLEP PROJECT GROUP

(4-8 November, 1974)

A pure, specific antigen from M. leprae would be of inestimable value as a diagnostic and epidemiological tool, as an immunological reagent for incorporation into a vaccine, and as a therapeutic weapon that could perhaps be used to prevent some of the most adverse of the immunological consequences of leprosy, or to restore a state of natural resistance to patients cured of lepromatous leprosy but still at risk of relapse.

Certain logical steps can now be taken towards these goals because of the major contribution made by Kirchheimer and Storrs when they demonstrated that an abundant supply of M. leprae could be had from tissues of infected armadillos. Moreover, their generosity in supplying others with infected tissues has permitted the critical first steps to be taken to recover M. leprae in preparation for the more exacting task of fractionating the bacillus and purifying its antigenic components. The job of separating the many irrelevant antigens of M. leprae from those of diagnostic, immunoprophylactic and therapeutic importance has begun; and from it has come an early indication of what it means to have unprecedented amounts of M. leprae with which to plan a concerted attack on this ancient disease.

It was agreed that a plan for developing anti-leprosy tools would have the best chance of success if programmed and implemented in collaboration with the WHO Immunology and Leprosy units and several laboratories and centres in different countries under the Special Programme for Research and Training in Tropical Diseases.

The accompanying chart depicts a carefully considered approach to the problem of using immunological methods for the control and treatment of leprosy. It can be seen that certain problems must be solved in a logical sequence. For this reason, some aspects of the plan need special emphasis. The first priority is to secure an adequate supply of M. leprae from infected armadillos. This is a sine qua non, for every phase of the IMMLEP project depends upon the uninterrupted flow of bacilli for the purification, fractionation and antigenic analysis involved in creating the immunological reagents that will be needed at every step of the undertaking.

The rest of the plan, as outlined in the protocols, does not represent merely progression from one problem to the next, since many aspects of the plan can be undertaken concurrently once the supply of M. leprae begins to flow. Thus, those charged with responsibility for characterizing the organism antigenically will be preoccupied with its antigenic profile while others are seeking to place M. leprae in its proper relation to other mycobacterial species for reasons that are stated elsewhere. At the same time, still other participants in the project will be engaged on the equally important objective of learning how to potentiate the immune response to M. leprae and its constituent antigens in ways best calculated to induce resistance. It is not possible to give assurances, however, that an effective vaccine will emerge from all this effort, but there is ample precedent for believing that adjuvants selected for their capacity to modulate the immune response to tumour-associated antigens can do as much and more to enhance the immune response to M. leprae, as they have been shown to do with other infectious agents.

Appendix 3

There is less uncertainty about other benefit that will soon materialize - a specific skin-test antigen which can provide valuable information. Firstly in the epidemiological field; secondly as an important adjunct to immunological studies; and thirdly in the planning of a vaccination trial and as a preliminary parameter for the measurement of its success.

The protocols, with their crude estimates of cost, provide only a forward-thinking sketch of anticipated problems and suggested solutions. They do, however, open the door to many questions that have engaged the interest of frustrated leprologists for many years. The prospect of analysing with new-found precision the nature of the defect in lepromatous leprosy, or of devising a rational means of controlling the damage done to nerves in tuberculoid leprosy, are striking examples of the less obvious advantages that deeper immunological insight will bring to the management of this disease.

If the fruits of IMMLEP could be foreseen, the projected costs might seem extremely small. But even in ignorance they are still not large in comparison with what has often been spent on less promising projects. A relatively small investment is needed, however, to bolster budgets that are already committed to one or other aspect of the project by a number of interested agencies. Costs are likely to increase as the project advances, but they will grow only in proportion to its success.

ATTACHMENTS: List of protocols  
Protocol No. 11 - Organizational Structure  
Schedule of priorities and costs



Appendix 3

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Appendix 3

FIRST MEETING OF IMMLEP PROJECT GROUP

4-8 November, 1974

LIST OF PROTOCOLS

<u>No.</u>	<u>Title</u>
1	Supply of <u>M. leprae</u> from the armadillo
2	Purification of <u>M. leprae</u> from tissues
3	Antigen fractionation of <u>M. leprae</u>
4	Taxonomic studies
5	Induction of cell-mediated immunity to <u>M. leprae</u>
6	Resistance to experimental infection
7	Immunopathology
8	Sensitization of Human Volunteers
9	Development and trial of a specific soluble antigen for skin testing
10	Preliminary considerations for a vaccine field trial
11	Organizational Structure



Appendix 3

PROTOCOL NO. 11

Organizational Structure

Suggested Organizational Framework

- A. Working groups and steering groups for specific diseases which overlap, in terms of personnel, with a working group for education and training, and with each other where appropriate (Fig 1).
- B. Within IMMLEP there would be two levels of organization with separate functions to be described below (Fig 2):

1. WORKING GROUP

a) Duties

- i) Periodic review of the current status of the immunology of leprosy or selected aspects of it.
- ii) Set the scientific directions for research and for the application of research results.
- iii) Identify the persons and institutions best qualified to participate in the research network.
- iv) Make recommendations of the order of priorities to be followed, on the basis of scientific need and expertise, and set specifications.

b) Composition

The Working Group will consist of an unrestricted number of investigators involved in the immunology of leprosy and related work. Meetings will be held periodically to which some members will be invited and in which non-members working on related subjects will also participate. The composition of the group meetings will vary according to topic and, consequently, not all members will attend all meetings.

2. STEERING COMMITTEE

a) Duties

- i) Responsibility for making decisions on action to be taken and projects to be funded, on the basis of priorities recommended by the Working Group and funds allocated to IMMLEP by the Programme Committee. For individual projects, this Group will judge and recommend the level of funding, and agree upon specifications for the project with the individual applicants for grants.
- ii) Responsibility for review of proposals on the basis of scientific merit. This responsibility will best be carried out by referring individual proposals to members of the Working Group or outside experts for scientific review and evaluation.
- iii) Responsibility for maintaining communication of the recent developments to members of the Working Group, and for establishing communication between IMMLEP and other organizations involved in leprosy research, e.g. U.S.-Japan Program, ELEP, etc.

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- iv) Planning for Working Group meetings in terms of subjects to be considered and participants to be invited.
- v) Definition of learning objectives for specialized training in the immunology of leprosy and recommendation for assignment to appropriate laboratories and institutions of trainees with a background in immunology.
- vi) Make projections of scientific and financial needs of IMMLEP for 1-2 years in advance to Programme Committee.

b) Membership

- i) The members of the Steering Committee must all be members of the Working Group.
- ii) The initial membership should include four members outside the Secretariat and two or three members of the Secretariat.
- iii) The members outside the Secretariat should serve for fixed terms of three years. To maintain continuity, initial terms of service will be staggered so that the chairman will serve a five-year term, and remaining members terms of two, three and four years. Two such members will be elected by the Working Group and two shall be appointed by the Secretariat. Replacements will be selected by the same procedure used for the initial appointment of the retiring member.

3. GUIDELINES FOR COLLABORATION WITHIN THE IMMLEP NETWORK

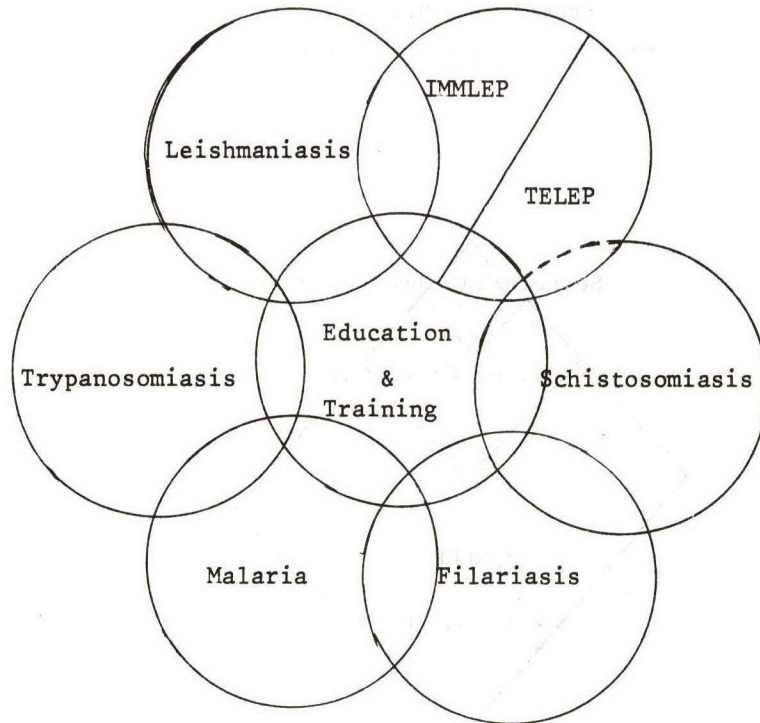
- a) Research sponsored by IMMLEP will be considered collaborative in principle. Reagents will be distributed as specified by the Working Group (or the Steering Committee if an immediate need arises). Specialized tests will be carried out on materials submitted by the Working Group (or Steering Committee if an immediate need arises) by members of the Group.
- b) Acknowledgement of the collaboration of individuals, institutions and IMMLEP will be made in all publications. Problems of authorship will be left to the participating individuals to decide among themselves, as well as the right to publish.



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FIGURE 1

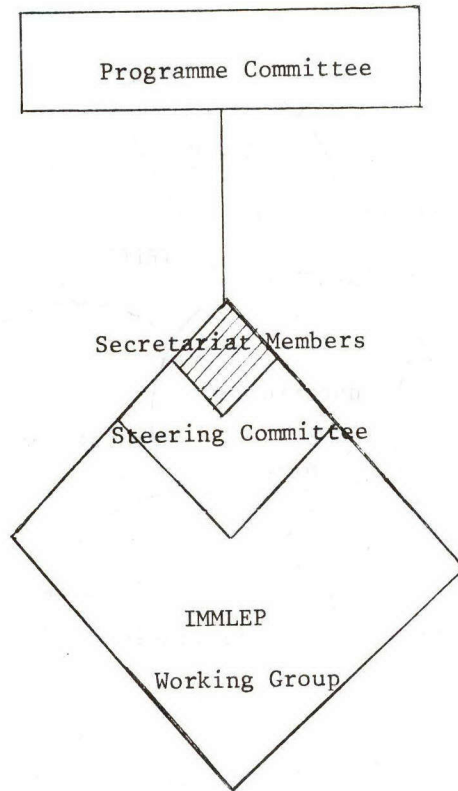
RELATIONSHIP OF IMMLEP TO THE SPECIAL PROGRAMME FOR RESEARCH AND TRAINING  
IN TROPICAL DISEASES



Appendix 3

FIGURE 2

ORGANIZATION OF IMMLEP



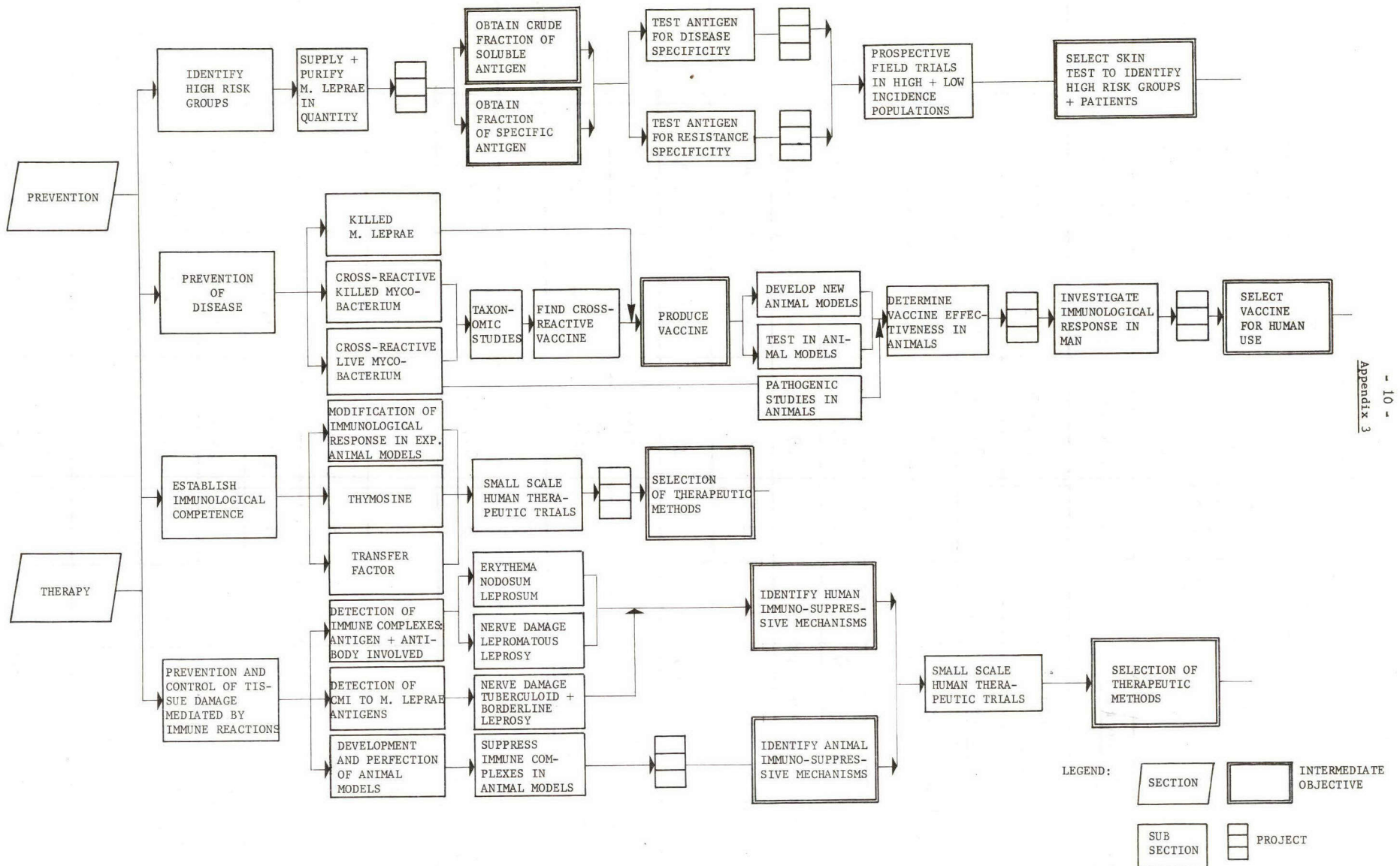


Appendix 3

SCHEDULE OF PRIORITIES AND COSTS

TASK or PROJECT	PRIORITY (OVERALL)	PRIORITY (1975-1976)	REAL COST (1975-1976)	WHO REQUESTED BUDGET (1975-1976)	RECOMMENDED BUDGET (1975-1976)	
Supply of <u>M. Leprae</u> (armadillo)	1	1	176,400	105,000	54,545	
Optimal production in the armadillo	2	2	29,000	14,000	8,545	
Purific. of <u>M. leprae</u>	1	1	23,000	11,000	10,682	
Ag fraction (distr.)	2	2	28,000	16,000	10,727	
(CMI)	-	-	-	-	-	Only 3 replies
<u>M. leprae</u> (ref. system)	1	2	9,000	3,000	2,545	
Taxonomic relationships	2	3	28,000	14,000	12,818	
Induction of CMI (mice)	2	2	44,000	11,000	9,364	
(guinea pig)	2	3	21,000	8,000	4,182	
(armadillo)	3	4	2,000	0	0	
Resistance to exp. inf. ( <u>M. leprae</u> )	2	2	86,000	11,000	9,455	
(related)	2	2	49,000	0	0	
Defect in LL & BL (Hu) (Complexes, LTT)	2	3	35,000	0	0	
Nerve damage in borderline leprosy	3	3	10,000	0	0	
animal model	3	3	20,000	0	0	
Immunotherapy	3	3	110,000	5,000	4,045	
Hu sensitiz. & testing (Normal volunteers)	2	3	24,100	9,100	6,636	
Field Trial: Sol. Ag (Preliminary)	1	1	28,000	15,000	12,091	
Field Trial: Vaccine	1	5	0	0	0	Ignoring 2 blank
Meetings	1	1	31,000	31,000	28,727	
			753,500	253,100	192,544	
	Average	Average	Total	Total	Total	

IMMLEP  
STRATEGIC PLAN (12.11.74)






September 24, 1975

To James A. Lee

*arrived*  
I gather that your office will arrange to get to you a copy of the two documents for the Geneva meeting on Tropical Diseases. Bill Mashler, who will be attending the meeting, is mad as a wet ~~hand~~ <sup>hen</sup> about getting documents like these such a short time prior to the meeting. I am <sup>not</sup> sure that UNDP always does better than 10 days before a meeting, but anyway Bill is in a mood to snap at WHO.

He is also very critical of the idea of tackling six diseases at once, picking Africa for malaria when it is so much more important in Asia, and on a number of other grounds. As usual, he thinks WHO is trying to "put one over us."

I must say that, also as usual, I take a somewhat less jaundiced view of WHO's efforts. The second paragraph of Goodman's letter seems to me to absolve them from the charge of trying to put across a "fait accompli." And I find the elaboration of the concept of the network and how it would function to promote the program quite good. 

Bill says there is no particular connection among the six diseases that provides a valid reason for tackling them all at once. There ~~are~~ <sup>is</sup> all vector-born except leprosy, but not by the same vectors. I don't know about this. But there may be a case to be made on other grounds. At least, some of the institutions that would form the network seem to be concerned with more than one, even if in different departments - e.g. University of Nairobi. At any rate, I would like to hear more of the case for the six-at-once approach.

The oddest thing about the strategy paper is that it takes the machinery for carrying out the program up to what it calls the <sup>n</sup>network secretariat<sup>n</sup>, apparently how a staff body, and does not say anything about/donors and LDC governments would relate to the program, although it is the donors that WHO will be talking to in Geneva. Maybe they will have another paper on this, but as it stands there

is a network and a secretariat but no CGIAR. The only hint I can find that anybody other than the scientists and WHO are going to play any role is rather the oblique reference in paragraph 7.2, as follows: "decision makers will select centers for core support on the recommendations of a network committee." I think the "decision makers" are going to want to have a good deal more than this to say about any such program.

I will be in Geneva on the morning of the 7th and might just possibly be sufficiently alive to absorb some briefing from you that evening. At the Richemond, Room 631, as usual.

Michael L. Hoffman

cc: Mrs. Boskey

MLHoffman:pa.





*Non-Reg*

WHO/UNDP MEETING OF HEADS OF AGENCIES IN  
 CONNEXION WITH THE SPECIAL PROGRAMME FOR  
 RESEARCH AND TRAINING IN TROPICAL DISEASES

Geneva, 6-7 October 1975

SUMMARY RECORD

Chairman: Dr L. BERNARD, Assistant Director-General, WHO

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## FIRST MEETING

6 October 1975, morning

## 1. OPENING REMARKS: Item 1 of the Agenda

The CHAIRMAN welcomed the participants, and introduced the agenda.

Dr MAHLER (Director-General of WHO) said that, as would be clear from the documentation, the subject of the meeting fell within the framework of what he might call the "new development order". Health and development were an indivisible whole, and only in those countries where man's energy and commitment had been mobilized had developmental miracles been possible. But health was itself the beneficiary of general development, which it could not afford to ignore.

Development had two components: knowledge, and the will and commitment to apply that knowledge. He emphasized that, in such application, the principle "do not adopt, but adapt" was very relevant. The health sector, could show innumerable examples of the damage that could be done by the passive acceptance of value-loaded technologies from the industrialized countries by the developing countries. The technological dependence spreading throughout the Third World was one of the major constraints on development. Only when countries were able to adapt solutions to their own socioeconomic, cultural and political climate was real progress possible. Smallpox was a case in point: hundreds of millions of dollars had been wasted in advocating compulsory vaccination, but not until the participation of people was mobilized in the service of the concept of surveillance had eradication been possible. Those living with the problem must be involved in finding its solution, or there could be no development.

The tropical diseases constituted a tremendous obstacle to development, and not only in econometric terms: they also undermined the confidence that development was possible. In those countries where development had true social relevance, the emphasis from the outset had been on assuring a relatively high level of health throughout the population.

It was gradually being realized that what was important was not only the technical excellence of the measures introduced, but the social distribution of those measures; and that they could not penetrate donor from the privileged medical empires of urban centres, but must begin at the periphery.

While it was true that too little had been done in applying scientific knowledge within the framework of social utility, it was also true - as would be seen from the documentation before the meeting - that such knowledge was not always adequate. Nor was it exploited to enable the developing countries themselves to find solutions.

The strategy of the programme before the meeting had two important aspects: (1) the problem was not seen in its narrow technical sense but in its wider epidemiological, technological, social, and economic setting; and (2) its solution was to be sought in the tropical countries themselves, the only place where such a holistic approach was possible and where a breakthrough made in the laboratory could have social relevance. Moreover, mobilizing the research potential of the developing countries would itself be a major contribution to self-reliance on the part of those countries. It was intended that the industrialized countries with their scientific resources should enter into a partnership on genuinely equal terms. The documents before the meeting tried to translate this approach into specific action. It might appear as if WHO was trying to sell its good offices in the matter. As to whether the Organization was equal to the task, he could only speak as a biased witness. But if the risk of attacking the tropical diseases was to be taken, then the best risk as executing agency was WHO.



He would be grateful if participants would indicate what follow-up if any, there should be to the present meeting.

Mr DOO KINGUE (United Nations Development Programme) conveyed the regrets of the Administrator of UNDP that he was unable to be present.

WHO and UNDP, in collaboration with several States and organizations represented at the meeting, had already demonstrated their determination for common action to improve health in the African continent, as instanced by the onchocerciasis control programme, the regional schistosomiasis control programme that had been financed by UNDP for five years, and the new programme for control of human and animal trypanosomiasis, with which WHO and FAO were closely associated. It was important that any further action in disease control should be tied up with what had gone before.

His colleague, Mr Mashler, would put forward certain proposals for the organization of the programme as seen by UNDP, since that programme presented administrative and management as well as scientific problems.

Setting aside human and ethical considerations, it would be seen that the six diseases in question were not all of the same economic importance; it might therefore be advisable to determine priorities, though without compromising in any way WHO's global effort.

The meeting of representatives of sources of financing for the programme was opportune, but it was with the peoples suffering from the tropical diseases, and with their governments, that the real dialogue must be engaged as soon as possible. The ministers of health of African countries had of course considered the matter at the meeting of the WHO Regional Committee for Africa, but further discussion was required if the programme was to have a successful outcome.

UNDP was always happy to collaborate with WHO to ensure that health matters, which were so decisive to the development of the African continent, received attention and support in keeping with their importance.

Dr LAMBO (Deputy Director-General of WHO) recalled the belief, held until recently, that it would be only a matter of time before the underdeveloped countries caught up with the technologically developed world. The gap, however, continued to widen. He quoted the Secretary of State of the United States of America, speaking before the Seventh Special Session of the United Nations General Assembly: "Any strategy for development must devote special attention to the needs of the poorest nations... No international order can be considered just unless one of its fundamental principles is cooperation to raise the poorest of the world to a decent standard of life". He stressed however that the concept of development should not be limited to its economic parameters.

It was estimated that more than 600 000 000 people suffered from tropical diseases. Of the billions of dollars spent on biomedical research, however, the major part went to the degenerative and malignant diseases, i.e. to the diseases of age groups no longer in the productive period. Tropical diseases were responsible for a tragic waste of human resources, especially of the young. Research on those diseases, when compared with that on degenerative diseases by the affluent nations, was seen to be sporadic or exploited for professional ends.

A critical revision of strategy was therefore necessary. WHO must periodically redefine its policy and reorganize its strategy in order to respond to new tasks and attack old problems with new weapons.



The setting up of the Office of Research Promotion, and of the Special Programme for Research and Training in Tropical Diseases, was giving WHO new impetus; and it was hoped that the programme would be supported by large and small donors, and by the international scientific community.

Biomedical research had of course a fundamental contribution to make to the health sciences as a whole. But research to alleviate disease must begin - and end - with the study of sick people, buttressed by knowledge from the basic sciences. The study of disease, to be effective, must be concerned with the disease as it existed in living man, i.e. it must be studied in its native ecology. One aim of the Special Programme was to develop strong bonds between medical and health practice on the one hand, and research on the other. A recent policy statement by the Director-General of WHO, the resolutions passed by its regional committees, and the wishes expressed by Member States all laid emphasis on the intensification of biomedical research, especially research directed to the solution of practical problems. This was not in contradiction with the traditional WHO approach of integrated delivery of basic health services as instanced by the primary health care programme. It re-established the medical tradition from the time of Harvey that medical science could not be confined narrowly or by artificial boundaries. He recalled the emphasis being placed in the countries of the Third World on the concept of "self-reliance". The training of research workers, a component of the present programme, was intended to increase their technical as well as their scientific self-reliance.

The programme itself was proposed as an international, multidisciplinary undertaking, intended to present financial donors with a relatively new, long-term approach to specific health problems within a novel context. It was hoped that the structure of the programme would allow for an authoritative appraisal, in the present state of scientific knowledge, of the tropical diseases confronting certain communities. Consideration would then be given to a time scale for the programme and to priorities. The proposals in the documentation were outlines, and the meeting was invited to assist WHO in crystallizing its ideas. The Organization was committed to a certain concept and principles, but the details were flexible.

He hoped that many critical questions would be asked.

## 2. THE TROPICAL DISEASE PROBLEM: Item 2 of the Agenda

### The magnitude of the problem of the six diseases

Dr LEPES (Director, Division of Malaria and Parasitic Diseases, WHO) emphasized that he would deal with the magnitude of the problems presented by certain selected diseases, and not with tropical medicine as a whole. Quantifiable parameters by which that magnitude could be measured were prevalence, morbidity, disability, mortality, and size of population exposed to the disease. He gave a few statistics, supported by slides.

Malaria - At the end of the Second World War about 62% of the world population was at risk from malaria. And though 700 million people had already been freed from the disease, more than a billion remained exposed, of whom perhaps 770 million were protected in one way or another, but of whom 361 million still lived in areas where there were no organized malaria control activities.

Schistosomiasis - 600 million people were exposed to the risk of infection and some 200 million were infected, a large zone around the globe being affected by the disease.

Trypanosomiasis - Every year approximately 10 000 new cases were recorded, and 35 000 000 were at risk; 6 000 000 square kilometres of fertile land could not be utilized because of the disease.

Malaria - In Africa south of the Sahara approximately one million infants died of malaria before the age of two.



The figures were impressive, but what did the diseases in fact represent to the community? and to what extent did they hamper overall development? The figures for the disability caused could be found in the literature and in health service reports.

As to whether general socioeconomic development, without specific health measures, could reduce morbidity, he recalled that, as early as 1911, the view had been advanced that problems of hygiene would be solved not be medical but by environmental measures. It was true that raising the standard of living had solved certain problems (though others were replacing them). But for the six diseases under discussion such general improvement was not enough, because of their complexity. Unless very significant measures for their control were introduced, there was repeated infection, and transmission could continue for ever. Moreover even economic development presented a danger: water impoundments and water management schemes, for irrigation or hydroelectric energy, were aggravating the problem of schistosomiasis.

There were of course a number of unknowns that required elucidation (for example, the host/parasite relationship), and research could provide tools that were effective in the conditions of developing countries. But even the best tools available could not cope with the intensity of transmission under certain ecological conditions - and a number of tools required more research to make them applicable to those conditions. The difficulties therefore were not only logistic and financial. Many complexities moreover were related to human behaviour. That could not be changed overnight, but it could be considerably changed if every member of the community saw the prospect of combating the diseases as health and socioeconomic problems.

#### The impact of the diseases on the quality of life and socioeconomic development

Professor GROSSE (WHO Temporary Adviser) said that, in the developing countries, qualitative differences in economic inputs were of greater significance than quantitative differences. The economic transition to self-sustaining higher levels of consumption, and the demographic trend away from high mortality and fertility rates, depended primarily on the attitudes and motivation of the population. Health interventions could have a significant effect on those attitudes by challenging the assumption of the poor that everything was pre-ordained. The realization that it was possible to avail oneself of certain facilities and to take one's own decisions as regards health was carried over into the economic sphere. Although action in the health field had evident economic consequences (new land brought under cultivation, greater investment in education, raising of productivity), the real gains were in motivation.

But health programmes were expensive, and the fact that resources were limited resulted in health care services being restricted both in distribution and in accessibility. Resources moreover governed the choice of technology.

The aim of research and development in disease programmes was to increase the coverage of a given control programme or reduce the cost of achieving various levels. But an increased allocation of resources to research was economically worthwhile only if the resultant reduction in cost of achieving a given level of control was greater than the additional cost of the research. [He showed a slide illustrating marginal cost and gains.]

The product of research was knowledge, which could be transferred from one country to another at low cost. This constituted the so-called "external economy". Such economies however were not taken into account when a country decided on its national level of research. The marginal national gain of expanding research was not the same as the marginal global gain. So that, without international corrective action, the level of the research was economically inefficient in terms of the net gain to society as a whole. In the global context, the cost of controlling a disease could be reduced by amounts that were greater than the increase in research efforts. The additional expenditure must come from collective



international action. This type of altruistic research was in fact being carried out in the research institutes of certain economically developed countries. But incentives for such research were weak since (a) the problems studied were not of direct internal interest, and (b) there was a general belief that the technological problems of communicable disease control had already been solved.

In the tropical nations themselves, research might not be at the optimum internal level because of political pressure for current services and shortages of trained scientists. Although a precise measurement was not possible at the present stage, economic reasoning and observation of governmental decision-making suggested that research funding was usually well below optimum. Any modest increase in research efforts was likely to be in the direction of efficiency. But to suggest that research was probably funded at lower than optimum level did not necessarily mean that a higher level was desirable. In seeking the appropriate level of expansion, four questions must be asked:

(1) Would the funding of more tropical disease research divert scientists from other programmes whose social impact was more valuable?

(2) Would there be a reduction in operational control programmes because of shifts to research of funds and human resources, and would this be a net social loss?

(3) What were the potential gains in prevention and treatment likely to accrue from the projected research, and with what probability could these be anticipated?

(4) Were the gains - allowance being made for time and uncertainty - substantially higher than the projected research budget required to produce them?

He suggested that in the research programme under discussion part of the effort be devoted to examining those questions and related economic analysis particularly concerned with the diffusion of technological innovations.

Economic considerations indicated that a research programme should be designed to identify the most fruitful areas for research; to secure and utilize funds over and above those that countries would allocate for their own internal interest; to plan the research efficiently; and to keep the costs of communication and application as low as possible so that full advantage could be taken of new knowledge. A reduction in the cost of tropical disease control would be a product not only of biomedical research and development, but also of changes in methods of delivering direct services. It would not be a step towards efficiency if the research programme developed complex approaches that would be expensive to deliver to the masses of the people. An efficient research effort would develop methods that could be applied widely and at low cost per person in terms of manpower, equipment, etc. It would complement improvements in the organization of primary health care, the end product of both being widespread health protection of the people. The more effective the technology, the greater would be the impact on the health care delivery system; the more efficient that system was, the greater would be the impact of research. The objective of research was to arm delivery systems with effective, appropriate and low-cost techniques for prevention and treatment.

#### Current approaches to the control of tropical diseases and the limitations of these approaches

Professor LUCAS (WHO Temporary Adviser) emphasized the seriousness of the problem that infectious and parasitic diseases continued to pose for developing countries in the tropics. In those countries, interacting with malnutrition, communicable diseases were responsible for a high proportion of the morbidity and mortality. Malaria, measles, meningitis, tuberculosis, typhoid and tetanus were common killing and maiming diseases. They could be partly combated by application of existing knowledge and skilled use of available tools; some would be



attenuated by environmental measures (water supply, waste disposal, food hygiene, housing, etc.); and a variety of specific measures were available, chiefly immunization and vector control. One aspect of the problem then was the failure to apply available knowledge. One way would be rationally designed programmes of medical care.

[He showed slides illustrating decline of infant mortality rates and incidence of diphtheria with the introduction of immunization.]

The African countries were undertaking programmes, national health services were being evolved to give people simple and effective care close to their homes, institutions were being built, health personnel trained, and new strategies devised. But the available technology was inadequate.

Communicable disease control required a dual approach: (1) the vigorous application of existing knowledge, and (2) the search for new tools. Both these approaches were needed in dealing with parasitic diseases such as malaria, schistosomiasis and filariasis. In malaria, with existing tools, transmission could be interrupted or markedly reduced in urban areas of the tropical rain forest belt and morbidity and mortality reduced considerably in rural areas of the forest zone. But in the savannah region, a combination of insecticide spraying and mass drug distribution had repeatedly failed to interrupt transmission. Secure control of malaria, and its ultimate eradication, must therefore await new breakthroughs in knowledge. Recent advances in immunology had suggested that vaccination might be possible. New drugs were also required in view of the emergence of chloroquine-resistant strains of parasites.

Control of schistosomiasis had been achieved only in certain ecological situations (he recalled the explosion of the disease as a result of manmade lakes). Snail control was expensive and presented logistic problems. Chemotherapy of the disease was unsatisfactory: the search for vaccines and new drugs must be pursued.

[He showed and commented on slides illustrating (1) distribution of schistosomiasis and prevalence studies among schoolchildren in Ibadan; (2) a water reservoir at the Institute of Tropical Agriculture at Ibadan; (3) the Volta dam.]

He drew a comparison between the latter two situations. The problem could be tackled in small circumscribed areas, but not in a large volume of water, or in a very extensive population.

Schistosomiasis drugs were very toxic, and administration must be supervised by trained personnel.

Vector control required massive logistic support, and was dangerous to the environment. Health workers were demanding effective, safe, simple and cheap tools - those as present available tended to be the opposite.

The results of biomedical research in molecular biology, in immunology, etc. had been applied to the study of many diseases, notably cancer; but there had been limited application to the study of tropical parasitic infections.

Mr MATHIESON (United Kingdom of Great Britain and Northern Ireland) asked what methods had been used to reduce incidence of schistosomiasis in the water reservoir at the Institute of Tropical Agriculture in Ibadan.

Professor LUCAS said that after the water of the reservoir had been impounded, every member of the staff (2000) was examined and the 20% who were infected were treated. The reservoir was monitored by repeated snail collection. In two and a half years, only one infected snail had been found. There was no transmission within the compound, but control was facilitated because access to the compound could be controlled.

Mr DOO KINGUE (UNDP) asked what Professor Lucas considered the best solution for the Volta lake.



Professor LUCAS said one approach might be mass chemotherapy, but he would not wish to use the drug available at present, which could cause abdominal pain and vomiting in subjects with neurological complaints. It had however been used successfully in Iran. A less toxic drug, with a simpler regimen, could be used in treatment, after testing by the basic health services.

Since there was clinical and some laboratory evidence that the host developed immunity to schistosomiasis, it might be possible to produce a vaccine. But work on immunology of the disease was recent, and was being carried out in very few centres. What was required was a simple safe drug and a vaccine.

Mrs OBENG (United Nations Environment Programme) added that because of the huge size of the Volta area it was vital that, in addition to any chemotherapeutic measures, there should be a concerted effort at health education in the area.

The prospects offered by advances in the biomedical sciences for development of new methods for control of tropical diseases

Professor DE DUVE (WHO Temporary Adviser) said that a reconsideration of the strategy of the fight against tropical diseases was overdue. He would discuss the problem in non-technical terms, and would leave out the social, political economic aspects, important as they were.

The existing arsenal basically consisted of three weapons: vector control, chemotherapy, and immunization. All three were inadequate. Vector control was hampered by the development of insecticide resistance in vector populations, and the increasing price of pesticides - and neither genetic nor biological alternative control methods were yet operational.

As regards chemotherapy, existing drugs were on the whole of limited effectiveness in many cases. And the screening of large numbers of compounds with the hope of hitting on a miracle drug had yielded few tangible returns for the large investment made.

Immunization was still in its infancy where tropical diseases were concerned. While there were good indications that the human organism could build up resistance to a number of parasites, no effective vaccine had yet been prepared for practical use.

New weapons then were needed, but what weapons? He would prefer to concentrate on ridding man of the diseases, rather than on vector control. It seemed preferable, and perhaps also more practicable, to try and cure a few million people than to kill a few billion mosquitos. But rather than search for new weapons in a more or less haphazard fashion, it might be better to study the enemy and its weaknesses.

Most tropical diseases with the exception of leprosy were due to parasites, relying for survival on the highly specialized environment provided by the host, many of them with complex life cycles carrying them through more than one host. But too little was known about the parasites to be able to take advantage of their weaknesses. Treatises of parasitology concentrated heavily on life cycles, habitats, modes of transmission, etc., but provided relatively little information on functional organization or metabolic peculiarities. The emphasis on life cycles was understandable, in view of their importance in relation to the epidemiology and pathogeny of the diseases. But the present age was one of cellular and molecular biology. He emphasized the major revolution that had taken place in biology, which had provided modern knowledge on the structure of the cell and its functional machineries. The anatomy of a cell could now be described, as also its chemical operation, its basic language, and how it recorded and read biological instructions. The significance of these discoveries could not be overestimated and the forces of this new biology must be enlisted to provide a detailed analysis at cellular, subcellular and molecular level, of the various parasites that infest man, and of their relationships with their human and animal hosts. From such a study powerful new preventive and curative means would emerge.



He gave details of recent work at the new International Institute of Cellular and Molecular Pathology, Brussels, on developing new chemotherapeutic agents, not by mass screening, but on the basis of present knowledge of lysosomes, which were specialized organs within the cell that served in the process of phagocytosis.

The main work had so far been in the field of leukaemia and cancer chemotherapy, where the results were very encouraging. But the same principle could be applied to a number of tropical diseases, as was confirmed by preliminary experiments on animals infected with Trypanosoma cruzi. Diseases caused by protozoa, especially trypanosomiasis and leishmaniasis, were choice indications for "lysosomotropic" therapy, since phagocytosis represented the main feeding mechanism of the infective agents. The leprosy bacillus and the Plasmodia causing malaria might also eventually be attacked in this way. And the principle might eventually be extended to schistosomiasis or onchocerciasis.

Selective chemotherapy based on feeding habits of cells was only one of the many new therapeutic avenues that could be opened up through better knowledge of the pathogenic parasites, by systematically characterizing the latter at the subcellular and molecular level. The cost of such a programme could be relatively low. But considerably more support must be given to those pioneering centres in which attempts were already being made. Modern biology required a multidisciplinary attack, and fairly sophisticated equipment and methodology. New research centres must be created, especially in the countries where the diseases were prevalent, and would be best staffed by local experts who had received their training in some of the laboratories mentioned above.

In addition, centres not at present engaged in research on parasites, but prominent in the fields of cellular and molecular biology, must be encouraged to carry out such work. Many of them were working on cancer. It would be ironical if cancer were to be conquered before a group of diseases ravaging the poor in large parts of the world, especially since victory over cancer was likely to be more difficult to achieve than victory over parasitic diseases.

#### Opportunities for, and constraints on, research and training in tropical diseases in developing countries

Dr QUENUM (Regional Director for Africa, WHO) said that he would not dwell on the human and economic cost of the endemic tropical diseases, which had been sufficiently emphasized by previous speakers, and statistics of which could be found in document TDR/WP/75.14. He would try rather to convey the realities and the needs of the African Region and also the potential - and the constraints - for research and training to be found there.

The proposed programme for research and training in tropical diseases was intended not only to improve people's health, but in so doing to strengthen the development process. All action in that direction must be based on a "science/technology system", the three components of which were:

- (1) the institutional bodies responsible for programming, who would formulate policy, determine strategy, and mobilize the resources;
- (2) the production sector, which furnished the equipment and services to the community;
- (3) the infrastructure, particularly the educational infrastructure, which by means of adequate planning and programming, would provide the human resources for effective research.

From the point of view of those three components the position in Africa was very complex. At a meeting in July 1975, the consultative group for coordination of biomedical research in Africa had expressed the opinion that research in the Region was hampered by:

- (a) dispersion of effort - a multitude of projects, often similar or even identical, and bearing little relation to the health needs of the population;
- (b) inadequacy of the mechanisms for coordination at national, regional and ultimately global level;
- (c) the low priority attached by governments to biomedical research as part of socioeconomic development;
- (d) lack of resources and infrastructure.

Together those factors created a vicious circle - neglect of research development leading to shortage of human and material resources - that was disastrous in an environment so favourable to the propagation of tropical diseases. The world community, in the interests of justice, must break that circle.

If the African countries were to solve their problems of health promotion and protection, they would need in the coming decades assistance in acquiring the knowledge and techniques for carrying out biomedical research; and in particular indigenous research workers must be trained. The programme under discussion implied (i) logistic support and mobilization of resources, both national and global; (ii) qualitative and quantitative development of human resources through a network of institutes sited in the areas where the problems were encountered and working out appropriate techniques for their solution - an approach that would have the added advantage of checking the "brain drain".

The Regional Committee for Africa at its twenty-fifth session had approved a regional biomedical research programme based on:

- creation or strengthening of national research councils;
- setting up of a regional advisory committee for medical research;
- strengthening of the Regional Office by constitution of a biomedical research unit, and
- development of information systems to ensure more effective coordination.

Such a programme naturally required that the institutional bodies should be sufficiently motivated to strengthen their programming in science and technology and mobilize both national and global resources.

He hoped that the representatives and secretariat members present would use all their authority in favour of a programme of such importance for human well-being.



SECOND MEETING

6 October 1975, afternoon

1. PROPOSED OPERATING FRAMEWORK OF A SPECIAL PROGRAMME: Item 3 of the Agenda

Its scope and objectives

Dr GOODMAN (Director, the Special Programme) expressed the hope that participants were convinced, first, that ill-health was an obstacle to development and, second, that there was a core of tropical diseases, particularly among rural populations, that, being widespread, chronic and debilitating, constituted such an obstacle since present control technology was too expensive to be applied by developing countries. The special programme would provide an opportunity to develop new control mechanisms. The developing countries, particularly those in Africa, were committed to take part in the effort and were asking for help in evolving suitable new methods.

The problem was to organize the international cooperation in research needed to develop the new methods.

During the past year, through consultations with many of the participants, concepts had begun to take shape and were now before the meeting in the Strategy document, which outlined the principles; it was for the meeting to fill in the details. Innovative mechanisms were needed to constitute a special programme with the two objectives outlined in section 2 of the document.

How world scientific talent might be harnessed to the attainment of those objectives and organized in a partnership between the industrialized and the developing countries was summarized in section 3.

He then showed three slides explaining how task forces would be constituted and how they would work with a network of institutions in both technologically advanced and in tropical countries on the development of control measures, stressing particularly that the task forces would be global (as in the case of the pilot task force on the immunology of leprosy) and that their operations would strengthen national and regional research and training in the developing countries. He also stressed the importance to the strategy of the multidisciplinary research centre (MDRC) at which research workers would be studying not only the diseases themselves but also their nutritional, genetic and other aspects.

The function of the task force would be to evaluate the problem of control and the feasibility of research approaches and to draw up and implement plans through the network of laboratories and through clinical and field trials. As the work progressed the task force would call in different expertise and keep close contact with other relevant WHO programmes, such as the expanded programme on immunization, for instance, when new vaccines reached the production stage.

To attack all tropical diseases at once, using all approaches in all parts of the world, was clearly impossible and so it was suggested that the initial scope of the programme should be as outlined in section 4, the emphasis in the approach being on the human host, vaccine production and chemotherapy. Where vector control was concerned, close contact would be kept with current WHO work but he felt that the only suitable aspect of long-term interest would be biological approaches to vector control. The programme was planned to start in Africa and extend to other regions as experience and resources became available.



### The disease-oriented task forces

Professor BERGSTROM (WHO Temporary Adviser) invited the attention of participants to the section of the Strategy document concerning "The task force approach to research" (document TDR/WP/75.5).

He explained how, in the special programme, task forces would complement existing resources - in drug development for instance. Relevant basic research would continue to take place in the universities which, however, were not equipped for large-scale, long-term operations. When such operations were involved, as in the case of toxicological screening of drugs, the task force would take over the role of industry, which could no longer expect to recoup its expenditure from sales. The task force on drugs for fertility regulation and interruption of pregnancy in WHO's Human Reproduction Programme was already acquiring experience along those lines. Only when these trials had been satisfactorily completed could the drug be proposed for registration - a process that involved costs on quite a different scale, especially when any trials had to take place in a developing country. In that connexion, he felt that WHO would have to take an increasing global responsibility for drug safety, since many countries had no drug regulatory agencies. One country with very stringent regulatory laws had already recognized WHO in that capacity, indicating that any clinical study approved by the special programme could be carried out there.

Among the advantages of the task force approach was that of bringing together from the start the different scientists involved at the different stages of the work, so that all were familiar with its development. As indicated on page 9 of the document to which he had referred, the task force would have a steering committee which would cooperate with WHO through a full-time secretary. It was important, however that the dividing line between the task force as a group of the world's best scientific specialists staking their reputations on the work and the "public servant" in command of a unique facility should be clear.

A further advantage of the task force approach was that each participating scientist would have his own research contacts so that a comprehensive network could be built up at each level.

Yet another advantage of the approach was that the task force could meet wherever seemed most suitable for the subject under discussion, thus involving different laboratories and countries in the work, though it would be centred on the main training and research centre for the control of the disease, or other objective.

He then showed a slide illustrating the task force approach to a clinical trial of drugs involving 1500 patients and a sophisticated protocol, based on only a modest outlay of funds.

On the need to take risks, he added that research itself was a risk and so the special programme had to take the risk of using the most productive resources available, i.e. human resources.

### The network of collaborating research and training institutions

Dr ROWE (Senior Programme Officer, Special Programme) (Secretary) said that the network collaborating laboratories would usually be selected by the task forces and would receive support for their work through the organization of the programme itself. They might be located anywhere, though initially the focus was on Africa.

For the achievement of the special programme's first objective - the development of new remedies and chemotherapeutic agents and vaccines - the following characteristics of the research made the network approach especially appropriate:

- The quality of the research required, the nature of the problems and the urgency of the need.



- The diversity of the work on six diseases and their manifestations (their climatic, economic and cultural backgrounds and the various local problems of control in different parts of the world) and the nature of the research work itself (epidemiological and clinical studies to define the problem and identify possible remedies; fundamental research in the biological sciences to lead to new drugs, vaccines and tests, for improving control; developmental research to bring potential new remedies to the point where they could be subjected to trials in the community; and clinical research to assess the advantages and disadvantages of new methods, chemotherapeutic agents and vaccines) which it would be difficult to carry out at all without a network of collaborating laboratories.
- The flexibility required as the task forces proceed from one task to another involving different specialists whom they should be able to call upon in a flexible manner.

For the achievement of the programme's second objective - the strengthening of national capacity in research and training - collaboration between developing and technologically advanced countries was essential. Laboratories would be supported in the developing countries to serve as a basis for the development of national research plans; such laboratories will receive support to bring them to the necessary level of expertise to carry out task force projects, and to enable them to carry out research training.

In developing that plan, the creation of research institutes had been considered as a possible alternative for the task force and network approach. For the reasons of quality, diversity and flexibility already mentioned it would be difficult to achieve those characteristics in a programme carried out through institutes alone. Thus the programme did not consist of creating institutes, though that might be desirable in certain cases in the interests of the work. The Advisory Committee on Medical Research (ACMR) and the Planning Group that had met in November 1974 had considered the advantages of setting up a MDRC for research on the field, clinical and laboratory aspects of parasitic diseases, and Ndola (Zambia) was being considered as a suitable site. A pilot activity - schistosomicide trials - funded by SIDA had begun there, because an important activity of a potential MDRC could be the technical management of drug trials. The MDRC should be seen within the context of the network, as a means for fulfilling the purposes of the network and achieving the aims of a programme, but not as an end in itself.

Concluding, he added that the network was the crucial operating basis of the programme, its purpose being to support and orient the research scientist in developing the remedy or to effect the training. Scientists would need all their creativity and full freedom within that framework; to provide them with that freedom would be a challenge to the organizers of the programme.

## 2. GENERAL DISCUSSION

The CHAIRMAN called for discussion on the concept of the programme, its basic objectives, the alternatives submitted, its operational framework, and the proposals for its organization and management (Item 4 of the Agenda) although the introductory statements on that subject could not be made until later.

While not contesting the importance of the six diseases chosen, Miss BELCHER (United States of America) wondered why they had been chosen to the exclusion of other diseases, such as the enteric diseases and cholera in particular, which might usefully have been attacked - for purposes of prevention and containment perhaps rather than cure - in view of their impact on the wellbeing of the majority of people in the developing countries.

Again, the introductory statements made so far, had stressed the importance of using existing knowledge as well as acquiring new. She would welcome more discussion of the case for research as against the adaptation of existing knowledge to application in the developing countries.



She was still puzzled by the deliberate choice to concentrate on chemotherapy and vaccines, and the human host - the importance of which was not open to contestation - when what appeared to be the aim was to find a breakthrough point leading to the control, containment and eventual elimination of the disease. Plans should therefore include the early development of a strategy and plan of action and identify points at which action was most needed, covering not only the whole question of vectors but also the broader ones of malnutrition - which had been mentioned on page 11 of the introductory brochure<sup>1</sup> - and the whole socioeconomic background. She wondered what were the reasons for so narrow a focus when the goal was control as wide as possible and as soon as possible.

Mrs VERVALCKE (Belgium) recalled that Belgium recognized WHO as the coordinating agency, on the scientific plane, for international action in the field of public health and applied that principle in its national and bilateral programmes. It also accorded priority to health, second only to agriculture, in development.

Great importance was attributed to ensuring that aid to the developing countries was in competent hands. The cadres of Belgian development aid programmes, whether they were government employees or volunteers, had to have a diploma in tropical diseases delivered by the Institute of Tropical Medicine, Antwerp, after five months' full-time study. That qualification was required because the courses covered not only the medical but also the demographic and socioeconomic aspects so closely related to diseases in the developing countries and therefore relevant to the problems encountered in those programmes, as they would be to the approaches and objectives outlined in the documents before the meeting.

Rapid scrutiny of the Belgian public health aid programme for 1975 showed that about US\$ 1 million was being devoted to research conducted in Africa on the problems of development with emphasis on malaria, schistosomiasis, leprosy, trypanosomiasis and parasitology, all of which were also relevant to the proposed special programme; that figure did not include aid to university training and fellowships. In the past two years her country had also given specific aid to the onchocerciasis control programme in the Volta River basin, for which WHO was the executing agency.

The above considerations explained Belgian interest in the WHO proposal, now supported by UNDP. The need for a strengthened and concerted attack on tropical diseases was obvious; the problem would be to coordinate it with other international multilateral, regional, or bilateral aid programmes. She was confident however that WHO would be well placed to coordinate the special programme not only with parallel projects but also with those "upstream" and "downstream" from the limited training and research programme proposed.

Her country had already made a modest contribution to the preparation of the special programme and was ready to take part in it during 1976 and subsequent years. Her Government therefore proposed, subject to parliamentary approval, to make a contribution of 10 million Belgian francs for the special programme in 1976.

Great importance was attached in particular to the training aspects of the proposed programme and she therefore stressed the need for a dialogue between WHO, UNDP and the World Bank, and the developing countries - as in the case of the onchocerciasis programme - to be opened as soon as possible if it was not already in progress.

She wished to invite the attention of WHO and of potential donors to the need to resist the temptation to include all WHO activities in the programme. If results were to be obtained, action would have to be concentrated, and in her opinion the focus of the programme was as wide as it should be.

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<sup>1</sup> World Health Organization. Tropical diseases today - the challenge and the opportunity, Geneva, 1975.



On reading the documentation provided, she had been surprised not to find any budget estimates. Their absence might prove a difficulty to potential donors. Could some detailed programme of activities be worked out as soon as possible?

She also wondered what structure the programme would have. Though it might be too early to go into details, some general requirements might be borne in mind. She would suggest that the machinery should be simple; that it should provide donor countries and developing countries with an opportunity for discussion at least once a year as in the onchocerciasis programme; that budget preparation and management should be in the hands of the World Bank, as for the onchocerciasis programme, and that the programme be the responsibility of a single agency, i.e. WHO, which had the necessary structures and scientific expertise.

Mr DOO KINGUE (UNDP) said that the transition from the stating of a well-defined and circumscribed problem, to the manner of solving it and the structures required to support the necessary action were not yet clearly perceived. It was hoped that the current discussions would throw light on that subject. Personally, he had been impressed to hear that the basic problem might not be to find new remedies, but merely to change the approach. Research might therefore be directed, on the one hand, to acquiring new knowledge and finding out what further funds would be required to apply it and, on the other, to developing more relevant approaches which might not cost more.

He agreed with Mrs Vervalcke on the need to base a programme of the magnitude of the one before the meeting on quantitative estimates showing what was already being spent and what use would be made of the further financial effort asked of participants.

Mr MASHLER (UNDP) said that at a time when attention was focusing on the rural poor, the proposed programme would have a major impact if properly put into effect. In principle, UNDP therefore fully supported the programme.

But before action started on any major programme, requiring international funding, it was necessary to be clear on how it could be made to work and how action could be integrated. For despite much lip-service in the United Nations system and elsewhere, integration had remained a dead letter. The experience of the Consultative Group for International Agricultural Research had proved that the integration of programmes into one major programme could be achieved and was a condition of success in a programme of the kind envisaged. WHO deserved appreciation for working out the proposals that it was the task of the Meeting to develop and complete.

In a programme of the magnitude envisaged the involvement of every talent was necessary for ultimate success. But although diversity of approach was not undesirable and on occasion might be essential, the collaboration of so many specialists and institutions accustomed to taking different approaches to their respective goals brought with it the danger of each pursuing selfish interests. The programme should go forward from the start in the idea that success would bring its own reward in the gratitude of the rural poor of the tropical countries.

Such a programme could only succeed if its genuine international support and character was reflected in the design of its organizational and administrative framework. All admired WHO's competence and leadership in health matters but a programme of the size and scope contemplated was beyond the capacity of any single agency to develop and administer and would need some organization by participants and donors to ensure adequate management, as had been demonstrated in the experience of the Consultative Group to which he had referred. That aspect of programme development had not been dealt with in the Strategy document and so he wished to make a number of proposals which had been developed in cooperation with WHO and on which the two agencies were in broad agreement. Those proposals, contained in a document which was then distributed, included the establishment, when enough donors had come forward, of a continuing body ("the Council") of donors and participating agencies to consult and reach



agreement on activities to be funded and mobilization of the funds, and to keep the programme under continuing review. If that suggestion were accepted he would propose the appointment of a full-time Coordinator to provide the administrative and executive support for the Council, and of a scientific advisory committee of eminent scientists from all over the world to supervise the programme and advise the Council on priorities between the fields of interest of the various task forces. Such an arrangement would strengthen the administrative framework required for efficient implementation of the special programme and enable donors to participate in an active and effective manner; UNDP and the International Research Development Council (Ottawa) were prepared to meet the cost of the Coordinator and essential staff.

As regards the programme itself, participants should be aware from the start that it would involve, for 20 to 30 years to come, not only a financial but also a moral commitment to keep the work going even when the need for funds increased as it could be expected to do with the development of activities in times of inflation. They should be prepared to sacrifice other priority activities in order to do so.

For a programme to start in Africa (that being where the shortcomings were most evident) but ultimately becoming global, the emphasis on Africa seemed to be inordinate and a better equilibrium should be maintained in subsequent planning documents.

He agreed that the institutional and manpower problem would be the responsibility of the developing countries but he wondered how their inadequately developed basic health services would be able to make their contribution.

The documentation so far was uninformative about the training side of the programme and should be expanded.

If the programme was to be an interdisciplinary research programme, there would have to be some rethinking on whether the research was to be purely medical or whether it was to be disease research. If it was to be the latter, it would be necessary to introduce some broader aspects of research such as vector control research on which little was said, and to fit in with research on animal diseases, e.g. with the International Laboratory for Research on Animal Diseases (ILRAD) on trypanosomiasis research.

Pharmaceutical research and participation had not been sufficiently emphasized and plans should be made for the participation in due course of the pharmacologist.

More attention should be paid to nutrition and its effects on the physiology of man in relation to disease.

There would also be problems of patents and royalty arrangements. Mentioning FAO experience with those difficulties he suggested that the programme should make use of ILRAD experience.

In view of the important role of the developing countries in the programme, participants from those countries should be invited to subsequent planning meetings for the special programme. Not only would their contribution be useful but they would acquire in that way a sense of participation that would be of great benefit to the programme.

As regards budgeting he felt that until the various points raised had been dealt with, it might be premature to embark on financial considerations. Meanwhile it might be useful to consider whether task forces should be organized for all six diseases simultaneously or whether it might not be better to arrange for phased introduction of research on the various diseases in order to minimize the inevitable initial errors.

In reply to Mrs Vervalcke, the CHAIRMAN informed the meeting that WHO Secretariat had prepared a budget outline, which would be distributed shortly. He expressed WHO's appreciation of the assistance promised by the Belgian Government.



On the question of the programme's scope raised by Miss Belcher and the welding of old and new knowledge into a coherent programme raised by Mr Doo Kingue, Dr GOODMAN explained that part of the answer had been given by Mrs Vervalcke herself. Between embracing all WHO communicable disease activities and taking one disease at a time, the Secretariat had had to make a choice and its choice had been to start with six diseases. The choice of the six had been determined by the fact that there were no other approaches to the control of these diseases than those that had been tried or were too expensive, and little research was being done. The enteric diseases had been excluded, at least for the time being, because there were known and practicable approaches that had not been fully exploited, such as the improvement of potable water supplies, so that further research was not indispensable at the moment. In other fields, such as the development of measles vaccines, much work was already in progress and could be expected to achieve results without assistance from a special programme.

As regards the link between research and its application, WHO was engaged on operational research and had major programmes such as those for primary health care, strengthening of health services and the expanded programme on immunization; the missing element was the development of new tools; WHO would spare no effort to develop them, keeping close coordination with current programmes such as the onchocerciasis programme.

As a member of the Board of Trustees of ILRAD he could assure the meeting that the network for research on animal diseases was already in existence and that the WHO Research and Training Centre on Immunology in Nairobi was in close touch with ILRAD on the approach to immunization against trypanosomiasis. In this field veterinary research was ahead of medical research.

The Secretariat of the special programme was also already in contact with ILRAD on the question of patents and royalties.

Pharmaceutical research would be an important part of the chemotherapy research programme; further information could be supplied on the subject, if needed, as also on nutrition.

Dr QUENUM (WHO Regional Director for Africa) pointed out that the documentation everywhere stressed the worldwide nature of the programme though, for reasons given in the introductory brochure<sup>1</sup> (pages 11 to 12) and owing to the urgency and gravity of the problems and the technological weakness of the infrastructure, Africa had been given initial priority, since priorities had to be established. Later the programme would be extended to Asia and the Indian subcontinent and to Latin America which however would be involved from the start in research on trypanosomiasis and leishmaniasis.

As regards the strengthening of health services, the broad definition of biomedical research submitted to the WHO Executive Board had been adopted by the Regional Committee for the purposes of the regional biomedical research programme. There could therefore be no doubt that the strengthening of health services was one of the priorities in Africa. The development of suitable manpower was implicit in that programme so that the need for research on educational technology to produce that manpower was inescapable.

Adding to Dr Goodman's explanation of why the enteric diseases had been excluded from the programme, Dr COCKBURN (Director, Division of Communicable Diseases, WHO) pointed out that WHO already had a diarrhoeal diseases programme and much work was also being done on cholera.

On the question of how the results of research would be applied, he reminded participants that WHO was also engaged in an expanded programme on immunization - limited to childhood diseases, that being an area neglected in the past - and any results of research relating to those diseases would be brought into that programme, which was also a candidate for extra funds.

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<sup>1</sup> World Health Organization. Tropical diseases today - the challenge and the opportunity, Geneva, 1975.



On the question of vector control relating to the five groups of vector transmitted diseases included in the special programme, Dr HAMON (Vector Biology and Control, WHO) said that at the moment hopes centred on the development and use of pesticides, despite some hopes in some areas or for some vectors of genetic control and the wider hopes of biological control in the future. However, the possibility of control through immunization and chemotherapy would probably not be explored unless the research was undertaken for medical purposes - except in some rare cases where an animal disease assumed comparable economic importance and there the results of veterinary research would be used.

The situation in vector control by pesticides was better than in chemotherapy and immunization in that, through close cooperation with FAO and industry, WHO had the benefit of research on crop and livestock protection which, though diminishing had so far sufficed to meet most emergencies and was expected to continue doing so in the not too distant future.

The situation regarding genetic control of vectors was so complex that little could be said on the subject at present. In biological control difficulties similar to those of the development of live vaccines were being encountered. They included problems in the development of active strains, and problems of specificity and safety for the environment and man, and of standardization. There was also the royalty and patent problem in that an active strain once cultivated could be procured by anyone. For that reason industry was not interested in producing it and research and development could not be undertaken unless supported by national or international bodies with ample means. Furthermore, much laboratory work turned out to be fruitless. However, an ambitious programme was being prepared which would resemble the expanded programme on immunization in many respects.

For those reasons vector control research and training had not been included in the proposals, though they could be included if participants wished.

Professor GOPALAN (WHO Temporary Adviser) said that, despite the resurgence in his country and Region of several of the diseases included in the programme, he had been convinced by the arguments adduced in favour of Africa as starting point. He was sure that all realized that the programme would have to have a global basis, especially in its biomedical research aspects. In that connexion he particularly welcomed the proposal to set up regional committees for medical research with the highest priority for communicable diseases in the case of the South-East Asia Region. India and the Indian Council for Medical Research would do all they could to assist with the programme.

On the question of nutrition, the situation that the programme was intended to improve was the outcome of the interaction of malnutrition and communicable disease. The synergism between malnutrition and infection had been well established. The nutritional status of the host also influenced the whole course of disease, determining immunological response and bioavailability of drugs, and so nutrition would have to receive very high priority in biomedical research.

As regards the participation of the tropical countries, he wished to sound a note of caution. Since their contribution would constitute a significant proportion of their total biomedical research effort, it was particularly important that the activities they were called upon to undertake and the assistance they received should be built into their own biomedical research systems. That would be necessary both to promote self-reliance and to avoid the development of parallel systems which might even engender an internal brain drain.

Dr MAHLER (Director-General of WHO) said that initially his own view had been that the first aim of the programme should be to develop national capacities to the point where they would be able to cope with the problems that would continue to arise during the next century, the choice of priorities being of second importance so long as quality was maintained. That had been found too vague an objective and it was now thought desirable to approach that aim by attacking specific problems, with training as second objective.



As regards the participation of developing countries in the planning of the programme, he recalled the exchange of views and warm support for the special programme voiced in the Health Assembly and in the regional committees. The function of the current meeting was to examine the feasibility of the proposals in order to avoid raising false hopes. Naturally, developing countries would be involved in the programme at every stage.

Experience of the international agricultural research programme had been mentioned. Unlike that supranational programme with its emphasis on such problems as the development of hybrids which once solved left no trace of the research activity in the developing countries, the special programme was designed to leave behind national capabilities to solve future problems. The balance between the supranational approach and the one consisting of collaboration between countries had been much discussed; in the light of WHO experience, the latter approach had carried the day although it would be more difficult. In that connexion, he saw no conflict between the preoccupation with the participation of developing countries in the programme and their partnership with scientific circles in the developed countries.

The problem of priority setting lay essentially in the many uncertainties involved. It would be easy, with modern information systems, to ascertain which problems were likely to prove of lesser importance, or even to solve themselves, if all the parameters of overall development were known. But to aggregate the problems with all their uncertainties related them more and more to overall developmental situations and major changes in the scenario. And so sooner or later systems analysis had to be set aside and consideration had to be given to what could be done within the rather narrow health approach to make a significant contribution to overall development. He was fully aware of the difficulty of reconciling views on the point at which that step had to be taken. The priorities of the programme had therefore been evolved as an answer to the question of what could be done within 20 to 30 years to develop some major new tools or techniques, within the development framework, and with the participation of the basic population groups in Africa, Asia and Latin America. Scientists and public health officials - and perhaps developmental expertise should also be brought in - were not all in agreement on the subject and so he would welcome the constitution of a task force to keep the programme's priorities under continuing review. Any decision reached in that way included an element of randomness. The magnitude of the problem and the ability of biomedical research to contribute to development were not in dispute; the difficulty was to create the necessary continuity in problem identification from the tropical village level to the advanced research institute.

The task force approach with the neutral background of WHO was expected to result in continuous selection of activities, with rejection of unproductive lines and introduction of promising ones, and to strengthen the global view. The successful bridging of the gap between fundamental research and wide application could bring benefits on a revolutionary scale, as had been shown by the tuberculosis programme in India. The task forces would face that challenge too.

Recalling the discussions at the Health Assembly, Mr MICHANEK (Sweden) expressed his agreement with the Director-General that the time had come to create national capability to deal with the problems of communicable diseases in the tropics.

Referring to the Director-General's letter of invitation and the objectives as defined in the Strategy document, he noted some watering down of those objectives and, in particular, a dilemma between the slow process of building up resources in developing countries and the desire for urgent action. In his opinion, to obtain lasting results it was important to build up those resources - which were already potentially considerable - with the full participation of all concerned and secure their mobilization and support, since only indigenous resources would enable the developing countries to cope with their problems. That would mean a long-term commitment conflicting with the concepts of urgency and quality natural on the part of developed countries. He would welcome WHO ideas on the subject.



Approving the choice of the diseases in the light of the reasons given in the documentation and introductory statements, he commented that the multidisciplinary approach outlined seemed to mean drawing on the resources of the various specialties rather than combining those resources in a multidisciplinary experience. He would like to see more links established to other subject areas that might be important to the progress of the programme, e.g. ecological and agricultural issues, environmental problems, nutrition, etc. Links should be established with other parts of the United Nations system and other bodies for the benefit of all concerned. He would like to know in particular what forms of cooperation were foreseen with FAO, UNEP and UNICEF and how their resources could be brought into the programme. The non-medical as well as the medical aspects of the expanded programme for research on human reproduction would also have to be considered in relation to the programme. The proposed operating base of the special programme seemed to have been modelled to a considerable extent on that of the expanded programme, which had already proved its worth, but the parallel should not be taken too far. In particular the special programme's task forces might be composed in such a way as best to utilize all the resources both inside and outside Africa. Similar considerations might determine the selection of collaborating laboratories. As a corollary to that procedure, heavy emphasis might be placed initially on the training of indigenous scientists in view of the importance of their contribution to the programme in such matters as the development and production of long-acting vaccines and drugs and the time required to train a research scientist.

As regards network structure, it was natural to use Ndola to ensure a quick start to the programme and minimize building and facility costs but there was obvious merit in starting at the same time to strengthen laboratories and clinics in various other parts of Africa; for it was essential to achieve equilibrium in the distribution of responsibilities between not too few countries. As that would be a long-term task and the framework existed, a start should be made soon. Links should be established with the laboratories in Africa already working on tropical infectious diseases and also with current internationally supported programmes such as the onchocerciasis and schistosomiasis control programmes. He would be interested to know what links were envisaged with those programmes and what degree of integration of research and financing was contemplated.

Sweden had already contributed financially to WHO research on tropical parasitic diseases, the most important activities of which were now being incorporated in the proposed programme, in which it also took a keen and positive interest. Sweden was therefore prepared to accept that its financial contribution be transferred to the special programme.

He believed that UNDP was already financially supporting one or two related programmes and other donors might be in the same position. Other national and international institutions - some of them in Africa - might also be potential participants on the basis of their current and future programmes. Enlisting their participation and support would be important to the organization and management of the programme and a point at which WHO, in collaboration with the most closely affected countries, could play a most significant role. Financing might be difficult at the start but it was hoped that the programme would soon commend itself to governments everywhere and to international agencies so that it would become truly international and worldwide.

As regards the proposed links with other programmes and organizations, Dr GOODMAN (Director of the Special Programme) said that discussions were already under way with the onchocerciasis control programme on the incorporation of the chemotherapy research aspects of that programme into the special programme. That was expected to be achieved by the constitution of a joint task force. Similar joint task forces might be established as links with other programmes.

Recalling Dr Rowe's comment on work at Ndola, he explained that Ndola had been chosen because research workers considered that expertise in clinical trials needed developing, the necessary resources existed there, and the location provided a natural hub for a network within which the same protocols could be worked on simultaneously in different institutions, so that results could be achieved more rapidly.



Mr MATHIESON (United Kingdom of Great Britain and Northern Ireland) said that his government would shortly be reviewing the pattern of United Kingdom aid for development. It was proposed to give both bilateral and multilateral aid a new orientation with emphasis on assistance to the poorest countries and particularly to those whose natural poverty had been exacerbated by the rise in the prices of oil and other imports. Programmes were being worked out which would direct the national effort - which was by far the largest part - and the United Kingdom assistance to improving the lot of the most disadvantaged communities in those countries. An interest in the six selected diseases was consistent with that new approach. It was also appropriate that more attention should be paid to public health in bilateral aid in view of the increasing recognition of the importance of the social dimensions of the whole development process.

He agreed with the Director-General on the need to bring the full effort to bear on a segment of activities carefully chosen in view of the likelihood of success and the widespread benefits to be expected, and had been gratified to learn in recent conversations with African ministers that the new approach was closely consonant with their own assessment of priorities in Africa.

The United Kingdom was therefore prepared to join in the risk taking, approved the choice of the six diseases selected for first attack, and the location of that attack in Africa with a view to extension to other parts of the world later in a global effort. Despite the relative narrowness of the approach some priority setting mechanism would be needed within the programme, if not for financial reasons, for the deployment of scarce human resources and he emphasized the need for flexibility in organization and management.

He assured the Director-General that the international agricultural research programme was more truly international, as distinct from supranational, than it might appear. An important aspect of the work of the international centres that had been established for the purposes of the programme and would disappear with it was their "outreach" programmes to which an increasing proportion of the effort was devoted. In those programmes, the centres joined national authorities in bringing their results to the farmer in the field. Another important aspect of those programmes was the cooperation with national scientists in the training of others. That experience also might be useful to the special programme although the starting points of the two programmes were different. The Consultative Group, which was a fund raising and allocating body, might have been arbitrary in its priority setting decisions had it not had the services of a Technical Advisory Committee serviced by FAO and composed of scientists selected for their scientific reputation and varying backgrounds. He was glad to hear that similar machinery would be set up for the WHO programme.

While maintaining its own research effort and its bilateral aid to research, the United Kingdom was willing to pledge substantial additional resources to the special programme. It would be difficult to say how much would be a suitable amount without seeing a costed series of proposed operations which could not be forthcoming until the task forces had identified opportunities and assessed the efforts required, but that contribution might be up to about US\$ 500 000 for 1976/77.

He agreed that the training component should be present from the beginning but would prefer it to be considered as cooperative association in the development of research manpower, since scientists in the developing countries could contribute much, in the field of human ecology in particular, to enhancing local capacity to conquer tropical diseases.

The CHAIRMAN thanked the representative of the United Kingdom for his constructive suggestions and pledge of financial support.

Dr GOODMAN announced that the report of the meeting of the Consultative Group on the Coordination of Biomedical Research in Africa, held in Brazzaville, from 30 June to 4 July 1974, would be made available to participants who would note that training was a major aspect of the programme and that, as much of the programme would be regional, the resources of the WHO Regional Office for Africa would be employed for its management and coordination.



Dr VELIMIROVIC (Austria) said that the Austrian Government welcomed the timely WHO initiative for a special programme of research and training in selected tropical diseases and expressed interest in seeing how WHO proposed to coordinate the work. Some of the difficulties mentioned by the WHO Regional Director for Africa had sounded uncomfortably familiar to a representative of a small country. They included how to reconcile centralization of research with stimulation and diversity of approach and whether information systems were necessary. Two different approaches would be necessary according to the aim: for quick results, the world's foremost scientists would be needed but for building up capability the longer-term effort of training would be required. Good planning would be helpful to research but did not bring it about: and so, though valid and welcome the decision to transfer research to the places where the diseases were rife should be carried out with discernment in the interests of making best use of the whole of the world's research capability. He was confident that WHO would show that discernment.

In conclusion he suggested that, in view of the large sums of money involved, some of the basic research might be done by the universities and by industry. The latter might be willing to cooperate if it was shown that there would be an extensive, if not unduly remunerative, market for the product.

His Government had a continuing interest in the undertaking and, when the initial planning was further advanced would consider ways and means of dealing with the challenge.

Dr WILLIAMS (Director, Wellcome Trust), Chairman of the Planning Group, said that, as Director of a Trust already supporting tropical disease research, he fully appreciated the cooperation of WHO, without which some of the Trust's projects might not have been able to continue. He therefore thought that any international tropical disease research development project would have to be coordinated internationally and that WHO was particularly well fitted for that role.

Speaking as Chairman of the Planning Group, he noted that most of the points raised by the Group had been dealt with since the meeting or at the current meeting. However two points - the role of the MDRCs and the need for people - seemed not to have received sufficient thought.

The MDRC at Ndola - to take the current example - was developing properly, i.e. slowly. He was concerned that the inevitably slow development of MDRCs might leave the programme with a machinery consisting solely of task forces and a network. There had been a point in concentrating multidisciplinary research in one place and failure to do so might endanger the programme. More thought should therefore be given to the development and functions of MDRCs.

As regards people, the problem of human resources seemed conspicuous by its absence from current planning, though it would be difficult to over-emphasize the importance of enlisting cooperation. He wondered whether any thought had been given to the problem of incentives; it would be unwise, in his opinion, to rely entirely on funds. As regards training, it would be no less necessary to have the cooperation of people from the developed countries with knowledge of tropical diseases in their setting than to have people in developing countries capable of advanced research, since links had to be maintained with the disease setting on the one hand and with advanced science on the other. The former personnel were also already in very short supply and were not being trained. Countries participating in the programme should not only see what they could contribute to WHO but also look to their own situation and develop the type of personnel needed to act as link men on task forces. That could be done only by developing some type of career structure for personnel from the developed as well as from the developing countries.

Another gap in the proposed structure was the link with industry. In view of the cost of developing new drugs and chemotherapies, the cooperation of industry would be most valuable. From the manufacturer's point of view of course the development of other types of drugs for broader and more remunerative markets was likely to appear more attractive, but he



wondered what had been done to contact industry and find out whether it was willing to participate and what profit industry could be persuaded to see in participating. Much had been heard of the new science being the way to achieve results but, from the diseases to be attacked and the proposed manner of doing so, it seemed that the same old tools were to be used - drugs and vaccines; where and how was the new science to be brought to bear?

After making those comments, he wished to emphasize the importance of some organization coming forward to deal with tropical diseases and institute the necessary cooperation between the developed and the developing countries. He therefore warmly welcomed WHO's initiative and assured WHO that the Wellcome Trust and he personally would always be willing to assist.

Dr ROWE informed participants that there had been much discussion during the past year of the whole question of the Ndola MDRC and of the contribution of exotic and expensive research to the achievement of the programme objectives. Both the Planning Group and ACMR had stressed the advantages of multidisciplinary research, which in the case of Ndola included field and epidemiological, clinical and laboratory research. The report of the Planning Group contained an ambitious account of such a centre. The essence of the idea was that such a centre would be able to expand studies of the diseases in a way that the task forces could not, adopting what the Director-General had called the holistic approach and studying diseases in the context of socioeconomic conditions, nutritional status, genetic aspects of susceptibility to disease and multiple infection. He assured Dr Williams that there was no intention to abandon the idea of the MDRC which had been an integral part of the programme from the start but only to go carefully in view of the nature of the research, its cost and its risks.

As regards Ndola, the Government of Zambia had offered WHO space in the central hospital at Ndola as its contribution to the programme. WHO had accepted that offer and was committed to establishing laboratories there. Any location would have its advantages and disadvantages and the facility's potential for development would be assessed as the work progressed. It was proposed therefore to proceed step by step, evaluating at every stage, to see what the funds and talent would produce. Task forces and networks of laboratories had to achieve a balance in the programme and the need for an MDRC in a particular area to interlink and coordinate activities would have to be assessed in the light of the nature of the problems and existing facilities.

Dr de MAAR (Senior Programme Officer, Special Programme), commenting on the need for links with industry, explained that some of the activities to be incorporated into the special programme had been in existence for some time, but they had been carried on piecemeal and without the priority they deserved. What was needed was an infusion of new ideas to enable pharmacologists, for instance, with the help of the new biology to look at old problems in new ways. There was also a need to show vested interests, and the pharmaceutical industry in particular, that the field was worthwhile, so that industry with its manpower and experience could be brought into partnership with academic and research institutes to provide those new ideas. He knew from his own discussions with chairmen of major industries that there was an interest; the need was for the responsible scientist in middle management to come forward and request permission to divert some effort from current research to fields that showed promise for the future.

Expressing his appreciation of the continuing assistance received from the Wellcome Trust and promised for the future, Dr GOODMAN said that as regards attracting scientific talent and applying the new science, WHO was aware of the problem and particularly of the difficulty of bringing in the young cell and molecular biologists in view of the explosion of scientific research in recent years in that field. Just before the ACMR session he had contacted a number of ACMR members to find out how the Organization might proceed and the plans were to organize workshops at which those scientists could study protozoal and metazoal models in vitro. Discussions were in progress with the European Molecular Biology Organization and the United States Academy of Science to see how such workshops could be set up. In due course, others would be arranged in Africa, Asia and Latin America, so that although the application of new science and the attraction of research workers were not explicitly written into the task force programme, they were a continuing concern.



Dr NIKOLAEVSKIJ (Union of Soviet Socialist Republics) said that WHO had already considerable experience in the type of programme under discussion, cf. the smallpox eradication programme.

The special programme was fairly detailed, and no one doubted the importance of the six diseases. Of course it was a global problem, but it was perfectly right to begin with the African countries; although the research workers of the whole world would be concerned, it was right that their work should be directed in the first instance to a single continent.

In the USSR the six diseases had now been eliminated, but there remained the experience of those diseases, the research workers and the institutes, and these could be mobilized to help in the special programme. Many of the diseases required of course a planned public health approach.

He thought that the documentation showing the strategy for the programme was sound and well conceived, although many details would have to be filled out.

### 3. ORGANIZATION AND MANAGEMENT OF A SPECIAL PROGRAMME: Item 4 of the Agenda

#### Possible timetable of activities to implement a special programme and associated budget estimates

Presenting the budget proposals contained in the Annex to this summary record, Dr de MAAR (Senior Programme Officer, Special Programme) explained that the timetable in section II showed the interdependence in time of the components of the special programme, without indicating any starting date, which might be any time after a pilot phase lasting several months. The activities were listed in the terms in which they had been introduced at the current meeting. The "results", shown on the bottom line, would include not only gradually increased capability in biomedical research and the introduction of new vaccines and drugs but also increased self-reliance.

He then described the activities listed, some of which could have a running start, while others called for a decision.

Increased self-reliance could start to show as soon as trained manpower was available to the strengthened centres and MDRCs. The impact could not of course be evaluated quantitatively until a quantitative evaluation of performance as against plan was available. After 18 months some proven concepts regarding new tools might emerge and they could be further developed. It was expected that a new vaccine or drug would take a further 3-1/2 years to develop and so would not be available for full operational use before the end of Year V. At the end of Year II a decision could be reached on tactical grounds on the global expansion of the programme. The only other component needed prior to Year IV was suitable headquarters staff and posts to support the full development of task forces and maintenance of the MDRCs and regional training centres. The programme would thus be fully operational at the start of Year IV and would then continue in a maintenance phase.

The costs of the programme were listed in the same operational terms in section I of the Annex. A pilot phase expanding current planning activities for 12 months could be budgeted at US\$ 2.4 million. Of that amount \$ 416 000 would be for task force planning, \$ 945 000 for task force research operations and \$ 896 000 for network activities; the remaining \$ 191 000 would be needed for coordination. Those estimates did not include staff positions provided for by WHO or WHO support costs. Thanks to the generosity of some donors who had contributed to the programme prior to the meeting, enough funds were already in hand to finance several months' operations.



He invited attention to the five-year budget shown in section III. The low and high estimates showed the minimal amount for which the programme could be implemented as planned, the upper limit being the amount that could be efficiently absorbed by the programme. Funds for salaries and equipment might reach the recipients either through contract work for the task forces, or, if necessary, through strengthening of the collaborating laboratories. Heavy emphasis had been laid on task force research. Salaries had been budgeted for coordinating staff on the basis of WHO scales and for outside activities on costs for graduate personnel in industry. Training, shown separately (line 4), related to grants only although training activities were part of the network. Costs of product development (line 5) were of an industrial nature not directly related to the biomedical field, i.e. production of larger amounts of drugs or vaccines, or preparation of dosage forms for field studies.

In short, the budgetary implications of the programme, as a basis of calculation for costs throughout two or three decades, were in the region of \$ 100 million to set the increase of self-reliance in motion.

## THIRD MEETING

7 October 1975, morning

## GENERAL DISCUSSION (continued)

## ORGANIZATION AND MANAGEMENT OF A SPECIAL PROGRAMME (continued)

The CHAIRMAN suggested that participants, in the course of the general discussion, might wish to comment particularly on item 4 of the agenda (Organization and management of a special programme), although it would not be possible to enter into administrative and budgetary details at the present stage. Since not all participants were familiar with the concept of "task forces", mentioned the previous day, he would ask Dr Goodman and Dr Wilson to clarify it.

Dr WILSON (WHO consultant on the special programme) said that the use of task forces was an attempt to bring together in a flexible way the necessary knowledge and skills to carry out research. It was assumed at the outset that there was a tropical disease problem, that it was global, that country-specific tools were needed, and that they could only be provided by research. Task forces were the international mechanism devised to bring together the elements not only for carrying out the research but for adapting and applying its results in the countries themselves. They were a mechanism for bridging the gap between highly developed knowledge, such as that outlined by Professor de Duve, and the needs of the countries suffering from the diseases.

The advantage of task forces was that they were flexible: they first outlined the task to be accomplished and then found the people to carry it out. The task might be sophisticated research (lysosomal research, for example) or it might be the application of results of research at village level, i.e. the entire spectrum from laboratory to patient could be covered. The task force ensured continuity of effort. As the research progressed, and as trials were carried out, the constitution of the task force changed, to focus on whatever was the current stage. A programme such as that under consideration could only succeed if it had access to both problem and scientist. This was only possible for an international organization: neither national governments nor industry had that access to all the talents in the world.

Dr GOODMAN (Director of the Special Programme) gave specific examples of people on various research councils and programmes who would probably be represented on task forces.

In addition to coordination of bilateral efforts, it must be realized that there was a need for the type of funding described by Dr de Maar at the previous meeting.

Mrs OBENG (United Nations Environment Programme) congratulated WHO on initiating the special programme. That UNEP was interested in such a programme did not mean that it considered the work hitherto carried out as unsatisfactory. That UNEP should have been set up at all merely showed the need to consider certain situations from all angles. But UNEP was not an executing agency. She instanced its cooperation with FAO in the programme for pest management systems in agriculture, and with WHO on malaria control and in the coming schistosomiasis conference in Cairo. At the latter, countries would be encouraged to develop environmental methods as an alternative to the present chemical methods; this would be a step in keeping with UNEP's mission of maintaining a healthy world (moreover the cost of the chemical methods was rising).

The reason that bioenvironmental methods now appeared less sophisticated than present methods was perhaps that they had been played down in the past and that not sufficient research had been carried out on ways of using them.



UNEP hoped to participate in the Special Programme, which she understood would not only deal with research and training, but would ensure the transfer of results to the site where action was to be taken, i.e. the village level. From the documentation, however, it would appear that the emphasis was still on chemotherapy and immunology. Vector control was mentioned, but there did not seem to be provision for a special cooperation with ongoing programmes. Biological control was referred to. But the present state of knowledge would not allow control at the level and skill envisaged. The project was therefore a good opportunity to learn more about not only biological control but other forms of bioenvironmental action that was not beyond the expertise of the villager himself.

She asked that when the programme was finalized consideration be given to including research on environmental methods of control - ecological methods of vector control, modification of habitat, etc. - which at present might seem nebulous but should not be ruled out.

Speaking as one who came from Africa, she expressed uneasiness that Africa had been selected for the first phase of the project. It might have been preferable for it to start elsewhere. Why not in Latin America?

UNEP was anxious for the success of the programme and did not wish to see it merely the extension of a centre or centres providing opportunities for research scientists to follow their own interest - that was not unknown. The research must be directed at practical help to the ordinary person.

In addition to vaccines, diagnostic testing, etc., she would like to see emphasis on new approaches along the lines indicated by Professor de Duve.

In view of the emphasis on chemotherapy and mollusciciding, she suggested that it was essential to obtain from industry safe drugs, safe molluscicides. And finally, in addition to scientific training, other types of training should be explored. Since the success of the programme would depend on the people at village level, some training was required at that level on how the research results could be put into practice. This would not happen unless communication would be improved. Thought should be given at the present stage to finding a place in the programme for some study of how such communication could be achieved.

UNEP hoped that some of the gaps in environmental knowledge would be filled by the programme.

Dr GOODMAN (Director, Special Programme) said that Mrs Obeng's comments on alternative methods of schistosomiasis control would of course receive serious attention by WHO. The fact that the programme was being carried out by, or through, WHO's Regional Office for Africa should be a guarantee that the approach she was advocating would be followed. Even those scientists most inclined to follow their own lines of research would be obliged, when working for example on a schistosomiasis trial, to maintain contact with the patient at village level to know whether the trial was successful or not.

Dr MAHLER (Director-General of WHO) shared Mrs Obeng's concern that the programme should get down to the level of primary prevention, rather than start with the infected human being and chemotherapeutic action. But efforts at environmental health had met with little success because the rich would not make the necessary investment, and this might be true for a very long time. If the approach advocated by Professor de Duve led to specific, non-toxic drugs becoming available, they would enable the programme to survive until primary and secondary prevention became more realistic tools.

WHO had never been able to obtain funds for research on primary and secondary prevention, although primary prevention was the appropriate field for an organization concerned with people's wellbeing in terms of health, rather than with chemotherapy when they were already sick, or at best with some form of chemoprophylaxis.



As for the siting of the programme, an appeal was being made to the best scientists in Africa to identify with the programme. But if Africa, and later other regions, could not mobilize the necessary scientists, there might indeed be a danger of the programme becoming an outlet for universities' field research.

Mr MES (Canada) hoped that an adequate mechanism would be found for the Canadian International Development Agency to participate in the programme. Referring to the two approaches in the strategy document, he suggested that the central aim of the programme should be the development of new methods for tropical disease control, with strengthening of the research only as a subsidiary objective.

In the strategy document, stress was laid on the search for chemotherapeutic agents and vaccines. But Professor de Duve had shown that present methods of chemotherapy and immunology were insufficient and that only with further knowledge of the functional peculiarities of the parasite could progress be made.

He asked whether task forces would be used to find a vaccine or chemical agent for use against tropical diseases?

Professor Gopalan had spoken of the interaction between nutrition and the immune response mechanism, low protein diet weakening the response to vaccines. But a low protein diet was the norm in most of the rural areas in question.

Vector control appeared to have been discounted as a solution. But a large body of academic knowledge on biological methods of vector control existed in the economically developed countries, requiring only a systematic programme for filling gaps in knowledge and for field testing under tropical conditions.

He asked what would be the functions of the multidisciplinary research centres in Africa, what resources would be needed, and how they would be staffed. Would the 60 scientists proposed to staff the centres come from Africa or would they be expatriates? If they came from African laboratories, the latter would hardly be strengthened; and it was difficult to prevent them from migrating to the multidisciplinary centres. Perhaps the representative of the East African Community would comment.

The centres appeared to be intended to carry out research beyond the capacity of the national and regional programmes; such capacity however might easily exist in other developing regions of the world. A survey of research capacities in developing regions was therefore required.

Once research requirements had been determined, the research should be contracted out, first to Africa and then to other regions. Only after that should multidisciplinary centres be discussed. In that way the aims of (i) immediate research results and (ii) strengthening of infrastructure would be met, and priority would still be given to Africa.

The budget outline gave the first-year costs of the programme as some \$ 2 500 000, exclusive of a WHO component. Judging from the experience of the Consultative Group on International Agricultural Research, in its third year, that budget would be over \$ 18 000 000 and other regions than Africa would press for similar programmes. Was the present group empowered to recommend expenditure from WHO's regular budget for up to 20 years to come?

Within the Canadian Government, a programme of the type under discussion required inter-departmental consultations, and unless it was supported by the ministries of finance and external affairs it had little chance of being adopted. He doubted whether the proposals for the special programme would find acceptance by those ministries in their present form.



He supported the proposal that a second meeting, to discuss the type of structure necessitated by task forces, should be convened before any long-term commitments were undertaken.

Dr GOODMAN (Director, Special Programme) assured Mrs Obeng that the question of biological control of vectors would receive serious discussion as a possible addition to the programme.

Task forces would be expected to find an answer to such questions as the best method of immunological control or ways of interfering with the viability of the parasite; and they would carry out chemotherapy trials. Besides specialists in such new knowledge, as that mentioned by Professor de Duve, the task forces contained traditional disease experts, who would challenge the feasibility of any new approach.

The multidisciplinary research centre in its early stages would certainly need help from expatriate staff. Perhaps Dr Kamunvi and Professor Lucas would comment on the danger of such a centre creating a form of "brain drain".

Dr MAHLER (Director-General of WHO) said that, more important than the budget structure of WHO, was the concept of an international coordinating health agency that could provide the neutrality required to get at the truth in health matters. Clearly the regular budget had been eroded over the last few years, and if WHO was to undertake big scientific programmes there could be no question of them being funded from the regular budget. If Member governments or foundations wished to use WHO as a platform to advance research, they would have to provide the money. The regular budget could be used initially to give impetus to the programme, but once a consensus agreement with a sufficient number of participants had been reached, multilateral or bilateral funds would need to be mobilized. For the management of the programme however, the Organization's infrastructure could be called upon, particularly at regional level. In fact a programme such as the one under discussion was a way of making better use of the regional structure of WHO.

Dr JOURNIAC (France) emphasized the great interest of the French Ministry of Cooperation in the proposed programme, which would strengthen or reorient research already undertaken and ensure the necessary coordination.

Like many previous speakers, he was strongly in favour of an inventory of existing capabilities. The considerable research already carried out by WHO, e.g. that related to the onchocerciasis campaign, was of great importance and it should be possible to link it up with the new programme: in some cases such research might even suffice in itself, without extra expenditure. Not only did WHO have research programmes in the six selected diseases, but there were also national and bilateral programmes. As regards the latter, the French Ministry of Cooperation had committed more than 50 million francs a year for research and training in Africa, and was supporting numerous research centres that also received national support; those centres were nevertheless experiencing difficulties because of the high cost of research. France was contributing a similar sum to bilateral research programmes in the rest of the world. These were long-standing commitments and had shown themselves to be sufficiently productive to be associated with the programme under discussion.

The six selected diseases were well chosen (Dr Goodman had explained the reasons for not including measles and cerebrospinal meningitis). But among those six diseases, some had more need of research assistance than others since in their case research was not an economic proposition - and this should be stressed.

Other speakers had raised the question of relations with the pharmaceutical industry. The contribution of that industry could not be ignored if concrete results from the research were to be obtained at the level of production. Moreover the research potential of the pharmaceutical industry could also be exploited; in any such collaboration, the question of patents should be borne in mind.



The proposed method of implementing the programme should receive wide approval: the task forces would allow for the necessary flexibility. From the details given in the documentation, however, he thought that there was a danger of excessive administrative stratification owing to the various elements and levels proposed: task forces, steering committees, scientific councils, network councils, and the network itself. It might be advisable, in the interests of economy, to run together some of those components, which would doubtless call upon the same groups of people. The WHO Secretariat had sufficient experience to utilize to the maximum the competencies of all concerned by regrouping certain of the tasks to be carried out.

The programme rightly laid considerable emphasis on existing research centres in Africa, which would be encouraged to orient their research into the areas that were of particular concern to them. The proportion of research contracts awarded to such centres ought to be about 80%, and priority should be given to centres located in the area where the disease in question was widespread.

The budget presented gave an idea of the order of magnitude of the expenditure envisaged, but he would like more details as to how that budget would be administered. The Director-General of WHO had said that WHO had the necessary administrative capacity to take over the work and thus reduce the administrative costs of the programme. As regards long-term financial policy and control, he agreed that a committee should be set up to establish financial projections for the programme in the coming years. There should also be some kind of structure to determine the nature of the expenditure envisaged and the general lines of research policy.

Decisions and options would be facilitated if participants in the programme declared in advance the research in which they were interested and which appeared to them likely to give results. Experience of bilateral assistance showed that the task would not be easy. In particular it confirmed that the cornerstone for the success of any such programme was the quality of the research workers taking part.

The CHAIRMAN said that it was clearly not intended that the special programme should take the place of existing programmes, but that it should utilize their potential and contribute a new dimension.

Dr MAHLER (Director-General of WHO) confirmed that WHO had very close relations with industry, whether privately or publicly owned. It had established clear-cut rules for patents that came into effect, for example, when WHO was promoting the development of a new drug. But the point made by Professor de Duve was important - that industry was not motivated to look for the specific non-toxic, low-cost drugs that tropical disease control demanded. WHO must therefore do the spadework in developing such drugs.

Dr LAMBO (Deputy Director-General of WHO), replying to Dr Journiac, said that bilateral assistance had a sad history in Africa. WHO had taken a critical look at all possible areas to see what research capacities existed: in Africa it had found deserted and empty institutes, which would have to be revitalized before they could take part in the programme. At the present time, there were twice as many African scientists in Europe as in Africa, the majority trained thanks to bilateral exchanges. They had not returned to Africa: (i) because they were not sufficiently motivated; and (ii) because their research experience was not applicable. WHO was very sensitive to this point, and wished to mobilize African research workers everywhere to take an active part in the developments in that continent.

Dr Cheick SOW (OCCGE) said that, despite a certain initial apprehension, he was now convinced that OCCGE, particularly through its subregional organization for French-speaking West African States, would fit very well into the tropical diseases programme. OCCGE had for 15 years with the help of France been carrying out training and applied research in five of the six selected diseases, mainly in the epidemiological field. He welcomed the programme,



which would direct research to the most affected areas and promote the formation of cadres of national research workers. In that connexion, coordination with the WHO Regional Office for Africa was essential: OCCGE was ready to participate in the research programme as described by the Regional Office at the meeting of the consultative group for coordination of biomedical research in Africa.

It was important to maintain a certain balance between the task forces and the network responsible for practical work in the field: the applied research component should therefore be strengthened. The subregional organization of OCCGE was prepared to put at the disposal of the network the experience it had acquired with such applied research, as already requested by the Regional Office for Africa.

Professor SAINT-ANDRÉ (OCCGE) regretted that no reference had been made to the use of the antibiotic rifampicin in leprosy control, perhaps because it was so expensive. It was however a particularly effective sterilizing agent for the microbial reservoir. He calculated that, with a dosage of less than 900 mg a week for one month, the cost would be \$ 10 per patient; on that reckoning \$ 10 000 would suffice to destroy the virus reservoir constituted by the untreated leprosy patients in Mali and would be of enormous epidemiological importance.

He drew attention to certain inexactitudes in the figures given for leprosy in the documentation: 65% of tuberculous leprosy patients still figured on the lists of the anti-leprosy campaign in the Ivory Coast and Mali carried out for 20 years by OCCGE, although they had been cured for 10 years or more.

The CHAIRMAN said that Professor Saint-André's remarks, in view of their technical nature, would be brought to the attention of the task forces.

Mr OBAYAN (African Development Bank) was confident that the proposed programme, as it was evolving, would receive both the moral and the material support of the world community.

The African Development Bank was, by its nature, concerned with the developmental nature of the programme and had given considerable thought to how health projects could be financed by an institution such as the ADB. In collaboration with WHO, a lending programme had been drawn up, the financing being on concessionary terms: a 50 years' repayment period with no rate of interest.

In 1975, it was hoped to finance health projects in the amount of \$ 20 000 000 in African countries (he gave examples of the projects), and such financing might continue at the same level in years to come. It was hoped that other financial institutions would be encouraged to see the need to do the same.

ADB concentrated its efforts in health on two aspects: (1) development of the health infrastructure, and (2) training of health personnel - both of which were to be found in the programme before the meeting.

He confirmed that the African Development Bank would give its support to the programme. It would however like to see a more detailed cost estimate made, in particular a distinction between capital and current expenditure. It was one thing to set up research institutes, task forces, etc., but quite a different thing to maintain them. The capacity of the recipient countries for continuing the programme after WHO assistance had ceased must be taken into account. Would there be counterpart contributions from those countries where research centres were established?

The six diseases in the programme were present in continents other than Africa, and ADB would like to see representatives of the Asian Development Bank and the Inter-American Bank taking part in the meeting at which the programme would be finalized. Whatever the outcome, ADB was fully committed to supporting WHO.

Professor KRANENDONK (Netherlands) asked if the special programme was an addition to the United Nations World Plan of Action, based on the conclusions of the United Nations Conference on Science and Technology.

There was a definite interest in the special programme on the part of European schools of tropical medicine. In the Netherlands, the medical research institutes, with the cooperation of the ministries of health and of development and cooperation, had formulated a health policy for bilateral cooperation that closely followed WHO's global priority objectives, e.g. primary health care, disease control, protection of the environment, and health manpower development. The Netherlands Government therefore supported the special programme on tropical diseases; and a contribution might be expected from it in 1975, on the understanding that 1975 would be zero-year. Further support might be possible from the Netherlands bilateral research programme and from its regional fellowships programme to support career-building of national capabilities in developing countries. The participation of Netherlands and overseas institutes might be expected in connexion with at least five out of the six diseases of the programme.

Disease control however was a normal and high-priority task of WHO. Should not the special programme therefore become a part of WHO's regular budget as soon as possible? His colleague would speak to this aspect of the matter.

Mr BROUWER (Netherlands) said that since the aims and purposes of WHO's programme and the Netherlands development policy on health ran along the same lines, the Netherlands Ministry for Development Cooperation was prepared to make a contribution of US\$ 100 000. As Professor Kranendonk had indicated, it was interested in knowing whether the programme could not be financed by WHO's regular budget. If that were possible, the Netherlands contribution to the regular budget would be raised by the amount it wished to put into the programme.

Dr MAHLER (Director-General of WHO) expressed the Organization's thanks for the generous contribution. The special programme, if implemented, would clearly be part of WHO's programme, i.e. it would go forward only to the extent that the Health Assembly; the Executive Board and the ACOMR approved it and did not consider that it introduced a lack of balance into the Organization's regular programme. But as for Member States increasing their contributions to the regular budget, while he would welcome such a move he thought the chances were slight. WHO therefore had to ensure that the commitment under the regular budget was marginal.

This was true in other areas, e.g. primary health care, a concept which placed health right at the forefront of development and which should be part of WHO's regular programme. But even there the small regular budget resources would need to be complemented from outside sources if the Third World was to have any technical and financial collaborative support.

Dr GILL (International Development Research Centre, Ottawa) said that his centre was sympathetic in principle to the idea of supporting research and training in tropical diseases. But, after listening to the speeches made and examining the budget presented the previous day, he was disappointed. IDRC had starter funds available for programmes such as the one under discussion, but it could not commit funds until it had seen and studied a presentation of the case that showed:

- (1) the state of research on the six diseases, with an indication of how the programme fitted in with ongoing research;
- (2) the mechanism that would be set up to coordinate all WHO activities in tropical diseases;
- (3) how the six diseases that had been selected were related to health priorities in the developing countries concerned;



- (4) an explanation of the choice of chemotherapy and vaccines as the method of attack;
- (5) how the training programme would operate, and how the siphoning-off of already scarce talent would affect manpower resources in developing countries; and finally
- (6) a realistic plan of action and budget showing how the successive phases of the programme would be implemented.

Dr DURAND (OCEAC) said that his Organization represented five central African countries; it had only modest resources in staff and money, but coordination, research and training had been among its priorities during the 10 years of its existence; and it was working in the area of Africa where the six tropical diseases were rife.

Where coordination was concerned, OCEAC attempted to improve the collection of statistics (at least at the periphery), coordinated research, and disseminated technical information. Its research was strictly applied research - vaccines, simple diagnostic methods, and environmental health at village level. Training was primarily the training of auxiliary personnel in public health for rural areas; more specialized training in control of leprosy and tuberculosis; and epidemiological training for surveillance of communicable diseases, the latter with the help of the Communicable Disease Center in Atlanta.

He hoped that the special programme would take into account OCEAC and its structures, since the Organization was very willing to participate in the programme. As had been planned, a survey and inventory of existing capacities would be required, so that institutions such as his own could take part in the programme.

Mr DOO KINGUE (UNDP), referring to the comments of Mr Obayan and Dr Gill on the need for submitting "bankable" projects to the donors, explained the role of UNDP in certain operational activities. A distinction must be made between the two elements of a programme:

- (1) coordination of the efforts of countries and organizations, and orientation of those efforts towards practical results - a task that did not require large financial contributions but simply "seed money"; and
- (2) the planning of long-term (10-15 years) research activities in new directions, determined on the basis of the experience of organizations and countries taking part in the programme, who would then agree to follow the plan of action adopted.

Such planning might be broken down into five-year phases. Certain institutions would not require external aid for such activities, but others would have recourse to the international community by way of UNDP or the Director-General of WHO.

It was clear from the comments made at the meeting that the implications of those two elements must be quantified in financial terms. The way in which the programme should be coordinated, the allocation of its different parts to the various participating bodies, and the financial implications should be examined by specialists in each of the diseases. That work might be carried out in the coming months (this was the sense of Mr Mashler's proposals). He thought the Director-General of WHO would agree that maximum support from donors would be attracted by the establishment of a detailed programme and a structured budget.

Dr GOODMAN said that the meeting had before it only an outline of the principles of the programme. To give specific financial details of how much the programme would cost, and which institutions would be involved, would require a series of planning meetings. The present meeting was being asked to decide whether WHO should go further in obtaining the answers to the questions raised.

The CHAIRMAN said that Mr Doo Kingue's comments would be an appropriate introduction to the afternoon's meeting, which would sum up conclusions.

Mr MASHLER (UNDP) said that there must be a definition of (a) the scope of the programme, and (b) the essential elements required. The governing bodies of international organizations and national legislative bodies must also be convinced that the work would have a long-term effect, and that there was reasonable expectation of success. How could the present documentation be expanded to convince the financiers that a soundly conceived programme was being proposed? He thought that in an interim stage the gaps could be filled in; and that small groups could meet with WHO and UNDP to redraft the documentation and state the case, namely: (i) the existing position, (ii) what was needed, (iii) what were the prospects of success, and (iv) how the various research institutions could be brought into the new network. A more realistic budget could then be prepared.

The CHAIRMAN said that Mr Mashler's proposal would be discussed at the afternoon meeting.

Mr MICHANEK (Sweden) said that the first organizational problem was how to pool already existing resources (1) from the target populations, their governments and their institutions, (2) from international organizations with experience and research capacity, (3) from the world scientific community, and (4) from sources of financing in both developed and developing countries.

Another organizational problem was how governments could be directly involved without giving them a steering role in research. A third problem was how to obtain nongovernmental resources.

Many of the interested organizations had experience of similar difficulties where population matters and agriculture were concerned, and they had solved them in different ways. WHO should solicit advice from outside bodies on how to prepare proposals for discussion at a later date.



FOURTH MEETING

7 October 1975, afternoon

1. ORGANIZATION AND MANAGEMENT OF A SPECIAL PROGRAMME (continued)

GENERAL DISCUSSION (continued)

Mr KAMUNVI (East African Community) said that the East African Medical Council fully supported and welcomed the programme. The East African Medical Research Council already had programmes in five of the six diseases; it hoped that all such advisory bodies would be kept in the picture.

Two aspects must be emphasized: (1) the quality of health or of life in general and (2) the battle against morbidity and mortality. As regards the first, Africa had not been fortunate and Africans were anxious that their children should be born into an environment that was habitable, and not one where the emphasis was forcedly on curing diseases.

The East African Medical Research Council, as the central body responsible for coordination of medical research and associated subjects, came under the general control of the Research and Social Services Ministerial Council and therefore had statutory responsibilities in the implementation of Health Assembly resolutions, including resolution WHA27.52 of the Twenty-seventh World Health Assembly. It was therefore happy at being consulted in the early stages of the programme against tropical diseases. The Council's position had been put to WHO at a special meeting in Nairobi in July 1975 by its Executive Committee. The Executive Committee had accepted the special programme in principle and requested that the Council should be involved in all aspects of planning and implementation, that it should be represented at all future meetings where programming was discussed, and that it should continue to communicate its views and recommendations.

He listed the Council's six medical research institutes (which were supplemented by a medical programme at the institute of tropical pesticides, under the East African Natural Resources Council) and gave details of their organization and coordinating machinery.

The Council carried out a certain amount of training and also sponsored research staff going to other institutes for advanced training, and it continued to welcome and employ scientists from other parts of the world. It had taken part in WHO-assisted programmes: the Virus Research Institute in Entebbe was a WHO international collaborating centre; the East African Institute in Tanzania was working on a five-year schistosomiasis control project; the East African Institute for Malaria and Vectorborne Diseases acted as WHO trypanosome bank. The Council hoped such collaboration would continue and be expanded through the proposed special programme. Its material contribution would be the subject of further consultations with WHO. The Council had working facilities and staff, perhaps not adequate to meet the needs of the new programme and certainly requiring strengthening in terms of equipment. He hoped that WHO would continue the intensive consultations that had already taken place, and he appealed to African scientists to give the moral and other support that the programme warranted.

The East African Medical Council had programmes in five of the six selected diseases. The sixth disease - leishmaniasis - was found in Kenya and Uganda in both cutaneous and visceral forms. He quoted the note of invitation to the present meeting, which had specified that action on the six diseases selected would not preclude action on other diseases, or on malnutrition or environmental conditions. That was the answer to those who might feel the special programme was too limited in scope.



Dr EYAKUZE (East African Community) listed some of the "core inputs" or counterpart efforts that could be expected from the East African Research Council. It was willing to offer any or all of its six laboratories as collaborating centres for the six diseases, as the organizers of the special programme thought appropriate. Each laboratory had a nucleus of local research workers; their total budget was in the order of \$3 000 000. He looked forward to the special programme strengthening local effort by way of (i) "core" and project support, (ii) additional opportunities for training.

It had been asked what priority was given by the developing countries to the six selected diseases. Judging by present research activities in East Africa, they had high priority. He spoke of the need for a genuine partnership in carrying out the programme. As to the "brain drain", to which Mr Mes and Dr Goodman had alluded, the Council was aware of the possibility of an internal, or even external brain drain, but it was ready to take the risk in the hope that the training activities would be a net gain to the Council in more and better trained manpower. To find equipment and resources in their local laboratories would be a strong incentive to trained research workers to remain at home; there was also the possibility of temporary secondment to WHO or to the special programme instead of permanent transfer.

Dr QUENUM (WHO Regional Director for Africa), referring to the offers of contributions that had been made, said that Africans were very appreciative of the effort to help them solve their most urgent problems. He himself had been delighted by the atmosphere at the coordination meeting in Yaoundé. Arrogance and frustration alike had been absent, there had been only the determination to carry out a task in common. If such a dialogue could be continued, if resources could be pooled and strategies established in common, it would be a great step forward in the establishment of a new economic order.

Miss BELCHER (United States of America) said that in stressing the breadth of the programme she had not wished to imply that resources should be spread evenly and thinly. She entirely agreed that, to encourage worthwhile research, a whole range of possibilities must be studied in the priority areas. An example was schistosomiasis, where the whole life cycle of the parasite must be considered, including the period when it was in the intermediate host, with a view to determining the best point of attack.

Perhaps the next step in planning for the Scientific Advisory Committee mentioned in the strategy document would be to examine the whole question of task forces, in particular their number and their scope.

The general mandate received by USAID from the United States Congress was that its efforts should be devoted to the poor majority throughout the world. It had received specific instructions in the last few months to ensure that health services reached that poor majority within a reasonably short period of time. Obviously health services in tropical countries were closely concerned with the prevention or control of tropical parasitic diseases, and USAID, having taken part in the discussion on priorities at Yaoundé, fully acknowledged the importance of those diseases. The United States Government was already devoting a total of between \$15 000 000 and \$20 000 000 annually to research on tropical diseases (at the National Institutes of Health, at the Centre for Disease Control, and in army and naval medical research units), and to this must be added the amount spent on animal trypanosomiasis. Those figures did not include some \$100 000 000 a year spent on basic scientific research - cell biology, immunology and genetics. USAID's own budget, of course, for adapting such basic research to the needs of developing countries was not in the same order of magnitude. Much of its research was of the "cooperative association" type, which the meeting had discussed. It involved direct cooperation with countries, e.g. schistosomiasis research in Egypt, malaria research in Pakistan, and research on Chagas' disease in Latin America. Much of it was in cooperation with WHO.



USAID had long been supporting malaria research, mostly development of vaccines, and was planning additional research on schistosomiasis. That disease illustrated a number of the points she wished to make. The programme had not been evolved in a vacuum, but had been preceded by a number of meetings, some sponsored by WHO. The four priority areas were (1) drug development, (2) molluscicides, (3) determination of the economic impact, and (4) testing of alternative control measures in existing situations and when new water systems were constructed. Three out of those four areas would be outside the scope of the priority definitions as put forward at the present meeting for the special programme.

Her remarks were intended to illustrate not only USAID's sympathy for the objectives of the proposed programme, but also its record of continued support for those objectives and its recognition of the need for increased effort.

Further points that must be studied (most of which had already been mentioned) were: the broad issue of training and institution building; the balance between immediate research requirements and the building up of a "critical mass" to carry out research; the task forces; the complex problem of drug production; and the neglected question of multidisciplinary approach. The last aspect could not be delegated to a single institute not delayed until the scientific research was well under way; it must be there from the beginning. Nor should it be forgotten that it was often the individual scientist, and not only his institution, that was the essential element.

The paper on management of the programme filled in some of the gaps in the strategy document, but the whole decision-making level should be further studied. For example, how was the Committee on Training or the Task Force Steering Committee related to the Network Committee? or all of these to the proposed Scientific Advisory Committee? The special programme, as had been said, was a moral as well as a financial commitment and should not be entered upon lightly (she recalled the reasons why, ten years earlier, WHO had decided against sponsoring a world health research centre).

The rudimentary budget that had been presented to the meeting was forcedly based on guesswork. Indeed was it really possible to develop a budget for research, where needs were practically infinite? Only when priorities had been determined was budgeting possible. The proposed budget would reach \$18 000 000 a year in three years, of which only \$6 000 000 would go to research proper. And it contained no provision for extension of the programme beyond Africa.

USAID was already guided in its programme by the advice of international experts, and would continue to be so guided, whether the experts were called task forces or by some other name. It would go on working in close cooperation with WHO. The National Institutes of Health would continue to welcome WHO-sponsored scientists to their laboratories, and collaborate with WHO staff in tropical diseases, particularly schistosomiasis and malaria. USAID, which had only finite resources, was always seeking a balance between control programmes and research to contribute to carrying out those control programmes, seeking for ways of achieving quick results in fields ranging from vector control to the administrative and social constraints that limited application of new knowledge. It looked forward to some clarification of the programme but would in any case continue to collaborate with WHO, with other donors, and, most importantly, with the tropical countries themselves.

Dr GOODMAN (Director, Special Programme) expressed appreciation of the very positive contributions that had been offered. He explained that in WHO a research project often received only token assistance, the institution's input into the project being considerably greater than WHO's. That was one reason why the proposed budget figure was low.

Mr HEINRICH (Australia) said that his country was very sympathetic to the aims of the programme and supported in principle the WHO proposals. The attack on tropical diseases was basically in line with the guidelines being developed in Australia for its own health policy. Because of budgetary constraints, the Australian Development Agency was unable to enter into



any commitments for the current year and could not therefore offer funds for the initial phase of the programme. He stressed that all government departments must be taken into account in working out the presentation of the programme for donor countries.

The situation of potential donors varied: some had surplus funds and were looking for ways in which to spend them, others had competing demands on limited funds which they must weigh one against the other. To attract truly international support for the programme, that fact must be borne in mind. The case for the programme as presented to donor countries must give the answers to the kind of awkward questions Mr Mashler had raised.

He endorsed the remarks of the representative of Canada. He himself would experience similar difficulties when trying to sell the programme to his Government. It should be recast to take account of the various questions asked.

Like other speakers, he was somewhat concerned at the balance between research training on the one hand and field application on the other. There was always the danger of being carried away by the more glamorous aspects of research to the detriment of the practical objectives. Nor was he clear as to the nature of the developing countries' participation and the strength of their commitment: What priority in fact did those countries give to medical aid? (The answer to that question would come from the financial advisers and the planners rather than from the scientists.)

If local capabilities were to be developed, recipient governments must be prepared to commit money, to allocate scarce skilled resources and equipment to the programme (sometimes at the expense of other possibilities), and to carry on the programme when the donors withdrew. He therefore endorsed the statements made on the need to bring the developing countries into the programme at an early stage and in a meaningful way - which required an approach to the government as a whole and not merely to the medical components. Treasury officials were always cautious and sceptical; they were particularly wary of expenditure on research and required to be convinced of the need for it and of the prospects of success. Although he appreciated the reasons for concentrating on Africa in the first place, the programme would have more appeal for a donor country such as Australia, whose aid activities were perforce centred on South-East Asia and the South Pacific, if there was some indication that there would be an expansion of the programme into that part of the world. It was not quite clear why the work on all six of the diseases had to be centred in Africa.

The presentation of the case to potential donors should avoid giving any impression that the new programme was an attempt by WHO to escape the constraints being imposed on it by donors in other forums, or a means of attracting resources additional to the regular budget. The programme had implications for WHO's regular budget, and for its staffing level, that might give rise to accusations of expansionism. Many countries were not happy at the burgeoning of international bureaucracies.

As regards the control mechanism, some questions remained unanswered. He thought the solution should be on the lines of that adopted by the Consultative Group on International Agricultural Research.

He would not discuss at the present stage the budget that had been presented: much more detail was required, more justifications, in short more hard facts, e.g. what institutions the donor countries would be expected to finance, and where they would be located (since donors did not always take kindly to institutions in other developed countries). There was particular need for an adequate control mechanism to ensure that the research efforts were concentrated on practical problems.

He endorsed the points made by Mr Mashler, and supported the suggestion that many practical problems should be further studied and that concrete solutions should be put forward at a future meeting, in which his country was prepared to participate.



Dr KAMUNVI (East African Community) enumerated the advantages for the developing countries of the special programme: (1) countries had hitherto acted individually in trying to convince some 20 donors, henceforward a single organization would do the work; (2) WHO was an organization that spoke the language of the medical specialists and could transmit their problems; and (3) WHO had an administrative infrastructure that permitted it to discuss operations on the spot, with the people actually involved.

As regards budgeting, he therefore emphasized the need for getting on with the job and learning as one went along. Realistic budgeting was difficult because of the many unforeseen difficulties that arose in the field - transport problems, breakdown of equipment, etc. A WHO representative on the spot would appreciate the problem and ensure liaison with the donor body. Rather than have a rigid budget, it was better to think in terms of a budget that could be adapted to the programme as need arose.

Professor BERGSTROM (WHO temporary adviser) said that all the participants advocating a detailed budget came from countries with research councils that received a block grant to do a particular job, possessed an organized secretariat, and worked mostly on single projects or with single investigators. What was now being proposed was to use WHO as the secretariat for a number of international research councils, since the task forces were in effect research councils with very narrow goals. In most countries national research councils had been built up gradually, on the basis of their performance.

The budget before the meeting was very modest in relation to the problems faced. More important to his mind than having a detailed budget was the question of the Scientific Advisory Council, whose organization should be agreed between the donors and WHO, the donors then having access to that Council.

The international research effort should complement national endeavours and it must give emphasis to training, which could only be acquired in the course of the research itself and must therefore be a part of the research projects.

Dr QUENUM (WHO Regional Director for Africa) replied to the question of whether the African countries were giving sufficient priority to health within their socioeconomic development programmes. The answer was yes. However, given the complexity of the development process in Africa, everything was priority - agriculture, education, transport - and resources were limited. Complications also arose as a result of the pressure of external programmes; and externally trained cadres were not always awake to the essential problems.

The idea of carrying out research in the countries well equipped for that purpose was nothing new: the originality of the proposed special programme was that the research would be carried out in the places where the problems existed, and that potential or existing laboratories would provide complementary assistance.

The resources devoted to research on degenerative diseases, i.e. affecting persons in the non-productive age-group, had been contrasted with those allocated for the tropical diseases, which affected the productive age-group. It was sufficient to have seen the debilitation caused by schistosomiasis in the Sahel, where the population were driven to abandon the rare areas where there was water, to realize the extent of the problem of parasitic diseases.

Mr LASSEN (Denmark) said that his remarks would be only general, since he had received the documentation too late to be able to study the details.

DANIDA was favourable to the programme, and agreed with the proposal to concentrate on a selected number of diseases; however, the construction of man-made lakes for hydroelectric power and irrigation, particularly in Africa, would point to a certain priority for schistosomiasis. He agreed with those speakers who favoured a wider programme that would include nutrition, environmental sanitation, water supply, etc. A positive aspect of the



proposal was the initial emphasis on the task forces, the more controversial multidisciplinary research centres being established later, in the light of the experience gained. He agreed that such centres should be sited in a rural tropical environment.

The Memorandum circulated by UNDP the previous day would require further scrutiny. In particular the suggestion of adding a new superstructure would be justified only if it really added to the efficiency and productivity of the programme. He agreed that both programme and organizational structure should be considered at a future meeting.

In short DANIDA would be prepared (1) to approve the transfer of funds already committed for purposes that could be included under the programme, and (2) to support the programme by additional funds.

Dr WILLIAMS (Wellcome Trust) asked if the future meeting would go over the same ground as the present. Nothing had been said in the last two days that had not been said already at the Planning Committee or the earlier pre-ACMR meeting. The Planning Committee had recommended setting up a consultative group, to include the donor agencies and a scientific committee. He suggested that the time had come to appoint both those groups. They might be only temporary, but in the interests of continuity an appointed scientific group and an appointed council were needed.

The CHAIRMAN, before summing up, gave the floor to the two temporary advisers.

Professor THAIRU (WHO Temporary Adviser) recalled the research being carried out by such bodies as OCCGE and OCEAC and in the universities; some coordination and training was also in progress. OCEAC welcomed the intervention of WHO in strengthening all those activities. He referred to the assistance already given, e.g. training in immunology at the University of Ibadan and the University of Nairobi.

The fear that the present project would lead to a "brain drain" of talent was unfounded. In the University of Nairobi most of the research scientists, trained abroad in sophisticated laboratories, found that to maintain their scientific reputation they must continue to work on problems of interest to scientific journals in the developed world, for which their university training had fitted them. They would welcome an approach to the tropical diseases that was based on the new biology.

The special programme was very timely: it would help the scientists to carry out, on the spot, research that was relevant to the local situation, and would bring them down from their ivory tower to the village street. Not only would there be coordination of research between developed and developing countries, but the scarce manpower of African countries could be more effectively deployed.

Professor LUCAS (WHO Temporary Adviser), speaking as a member of the Nigerian Medical Research Council, assured the meeting that the Council was defining health priorities for Nigeria, especially in relation to research, in consultation with both West and East Africa.

He considered operational research to solve health problems at four levels:

- (1) Epidemiological research to define the health problems of an area.
- (2) How best to apply known methods to the problem presented by the diseases.
- (3) Development research to provide new tools for control.
- (4) Fundamental research, for example on the biology of host, parasite and vector to provide information on which the development of new tools could be based.

He considered that (1) and (2) properly fell within national research programmes, and that (3) and (4), on account of the resources needed, and their international implications, require an international programme.



The Nigerian Medical Research Council strongly welcomed an initiative that would enable Nigerian scientists to work with their colleagues in and outside Africa. Twenty-five years earlier when the Ibadan Medical School had been established, it had been felt in some quarters that it would be easier and cheaper to send students abroad for training, that doctors when trained instead of going into the field would be cloistered in the university. That view had changed: one-third of the doctors on the Nigerian Medical Register were now trained in Ibadan. The number of Nigerians teaching full time in the Medical School had risen from four to 180 in those 25 years. But - equally important - five other medical schools were in operation, many of them staffed by Ibadan graduates.

Research in the medical schools had on the whole been relevant. Most of his own teaching on malaria in pregnancy, schistosomiasis, hookworm disease and tropical ataxic neuropathy was now based on the results of research work carried out in Ibadan. Indeed the last-mentioned disease had until then never been studied. The Nigerian Government was launching a \$30 000 000 five-year programme on malaria control, mainly based on the results of local research work. He paid a tribute to the British Government, the Rockefeller Foundation, the Wellcome Foundation, WHO and other bodies that had trained research scientists and teachers in Nigeria. The present programme would, he was convinced, prove equally successful.

Mr MASHLER (UNDP) said that a great number of constructive ideas had been put forward. The Memorandum submitted the previous day by UNDP recommended that if a significant number of donors were ready to support the proposed programme, a body for inter-agency consultation (both international and bilateral agencies) should be constituted (provisionally called the Council for Research and Training in Tropical Diseases). Such a body might consider the programme put forward by WHO, detail the activities to be undertaken in the framework of such a programme, and redraft those parts of the programme on which a number of participants had asked for more precision. A subsequent meeting of the whole group might consider what kind of activities could be funded. A more realistic costing would then be possible.

The other activities outlined in the Memorandum could, of course, be discussed by that Council once it was established. He felt that a smaller group than the present was required to specify those activities, where they should take place, and what form they should take. This could probably be done within a few months, so that by early spring the present group could reconvene.

As he had suggested the previous day, an international coordinator might be appointed, who would deal with governments and, in consultation with WHO, undertake the drafting of papers for the meeting. IDRC and UNDP would, as he had already indicated, be prepared to defray the costs of such a post.

On behalf of UNDP, he would tentatively pledge the sum of \$75 000 to \$100 000 to start such operations, on the understanding that if during their course a more precise long-term programme could be developed UNDP would sympathetically consider the funding of further specific activities. UNDP's moral support to the programme was already pledged.

## 2. CONCLUSIONS AND CLOSING REMARKS

The CHAIRMAN, summing up, said that there appeared to be general agreement on the need for the special programme and on its basis and extent, but some divergence of opinion on the way it should be carried out. A very broad conception of the programme had emerged, along three main lines:

- (1) It was a global programme related to all aspects of health and development in the tropical areas, but efforts should be concentrated, at least initially, on the geographical region where the need for action was greatest - Africa - and on six priority diseases. A balance must therefore be found between a wide approach and concentration of effort on the initial objectives.



(2) The six diseases selected were considered in a broad context. In addition to its strictly medical aspects, the programme would take in such questions as vector ecology and control, environmental problems in general, and host/parasite relationship and its implications for chemotherapy and immunization. Nutrition and other socioeconomic factors, and development of basic health services so that the results of research could be applied, were equally part of the general context.

(3) The work to be undertaken opened up wide perspectives. If the programme was innovative in conception and modalities of action, it nevertheless took into account earlier and existing programmes, both national and bilateral, and useful cross-fertilization was expected.

He noted that several countries had already stated that they were prepared to make a contribution, in some cases indicating the size of the contribution. But participation in the programme would also include participation in determining its orientation, in deciding on options, and in establishing a plan of financing and administrative structures. The ways and means to be employed, and the style of that participation in general, were already emerging.

The immediate beneficiaries of the programme - the countries in which the six selected diseases were widespread - must clearly be associated with the programme in a genuine partnership. However, the details of that partnership were still to be determined, as was also the collaboration in the programme of the national and international institutions, governmental or nongovernmental, and the foundations, many of which were represented at the present meeting.

WHO, which had taken the initiative in launching the programme and in developing the scheme to its present stage, had received valuable encouragement and advice, in particular the agreement of its Advisory Committee on Medical Research, the formulation of the essential bases of the programme by the Planning Group, and the approval of the World Health Assembly. As Dr Mahler had said, WHO represented community of its Member States and, as executing agency, would be able to give the programme neutrality and equilibrium. On that all were agreed.

Many points still remained to be clarified, in particular how the programme was to be expanded when the moment came. In regions of the world other than Africa there were laboratories, research workers and institutions prepared to take part in the programme, and ways must be devised of enabling them progressively to do so. In the immediate future, the mandate of the various task forces had to be decided. It might perhaps be advisable to set up a task force to examine the programme as a whole, to which more specialized task forces could be added as and when the need arose.

Certain participants had stressed the need to monitor the detailed evolution of the programme in the coming months, and such monitoring might continue into the future. No one however had mentioned the evaluation of the programme proper, which would clearly be necessary from the outset and in each of its phases.

Proposals for the administrative structure of the programme had been put forward by Mr Mashler and Dr Williams. The budget as presented to the meeting was a general indication of the proportional expenditure required, and a more detailed budget must certainly be prepared.

The meeting might wish to take a decision on the following:

(1) Ways in which the programme would be implemented in 1976. The Director-General had submitted to the Health Assembly the measures already taken to set up the task forces. In addition to more theoretical considerations, pilot projects were an excellent method of testing the programme, and several had already been initiated in Africa, with the necessary support. Several participants had promised support to those pilot projects in the future and he would welcome confirmation of such support.



(2) Monitoring of the programme, either by a research and training council or by an advisory committee. In the meantime, a working group, the composition and mandate of which could be determined at the present meeting, might re-examine the more essential elements of the programme on the basis of the discussion that had taken place, and advise WHO as to its technical orientation, management, and financing.

(3) The convening in 1976 of an expanded meeting to establish the definitive programme after more detailed proposals had been presented on the structure of the programme, its budget for a given period, and the integration of its various components.

Mr DOO KINGUE (UNDP) considered that the Chairman's summary accurately reflected the situation. However, he would like to revert to the question of the objectives of the task forces in 1976. He would favour having a task force to keep all the aspects of the programme under review. Its name was of no importance provided its members were scientists who were not only specialists in their own fields but were also able to interest themselves in problems other than the purely scientific ones. Such a task force could prepare for future meetings a final document covering the long-term prospects on both the technical and financial sides, rather than mere statements of intent.

It would be a pity for an organization like WHO to embark on a programme of the magnitude envisaged without securing adequate funding and, for that, it was essential to have more specific information. In that connexion he wondered how far the proposed task forces for the various diseases would be able to help with the financial quantification of the respective programmes.

The beneficiaries would also have to be aware of the financial implications of the programme for them; for they came first in Mr Michanek's "classification" of the various contributions that would have to be made. The Organization of African Unity, which had a scientific committee, could also be brought into the programme. But all participants - whether representatives of regional groupings and medical councils, States, or governmental and other organizations - would need a programme that was quantified as regards both financing and timing.

Dr WILLIAMS (Wellcome Trust) said that no decisions on budgeting could be reached without the technical information gathered by the task forces, and continuity was essential to their work. He hoped therefore that it would not be interrupted while the donor countries considered their position.

He agreed with the need for some sort of working group, or advisory committee, that would look at the administrative and financial aspects as a whole. The donors could then examine the information produced. He recommended that such a group should set to work with a view to reporting to a reconvened meeting of the present group as soon as possible.

Dr GOODMAN (Director, Special Programme) said that sufficient commitments had been made for the work in progress to continue in 1976. The task forces would be called together to supply the information requested, and the small pilot operations under way would continue to test the validity of plans. Information should be available early the following year.

Mr MATHIESON (United Kingdom of Great Britain and Northern Ireland) said that there had been widespread goodwill and support for the programme, and commitment of material help to a degree that justified WHO in going ahead with it. The programme would gather increasing support as its various aspects were clarified and presented in more concrete form. However, there appeared to be no information on research institutions and activities in Africa: he would like to see an inventory of ongoing activities and their objectives in order to identify those that required reinforcing by assistance from the special programme.

WHO should be invited to establish a Scientific Advisory Committee, that would provide a scientific overview of the programme as a whole, with a view to determining priorities in relation to available resources. The task forces also should be asked to provide a more specific definition of the activities to be supported. He hoped that the recommendations could be presented to the next meeting.



The next meeting of the present group should be the first meeting of the Council proper. Little consideration had been given to the composition of the Council. He considered that, in addition to the donor countries and institutions and those involved in the programme, there should be effective representation of the countries where the six diseases were rampant. Perhaps representatives could be nominated by the regional organizations or sub-groupings.

The CHAIRMAN said that WHO had already started making an inventory of existing research capabilities in a number of tropical diseases. It already showed that a whole series of laboratories were engaged on such research, but in an uncoordinated manner that led to a waste of already scarce resources. When the inventory had been completed, WHO could give the programme a direction consonant with existing research, and endeavour to introduce an element of coordination.

Professor BERGSTROM (WHO Temporary Adviser) urged that the task forces should be given enough time to do their work properly. They would probably require a year, since programmes must be discussed at regional level with the many research councils established.

Mr DOO KINGUE (UNDP) said that the date for the next meeting should also take into account the time required for planning technicalities.

The CHAIRMAN said that, as far as resources permitted, WHO could continue in the coming months its work on the task forces and the preparation of the scientific proposals. At the same time the detailed study of all the aspects of the programme would continue without undue haste so that all the necessary information would be ready for the meeting.

Miss BELCHER (United States of America) was of the opinion that at least three months would be required before another meeting could be held.

She was still not clear as to how many task forces there were to be, or what they would deal with. Moreover the matter of the multidisciplinary centres must be reviewed further before the task forces could be discussed. The human biology task force, for example, had taken a considerable time to determine the specific research proposals it considered deserved priority support.

Dr GOODMAN (Director, Special Programme) said the task forces would outline the problem, consider how it might be solved, and give an indication of the cost. Certain task forces had been planned for autumn and early spring, financed by funds for which there was some assurance would be committed. The Scientific Advisory Committee or similar body would of course have to outline priorities and give directives. Together they constituted an assessment mechanism to put the programme in perspective.

Dr KAMUNVI (East African Community) said that laboratories or organizations such as his own might have to readjust their programme and allocation of resources (including staff) to accommodate the new programme. It would be a pity if work then had to be interrupted after it had been in progress for a year or more because of a decision of the Scientific Advisory Committee. How could that be prevented? He urged the greatest possible flexibility.

The critical review and inventory of existing capabilities would best be done by task forces on the spot. The national medical research councils might even be represented on the task forces. The information on this matter was amply sufficient: all that was necessary was a decision that it should be used.

Dr JOURNIAC (France) was surprised at the turn the discussion had taken, implying as it did that WHO already had at its disposal almost limitless resources for setting up the task forces whatever the cost. Surely it was more important to make a list of possible donors - governments, organizations or foundations - and ask them the amount they were prepared to contribute to a budget drawn up in function of the expenditure to be incurred on implementing activities that had already received a consensus of agreement. If the meeting continued to discuss the purely scientific and technical aspects, there was a danger that the



components of the programme would greatly exceed the financial possibilities. As the UNDP representative had pointed out, a minimum and maximum budgetary limit must be set, and the programme must be carried out within those limits.

The CHAIRMAN observed that a budget figure was already given in the documentation. Moreover a certain number of commitments had already been obtained that would allow the implementation of some 50% of the activities already undertaken by WHO.

Dr MAHLER (Director-General, WHO) thanked the participants for making their positions clear.

The developing parts of the world were now finding their own voice, and one purpose of the special programme was to enable them to put forward their problems, to attack them, and to acquire confidence in themselves. He emphasized his desire for the programme to become a platform for developing the research capabilities of the Third World; and he recalled there had been no difficulty in getting money for family health programmes, on the basis of infinitely less justification. In his experience, no country grappling with a weight of disease was able to institute proper family planning; as it was, rudimentary health infrastructures were sometimes so monopolized by the family planning programme that infant mortality was rising.

He urged participants not to be obsessed by cost/benefit analysis, since no optimizing model could show where the next dollar should be invested. The preliminary budget for the programme was preposterously low for the work that had to be done.

As had been stressed throughout the meeting, the special programme would depend on the men available; and African governments, scientists and public health administrators had communicated such an impression of commitment that he was convinced the men could be found by promoting indigenous research capabilities. Equally important, WHO was a unique directing body in that through its expert committees and scientific groups, and its Advisory Committee for Medical Research, it had access to the cream of the scientific world, which was only too anxious to take part in the programme in a different type of partnership from that possible in bilateral programmes. He asked participants on their return home to examine their bilateral health programmes and genuinely consider whether the money invested in them would be as effective as the same money invested in the programme under discussion.

Of course a "bankable" programme must be presented to the donor countries. But to advocate a large African centre copying the formula of certain other organizations, merely because donor countries would accept it, would be a disaster. WHO's aims were completely different - to involve existing and potential capabilities in Africa, and progressively in other regions, so that from the outset there was continuous identification with the African developmental community, in particular its scientific and health component.

Quibbling over minor details of equipment and their cost might impose a straitjacket that was not conducive to scientific productivity. It was of course important to know how funds would be spent, but more important in a programme such as the special programme was flexibility in budgeting accompanied by rigid accounting - scientific as well as financial.

WHO was committed to getting good investment value for every dollar that went into research. The Assembly had of course mobilized resources for disease control within the regular budget. But if there was to be a breakthrough, either in terms of research capabilities or of solutions to developmental problems in Africa, it must be done by a special programme, calling upon more than WHO's own limited resources. Possibly WHO had not succeeded in communicating that fact to the donor countries in the preliminary proposals before the meeting.

And who were the real donors in a disease control programme? Who were the real beneficiaries when smallpox was eradicated from the world by the developing countries? In the United States alone, the net profit from that eradication would be \$100 000 000 a year. Africa itself, through its resources and manpower, would be investing 20 to 30 times



more in the special programme than the so-called donor countries. If a breakthrough could be achieved with some of the diseases under discussion, to whom would the benefit ultimately accrue if not to the industrialized countries?

If the meeting was convinced that the proposals before it were worthwhile, WHO would endeavour to produce a succinct document that would also convince donor countries and organizations. It would be clearly explained how the task forces would report back to whatever council was set up, which would check that the task forces - subject to an overriding Scientific Advisory Committee - were following the proper lines. The fault of the present programme might be that it gave too much detail in some places and only generalities elsewhere, and a better balance must be achieved. It was a difficult synthesis to make and it required the collaboration of the donor countries and the biggest contributors to the programme, the developing countries themselves. He emphasized that WHO was not only the WHO Secretariat, it was above all the governments represented at the Health Assembly.

He would suggest that, in the light of the comments made, WHO should discuss with UNDP the kind of working party required and what the mandate of that working party should be - a flexible mandate, without stifling bureaucratic procedures. It might take up to a year to produce a proposal that would convince the donors. But WHO and UNDP would have to be in contact with participants to ensure that it was a proposal to which donors could give an outright "yes" or "no". The present meeting had tended to adopt a "yes, but . . ." attitude. Governments had a perfect right to say "no" - but not to pretend interest where there was no real involvement. Only when the donors fully understood the programme, and had made their decision on that basis, could another meeting be convened. The WHO and UNDP Secretariats must be assured that the presentation of the proposals was indeed what governments required, and this would mean a constant dialogue with governments. As the representative of Australia had said, it must be clear that the decision came from the governments, and not from officials or research workers with a vested interest in the programme. At the next meeting no one should be able to question whether governments considered the investment and the international collaboration it implied as acceptable, and whether their commitments were short-, medium- or long-term.

All the participants had experience of large programmes of the type under discussion. On returning to their countries, they might perhaps send examples of the type of presentation of proposals the donors required (one of the difficulties in health work was the inability of the average public health man to provide the decision-makers with the right information).

In the meantime African laboratories would acquire experience, the results of pilot projects would become available, and the idea of a huge multidisciplinary centre in Africa, absorbing money and manpower would be dispelled. Indeed it had long ago disappeared: WHO was endeavouring to set up a network of centres, and to ascertain where specific types of research were being carried out, and which could give training - although there might be an initial period when multidisciplinary training was needed, to bring the centres of the network together in the overall approach. When the meeting reconvened in a year's time, WHO would put before it a more presentable managerial programme.

He did not intend to express disappointment: a programme must be presented in such a way that its constituents could be identified and defended. He hoped that such a programme could be drafted in the coming year, on the basis of the comments made at the present meeting. WHO and UNDP had received their directives, and with the help of the participants could create the mechanisms whereby the programme could move forward.

Mr DOO KINGUE (UNDP) emphasized the importance of the frank exchange of views that had taken place.

The seriousness of the tropical diseases problem in Africa could not be over-stated, and UNDP would increase its endeavours, within the framework of its regional programme, to solve them. He instanced once again the construction of numerous projects for hydroelectric and irrigation development that were in progress, and the danger of developmental action out-running the essential health action: the situation must be taken in hand before it became truly disastrous.



He associated himself with the statement of the Director-General of WHO, and expressed his hope that the period of reflexion participants would have before the next meeting would enable them to enter into firmer commitments on the proposals that would then be submitted to them.

The CHAIRMAN reiterated the assurance of Dr Mahler that the dialogue between WHO, UNDP and the participants at the present meeting would continue. Participants would receive a summary record of the meeting, and the secretariat of the special programme would maintain contact with them throughout the coming year.

He declared the meeting closed.

ANNEX

SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES

BUDGET PROPOSALS

Attached is a presentation in three sections of the anticipated budgets.

Section I is a budget for planning and pilot operations during the next twelve months to allow operation of a start-up programme.

Section II is a diagram of the development in time of the components of a Special Programme and their interdependency.

Section III is a five-year budget, broken down by years and showing the development of a Special Programme in financial terms based on the timetable.



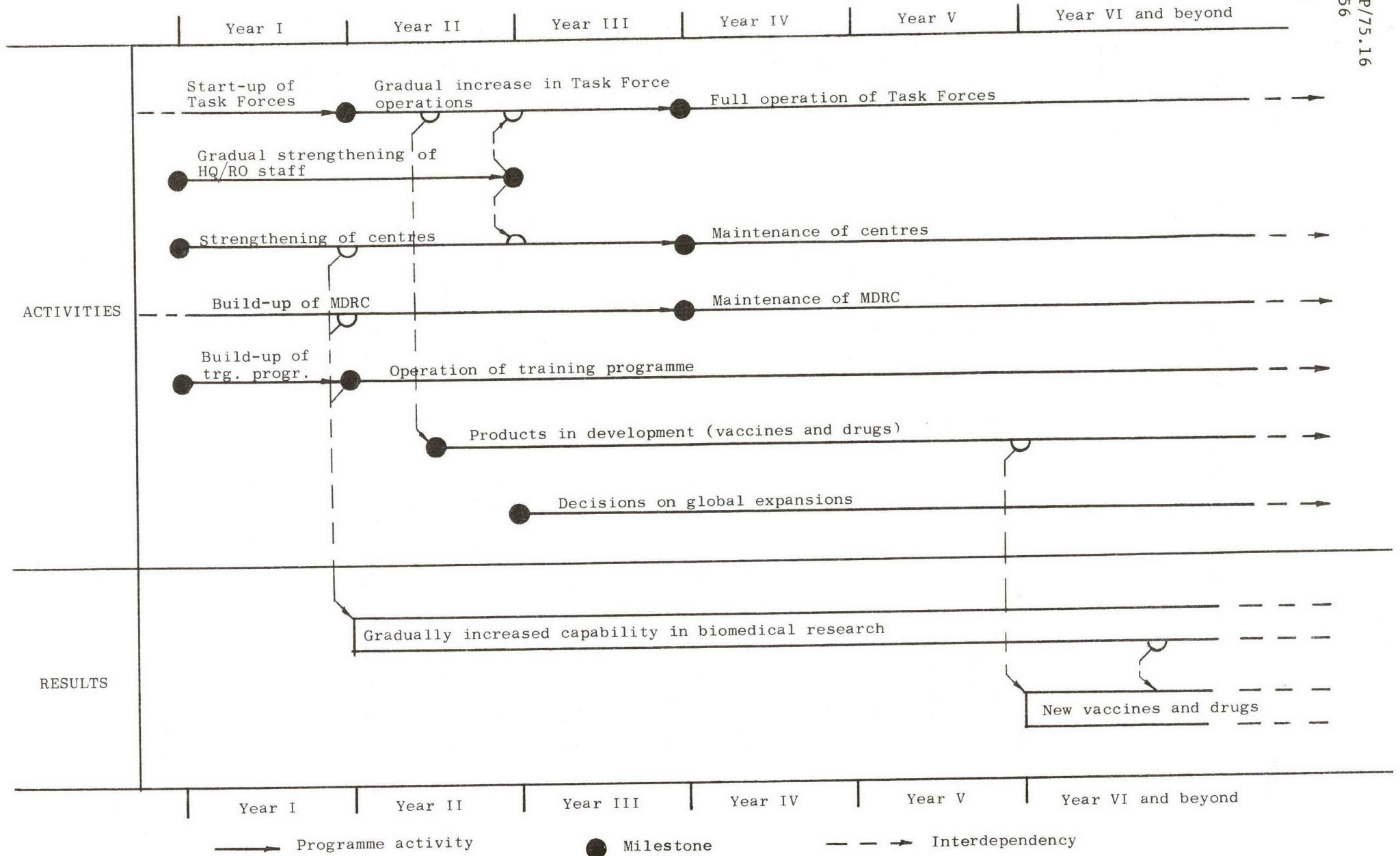
SECTION ISPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASESPROPOSED BUDGET FOR OCT. '75 - OCT. '76Funds budgeted \*

1.	<u>TASK FORCE PLANNING ACTIVITIES</u>	
	a. Task Force Meetings (11): Immunology of Malaria, Filariasis, Trypanosomiasis, Schistosomiasis and Leprosy; Chemotherapy of Malaria, Filariasis, Schistosomiasis, and Leprosy; Joint meetings for Leishmaniasis and Chagas Disease .....	\$275,000
	b. Additional staff for Task Forces .....	\$ 85,000
	c. Steering Committee Meetings (2): Immunology of Leprosy; Chemotherapy of Trypanosomiasis .....	\$ 12,000
	d. Travel for Chairmen of Task Forces, or Steering Committees for consultations (11 trips) .....	\$ 18,000
	e. Local administrative assistance for 4 chairmen ..	\$ 26,000
2.	<u>TASK FORCES RESEARCH OPERATIONS</u>	
	a. IMMLEP (operative) .....	\$275,000
	b. 5 additional Task Forces in start-up phase, 30% of activity .....	\$670,000
3.	<u>NETWORK ACTIVITIES</u>	
	a. To determine inventory of resources and initiate strengthening activities (small supplies or technical help) and to establish network direction for full activities .....	\$450,000
	b. Ndola centre operations including staff salaries	\$320,000
	c. Training programme - 10 research training grants	\$126,000
4.	<u>PROGRAMME MANAGEMENT FROM HQ OR REGIONAL OFFICE</u> **	
	a. Meeting scientific advisory committee .....	\$ 25,000
	b. Short-term consultants .....	\$ 96,000
	c. Travel .....	\$ 50,000
	d. Cables, phone calls, common services .....	\$ 20,000
		<hr/> \$2,448,000

\* WHO Programme Support Costs are not included

\*\* Exclusive of staff positions provided for by WHO

TIMETABLE





## SECTION III

## FIVE YEAR BUDGET

	Year I		Year II		Year III		Year IV		Year V	
	lower limit	upper limit	lower limit	upper limit	lower limit	upper limit	lower limit	upper limit	lower limit	upper limit
1. Task forces	1540	2270	3480	5130	5410	7980	6380	9410	6380	9410
2. Network of collaborating centres	250	2700	750	2700	1630	2700	1950	2700	1700	2700
3. Multidisciplinary research centre	1870		3000		4140		3430		3430	
4. Training of personnel	430		860		860		860		860	
5. Product development	---		750		1500		1500		1500	
6. Programme secretariat	440		510		510		510		510	
7. Programme coordination meetings	150	210	150	210	150	210	150	210	150	210
8. Consultants	80		80		80		80		80	
9. Other	30		50		100		100		100	
TOTAL	4790	8030	9630	13290	14380	18080	14960	18800	14710	18800

- All amounts are in thousands of U.S. dollars (1975)

- WHO programme support costs are not included

MEMORANDUMSPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES

One of the later items on the agenda for the inter-agency meeting on 6-7 October is the consideration of alternatives for the management of a Special Programme when fully operational. This memorandum seeks to identify some of the questions to be considered and to suggest possible answers.

1. The general approach recommended in the report of the Planning Group (TDR/75.1) on which the Director-General's progress report to the 28th World Health Assembly (A28/13 of 16 April 1975) was based, which in turn was endorsed by resolution WHO28.71 of 29 May 1975, appears to remain valid. To sustain the task forces and construct complementary networks, a vigorous professional secretariat located within WHO and supported by it, will be necessary. This capacity could also act as the professional secretariat of a scientific advisory committee. Such a committee (SAC) should be fully representative of the best informed opinion of the disease stricken countries, covering both analysis of needs and professional judgement, and of the highest calibre of the world's scientific knowledge. This group will assess and make recommendations regarding the programme's general policies, priorities between the fields of interest of the separate task forces and the rate of progress and scientific quality of the research efforts.
2. If the October meeting reveals a substantial readiness on the part of a significant number of donors to participate in the support of a programme, it will be necessary to constitute a continuing body for inter-agency consultation and consensus regarding the activities to be funded and the provision of corresponding financial resources. For the purpose of this memorandum, let us call this body The Council for Research and Training in Tropical Diseases. Membership of the Council would be open to those multilateral agencies, national governments and foundations contributing financially to the programme. In the case of multilateral agencies, this contribution could be expressed through the provision of services funded under their regular budgets or through extra-budgetary resources specifically secured for this purpose. The Council would meet annually, normally at WHO Headquarters in Geneva, although it could meet elsewhere on invitation and by decision of the Council in the light of the financial implications or in special session under conditions to be established. Its functions would include:
  - a) A periodical review of the progress of the task forces in the light of recommendations from the SAC. Such reports to be accompanied by estimates of the cost and time required to achieve objectives and a time-phased series of recommended actions;
  - b) An annual review of the operations of the networks in terms of research productivity, training capacity and impact upon the progress towards self-reliance in research in the afflicted nations;
  - c) An annual review of the financial requirements of the programme followed by statements of intent on the part of members to commit funds for the following financial period and for as far beyond



that period as may be possible under the financial procedures of individual agencies;

- d) Confirmation of appointments to the SAC on recommendation by the DG of WHO and the appointment of its Chairman.
3. The Council should not require to set up an Executive Board or Committee but it will need a Chairman. Some alternatives present themselves.
- a) The Council could elect a Chairman, annually or for longer periods, to act during its meetings.
  - b) An independent Chairman could be appointed and remunerated by the Council for a period of years. There may well be other possible variants.

4. Two other issues connected with the Council deserve consideration. The first is the administration of funds. The preparatory and pilot operations of a special programme have been financed through voluntary contributions handled as funds-in-trust by WHO. With a broadening of support for a programme, some donors may not be attracted by this method. The IBRD, on the model of the Onchocerciasis Fund, might be prepared to administer a similar fund for a programme and this should be explored. The aim should be to utilize existing international capacity, if necessary on repayment, to handle this aspect of the programme and to entrust detailed accounting and procurement to the assisted institutions themselves.

The second issue is the funding of a balanced programme. The SAC will recommend the total level of activity in each of the sectors of a Programme and the time-phasing of the establishment and operation and amount of support to individual task forces, network centres and training activities. However, some donors may wish to assist the Special Programme through bilateral contributions to specific activities and institutions in both developing and developed countries. This could create difficulties, since for a Special Programme for Research and Training in Tropical Diseases to progress towards its two main objectives requires the implementation of the critical and interdependent activities forming the proposed Programme's strategy. Thus the task forces cannot function without the network which in turn cannot be established without institutional strengthening and training. The Council must consider the recommendations of the SAC and determine how to establish a consensus amongst donors on the allocation of voluntary contributions to carry out a coherent and balanced programme, developed through judgements on social needs and scientific opportunity.

<b>ROUTING SLIP</b>	Date <i>Apr. 9 '75</i>
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NAME	ROOM NO.
<i>Dr Lee</i>	

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**REMARKS**

*Jim - You let this to me  
when we were talking about the  
reply to Wto re the Oct meeting on  
topical business (which RSM has  
signed, as I guess you know). I thought  
you'd want it back for your file.*

From *JLB*



## OFFICE MEMORANDUM

TO: Files  
FROM: Michael L. Hoffman *MLH*  
SUBJECT: WHO - Tropical Diseases

DATE: December 13, 1974  
*Feb. 1975*

Dr. Howard Goodman of WHO called me this morning to inform me of some developments and thinking in WHO in connection with the research and training in developing countries on immunology for various tropical diseases. He says that WHO feels it should have a more aggressive program and do more to develop this by small local teams they are already supporting. He said that they were not thinking of establishing large regional centers on the pattern of the agricultural research centers (Dr. Goodman is apparently a member of ILRAD's board) but rather in terms of developing a better network and trying to raise more resources for some of the existing facilities. He has already had discussions with Dave Hopper, some of the foundations, Sweden's SIDA, and various Washington agencies. They are planning to have a meeting with the present principal donors in this research area some time in January.

He said he was informing me about this because he thought the Bank might be helpful at some point in developing a long-term program or at least in advising WHO. He said he would ask Dr. Mahler to send me some material. I said that I thought this was the right way to proceed and that when I knew more about it, I would like to discuss a possible Bank interest with several of my colleagues.

Dr. Goodman told me a great deal more than I have written down or could understand about the present state of knowledge on various diseases, vaccines, etc. I will only say that I got the impression that he, and I suppose he reflects WHO's views, feels that this is an area that is ripe for some major breakthroughs in somewhat the way that onchocerciasis was when we decided to become involved in that program.

MLHoffman/pnn

cc: Dr. Lee ✓  
Mr. Weiss  
Dr. Kanagaratnam

Non Reg

see Nephritis  
- General -  
for document  
referred to.

200

GLO/74/010

16 October 1975

Dear Howard,

Having returned to New York and reflected on the meeting which we attended last week, I thought it might be helpful, and I mean helpful, if I repeated in writing some of the suggestions which I put forward, hopefully in a constructive and cooperative way in the course of the meeting on Monday, 6 October. Before I launch into these various points I will repeat what perhaps may not have come across when I raised the points, namely that there was no criticism intended over what WHO had done and was proposing for the future in terms of a programme. If you will recall our first meeting in New York late last year, I was the first to say that the idea of launching a major attack on the diseases in question was the kind of activity that we were interested in supporting, and I adhere to the enthusiastic support that I gave you then. Experience, however, shows that in an effort of this kind, where large sums of money will be required to launch, maintain, and to succeed in the research, donors as well as participants in the programme must (a) be fully aware of all the aspects to be covered by such a programme, and (b) have more than an outline of the scientific and managerial framework within which it is to be carried out. As I stated privately and in public, we are sure that WHO has, in drawing up the plans as they stand now, made certain assumptions on technical and medical grounds which may be clear to WHO, but are not necessarily fully or, in some cases, even remotely clear to those who, so to speak, will have to provide the financial and for that matter other support. This is not unusual, and I think if we reflect further on these points, I am sure you will agree that we must from the very outset stipulate as succinctly as possible all the elements which need to be spelled out so that there can be no doubt as to what we are about to undertake. Indeed, each of us who, in one way or another, is being asked to provide long-term support is in both formal and logical terms required to justify whatever support is to be provided to our respective governing bodies. It is for these reasons, and these reasons alone, that I restate here what it is we would like to know before major investments can be made. Judging by the reactions from other participants of the meeting last week, similar questions are in the minds of quite a number even though, as I detected, there was no question amongst the participants that the effort posed merited material and moral support. On the UNDP side, needless to say, this is equally applicable.

Dr. Howard C. Goodman  
 Director, Special Programme for  
 Research and Training in Tropical Diseases  
 World Health Organization  
 1211 Geneva 27



Turning now to the specifics: We believe it to be important that the papers that were placed before us, in particular the one on strategy and on the diseases, are not sufficiently articulated and will require substantial re-drafting and amplification. The programme papers should start out with a succinct assessment of the state of the art which has been reached at this point, the reasons for initiating a major attack now, and an assessment of the prospects for finding a "solution" in the foreseeable future. This might be followed by a more tightly drafted programme envisaged for dealing with research and training, and the modalities in which the programme will be carried out.

Over and above the points covered in the present documentation, the following issues need to be either clarified or, where they do not exist, be introduced:

1. In the introductory part I think it is necessary that a statement be included to the effect that a programme of this kind is a longer term effort which is likely to require substantial financial and material support over many years to come, and that those who are prepared to support it must be aware that they are undertaking a long term moral and financial commitment from which there is no turning back. One might even consider including a reference to the effect that if the programme is to be brought to a successful conclusion the support that will be required for it may have to be given - should financial and economic conditions so require - if necessary to the detriment of support to other programmes. I think these considerations must be made abundantly clear if one is to avoid the very serious danger of working from hand to mouth. The Consultative Group on International Agricultural Research, which is now getting into the big league where funding is concerned, is beginning to find out that even an extremely well-organized programme such as the agricultural programme, must depend on continued financial support. This is particularly true when one considers the psychological effect which increasing budgets have on donors even though they are aware of the fact that inflation, devaluation and the mere growth of the research activities tend to accelerate financial requirements rather than to decrease them.

2. There needs to be a clearer articulation of the scope of the research to be undertaken. The documentation at present seems to emphasize or even over-emphasize research activities to be carried out in Africa. We are aware of some of the reasons why this should be so. On the other hand, we are also aware that the bulk of the diseases are world-wide in scope and those suffering from them in regions other than Africa are entitled to know more about the global scope of the research activities which are designed to benefit the broader spectrum of humanity suffering from the diseases.



3. We are still not convinced that it will be possible to launch research activities in all six diseases simultaneously, nor are we convinced that in purely managerial and financial terms this will be sound, by which I do not mean to suggest that some diseases should be left aside. Not at all! We are rather thinking of an orderly phasing in of activities which might have the advantage of developing better management methodology, and to obtain, what in the final analysis will be crucial, full financing to assure the execution of each of the research programmes. In other words, we are suggesting merely methodology knowing full well that there are common elements in research and we are flagging an issue for which we believe there may be valid answers. Personally, I doubt very much whether the totality of the research in each disease can be taken simultaneously, or even should be. On the other hand, it may be that the task forces may identify certain common elements to some of the diseases which might be pulled together leaving other elements to be phased in one form or another. All I am suggesting here is that caution should be exercised in not rushing things before all the elements have been substantially clarified.

4. An important issue which may be a semantic one, but then again may not be, is the question of vector control as opposed to vector research. My understanding of vector control relates to biological and chemical means whereas vector research relates to the relationship between the parasites or bacteria to the insect and what happens when it is transmitted from the primary host to the human being or the animal. If this is a matter of semantics then perhaps the issue needs to be amplified. If it is not, as I suspect it is not, we believe that it is a major case to be made if this is to be an integrated programme of research to involve those institutions which play a major part in vector research programmes. I think this point was made in the presentation given by Professor de Duve to members of the group.

5. Veterinary research such as is being undertaken by ILRAD and other institutions having a bearing on the diseases involved in the present programme needs to be clearly brought into our research programme. The papers which at present are before us only mention ICIPE and ILRAD in the listing of institutions, but this I believe is not sufficient. A good deal has already been said by myself and others in the course of the meetings about the need of bringing pharmaceutical research into closer contact with the main research activities. This we believe to be absolutely essential, and although we are aware of the reasons why there has been a reluctance by the pharmaceutical industry to come into it, there seemed to be some evidence in the course of the discussions that these reasons were not sufficient to separate pharmaceutical research from the present research effort.



6. Directly connected with the previous point is the need for contemplating at this early stage, as ILRAD will have to do very soon, also, defining a legal basis for the ownership of patents relating to pharmaceutical products and individual processes involved, royalty arrangements, etc. This is an extremely involved and complicated issue, as you well know, involving many interests and about which we have to think very hard. I can envisage major problems arising if processes and products are developed with international financing for the benefit of developing countries which may be exploited excessively by private interests and may come beyond the reach of those for whom they have been developed to afford them.

7. The Special Programme for Research and Training in Tropical Diseases concentrates, as at present written, heavily on research, but little, if anything, is said about its training aspect. We know from experience in this and other fields that training usually involves at the research level doctoral and post-doctoral fellows, but we would like to see a clear programme developed at this stage, even if implemented at a somewhat later stage, to indicate where the trainees will come from, e.g. hopefully in large numbers from the developing countries, what kind of training is envisaged, and how this training will be put to use by the individuals concerned in national services and other institutions.

8. The previous point leads to the present, namely an indication of the existence and development of national institutions and manpower in the field of public health, which are an indispensable part of the "system". As in agriculture, education, etc., we all know that the extent and quality of existing institutions and manpower vary widely and it would seem timely to indicate what attendant efforts may need to be made outside the proposed special programme to bolster and expand, or even create, medical and public health services.

9. The next logical question emerging from the previous two would be to indicate what the role of the developing countries will be through provision of existing facilities and manpower in the furtherance of the special programme. We believe this to be an important element in the consideration of this programme since it is not likely that many of the developing countries will be able to provide more than existing facilities in its support.

10. Nutritional research, with regard to the effect of nutrition on diseases, has not been covered at all in the documentation, and we would like to see the necessary elements of it included in the research programme.

11. Finally, and perhaps not excessively important, is the programme which is now being prepared by a joint donor group in support of potable rural water supply and sanitation with which, conceivably at one stage or another, links will have to be established.

In conclusion, I would refer again to the memorandum dated 6 October which envisages an institutional framework for the administration of the special programme and for which we have expressed our readiness to provide an international coordinator in the person of Mr. Mathieson. Here again I would like to state that we must draw a distinction between biomedical research and its management. While the two converge within the total framework, they should be kept separate entities: one concerned with the research; the other one with its administration. Given the substantial work which needs to be done within the next year or so, we are prepared, in UNDP, to provide the international coordinator for whose services we would pay, but for which he would not be beholden to UNDP, and over and above to provide a sum of anywhere from \$75,000 to \$100,000 to defray the cost of the working group which you indicated would convene to assist WHO and the coordinator in fleshing out the main aspects of the Special Programme for Research and Training in Tropical Diseases.

I hope that these comments, which I repeat are being put forward in a helpful and not a critical fashion, will be of assistance to you, and I assure you that you may count on whatever assistance we may be able to provide in furthering the enormous amount of work which lies ahead. I should finally like to take this opportunity of thanking you for your courtesies, and your hospitality, and to extend to you and your colleagues my appreciation for all that you have done during the conference.

With best personal regards.

Yours sincerely,

William T. Mashler  
Senior Director  
Division for Global and Interregional Projects



Mr. McNamara

October 14, 1975

Michael L. Hoffman (through Mr. William Clark)

WHO Meeting on Tropical Diseases and Joint Bank/WHO  
Review of Collaboration in the Health Sector

You will remember that Mahler sent you a personal note, asking you to consider again whether you could take part in a meeting on October 6 and 7 to launch a 10-year campaign against six tropical diseases, starting in Africa; if you could not, he asked for Warren Baum, since Warren was to be at WHO later in the week. You replied that it was still not possible for you to attend, that Warren had to be at the October 7 Board meeting, and that he, Jim Lee (who would in any case be representing the Bank at the WHO meeting) and I would be available for discussions at WHO after the meeting and would give you a full report.

As it turned out, for personal reasons Jim was not able to reach Geneva until the formal portion of the meeting was over. We were given several versions of the meeting, from varying levels of the WHO management. Even the most favorable of these made it plain that the results fell considerably short of what had been hoped for, although of course WHO is putting on the best face it can.

The participants in the meeting included WHO's traditional donors: SIDA, USAID, UNDP, IDRC, etc., plus some African countries. Only about a week before the meeting date, WHO distributed a bundle of documentation, outlining an elaborate plan for research through a network of research stations, but without a single word about organization or the role and voice envisaged for donors. In effect, donors were to be asked, without any groundwork having been laid by WHO, to pledge funds for a program which they had no part in designing and the direction of which, if one took the documentation at face value, they would have no influence.

Of course they took this very badly. No one argued that the prevalence of the diseases (and not only in Africa) is a serious impediment to development, but all sorts of questions were asked about the scope and plans. Except for some seed money offered by UNDP and from some of the Scandinavian countries no pledging took place. At one point, attitudes were apparently so hostile that Mahler came down (the meeting was being chaired by Dr. Bernard, an Assistant Director-General) and made an emotional statement in which (we are told) he castigated the developed country representatives and the agencies for not being forthcoming. Although obviously stemming from Mahler's deep convictions and zeal, this was hardly consistent with any standard textbook on the care and feeding of donors. WHO has a lot to learn in this respect. One would have thought a lesson could have been drawn from the river blindness experience, where years of preparation, including approaches to potential donors, preceded the first pledging meeting.



At any rate, as we were told when we met with Bernard, at his request, WHO now intends to use the next 12 months or so to try to find answers to the range of questions raised at the meeting, both technical and financial, with the aid of a small group which WHO hopes will include the Bank. Bernard feels the consensus authorized him to go ahead on this basis. He is shooting for a well-documented pledging conference by November 1976, but says that that is only a target and if WHO isn't ready, the conference will be put off until it is. Obviously, the October 6-7 meeting was a sobering experience for WHO. We told Bernard that the Bank would have asked a number of hard questions had it been represented at the meeting, and that while we are prepared to cooperate in the planning stages, we are not ready to make any commitment to contribute financially. We also said, although it will bear repeating, that we would not consider being simply a fund raiser or a disbursing agent for funds which might be put up by others for the program: we would perform either function only if we were also a contributor and that in turn would depend on our being convinced of the soundness, in all relevant respects, of the proposed program.

The WHO officials are satisfied, I believe, that there was no sinister motive underlying our absence from the meeting, as indeed there was not. It is likely that you will be hearing something about the meeting from Dr. Lambo, WHO's (African) Deputy Director General, at ACC next week. Lambo will be in the Bank this Friday and Warren (who returns from Rome on Thursday) is giving him lunch.

Warren's seminar for the WHO staff, on the Bank's project approach, was a complete success. We had supplied, some weeks ago, copies of Warren's 1973 "Finance and Development" article on the project cycle, and Warren went on from there. His presentation was typical in its clarity and coherence and the organizers of the seminar were delighted with it. They told us later that they had received many favorable comments from the staff. That the presentation sparked staff interest was evident from the questions it provoked, which we all took a hand in answering, and while we may have imagined it, it seemed that something of what Warren had said was reflected in the subsequent explanations by WHO staff of their own highly specialized activities and in the exchanges as we reviewed past and possible future Bank/WHO cooperation in the health sector, the second item on our agenda. Warren was able to dispel some misconceptions, for example, about the nature of the role played by other sectoral agencies of the UN system -- FAO, Unesco, etc. -- in our project work. We took away with us, for redrafting, a proposed memorandum prepared by WHO dealing with future cooperation in the health sector. It wants substantial rewriting, but I believe that the changes we shall be proposing will be more readily accepted now that WHO has a better idea of how we operate.

We did not, by the way, see Mahler, who had left for London after the close of the tropical disease meeting. But we were well satisfied with our discussions and Warren felt that his time had not been wasted.

SBoskey/MLHoffman:tsb  
cc: Mr. Baum, Dr. Lee, Mrs. Boskey





WORLD BANK GROUP

ROUTING SLIP		DATE September 3, 1975	
NAME		ROOM NO.	
Dr. Lee		E-1010	
APPROPRIATE DISPOSITION		NOTE AND RETURN	
APPROVAL		NOTE AND SEND ON	
COMMENT		PER OUR CONVERSATION	
FOR ACTION		PER YOUR REQUEST	
INFORMATION		PREPARE REPLY	
INITIAL		RECOMMENDATION	
NOTE AND FILE		SIGNATURE	
<p>ARKS</p> <p>Jim:</p> <p>The attached relates to the WHO meeting on tropical diseases on October 6/7. Although the letter says that two copies of each of the three papers referred to were enclosed, we received only one, which you now have. The WHO letter needs no acknowledgement.</p>			
FROM	Shirley Boskey	ROOM NO.	EXTENSION

WORLD HEALTH  
ORGANIZATION



ORGANISATION MONDIALE  
DE LA SANTÉ

1211 GENEVA 27 - SWITZERLAND  
Telegr.: UNISANTE-Geneva

1211 GENÈVE 27 - SUISSE  
Télégr.: UNISANTÉ-Genève

Tél. 34 60 61 Télex. 27821

In reply please refer to: TDR/T16/87/5  
Prière de rappeler la référence:

27 August 1975

Dear Mr McNamara,

Dr Mahler invited you to participate in the UNDP and WHO co-sponsored meeting to consider the WHO initiative of a Special Programme for Research and Training in Tropical Diseases. I am pleased to note from your letter of 7 April that Dr James Lee has been designated to represent the International Bank for Reconstruction and Development. To keep you fully informed, I am anxious to tell you personally how the World Health Organization looks upon the problem and to send you some background information.

WHO stands fully committed to participate in a major international research effort to assist the developing nations to discover and apply new preventive and curative tools for the tropical diseases. These diseases afflict hundreds of millions of the people of the third world and the immense burden they impose is a major obstacle to the fulfilment of the socio-economic potentials of the afflicted countries. We know that the success of such an endeavour depends primarily upon the will and determination of the developing countries. But this alone is not enough. These countries need and want assistance to build up their resources for the attack.

... The enclosed paper, "Tropical Diseases Today - The Challenge and The Opportunity", prepared by the WHO staff, presents in a non-technical way the impact of six tropical diseases upon individuals, families and communities. These diseases are malaria, schistosomiasis, filariasis, trypanosomiasis, leprosy and leishmaniasis. We outline a plan to take advantage of the opportunities open to us. I also enclose a draft agenda for the forthcoming meeting and a list of invitees. In the near future, you will receive detailed technical papers on the six diseases and on the proposed strategy of the task forces and network. Two sets of the papers are enclosed, one for your own personal use and one for Dr Lee.

Mr Robert S. McNamara  
President  
International Bank for  
Reconstruction and Development  
1818 H. Street, N.W.  
Washington, D.C. 20433  
U.S.A.

... Encls. (3)

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9/2/75

Original sent to Admin. Policy Files



Mr Robert S. McNamara, President, International  
Bank for Reconstruction and Development, Washington  
TDR/T16/87/5

I feel that now is the time for an international research effort, designed specifically to solve the remaining scientific problems and also to create the capacity within the affected countries to help develop and apply new methods to prevent and control the diseases which afflict their populations.

I look forward to seeing Dr Lee on 6 and 7 October and hearing his views on how we can work together to bring this about.

Yours sincerely,



---

Dr T.A. Lambo  
Deputy Director-General



WORLD HEALTH ORGANIZATION  
ORGANISATION MONDIALE DE LA SANTÉ

WHO/UNDP MEETING OF HEADS OF AGENCIES IN  
CONNEXION WITH THE SPECIAL PROGRAMME FOR  
RESEARCH AND TRAINING IN TROPICAL DISEASES

TDR /WP/75.1

Geneva, 6-7 October 1975

ORIGINAL: ENGLISH

D R A F T A G E N D A

Opening Remarks

The tropical disease problem in WHO's overall perspective of health and development

The need for a Special Programme as an intensified international initiative to develop, through research, new methods for control of tropical diseases

The Tropical Disease Problem

The magnitude of the problem and how it affects the quality of life and socio-economic development

Current approaches to the control of tropical diseases and the limitations of these approaches

The prospects offered by advances in the biomedical sciences for development of new methods for control of tropical diseases

Opportunities for, and constraints on, research and training in tropical diseases in developing countries

Proposed Operating Framework of the Special Programme

The scope and objectives of the Special Programme

The disease-oriented task forces

The network of collaborating research and training institutions

Organization and Management of the Special Programme

The Special Programme at its present stage of planning and pilot-operations

Alternatives for the management of the Special Programme when fully operational

Possible timetable of activities to implement the Special Programme and associated budget estimates

Conclusions and Closing Remarks





WORLD HEALTH ORGANIZATION

ORGANISATION MONDIALE DE LA SANTÉ

WHO/UNDP MEETING OF HEADS OF AGENCIES IN  
CONNEXION WITH THE SPECIAL PROGRAMME FOR  
RESEARCH AND TRAINING IN TROPICAL DISEASES

TDR/WP/75.2

Geneva, 6-7 October 1975

INITIAL LIST OF INVITEES

PREMIERE LISTE D'INVITES

Mr R.K. ANDRESEN, Director-General, Norwegian Agency for International  
Development, Oslo, Norway

Dr A. BRUECK, Parliamentary Secretary of State, Ministry of Economic  
Cooperation, Bonn, Federal Republic of Germany

Dr B. DURAND, Secrétaire général permanent, Organisation de Coordination  
pour la Lutte contre les Endémies en Afrique centrale, Secrétariat  
général, Yaoundé, République-Unie du Cameroun

Mr P. GERIN-LAJOIE, President, Canadian International Development Agency,  
Ottawa, Canada

Monsieur M. HEIMO, Délégué à la Coopération technique, Département  
politique fédéral, Berne, Suisse

Mr J.F. HENRY, President, Edna McConnell Clark Foundation, New York, USA

Mr S. HOGEN, President, Japan International Cooperation Agency, Tokyo,  
Japan

Dr W.D. HOPPER, President, International Development Research Centre,  
Ottawa, Canada

Mr L.W. JOHNSON, Director, Australian Development Assistance Agency,  
Canberra, Australia

Dr J.H. KNOWLES, President, The Rockefeller Foundation, New York, USA

Dr A. KRASSNIGG, Director-General of Public Health, The Federal Ministry  
of Health and Environmental Protection, Vienna, Austria

Dr A.W. LABIDI, President, African Development Bank, Abidjan, Ivory Coast

Mr R.S. McNAMARA, President, International Bank for Reconstruction and  
Development, Washington, USA

Mr E.N. MICHANEK, Director-General, Swedish International Development  
Authority, Stockholm, Sweden

Minister for Research and Communications, Research and Communications  
Secretariat, East African Community, Arusha, United Republic of Tanzania

Monsieur le Ministre des Affaires étrangères, Paris, France

Dr I. MUSTAFA, Minister of Health, The Ministry of Health, Baghdad, Iraq

Mr D.S. PARKER, Administrator, Agency for International Development,  
Department of State, Washington, USA

Mr R. PETERSON, Administrator, United Nations Development Programme,  
New York, USA

Professor B.V. PETROVSKIJ, Minister of Health of the USSR, Moscow, USSR

The Rt. Hon. R. PRENTICE, M.P., Minister of Overseas Development, The  
Ministry of Overseas Development, London, United Kingdom

Dr J.P. PRONK, Minister Voor de Ontwikkelings Samenwerking, The Hague,  
Netherlands

Monsieur le Dr Cheick SOW, Secrétaire général de l'Organisation de  
Coordination et de Coopération pour la Lutte contre les Grandes  
Endémies, Bobo-Dioulasso, Haute-Volta

Mme S. VERVALCKE, Directrice de la Coopération multilatérale,  
Administration générale de la Coopération au Développement, Bruxelles,  
Belgique

Mrs E. VISURI, Chief of the Section of the Department for International  
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