

936-1126

MEMORANDUM

January 8, 1980

TO: DS/HEA, John Aiden
Clifford Pease

FROM: DS/HEA, Alfred Buck

SUBJECT: Trip Report - Geneva, Switzerland - Decemc - 2-15, 1979

PURPOSE: To participate in the Joint Coordinating Board of the Special Program for Research and Training in Tropical Diseases (TDR) of UNDP/WHO/IBRD.

This report is complimentary to the one prepared by Dr. Fortuine, Attache of the US Mission to the United Nations in Geneva, which had been prepared during my stay in Geneva, a copy of which is attached. The present report summarizes the achievements and problems in the following areas of the TDR program.

- 1) Research and Development;
- 2) Institution Strengthening;
- 3) Trans-disease Activities;
- 4) Management and Administration of TDR;
- 5) Budget; and
- 6) The role of the USA as a donor country and as a recipient of research grants and contracts of the TDR.

I. RESEARCH AND DEVELOPMENT

The six groups of diseases included in the Special Program of TDR are malaria, schistosomiasis, filarial infections, leishmaniasis, trypanosomiasis and leprosy. Prior to the establishment of TDR, the

R and D activities for these six diseases were carried out as part of the regular functions of the Technical Divisions of WHO which were financed under the regular budget of the Organization. The Technical Divisions and Units which have been originally concerned with research and training in the tropical diseases of the TDR program include the Division of Communicable Diseases (CD) with its former Units of Parasitic Diseases and Leprosy, as well as the Division of Malaria and other Parasitic Diseases (MPD) and the Leprosy Unit of CD were responsible for their respective components of the program. After the establishments of the Division of Vector Biology and Control (VBC) in 1973 and the reorganization of the Malaria Program in 1978 which was again separated from the other parasitic diseases, the Parasitic Disease Program (PDP), the Malaria Action Program (MAP), the Division for Vector Biology and Control (VBC), the Leprosy Unit of CD and miscellaneous supporting units of WHO provide professional backstopping for TDR under the regular budget of WHO. Many projects which are now incorporated into TDR have originated in the appropriate technical units of WHO prior to the establishment of the Special Program. Some of the present successes attributed to TDR were either already imminent or have been the direct result of projects which were well under way at the time when the Special Program was created. Such projects include the Leprosy Program with Imlep and Thelep; the research on the

Epidemiology and Control of Malaria in the African Savannah in Garki, Nigeria, now transferred to the Benin State of that country; the research arising from the Onchocerciasis Program (OCP), in seven West African countries, especially the drug development project; the project Epidemiology and Control of Schistosomiasis in Man-Made Lakes of WHO/UNDP at Lake Volta, Ghana; and the development and testing of new pesticides by VBC. TDR has provided a new, unorthodox international forum to promote and coordinate studies on the six groups of diseases. Its aims are practical and are in line with the goals of AID, i.e. to intensify and accelerate relevant research on disease control and prevention and to develop methods that are, at once, effective, economical and applicable under rugged field conditions.

During the past year of the program from July 1978 to June 1979 considerable progress has been made. There are, at present, more than 700 active projects, both in research development and in research capability strengthening. Scientific Working Groups have been created for each of the six groups of diseases, i.e. three in malaria; two in schistosomiasis; one in filariasis; two for trypanosomiasis, one each for African trypanosomiasis and chagas' diseases; and two for leprosy. New SWG's will be established and old ones dis-established according to the changing needs and the scope of the Special Program.

A detailed description of the achievements of TDR during the reporting year from July 1, 1978 until June 30, 1979 is contained in the attached copy of the Third Annual Report of TDR.

II. TRAINING AND INSTITUTION STRENGTHENING

The Research Strengthening Group (RSG) supports research institutions in those LDC's in which national governments have made commitments for a gradual takeover of projects after the phasing out of the RSG support, usually after a period of 2-5 years. The recently approved strategic plan of the Research Strengthening Group will be implemented in three phases over a period of 20 years. In the first phase, emphasis will be on the strengthening of key institutions in countries with public health problems caused by one or more of the "six diseases". In the second phase, these institutions will be used as a resource for further strengthening of neighboring countries with tropical disease problems. Finally, in the third phase, efforts will be made to support institutions which are least developed at that time.

As of June 30, 1979 the RSG had supported projects for a total amount of about 3.2 million US dollars allocated to 88 grants. During the past fiscal year the RSG approved 59 grants and rejected 21 applications. In approving training grants, the RSG made deliberate efforts to keep scientists in their own or in a similar scientific environment.

The distribution of the grants were as follows: Research Training Grants were received by Argentina (1), Bangladesh (1), Bolivia (1), Brazil (6), Cameroon (3), Chile (1), Cuba (1), Ghana (4) Guatemala (1), Indonesia (1), Kenya (7), Malaysia (2), Nigeria (12), Paraguay (1), Peru (1), Philippines (4), Senegal (3), Sri Lanka (1), Tanzania (6), Thailand (5), Uganda (4), Venezuela (1), Zaire (1), and Zambia (2), a total of 70. Of the 18 Visiting Scientist Grants one each was awarded Argentina, Bangladesh, Brazil, Cameroon, India, Kenya, Peru, and Senegal, two went to Uganda, three to Thailand, and five to Nigeria.

A list of the workshops and of the courses supported by the Research Strengthening Group as well as of the various grants provided to institutions in developing and developed countries is detailed on pages 193-198 of the Third Annual Report.

III. TRANS-DISEASE DISCIPLINES

These include the sub-programs in Epidemiology, Vector Control, Biological Science and the newly established unit of Social and Economical Research. Each of these sub-programs has its own Scientific Working Group and Steering Committee. With the exception of the SWG on Social and Economic Research which had its first meeting in November 1979 all of the others have initiated and funded research projects.

The largest field research project has been carried out under the auspices of the SWG on Epidemiology at the Tropical Disease Research Center in Ndola, Zambia. After successful completion of preparatory investigations in the Chitambo area of Zambia where methodological and logistic adaptations were made to fit the field situation, the first systematic longitudinal area study of a multi-disciplinary nature, aimed at two or more of the diseases included in the TDR program, was launched in the Kampumbu area, where malaria, trypanosomiasis and schistosomiasis (S. haematobium and S. mansoni) are co-endemic.

The SWG on Epidemiology assisted the Tropical Disease Research Center for the Western Pacific Regional Office of WHO in the design and planning of training and research programs at the Institute for Medical Research (IMR) in Kuala Lumpur, Malaysia. Furthermore, an epidemiological pilot study was carried out in Western Province of Papua New Guinea in cooperation with the Institute for Medical Research of that country. The area is expected to undergo drastic social and economic changes following the development of mining in the OK Teki District. In this remote and sparsely populated area the following health problems were identified: holoendemic, chloroquine-resistant P. falciparum malaria; periodic bancroftian filariasis; high mortality of children and adults of unknown causes; epidemics of febrile illnesses other than malaria. The area is very

underdeveloped in every respect, including health services. The Government and the Institute for Medical Research in Goroka, Eastern Highlands, wish to set up longitudinal, epidemiological investigations for the purpose of health planning and, in particular, for monitoring the health impact of the development of mining industries.

The SWG in epidemiology is preparing a manual for field epidemiology designed for use by peripheral, decision-making health officers. It is also charged with the study of ethnic problems associated with the conduct of epidemiological studies.

The SWG on Biomedical Sciences held various workshops on basic immunology as related to tropical parasitic diseases. As a result, it published two monographs in the newly established Tropical Diseases Research Series, the first on the Role of the Spleen in Parasitic Infections and the second on Membrane Pathobiology of Tropical Diseases. A number of meetings were held in close cooperation with the SWG's of the Special Disease Programs.

VECTOR BIOLOGY AND CONTROL

Major progress was made in the field of Biological Vector Control. Various formulations of Bacillus thuringiensis, serotype 14 have been developed. Studies on the safety of these preparations for mammals have been carried out in various parts of Europe, the US and in Africa. The environmental safety studies suggest that the pathogen is specific for a small number of arthropods, especially for mosquitos and black-fly larvae.

IV. THE SCIENTIFIC AND ADMINISTRATIVE SUPER STRUCTURE OF TDR

Despite the large number of acronyms and abbreviations that appear in TDR reports and are often confusing and annoying to the non-initiated reader the actual mechanism for strategy development and adjustment of the Program, for review and evaluation of research projects, for scientific coordination and maintenance of balance between field and laboratory research, is quite efficient.

The essential scientific bodies of TDR are the Scientific Working Groups. These are composed of an international group of independent scientists who serve voluntarily and entirely on the merit of their own achievements in the field for a period of three years. They select six to eight members of the SWG who act as the executive group, i.e. the Steering Committee. The SWG's have an open number of members which may be enlarged or reduced as the needs and emphasis of the program changes. Moreover, the Scientific Working Groups themselves may be dis-established if the program enters into a new phase.

The overall achievements of the Scientific and Technical Program, including all of the six diseases and the four trans-disease groups are reviewed annually by the Scientific and Technical and Advisory Committee (STAC). This is another independent body composed of renowned scientists who cannot simultaneously serve in one or more of the SWG's.

Finally, the entire program, including its policy, scientific achievements and budget is presented to the Joint Coordinating Board of the Special Program which is made up of members of the donor countries and institutions, as well as an equal number of countries where one or more of the six diseases of TDR represent public health problems. The executive Agency, WHO, and the co-sponsors of the program UNDP and IBRD have yielded their voting rights. WHO and UNDP are contributing money to the special TDR fund while the World Bank serves as the administrator of the Special Fund without yet having made a financial contribution of its own.

Resolutions and attempts to move the Headquarters of TDR away from Geneva with its high cost of living index overlook the fact that, a transfer of the staff funded by the TDR program would not necessarily transfer the TDR program which is based on the technical and scientific guidance of WHO staff in the Division of Communicable Diseases (CD), the Division of Vector Biology and Control (VBC) the Parasitic Disease Program (PDP), and the Malaria Action Program (MAP), which are funded by the regular budget of WHO and whose directors and unit chiefs make up the secretariat each of the SWG's.

V. BUDGET

The approved TDR budget for 1980 amounts to \$26,620,000, of which 18 million dollars (68%) are obligated for research and development projects. The proposed Program Budget for the biennium 1980/81 was recommended by the Joint Coordinating Board and the Standing Committee. The overall increase of about 3.3% for 1980 over 1979 reflects the fall in the exchange rate of the US dollar against other currencies, especially the Swiss franc.

The program operations and associated budgets have been proposed for 1980/81 only. Projections for the program beyond 1980 were not made because of the uncertainty of the level of support which will be available to the Program. Preliminary estimates of the contributions expected for 1980 total about \$19-20 million, estimates for 1981 also do not reach the required level of \$25 million. It was noted with concern that inflation and other cost factors may well decrease substantially the real funding level left for the Program, even if the total amount of support could be maintained at the current 1979 level. A decrease in real funds would necessitate significant cut-backs in operations for the 1980/81 period. Unfortunately, such reductions in the activities would occur at a time when all of the program components have become operational. This could seriously impair the scientific viability of a number of projects, delay progress in others, and undermine the confidence in the program in

both the tropical countries and in the world's scientific community. The total estimated budget for 1979 was \$24,567,000 of which \$23,000,000 have been obligated. Of the total contributions to the TDR fund the USA has furnished \$1,826,000, or 7.4% (as of December 13, 1979). Because payments by the donors are often made at the end of their own budget year in a lump sum, there have been problems with cash flow over the entire budget year of TDR.

VI. USA AS A DONOR COUNTRY AND AS A RECIPIENT OF RESEARCH GRANTS FROM TDR

Since its inception, the TDR Program has allocated 29.7 million dollars for funding of research and training projects in tropical diseases all over the world. Out of this total amount, 6,209 million dollars, or 20.9% of the total, have been granted to scientific institutions in the United States. This amount is 3.4 times larger than the total US contributions to the TDR Fund as of December 1979. The USA has been the single most important recipient of research grants, followed by the United Kingdom which has received \$3.905 million, Belgium with \$1.234 million, the Federal Republic of Germany with \$864,000, and France with \$451,400.

In summary, for a program which is devoted to research and training in tropical diseases of LDC's the US Government has contributed only 7.3% to the TDR budget, but has received 20.9% of the total funds allocated to research institutions in the world, (as of June 30, 1979).

Assigning research priorities and making decisions about the funding of research projects submitted to TDR is the responsibility of an international group of scientists who serve in the Steering Committees of each of the Scientific Working Groups. Therefore, the predominance of recipients of grants and contracts among research institutions of the USA does not reflect bias due to decisions made along the "old-boy line". It does, however, indicate grantsmanship, as few good applications were received from LDC's. In private discussions, WHO staff members and delegates from smaller countries which have contributed proportionately much more money than the USA, have expressed their concern about the relative imbalance between contributions made to the budget and the funds received for projects. The USA is in arrears in its contributions to the TDR Fund if judged by the original pledge of \$20.3 million, to be paid over a period of five years. Some members of the JCB suggested that the industrialized countries should provide funds for their own research institutions, covering that portion of the TDR research assigned to them by the SWG's, and carried out in the USA. This should be done without reducing the contributions to the TDR Fund, thus, providing additional funds for the direct assistance of research and training projects in the LDC's. (Annex "Confidential" of Funded Projects in the USA). The delegate from Brazil, who also served as the Co-Chairman of the JCB, introduced a formal proposal to move the TDR Program from Geneva to a developing country. The financial, administrative and

logistical problems associated with such a move will be studied by the WHO Secretariat. Because TDR has to depend on the close cooperation of a large number of technical WHO staff who belong to the regular program, entire units of the Organization would have to be included in the transfer of the TDR program to another country.

Attachments:

1. TDR Report/Dr. Fortuine
2. Third Annual Report of TDR

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ING GROUP MEETING. THERE WAS SOME CONTROVERSY IN THE JCB ABOUT THE RELATIVE IMPORTANCE OF THIS ACTIVITY IN THE ACHIEVEMENT OF THE PROGRAM'S GOALS, WITH THE DUTCH AND WEST GERMANS EXPRESSING SOME DOUBTS, BUT THE MAJORITY OF OTHER SPEAKERS LENT CONSIDERABLE SUPPORT TO THE AIMS AND APPROACH OF THE COMPONENT.

7. THE FINANCIAL REPORT INDICATED THAT 1979 FUNDS WOULD TOTAL 25,576,000 DOLLARS AGAINST OBLIGATIONS OF 22,936,000 DOLLARS, LEAVING ABOUT 2.6 MILLION DOLLARS AVAILABLE FOR CARRYOVER TO 1980. IN THE DISCUSSION, SEVERAL COUNTRIES NOTABLY DENMARK AND NORWAY ADDRESSED STRONG REMARKS TO THE WORLD BANK REPRESENTATIVE (JOHN EVANS) ABOUT THE LATTER AGENCY'S FAILURE TO MAKE A CASH CONTRIBUTION IN SUPPORT OF THE PROGRAM. EVANS REPLIED THAT AS RESULT OF THE FIRST JCB MEETING A STRONG REPRESENTATION FOR A CONTRIBUTION WAS MADE TO THE BANK'S MANAGEMENT, BUT THAT NO DECISION HAD YET BEEN MADE. HE EXPLAINED THAT ANY DIRECT PARTICIPATION WOULD HAVE TO BE A GRANT, NOT A LOAN, AND THEREFORE WOULD HAVE TO BE JUDGED AGAINST THE MANY OTHER URGENT REQUESTS FOR GRANTS. THE BANK WAS LOOKING CAREFULLY AT ITS LONG TERM POLICY IN HEALTH AND HAD OTHER REQUESTS FOR GRANTS BEFORE IT AS WELL, INCLUDING THE DIARRHEAL DISEASES CONTROL PROGRAM. EVANS WELCOMED INPUT FROM JCB MEMBERS, PARTICULARLY ON DEFINING THE SIGNIFICANCE OF A CONTRIBUTION BEYOND ITS MONETARY VALUE.

8. THE SECRETARIAT, IN A REPORT ON CASH FLOW AND LIQUIDITY, SAID THAT NO SUCH PROBLEM HAD ARISEN IN 1979 BUT THAT IT WAS EXAMINING OPTIONS ON DEALING WITH THE SITUATION, IF IT AROSE. MEANWHILE, IT STRONGLY URGED EARLY PAYMENTS, OR AT LEAST INSTALLMENTS ON PLEDGED EARLY IN THE YEAR.

9. IN BUDGET DISCUSSIONS FOR 1980 US REP (BUCK) STRESSED CONCERN THAT CONTRIBUTIONS OF TIME AND EXPERTISE TO TDR FROM WHO STAFF PAID FROM THE REGULAR BUDGET WERE NOT ADEQUATELY SHOWN IN THE FINANCIAL STATEMENTS. HE FURTHER NOTED THAT THERE WAS AN EXCEPTIONALLY WIDE VARIATION IN THE ADMINISTRATIVE COSTS FOR THE VARIOUS COMPONENTS OF THE PROGRAM. UNDP REP MADE IMPASSIONED PLEA FOR CONTINUED AND INCREASED SUPPORT OF TDR, SO THAT THE LONG TERM OBJECTIVES OF THE PROGRAM CAN BE MET AND THE PAST INVESTMENTS IN THE PROGRAM PROTECTED. THE NEED FOR ADDITIONAL FUNDS WOULD BE PARTICULARLY ACUTE WHEN FIELD TRIALS ARE BEGUN. CANADA SUGGESTED THAT FUTURE BUDGETS BE PRESENTED AT 3 FUNDING LEVELS. BELGIUM POINTED OUT THAT BULK OF FUNDING WILL STILL HAVE TO COME FROM LARGE DONORS, AND THAT LOG'S, THOUGH WELCOME, CAN NOT ADD MUCH TO BUDGET. THE SECRETARIAT REVIEWED EFFORTS TO INVOLVE NEW DONORS, ESPECIALLY SPAIN AND JAPAN. THE RESULTS WERE ENCOURAGING, BUT NOT BEFORE 1981. THE BUDGET OF 26,820,000 DOLLARS FOR 1980 WAS APPROVED BY CONSENSUS. IT WAS POINTED OUT THAT IN LIGHT OF INFLATION AND CURRENCY FLUCTUATIONS, THIS FIGURE WOULD LEAD TO AN EFFECTIVE DECLINE IN PROGRAM LEVEL FOR 1980.

10. IN INTRODUCING THE PLEDGING SESSION, THE SECRETARIAT NOTED EXPECTED CONTRIBUTIONS OF 24 MILLION FOR 1980. PLEDGES FOR 1980 WERE AS FOLLOWS (IN US DOLLARS):

- UMDP 1,952,000 (UP FROM 1,801,000)
- FRANCE CA. 226,500 (SAME)
- US 4,800,000 (UP FROM 2,300,000) (EXPECTED)
- MEXICO WILL CONTRIBUTE, AMOUNT UNCERTAIN
- SWEDEN CA. 2,500,000 (SAME)
- SWITZERLAND CA. 896,000 (UP 20 PERCENT)
- NIGERIA CA. 80,000 (SAME)
- NETHERLANDS CA. 1,000,000 (SAME)
- FINLAND CA. 125,000 (SAME)
- AUSTRALIA CA. 257,000 (SAME)
- CANADA CA. 600,000 (SAME)
- NORWAY CA. 1,100,000 (SAME)
- FRG CA. 2,156,000 (SAME)
- AUSTRIA CA. 80,000 (SAME)
- DENMARK CA. 5,796,000 (SAME, BUT WANTS TO GET DOWN)
- BELGIUM CA. 1,000,000
- UK CA. 1,400,000 (6 PERCENT OF TOTAL)
- SASAKAWA FUND 400,000 (SAME).

FYI: IT WAS NOTED PRIVATELY BY SECRETARIAT TO US REP THAT UP TO THE PRESENT TIME, US SCIENTISTS HAVE RECEIVED 3 TIMES AS MUCH IN TDR RESOURCES AS THE US HAS PAID TO THE PROGRAM. END FYI.

11. IN ELECTION FOR AT-LARGE MEMBER OF JCB, CANDIDATES WERE FINLAND, FRANCE AND NIGER. FRANCE WON BY DRAWING LOTS AGAINST FINLAND, AFTER SECOND BALLOT WAS TIED 12-12.

12. MISCELLANEOUS: 5 NEW MEMBERS OF STAC WERE APPOINTED AND TWO OTHERS WERE REAPPOINTED. THE US NOW HAS TWO

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MEMBERS (B.H. KEAN AND J.B. HENSON) IN THE GROUP OF 18.
THE BRAZILIAN REPRESENTATIVE FLOATED THE IDEA OF MOVING
THE TDR PROGRAM TO A DEVELOPING COUNTRY. HE WAS THINKING
OF RIO, AND WANTED THIS MATTER CONSIDERED AT THE TIME OF
A MAJOR PROGRAM EVALUATION SCHEDULED FOR 1981. THE SECRE-
TARIAT OFFERED TO UNDERTAKE A STUDY FOR THE PRO'S AND
CON'S. THE NEXT MEETING WAS SET FOR DECEMBER 10-11, 1980,
IN GENEVA. HELMAN

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