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**Annual Report 2022**

**Global Engagement**

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## List of abbreviations

<b>AFRO</b>	WHO Regional Office for Africa
<b>AHPSR</b>	Alliance for Health Policy and Systems Research
<b>AMR</b>	antimicrobial resistance
<b>ASEAN</b>	Association of Southeast Asian Nations
<b>ASEAN NDI</b>	Association of Southeast Asian Nations – Network for Drugs, Diagnostics, Vaccines and Traditional Medicine Innovation
<b>CGIAR</b>	Consultative Group on International Agricultural Research
<b>ClimDevAfrica</b>	Climate for Development in Africa Initiative
<b>DAC</b>	Data Access Committee
<b>DEC</b>	disease endemic, low- and middle-income countries
<b>EDP</b>	Ebola Data Platform
<b>FAIR</b>	Data sharing resources that are Findable, Accessible, Interoperable and Reusable
<b>GFCS</b>	Global Framework for Climate Services
<b>H-NAP</b>	Health National Adaptation Plans
<b>HRP</b>	UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction
<b>IDRC</b>	International Development Research Centre (Canada)
<b>IDDO</b>	Infectious Diseases Data Observatory
<b>IRI</b>	International Research Institute for Climate and Society at Columbia University, New York, USA
<b>ISARIC</b>	International Severe Acute Respiratory and Emerging Infection Consortium
<b>JCB</b>	TDR Joint Coordinating Board
<b>LAC</b>	Latin and Central America
<b>LMIC</b>	low- and middle-income country(ies)
<b>LSHTM</b>	London School of Hygiene and Tropical Medicine
<b>NDC</b>	National Determined Contribution
<b>NMAIST</b>	Nelson Mandela African Institute of Science and Technology, Arusha, United Republic of Tanzania
<b>PAHO</b>	Pan American Health Organization
<b>PHE</b>	Public Health, Environmental and Social Determinants of Health
<b>PHE (AFRO)</b>	Protection of Human Environment
<b>P2I</b>	Portfolio-to-Impact R&D modelling tool
<b>RCS</b>	TDR Research Capacity Strengthening unit
<b>RTC</b>	regional training centre
<b>RVF</b>	Rift Valley fever
<b>SDF</b>	Strategic Development Fund
<b>SDG</b>	Sustainable Development Goal
<b>SEAR</b>	WHO South-East Asia Region

<b>SIHI</b>	Social Innovation in Health Initiative
<b>SORT IT</b>	Structured Operational Training Initiative
<b>SPH</b>	School of Public Health, University of Ghana
<b>SPT</b>	special project team
<b>STAC</b>	TDR Scientific and Technical Advisory Committee
<b>SU</b>	Sokoine University, Morogoro, United Republic of Tanzania
<b>SWG</b>	scientific working group
<b>STH</b>	soil transmitted helminth
<b>TDR</b>	UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases
<b>UHC</b>	universal health coverage
<b>UKCDR</b>	UK Collaborative on Development Research
<b>VBD</b>	vector-borne disease/s
<b>WHO</b>	World Health Organization
<b>WMO</b>	World Meteorological Organization
<b>WPR</b>	WHO Western Pacific Region

## Introduction

An essential part of TDR's work is to engage with the global health community to promote and facilitate the role of research for development and to advocate for the use of high-quality evidence to inform policy. TDR is at the interface between research and health care delivery. Embedded within the United Nations family through its co-sponsors (UNICEF, UNDP, the World Bank and WHO), this unique position allows TDR to create a bridge from local communities to the World Health Assembly to enable the broadest possible scope of dialogue and debate across the spectrum of health research – from priority setting to evidence-based policy-making at local, national, regional and global levels.

This global engagement includes collaboration with WHO regional offices, shaping the global health research agenda, leading a collaborative network on research funding, promoting and supporting research on community-based social innovations for health, and leveraging a global network of scientists and experts who have been associated with TDR.

## Objectives

TDR's approach to Global Engagement is to develop and employ strategies, frameworks, tools and platforms in the following areas:

1. Engagement of key global stakeholders, TDR co-sponsors, WHO regional and country offices, and WHO control and research programmes;
2. Creation of the TDR Global community and promotion of innovative tools for mentorship and collaboration;
3. Advancement of community-engaged social innovation in health care delivery in support of universal health coverage (UHC) in low- and middle-income countries (LMICs), through research, capacity and advocacy;
4. Development of research policy to identify new approaches to support and finance research, and undertake knowledge management activities to improve the efficiency and maximize the impact of research for health;
5. Development and promotion of models of data sharing and open publications that support and promote research activities in LMICs;
6. Support the ESSENCE on Health Research initiative by working with stakeholders and funders of research to develop and promote best practices in research management, standard methodologies, implementation research (IR) and approaches to monitoring and evaluation (M&E) of impact; and
7. Effectively engage in gender and equity research and capacity strengthening.

## Key achievements for the strategic priority area in 2022

- The TDR Global Institutional Mentorship guide (HERMES)<sup>1</sup>, developed in partnership with regional and country nodes through broad consultation, was launched. This is an evidence-based practical guide that provides tools, open access resources and advice for research institutions to institutionalize research mentorship to empower a new generation of scientists, and it is tailored for LMIC settings. It was officially launched in Ethiopia and dissemination is ongoing through TDR-supported networks.<sup>2</sup>
- The first outcomes of the projects that research on good practices in community engagement materialized in 2022. Policies in Ethiopia, Guatemala and the Philippines, at national and local levels, have been informed by the evidence resulting from this TDR supported work.
- [Special British Medical Journal \(BMJ\) supplement](#) on social innovation in health, compiling numerous SIHI research studies from low- and middle-income countries (LMICs), was launched (supported by SIHI China hub, PAHO, TDR and BMJ), reaching a broad audience
- Publication of [The Public Engagement and Crowdfunding in Health Research: A Practical Guide](#) in collaboration with SIHI and TDR Global
- Equitable research partnerships [good practice document](#) published by ESSENCE in collaboration with UKCDR.
- Calls in Americas and Eastern Mediterranean regions launched with 27 projects funded.
- Global Health Matters successful season 2 launched and reached broad audiences.

## Summary progress description for 2022

Global Engagement continues to encompass a wide range of activities that complement the work of TDR in the areas of capacity strengthening and implementation research.

**Table 1. Global Engagement workplan overall progress**

<i>Expected Results – Global engagement</i>	
<i>Expected results and deliverables</i>	<i>Indicators and targets</i>
<b>1.3.5 Research on social innovation to enhance healthcare delivery:</b> i) functioning SIHI Secretariat to coordinate the SIHI partner network efforts and SIHI global communications; ii) growing number of operational SIHI country hubs.	<p>By 2023:</p> <ul style="list-style-type: none"> <li>• At least 10 operational hubs in LMICs advancing social innovation in health care delivery through research, capacity and advocacy</li> </ul> <p><i>Progress made:</i></p> <ul style="list-style-type: none"> <li>■ Twelve SIHI hubs in Africa, Asia, Latin America are operational and coordinated by SIHI secretariat based in the Philippines; they were joined by one SIHI hub in Europe to create South-South-North collaborations.</li> </ul>

<sup>1</sup> The Guide can be downloaded here: <https://tdr.who.int/publications/i/item/9789240058675>

<sup>2</sup> See <https://ahri.gov.et/2022/11/19/promoting-institutional-mentorship-in-higher-institutions-in-ethiopia/>

## Expected Results – Global engagement

Expected results and deliverables	Indicators and targets
<b>2.1.1.2 WHO regional office collaboration and Impact grants for regional priorities:</b> i) impact grants operationalized in at least five WHO regional offices; ii) functional collaboration frameworks with at least five regional offices established.	<p>By 2023:</p> <ul style="list-style-type: none"> <li>8-10 impact grants for regional priorities calls launched, projects selected and funded (11-13 for the 50m scenario)</li> <li>Evidence of collaboration frameworks' effectiveness based on successful joint projects and activities</li> </ul> <p><b>Progress made:</b></p> <ul style="list-style-type: none"> <li>27 impact grants in Americas and Eastern Mediterranean regions selected.</li> <li>TDR and regional offices completed a review of all funded projects in the last 5 years and selected research outputs widely disseminated</li> <li>TDR and regional offices jointly discussed directions of the future TDR strategy.</li> </ul>
<b>2.2.1 Shaping the research agenda:</b> i) report /resource based on a scoping review in the area IR/OR research to further map partners, priorities, ongoing activities and TDR work in this context; ii) analysis of the health product pipeline for HIV, TB, malaria and NTDs in order to identify and describe priorities; iii) research priority setting exercise supported.	<p>By 2023:</p> <ul style="list-style-type: none"> <li>one report to map partners and priorities and activities published;</li> <li>two reports on research priority exercises published</li> </ul> <p><b>Progress made:</b></p> <ul style="list-style-type: none"> <li>3 research priority setting exercises (2 x AMR and neglected tropical diseases) will be published in 2023. A TPP for treatment of Lassa Fever will be published by end of 2022. The research agenda for secondary use of IPD for schistosomiasis and soil-transmitted helminthiasis was published in January 2022.</li> </ul>
<b>2.2.2 Capacity strengthening to bring research evidence into policy:</b> i) methodology developed and/or adapted from existing approaches to enable appropriate generation of translation mechanisms; ii) knowledge management and evidence for decision-making delivered in the SORT IT programme; iii) data sharing - support for capacity building and development of policy; iv) LMICs lead on the development of systematic reviews, research synthesis and policy briefs on issues related to infectious diseases of poverty.	<p>By 2023:</p> <ul style="list-style-type: none"> <li>at least 4 workshops/ training events held</li> <li>2 report/publications on knowledge management methodology</li> <li>at least 4 evidence to policy reports and briefs finalized and published</li> </ul> <p><b>Progress made:</b></p> <ul style="list-style-type: none"> <li>3 workshops were held on communicating research findings in Sierra Leone, Colombia and Ghana.</li> <li>13 evidence briefs were published: <a href="https://tdr.who.int/activities/sort-it-operational-research-and-training/communicating-research-findings">https://tdr.who.int/activities/sort-it-operational-research-and-training/communicating-research-findings</a></li> </ul>



## Expected Results – Global engagement

Expected results and deliverables	Indicators and targets
<p><b>2.3.1 Collaborative networks (ESSENCE on Health Research) and engagement with global health initiatives:</b> i) tools and reports used to inform policy and/or practice of global/regional stakeholders or major funding agencies; ii) funding agencies continue to engage in policy dialogue with each other and with LMICs; iii) LMIC capacity in research management, M&amp;E strengthened; iv) cases of TDR's research, RCS and KM activities benefit and are shaped by global health research agenda.</p>	<p>By 2023, two harmonized principles / policies / practices introduced and adapted by funding agencies and LMIC researchers / research institutions</p> <p><b>Progress made:</b></p> <ul style="list-style-type: none"> <li>Good practice document focusing on effective and equitable research partnerships finalized and published, in collaboration with UKCDR and all ESSENCE members</li> </ul>
<p><b>2.3.3 TDR Global:</b> i) a user-friendly, online platform that hosts the profiles of current and former grantees, trainees and expert advisors of TDR; ii) community engagement activities that foster collaboration and networking; iii) surveys / crowdsourcing that gather and prioritize ideas from trainees, grantees and experts to support mentorship and themes of interest for the community; iv) enhanced efficiency and effectiveness via increased regional focus.</p>	<p>By 2023, decentralization of mentorship activities to at least six operational regional and country nodes</p> <p><b>Progress made:</b></p> <ul style="list-style-type: none"> <li>Platform fully functional</li> <li>Webinar in the Africa, Latin America, and Asian nodes</li> <li>Development of the Institutional Mentorship Guide through consultation with regional country nodes and open crowdsourcing call.</li> <li>Plan to enhance capacity for comms at reg node level. ("podcast"). Plan to support regions to pilot institutional mentorship tools in regions.</li> </ul>
<p><b>2.3.4 Effective engagement in gender and equity:</b> i) Global engagement activities to support TDR's gender research strategy and its inclusive research agenda in research on infectious diseases implemented; ii) Collaborations strengthened across TDR and partners to understand and address gender dimensions of infectious diseases of poverty.</p>	<p>By 2023, gender and equity dimensions progressively mainstreamed across TDR projects and collaborations aligned with TDR's intersectional gender research strategy.</p> <p><b>Progress made:</b></p> <ul style="list-style-type: none"> <li>TDR has strengthened its collaboration with SIHI by initiating 3 new projects on gender and social innovation in health, applying an intersectional gender lens in Philippines, Uganda and Colombia SIHI hubs.</li> <li>2 new research studies on IR and gender initiated in Bangladesh and Ethiopia.</li> <li>The IR MOOC module on gender and intersectionality in infectious disease research was launched in June 2022 and new courses are being offered henceforth.</li> <li>TDR has strengthened its collaboration with HRP to support their research capacity strengthening efforts to incorporate sex and gender in health research by initiating to develop a virtual repository of resources.</li> <li>The revised version of TDR's Implementation Research Toolkit with a new module on gender and intersectionality was launched in August 2022.</li> </ul>

### Expected Results – Global engagement

Expected results and deliverables	Indicators and targets
<b>2.3.5 Community engagement and ethics:</b> i) mapping of research ethics initiatives in Africa, identifying successes, lessons learnt and existing gaps; ii) policy briefs and papers on key issues; iii) institutional audits conducted to strengthen local capacity and collect lessons learned; iv) policy dialogues, debates and panels organized; v) ethics network secretariat in regions supported	<p>By 2023:</p> <ul style="list-style-type: none"> <li>• 1 policy panel debate (2 in high budget scenario)</li> <li>• Secretariat capacity strengthened in 1 regional network (2 in higher budget scenario)</li> <li>• 1 policy brief (2 in higher budget scenario)</li> <li>• two audits conducted (five in higher budget scenario)</li> </ul> <p><b>Progress made:</b></p> <ul style="list-style-type: none"> <li>■ <i>The ten projects selected through a call in 2021<sup>3</sup> to research good practices in community engagement in research, social innovation and ethics are delivering evidence, policy briefs, training materials, publications. Based on these, a joint publication will be done on lessons learned, gaps and opportunities.</i></li> <li>■ <i>challenges brought by COVID-19 pandemic on the ERC/IRBs in countries were mapped and analysed, and results presented at the SIDCER/FERCAP annual conference.</i></li> <li>■ <i>Deliverables i to v to be achieved in 2023.</i></li> </ul>

<sup>3</sup> See call for proposals here: <https://who.force.com/etdr/s/gs-solicitation/a0p3X00000avTMMQA2/ca210005>

## Progress description in 2022 and plans for 2023

The Global Engagement strategic area has achieved tremendous results in developing and employing strategies to engage stakeholders in creating new approaches to the TDR Global community, social innovation, promotion of open science and data sharing and many others. Each are described in more detail below, including future plans for 2023, which will include completion of work started in 2023. As it will be the last year of the current TDR strategy, future plans for each expected result, where appropriate, discuss plans for transition into the new strategy.

### ER 1.3.5: Research on social innovation to enhance healthcare delivery

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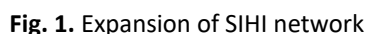
**The Social Innovation in Health Initiative** (SIHI) is a network of partner institutions and a community of stakeholders established in 2014 through [TDR's leadership](#), in collaboration with leading universities in South Africa and the United Kingdom. The network has been expanding to engage LMICs and establish SIHI country hubs in research institutions to advance community-engaged social innovation through research, capacity strengthening and advocacy. **Thirteen SIHI hubs are operational** in Africa ([Ghana](#), [Malawi](#), [Nigeria](#), [Rwanda](#), [South Africa](#), [Uganda](#)), Asia ([China](#), [India](#), Indonesia, [Philippines](#)), Latin America and the Caribbean ([Colombia](#), [Honduras](#)) and in Europe ([Sweden](#)) (see Fig. 1).

SIHI also collaborates with a growing number of contributing partners. Global and regional actors include [Africa CDC](#), [CGIAR](#), [Fondation Mérieux](#), [LSHTM](#), Pan African Community Initiative on Education and Health ([PACIEH](#)), the [Schwab Foundation](#), UNDP, UNICEF, the World Bank, the [World Health Emergency Programme](#), WHO /HRP, the Pan American Health Organization ([PAHO](#)), [WPRO](#) and the [WHO Innovation hub](#)). Local actors include international organizations, government and research institutions, innovators, the private sector and communities.

**Accelerating universal health coverage through system change.** [The initiative aims](#) to unlock the capacity of all health system actors, including communities, innovators, policy-makers, the private sector and academics, to work together to embed research and advance community-engaged social innovation in health systems in the global south. SIHI contributes directly to the pillars of universal health coverage (UHC); through its community-engaged, multidisciplinary and multisectoral approach, it strengthens national health systems and supports the achievements of the Sustainable Development Goals.

**SIHI's vision.** Catalysing an increasing number of research institutions in LMICs that promote and advance social innovations to transform health care delivery systems through research and accelerate universal health coverage.

**SIHI's operational approach** is based on two pillars: i) engaging countries through SIHI research hubs; and ii) creating an enabling environment to support research in social innovation in health to transform health systems.



## Summary of achievements *Research*

- ### Capacity strengthening

- ### Partnerships and institutionalization of social innovation research

- [SIHI talks](#) launched to explore new partnerships (SIHI secretariat).
- World Bank grant agreement to support the development of a [new centre for innovation and research](#) in the University of Kamuzu in Malawi (catalysed by SIHI Malawi).
- SIHI Nigeria partnership and financial support from the Federal Ministry of Science, Technology and Innovation – launch of the [Virtual Café for Youth](#)

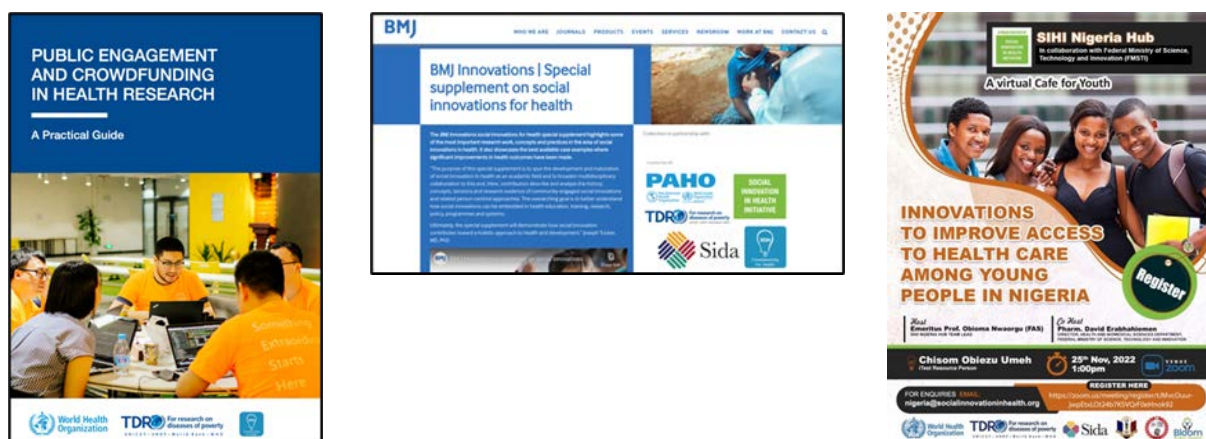


Fig. 2. Examples of SIHI key achievements

## Progress to achieve SIHI main expected outcomes in 2022–2025

### Mainstreaming social innovation research in LMICs, with an intersectional gender and social justice lens, to accelerate UHC

#### Outcome 1. Research to demonstrate the impact of social innovations on universal health coverage and to enhance their sustainability

An increasing number of social innovators work in collaboration with researchers and other stakeholders and conduct research in order to enhance their process, demonstrate their impact, raise funds and scale up as relevant. Examples are listed below.

**Supporting social innovators to conduct research: all SIHI hubs are increasingly providing support to innovators to embed research in their innovations.** Examples include: the Gelia Castillo Award for Research on Social Innovations in Health ([GCARSIH](#)), SIHI Uganda small grants scheme, SIHI China [global crowdsourcing open call \(Go Youth!\)](#) focusing on youth social innovation, SIHI LAC (Latin-America and the Caribbean) short research courses for social innovators.

**SIHI research in collaboration with social innovators: more than 20 research studies on social innovation were conducted in 2022 by SIHI.** The “[BMJ Innovation special supplement on social innovation for health](#)” was published with support from BMJ, PAHO, SIHI China and TDR. Additional research took place following the call to [identify community engagement good practices in implementation research and social innovation in health](#). The results will be published in 2023 (see more details in section 2.3.5 Community Engagement and Ethics in this report). The development and pilot of a Community Engagement Self-Monitoring Strategy for social innovation was conducted with the innovators in the Philippines.

#### Outcome 2. Mainstreaming social innovation to sustain SIHI hubs and enhance system change:

A growing number of universities and institutions (SIHI hubs) in LMICs promote social innovation and have mainstreamed/institutionalized social innovation in their organization and in their country policy systems.

**New formal partnerships were formed with governments which have started to embed social innovation research** and develop specific centres and programmes. *In Malawi, a Centre for*



*Innovation and Entrepreneurship is being established at Kamuzu University with support from the World Bank. In the Philippines the [Biennial Gelia Castillo Award for Research on Social Innovations in Health](#) is supported financially by the Department of Science and Technology-Philippine Council for Health Research and Development (DOST-PCHRD). SIHI Nigeria activities are part of the national budget allocation of the Federal Ministry of Science, Technology and Innovation, which supported the launch of the first virtual café to incubate social innovation to enhance access to primary health care amongst young people. SIHI Uganda partners with the Ministry of Gender, Labour and Social Development and with the Embassy of Sweden in Uganda.*

***Social innovation in health course introduction and approach has been integrated in academic curricula*** in the University of the Philippines Manilla Master in Public Health programme; in Icesi University, Colombia master programme on Management of Social Innovation; in the Universidad Nacional Autónoma de Honduras final year medical students; in Makerere University School of Public Health in Uganda; and in Kamuzu University of Health Science in Malawi.

***SIHI hubs are increasingly raising funds to support their activities.*** In 2022 more than a third of the SIHI Philippines hub's total funding was raised in addition to TDR's support. This includes funding to develop the Social Innovation in Health Exchange Platform to allow compilation of documentation, sharing and learning. Three hubs are financially independent (SIHI China/SESH with only 8% of its funding coming from TDR, SIHI India and SIHI Sweden which are fully self-financed).

### **Outcome 3. A growing country-led network**

The growing SIHI network is effectively coordinated and sustained by the SIHI Secretariat based in the Philippines.

***Institutional partnerships and ongoing support for the establishment of new hubs:*** SIHI Philippines provided support to the new SIHI hubs in Indonesia and India. Partnership between Kamuzu University (Malawi) and the University of Rwanda was established to enhance each other's activities on social innovation. SIHI Uganda supported the establishment of social innovation hubs in Ghana and Nigeria. SIHI LAC is working in partnership with SIHI Honduras. Ongoing support is provided to the new hubs to introduce social innovation research within their universities and within the countries' ecosystem.

***Enhancing cross-hub research collaborations:*** SIHI hubs in Latin America, Uganda and the Philippines received research funding and collaborate on gender and social innovation in health. SIHI Uganda and SIHI China completed a research project on [community engagement in social innovation in health – a mixed methods analysis of 40 SIHI case studies](#). Fifty-five (55) research case studies on social innovations in health have been completed since 2014, including three in 2022.

***Cross-hub training activities and tools:*** Training tools on social innovation research in health were shared among the hubs and cross-hub training activities were conducted, e.g. the SIHI China SESH [Research Grant Writing Workshop](#) engaged all SIHI hubs. An online case study writing series was organized by SIHI Philippines. A new [SIHI Fellowship Programme](#) developed by SIHI China and SIHI Uganda was launched. A training needs survey was conducted across SIHI and in collaboration with the twelve current fellows from SIHI hubs, various training courses were developed accordingly. The first [social innovation summer training](#) took place in July–August 2022. [The Public Engagement and Crowdfunding in Health Research: A Practical Guide](#) was developed by SIHI China in collaboration with TDR Global and other SIHI hubs (Honduras, Uganda, South Africa). [A sexual health survey instrument](#) was developed by SIHI China in partnership with WHO/HRP.

***Engaging new partners to nurture innovative financing and hubs sustainability through SIHI Talks.*** SIHI Talks was launched in 2022 to feature new partners and discuss collaborations on enhancing hubs' sustainability.

#### **Outcome 4 - An equitable and gender-transformative approach embedded in social innovation research**

An increasing number of social innovations incorporate, scale up and sustain an intersectional gender approach in social innovation and implementation research. The SIHI hubs in Latin and Central America, Malawi and the Philippines work to embed an equitable and gender transformative lens in social innovation research. *Please see ER 2.3.4 Effective engagement in gender and equity, for more information.*

#### **Remaining risks and challenges**

As the network expands and creates opportunities for evolution it also brings the challenges of maintaining an effective coordination, synergy and sustainability. The SIHI Secretariat, established in the Philippines, coordinates the network, its communications activities, and creates opportunities for cross-hubs research collaborations and fund raising. The SIHI China hub also plays an important role to catalyse and support cross hubs research projects, training and fund-raising activities. The current focus on embedding social innovation research in country governments and research institutions aims to enhance the hubs' sustainability and their impact.

#### **Contributions towards TDR key performance indicators**

##### **Partnerships and collaborations:**

Partnerships at local, national, regional and global levels are at the core of the SIHI operations. The SIHI hubs are called "implementing partners" and focus on advancing social innovation research in LMICs. They work in partnerships with governments, academia, communities, private sector organizations and other stakeholders. Their work is supported by SIHI "contributing partners" contributing to SIHI mission helping to synergize efforts and leverage resources. Global and regional contributing partners include Africa CDC, CGIAR, Fondation Mérieux, the LSHTM, Pan African Community Initiative on Education and Health (PACIEH), the Schwab Foundation for Social Entrepreneurship, UNAIDS Health Innovation Exchange, UNDP, UNICEF, the World Bank, the World Health Emergency Programme, WHO (HRP, PAHO, WPRO and the WHO Innovation hub).

##### **Leverage created by this project:**

Various SIHI partners and stakeholders at the global and country levels contribute directly to promote and advance social innovation in health care delivery. TDR funding to support the SIHI hubs have leveraged resources from: i) established academic centres whose regular activities focus on social innovation (e.g. the self-funded hubs in India, South Africa and Sweden); ii) global partners who dedicated time to support SIHI and embed social innovation in their programmes (e.g. LSHTM, Fondation Mérieux, UNAIDS); iii) experts (meetings, external review, strategic support); and iv) the SIHI country hub partners (including ministries of health, universities, advisory experts, and other stakeholders).

Resources leveraged will be calculated in 2023 for the 2022–2023 biennium.

**Gender aspects and vulnerable populations:**

At the organizational level, 69% (9) of all 13 SIHI hubs are led by women. The SIHI ad hoc review committee is chaired by a woman. Three of the four members are women.

Social innovations by nature directly or indirectly assist poor and vulnerable populations to access health care. SIHI supports the implementation of the WHO framework on people-centred integrated health services which aims to leave no one behind. SIHI calls for social innovations often target vulnerable populations such as children, pregnant women, and tribes and communities living in remote or hard-to-reach areas. SIHI case studies highlight how social innovations not only help to improve health but also to enhance community members' dignity and their economic situation.

TDR's intersectional gender research strategy covers and addresses gender inequalities and health inequities in access to health care, with a specific focus on vulnerable populations. The strategy is being tested with SIHI hubs.

**Training:**

90 students, 10 innovators (SIHI Philippines, introduction course) + 2 (SIHI Indonesia); 10 individuals + 1 PhD (Malawi); 12 SIHI fellows (China, cross hubs) and 250 individuals through summer training programme 10 innovators (China)

**Strengthened institutions and/or networks:**

The new SIHI hubs in Ghana, Honduras, India, Indonesia, Nigeria, Rwanda, Sweden have been trained in advancing social innovation in health through research, capacity strengthening and advocacy and were coached by the pioneer hubs in China, Colombia, Philippines, South Africa, Uganda. The SIHI secretariat in the Philippines provided coordination and communication support.

**Publications:***Peer-reviewed articles:*

[BMJ special supplement on social innovation](#) has been co-sponsored by TDR. It includes the following publications from SIHI:

1. Tucker JD, Manderson L, Amazigo U, *et al.* Social innovation in health: concepts and practice. *BMJ Innovations* 2022;**8**:133-136.
2. Kpokiri EE, Sri-Pathmanathan C, Shrestha P, *et al.* Crowdfunding for health research: a qualitative evidence synthesis and a pilot programme. *BMJ Global Health* 2022;**7**:e009110
3. Han L, Tang W, Ritchwood T, *et al.* Joint international consensus statement on crowdsourcing challenge contests in health and medicine: results of a modified Delphi process. *BMJ Open* 2021;**11**:e048699. Doi: 10.1136/bmjopen-2021-048699
4. Cruz JRB, Mier-Alpaño JD, Mier AR, *et al.* Institutionalisation of social innovation in health research: the Philippine Gelia Castillo Award. *BMJ Innovations* 2022;**8**:149-154.
5. Ulitin A, Mier-Alpaño JD, Labarda M, *et al.* Youth social innovation during the COVID-19 pandemic in the Philippines: a quantitative and qualitative descriptive analyses from a crowdsourcing open call and online hackathon. *BMJ Innovations* 2022;**8**:161-168.
6. Li C, Xiong Y, Muessig KE, *et al.* Community-engaged mHealth intervention to increase uptake of HIV pre-exposure prophylaxis (PrEP) among gay, bisexual and other men who have sex with men in China: study protocol for a pilot randomised controlled trial. *BMJ Open* 2022;**12**:e055899
7. Ekwunife OI, Onubogu CU, Aribodor OB, *et al.* Approaching healthcare delivery through a new lens: a crowdsourcing challenge to identify health-related social innovations to increase universal health coverage in Nigeria. *BMJ Innovations* 2022;**8**:207-215.
8. Mier-Alpaño JD, Cruz JRB, Fajardo MS, *et al.* Facilitating learning exchange and building a community of practice to accelerate social innovation in health. *BMJ Innovations* 2022;**8**:155-160.



9. Agudelo Paipilla K, Castro-Arroyave DM, Guzmán Grajales L, *et al.* Social Appropriation of Knowledge and its contributions to the prevention of cutaneous leishmaniasis in rural contexts. *BMJ Innovations* 2022;**8**:234-239.
10. Daza M, Bautista-Gomez MM, Zuluaga LS, *et al.* Social Innovation in Health: research, public policy and agency capacity in the Colombian Zika Kids programme. *BMJ Innovations* 2022;**8**:143-148.
11. Tan RKJ, Mpofu R, Kay P, *et al.* Audio innovation and songs to spur change in global health: evidence from a national crowdsourcing open call for youth social innovation in Malaysia. *BMJ Innovations* 2022;**8**:199-206.
12. Glozah F, Asampong E, Tabong PT, *et al.* Creating interventions to transition long-lasting insecticide net distribution in Ghana. *BMJ Open* 2022;**12**:e063121. Doi: 10.1136/bmjopen-2022-063121
13. Bayugo YV, Labarda M, Cruz JRB, *et al.* Description of global innovative methods in developing the WHO Community Engagement Package. *BMJ Open* 2022;**12**:e063144. Doi: 10.1136/bmjopen-2022-063144

*Additional peer review articles:*

14. Bautista-Gómez, M.M., van Niekerk, L. A social innovation model for equitable access to quality health services for rural populations: a case from Sumapaz, a rural district of Bogota, Colombia. *Int J Equity Health* **21**, 23 (2022). <https://doi.org/10.1186/s12939-022-01619-2>
15. Bautista-Gomez, M.M., Doerfler, J. & del Mar Castro, M. Barriers to cutaneous leishmaniasis care faced by indigenous communities of rural areas in Colombia: a qualitative study. *BMC Infect Dis* **22**, 302 (2022). <https://doi.org/10.1186/s12879-022-07204-w>
16. van Niekerk L, *et al.* Building the social innovation for health ecosystem in Latin America: experiences and learning from SIHI-LAC. *BMJ Innov* 2022;**0**:1–10. Doi:10.1136/bmjinnov-2021-000898
17. Duque-Paz LF, Castro-Arroyave D. Identification of social innovation in health criteria in Latin America. *BMJ Open* 2022;**12**:e063205. Doi:10.1136/bmjopen-2022-063205
18. Tiangco PMP, Mier-Alpano JD, Cruz JRB, *et al.* Community engagement self-monitoring (CE-SM) strategy for social innovations in health: pilot implementation in the Philippines *BMJ Innovations* Published Online First: 13 January 2023. doi: 10.1136/bmjinnov-2022-001049
19. Cuervo-Amore LG, Blas MM. Innovaciones sociales para mejorar la salud. *Biomedica* [Internet]. 2 de septiembre de 2022 [citado 29 de diciembre de 2022];42(3):422-8. Disponible en: <https://revistabiomedica.org/index.php/biomedica/article/view/6725>
20. Castro-Arroyave, D., Monroy, M.C. & Irurita, M.I. Integrated vector control of Chagas disease in Guatemala: a case of social innovation in health. *Infect Dis Poverty* 9, 25 (2020). <https://doi.org/10.1186/s40249-020-00639-w>
21. Emmanuel Ahumuza, Patricia Moscibrodzki, Joseph D Tucker *et al.* Community Engagement in Social Innovation Research: A Global Sequential Mixed Methods Analysis, 21 November 2022, PREPRINT (Version 1) available at Research Square [<https://doi.org/10.21203/rs.3.rs-2249384/v1>]

**Related news:**

[Elina Naydenova: from SIHI pioneer researcher to AI innovator](#)

[Celebrating the life of Dr Noel Juban](#)

[Critical analysis of the Social Innovation in Health Initiative](#) and [SIHI Secretariat response to the recommendations](#).

[SIHI newsletter 2022](#): Q1-Q2; and Q3-Q4

[The report on Social Innovation and Higher Education](#) (SIHE) Landscape in the Philippines was published on the website of the British Council.

Radio Programme: Radio-drama Project in Colombia to promote social innovation "[Zumbidos en el Río](#)":

## Podcasts

1. [Air bersih untuk semua orang \(KASM Telaga\)](#)
2. [Minum pakai Air Kran Kasm Telaga, bikin untung atau buntung?](#)
3. [Kisah bidan etty: 20 tahun mengabdikan untuk flores timur](#)

[SIHI news articles in TDR eNews](#)

[SIHI newsletters](#)

[SIHI YouTube channel](#)

[Facebook/Twitter](#): @SIHIglobal

[LinkedIn](#)

**Results dissemination and uptake:**

To advance social innovation in health there is a great need to promote this approach and disseminate the SIHI research results at the global, national and local levels. Evidence provided through case studies and other research has been widely disseminated. Dissemination was done through numerous advocacy events at regional and global levels, through publications, participation in international conferences, social media, SIHI and TDR newsletters, radio and videos. The SIHI website is comprehensive and updated on a continuous basis.

**Plans for 2023**

**2023–2025 focus:** Mainstreaming social innovation research, with an intersectional gender and social justice lens, in LMICs to accelerate UHC.

1. Embedding research in social innovations and enhancing their sustainability and scale-up.
2. Mainstreaming social innovation research in hubs' country research organizations to enhance health systems and sustain SIHI hubs.
3. Enhancing SIHI hubs' sustainability through innovative financial approaches and capacity strengthening programmes (trust fund approach, crowdfunding, fellowship programme, launching social innovation labs to incubate new social innovations and embed research in them).
4. SIHI partners research collaborations.
5. Shifting TDR's focus to global advocacy and partnerships to enhance the SIHI network and SIHI hubs' sustainability.

### ER 2.1.1.2: WHO regional office collaboration and Impact grants for regional priorities

WHO regional office collaboration is key to TDR's successful outreach, policy and other type of relationships with the entire Organization. As one of TDR's co-sponsors and executing agency, TDR's close and productive collaboration is indispensable for the successful achievement of its goals. The formal collaboration process has helped strengthen that collaboration in recent years. The Impact grants for regional priorities is one of the ways TDR is working with the regions. These grants support researchers and public health practitioners, in collaboration with WHO regional offices, through small grants (ranging from US\$ 10 000 to \$20 000). Since 2014 the focus of the scheme has been on implementation research, and each region has taken more responsibility for jointly identifying with TDR the research priorities to be funded. The scheme has included all WHO regions since 2016.

#### Progress in 2022

In 2022, several new calls were issued, including in the African, Americas and Eastern Mediterranean regions. The call in the Eastern Mediterranean Region resulted in 14 grants awarded to various parts of the Region, focused on diverse topics. Grant recipients attended a workshop in November 2022 which helped strengthen their project plans and bring common understanding to implementation research methodology and impact of the grants.



**Fig. 3.** Impact grants in the Eastern Mediterranean Region

A call was issued in the African Region in October 2022. Review and finalization of the selected projects will be done by early 2023. Plans are under way to issue calls in the remaining regions by mid-2023.

In addition, grants supported in late 2021, despite the challenges due to the COVID-19 pandemic have been successfully completed. Specifically, the Eastern Mediterranean calls focused on [health and migration](#) and [implementation of the International Health Regulations \(2015\)](#) have proved to be an excellent opportunity to engage with WHO's initiatives focused on health and migration and health emergencies.

The review of impact grants launched in 2020 concluded with a report and subsequent dissemination of impact via the TDR stakeholders network. The graph below summarises the review and their considerable impact.

## TDR'S IMPACT GRANTS FOR REGIONAL PRIORITIES

Formerly known as the Small Grants Scheme, these grants support researchers and public health practitioners as part of TDR's collaboration with all WHO regional offices. The objective is to produce implementation research findings that can help build national strategies and action plans for better control and treatment of infectious diseases of poverty. These include malaria, tuberculosis, and neglected tropical diseases, among others. **TDR has compiled a report summarizing the results of this grant programme between 2014 and 2020, including the following:**



Fig. 4. TDR's Impact grants for regional priorities

As a result of the review, a selection of ten impact grant stories are being shared via TDR's social media channels allowing for broader understanding and engagement. During 2022–2023, one such story in a month or every two months is being shared. Below is one example, focused on how impact grants support understanding the complexities behind antimicrobial resistance is presented.

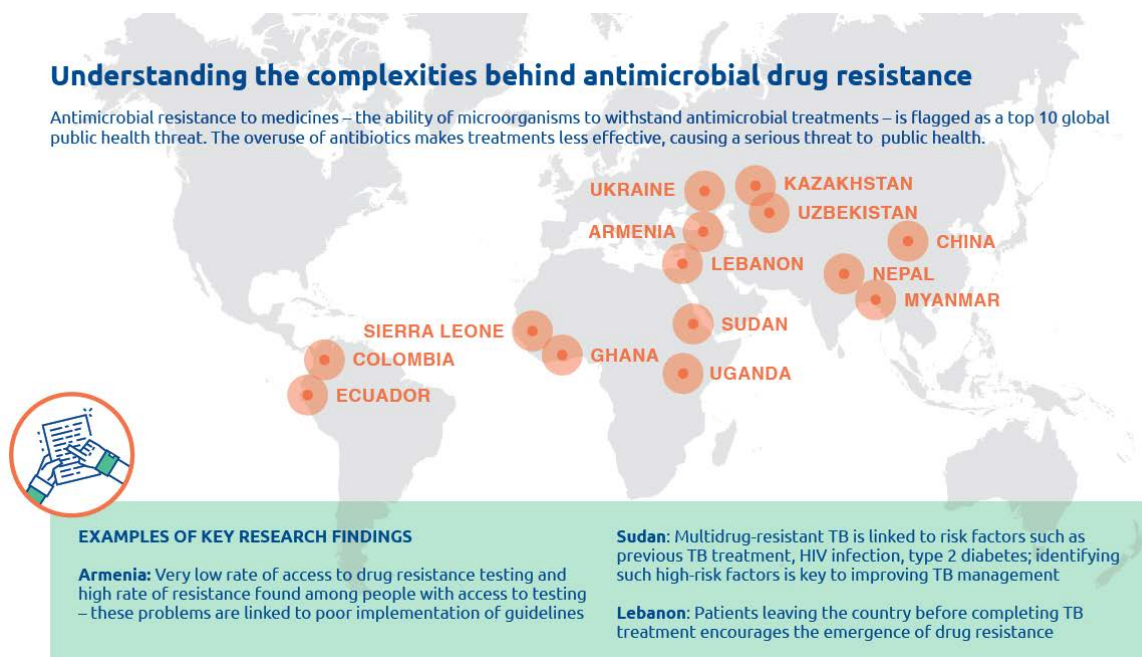


Fig. 5. Understanding the complexities behind antimicrobial drug resistance

## Remaining risks and challenges

The main risk with this ER has always been the varied degree of engagement of each of the six regional offices. This is managed throughout the biennium and solutions are found to address challenges. The current level of implementation, collaboration and close partnership with all six regions of WHO is considered to be very high.

## Contributions towards TDR key performance indicators

### Partnerships and collaborations:

The ER by definition is a result of partnership with all six regional offices. However, in 2022, we were able to engage HQ WHE and the Global Programme on Migration Health in the process of implementation of the impact grants. In addition, partnership with AHPsR and HRP continues on various follow-ups to previous joint calls.

### Leverage created by this project:

US\$ 200 000 was leveraged from the WHE in EMRO for the call on IHRs.

### Gender aspects and vulnerable populations:

Special attention is paid for each call to have a 50/50 split of men and women as PIs. Calls also include a specific request for grantees to include gender aspects or gender analysis in their proposals.

### Training:

Two workshops were organized, one virtual and one in person in EMRO with grantees to improve methodological and other aspects of the impact grants.

### Strengthened institutions and/or networks:

None

### Publications:

A long list of publications from all supported projects is part of the TDR publications reporting and is not presented here to avoid duplication.

### Related news:

- <https://tdr.who.int/newsroom/news/item/15-06-2022-tdr-s-impact-grants-for-regional-priorities>

### Results dissemination and uptake:

- <https://tdr.who.int/newsroom/news/item/17-06-2022-the-key-to-better-patient-outcomes-for-snakebite-victims-is-action-at-community-level>
- <https://tdr.who.int/newsroom/news/item/18-09-2022-latest-set-of-impact-grants-will-help-tackle-infectious-diseases-of-poverty-in-the-eastern-mediterranean-region>
- <https://tdr.who.int/newsroom/news/item/17-10-2022-integrating-genexpert-molecular-testing-technology-in-national-health-systems-lessons-from-four-implementation-research-studies>
- <https://tdr.who.int/newsroom/news/item/22-11-2022-virtual-mobile-and-e-health-tools-and-services>
- <https://tdr.who.int/newsroom/news/item/06-12-2022-prototype-web-based-platform-and-tools-in-the-democratic-republic-of-the-congo-to-connect-rural-health-care-professionals-with-malaria-experts>
- <https://tdr.who.int/newsroom/news/item/26-06-2022-understanding-the-complexities-behind-antimicrobial-drug-resistance>

## Plans for 2023

Plans in 2023 are to launch calls with remaining regions and implement all current projects. In addition, TDR will meet with regional focal points in 2023 to discuss plans for implementation of the new TDR strategy.

### ER 2.2.1: Shaping the research agenda

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Shaping the research agenda addresses the health issues affecting vulnerable and neglected populations, within the framework of the Sustainable Development Goals. It does this by:

- Engaging with many stakeholders, including the WHO control programmes and regional offices, to identify and support demand-driven research priorities.
- Maintaining a governance system that brings together the disease-affected countries and research funders for joint decision-making and complementarity in programme development.
- Developing policy and new approaches to support and finance research and development through the commissioning of research and scoping studies.

In 2020 TDR led a Science Division working group to develop [guidance](#) for WHO staff managing research priority setting exercises. In 2022 TDR used this guide to provide technical assistance to three WHO-led priority setting exercises:

- One Health research priorities to tackle AMR (ongoing)
- Research priorities to investigate the barriers to implementing known interventions in human health to tackle AMR (ongoing)
- Priorities for research within the NTD Roadmap (ongoing)

TDR has been providing technical advice to the West Africa Lassa Fever Consortium (WALFC) in the development of a Technical Product Profile (TPP) for a new treatment for Lassa fever, including the development of a stakeholder engagement exercise.

TDR provided technical advice on the creation of the Research Agenda to indicate the research that could be undertaken using the individual patient data collected and curated by the Infectious Diseases Data Observatory (IDDO) related to schistosomiasis and soil-transmitted helminthiasis. The resulting agenda was published and gave a contextual overview of the priority research themes in the Research Agenda, hosted on the IDDO website, including a description of the three-stage consultation process behind its development. It also included a discussion on the sustainability and future directions of the platform, emphasising throughout the power and promise of ethical and equitable sharing and reuse of clinical data to support the elimination of neglected tropical diseases.

The [Health Target Product Profile Directory](#), collating a summary of all health products (diagnostics, treatments, vaccines and other supporting technology, for example patient management software) in development to tackle neglected tropical diseases, has been transferred to the World Health Organization's Science Division. It has been integrated under the WHO Research and Development hub and a new version of this online resource is now available.





**Fig. 6.** The Infectious Diseases Data Observatory Research Agenda development process

## Remaining risks and challenges

TDR will continue to provide strategic advice on good practice methodology for priority setting and, if the restrictions on movement ease there might be greater opportunity to support in-country exercises. TDR worked with a research analytics company, Digital Sciences, to provide an interactive database, [TDR Explorer](#), of more than 10 000 TDR grants awarded and the 4000 research papers published from 2009 onwards. The eTDR grants management database is enabling TDRExplorer to collect information in a more systematic manner and ease updates to the content.

## Contributions towards TDR key performance indicators

### Partnerships and collaborations:

Duke University, USA; Policy Cures Research, Australia; Digital Sciences, UK, WALFC, IDDO

### Leverage created by this project:

None

### Gender aspects and vulnerable populations:

All consultation exercises were developed to include representative gender balance.

### Training:

None

### Strengthened institutions and/or networks:

None

**Publications:**

Walker M, Freitas LT, Halder JB *et al.* Improving anthelmintic treatment for schistosomiasis and soil-transmitted helminthiasis through sharing and reuse of individual participant data [version 1; peer review: 2 approved]. *Wellcome Open Res* 2022, 7:5 (<https://doi.org/10.12688/wellcomeopenres.17468.1>)

**Related news:**

None

**Results dissemination and uptake:**

The TPP with WALFC has been developed in line with the WHO recommended guidance and engagement of the WHO NTD department. The final report is available here <https://isaric.org/research/lassa-fever-resources/walc/>

## Plans for 2023

- Publication and dissemination of the three WHO-based research agendas on antimicrobial resistance and neglected tropical diseases.
- Publication of the WALFC TPP.

## ER 2.2.2: Capacity strengthening to bring research evidence into policy

This forms part of strengthening the research system: innovating and supporting new approaches that improve the efficiency and maximizes the impact of research for health by:

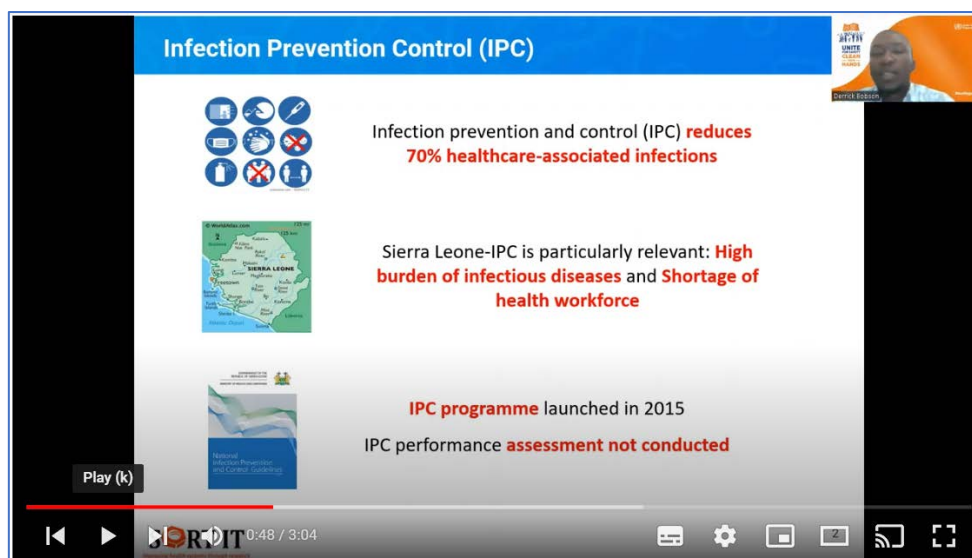
- Facilitating equitable open innovation through, for example, platforms to share and analyse research data and research tools, and open access to research literature;
- Building capacity in the translation of research evidence to inform policy; and
- Supporting open innovation and greater sharing of research data.

## Progress in 2022

The main achievement has been the continued implementation of a new fourth module for the SORT IT training course to tackle antimicrobial resistance with a One Health approach to enable participants to effectively communicate their research findings. In 2022 we completed the training for participants in Colombia, Ecuador, Ghana and Sierra Leone. Colombia and Sierra Leone were conducted online but the final module in Ghana was on site.

As this is a cross-TDR initiative, more details are provided in the Research for implementation report under ER 1.1.4: Country resilience to the threat of drug-resistant infections, and recordings of the Lightning Presentations can be viewed via the [TDR website](#) on the SORT IT YouTube channel. Three of the participants featured at a Global Health Network conference in South Africa in November. In a special workshop focusing on the importance of implementation research to tackle AMR, speakers from Nepal, Sierra Leone and Uganda presented their findings on country wide consumption of antibiotics in hospital in Nepal; a national survey of antibiotic use in the veterinary service in Sierra Leone and presence of resistance in bacteria from drinking water samples across a district of Ghana. A short video summarizing this communicating research training was developed and is available on the TDR website.





**Fig. 7.** Bobson Fofanah presents the findings of his research on infection prevention and control in Sierra Leone with a 3 minute presentation developed under the SORT IT module – communicating research findings

TDR led a Science Division working group to develop a new WHO policy on the [sharing and reuse of health data for research](#). The guidance was published and launched in September 2022. TDR will use its experience in this area to provide advice to the technical programmes and WHO-funded researchers. WHO’s regional offices have translated this into the six official UN languages plus Portuguese and Urdu.



**Fig. 8.** Dr Soumya Swaminathan, WHO Chief Scientist

TDR continues to work with the Infectious Diseases Data Observatory ([IDDO](#)) to develop secure platforms to share clinical data related to a number of diseases including: malaria, schistosomiasis, leishmaniasis and, more recently, Ebola. The Ebola platform has approved [seven applications](#) to access and use these data, with three of these having a Principal Investigator from Guinea, Liberia and Sierra Leone, where these data were originally collected.

TDR also accepted a request from the International Severe Acute Respiratory and Emerging Infections Consortium (ISARIC) and IDDO to provide the Chair for the Data Access Committee (DAC) for a new COVID-19 data platform. In addition, TDR contributed to the development of the governance mechanisms. The database contains more than 630 000 patient records from 2000 institutions in 60 countries, enabling more than [44 studies](#) to date. Data have been curated to a standard format and shared with international researchers to enable 44 novel analyses (to date) gain insight into [persistent complications](#), thrombosis, acute kidney injury, [patient pathways](#), case definitions, neurological outcomes, and more, in COVID-19.

TDR continues to be a major contributor to the [COVID-19 Clinical Research Coalition](#), specifically contributing to the Data Sharing Working Group and supported six research projects. Two of these were published in 2022 that included: an analysis of data sharing in clinical trials using the ICTRP and a review of data sharing platforms and alignment to FAIR principles.

TDR is an active member of the cOAlition S group promoting open access publishing. TDR provides the Chair for the Funding Group for Europe PubMed Central – the preferred repository for TDR published papers. TDR Gateway, the open access publishing platform managed by F1000, continues to grow and now has more than 31 papers published on the site.

## Remaining risks and challenges

TDR will complete the SORT IT courses on AMR which means 71 participants from the original 72 applicants will have completed their training.

## Contributions towards TDR key performance indicators

### Partnerships and collaborations:

IDDO; ISARIC; COVID-19 Clinical Coalition; Mahidol Oxford Tropical Medicine Research Unit, University of Oxford, Thailand; George Institute of Global Health India; South African Medical Research Council; Klinikum Der Universität Heidelberg

### Leverage created by this project:

TDR managed the Covid-19 Projects with the Coalition with \$120,000 funding from WHO

### Gender aspects and vulnerable populations:

Gender considerations are built into assessments of proposals to access data platforms.

### Training:

TDR ensured capacity building for LMIC researchers was written into the access agreements of the data sharing platforms it works with.

71/72 participants in the SORT IT AMR course completed the knowledge management module 4.

### Strengthened institutions and/or networks:

Each participant on the SORT IT AMR course is working within ministries of health, environment or agriculture

#### **Publications:**

- World Health Organization. (2022). Sharing and reuse of health-related data for research purposes: WHO policy and implementation guidance. World Health Organization. <https://apps.who.int/iris/handle/10665/352859>.
- Merson L, Ndwanwe D, Malinga T *et al.* Promotion of data sharing needs more than an emergency: An analysis of trends across clinical trials registered on the International Clinical Trials Registry Platform [version 1; peer review: 2 approved]. *Wellcome Open Res* 2022, 7:101 (<https://doi.org/10.12688/wellcomeopenres.17700.1>)
- Lauren Maxwell, Priya Shreedhar, Delphine Dauga *et al.* FAIR, ethical, and coordinated data sharing for COVID-19 response: a review of COVID-19 data sharing platforms and registries, 03 November 2021, PREPRINT (Version 1) available at Research Square [<https://doi.org/10.21203/rs.3.rs-1045632/v1>]

#### **Related news:**

- New WHO policy requires sharing of all research data <https://www.who.int/news/item/16-09-2022-new-who-policy-requires-sharing-of-all-research-data>
- Geneva Health Forum session: Data sharing in the time of COVID-19 <https://tdr.who.int/newsroom/news/item/01-09-2022-geneva-health-forum-session-data-sharing-in-the-time-of-covid-19>

#### **Results dissemination and uptake:**

Each knowledge management module of SORT IT ends with a plenary presenting the research findings to invited decision makers and key stakeholders.

### **Plans for 2023**

In 2023 TDR, in partnership with IDDO, will launch a new SORT IT programme. This will support researchers from the Democratic Republic of Congo, Guinea, Liberia and Sierra Leone to utilize individual patient data held on the IDDO Ebola data platform.

### **ER 2.3.1: Collaborative networks (ESSENCE on Health Research) and engagement with global health initiatives**

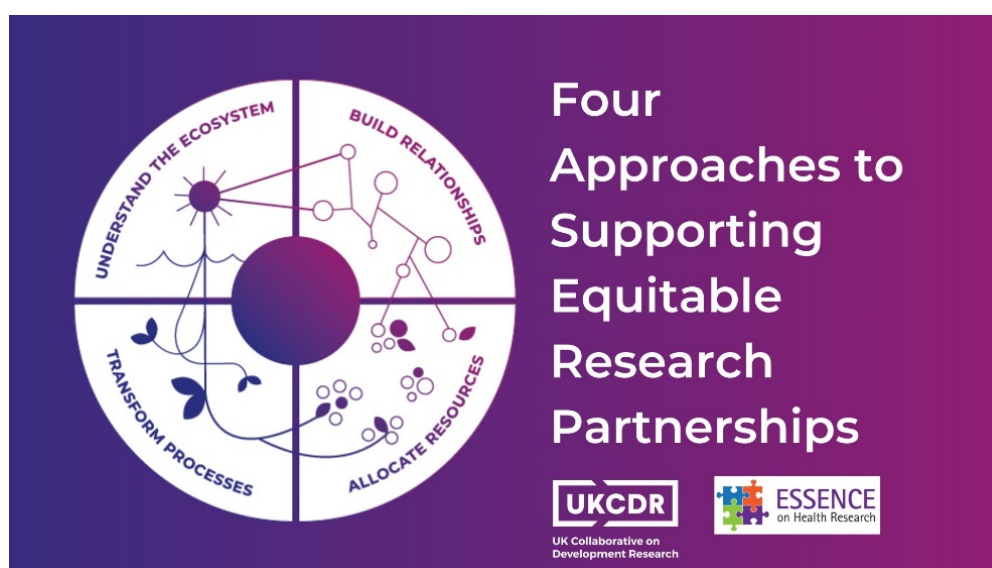
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ESSENCE on Health Research is an initiative to improve the coordination and harmonization of investments in research capacity. ESSENCE members embrace the principles of donor harmonization and country alignment, and according to these principles, they align their activities and procedures with the priorities of the countries they are supporting. TDR's Global Health Matters podcast was launched in 2021. Beginning its second season in 2022, it has already gained unprecedented popularity with the global health community.

### **Progress in 2022**

ESSENCE members include some of the top funders of health research around the world. These include health research funding agencies, international health institutions, government research agencies, development agencies, philanthropists and multilateral initiatives. Below are some highlights of progress in 2022:

- ESSENCE has engaged several new member agencies, including the United Republic of Tanzania Commission for Science and Technology (COSTECH), the India Alliance on Research and the network of mental health global funders.
- A policy dialogue at the annual Southern African Research and Innovation Management Association (SARIMA) conference engaged African health research funding agencies and identified strategic directions for potential collaboration.
- The new good practice document focused on [equitable partnerships](#) was finalized in collaboration with the UKCDR and has been launched at the UNGA77 Science Summit.
- The good practice documents on [research costing](#) and [investing in implementation research](#) were widely disseminated via various networks, conferences and webinars.



**Fig. 9.** Four approaches to supporting equitable research partnerships

Produced by TDR, the [Global Health Matters](#) podcast aims to discuss and share experiences and views on different aspects of global health research, with a focus on low- and middle-income country perspectives. Additional objectives of the podcast are to:

- Communicate inspiring stories on research and research careers;
- Engage TDR's partners and stakeholders;
- Engage the global health community not yet aware of TDR's work; and
- Share practical lessons learned to promote South-South learning on issues related to global health and research.



**Fig. 10.** Global Health Matters podcast

The main audience of the podcast is those engaged in global health, global health research or overall development as part of achieving the Sustainable Development Goals. No other podcast focuses on this topic or targets this audience. This makes TDR's podcast even more important, providing an opportunity to share experiences, learn from each other and be inspired to continue working in global health and global health research. As the podcast is produced by TDR, each episode has at least one angle that covers evidence generation, analysis, translation of knowledge or people/capacity that support that work. The podcast is produced by a team led by the podcast's Executive Producer and Host, Garry Aslanyan, TDR's Partnerships and Governance Manager.

### Seasons 1 and 2

The podcast started in April of 2021 with Season 1 which had 10 episodes of wide ranging topics and issues in global health.

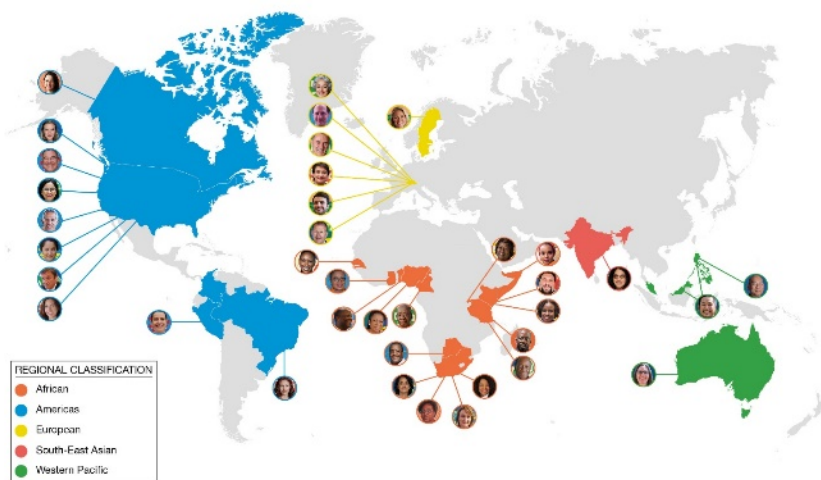
The response to and engagement with Season 1 confirmed that a new season was anticipated from the current and potential audience and, most importantly, our stakeholders who have warmly welcomed TDR's new role in the global health debate. Following the 10 episodes of Season 1, an additional ten episodes were planned, six of which have already been produced and released. The experience so far has solidified and confirmed all steps in the podcast production, with increased efficiency, professionalism of media production, as well as increased dissemination/ outreach activities. For a full flowchart of all steps and tasks involved in the episode production, please see Annex 1.



To date, the podcast has gathered over 22 000 downloads worldwide. With the number of diverse topics and guests working in 26 countries, in its short life span the podcast has had amazing engagement. We are very proud of the gender balanced, high calibre guests who have joined us so far, particularly those from low- and middle-income countries. Their geographic distribution based on the place of their current work is presented below.

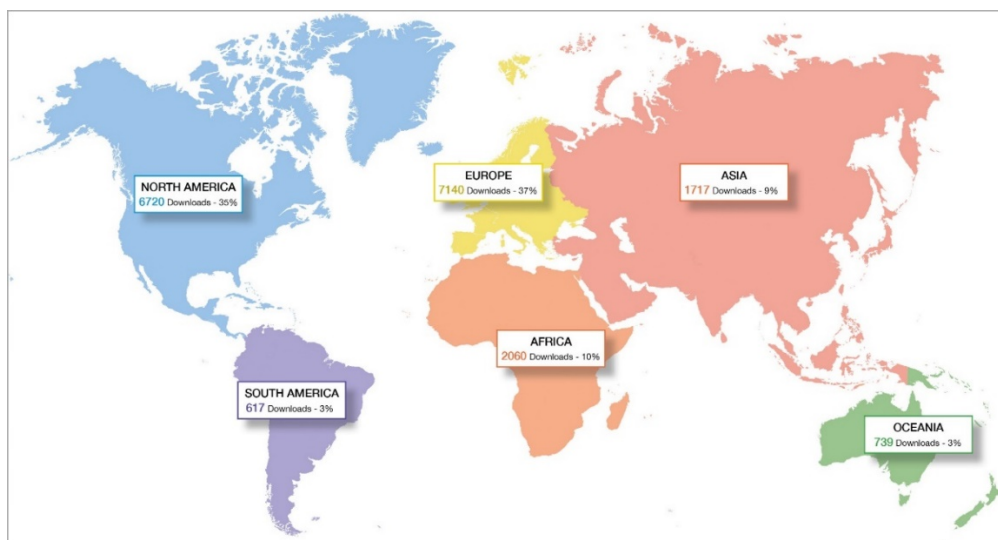


**Fig. 11.** Podcast statistics



**Fig. 12.** Geographic distribution of guests

The geographic distribution of the podcast shows broad reach, although podcast listening cultures globally are not even.



**Fig. 13.** Geographic distribution of the podcast

The episode download trend presented below demonstrates a steady increase over time, with only a slight plateau during the Christmas/New Year holidays. This observation has helped us decide to avoid releasing episodes during this period. The number of downloads in the first seven days of an episode's release has steadily increased, indicating the establishment of a solid number of regular listenership.

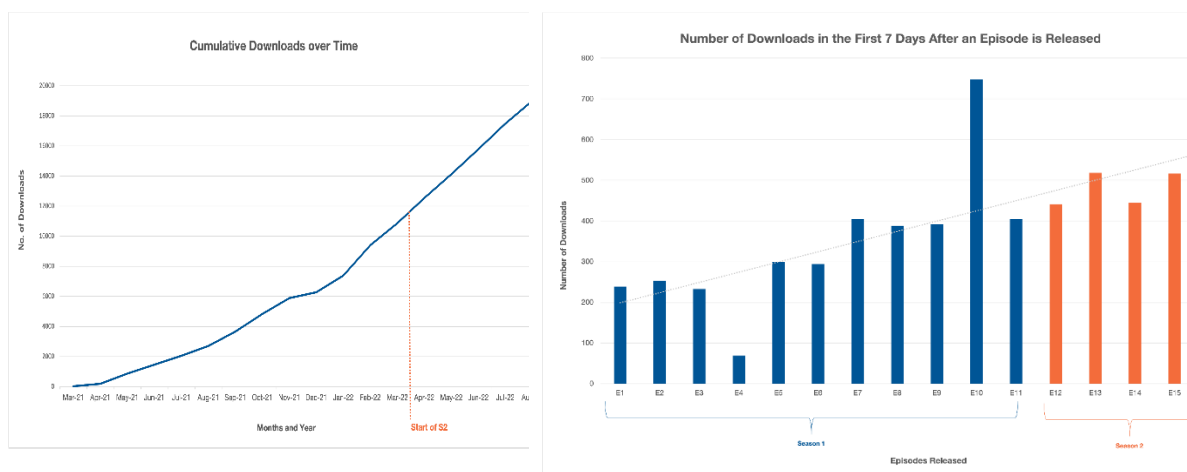


Fig. 14. Podcast episode download trend

Global Health Matters is currently disseminated through all major podcast platforms (Apple, iTunes, Spotify, Google Podcast, Overcast, etc.). It is also promoted on social media ([@TDRnews](#) on Twitter, [@ghm\\_podcast](#) on Facebook and Instagram and [TDR's LinkedIn](#) account). Some of the metrics presented below indicate an increase in reach as well as the net positive impact of the podcast on social media presence and followership of TDR accounts overall. As presented below, Twitter profile visits and the LinkedIn page monthly follows have clearly increased with the introduction of the podcast content, driving traffic to our presence overall.

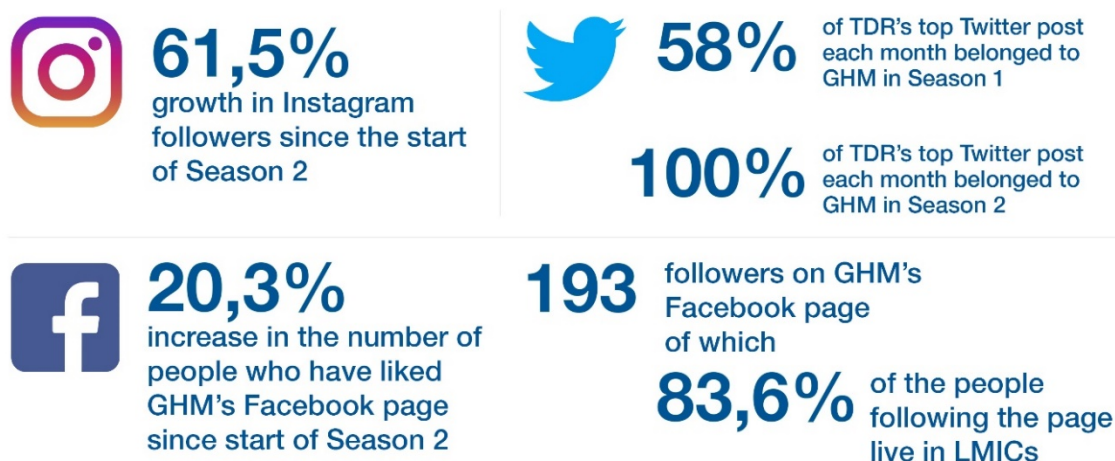
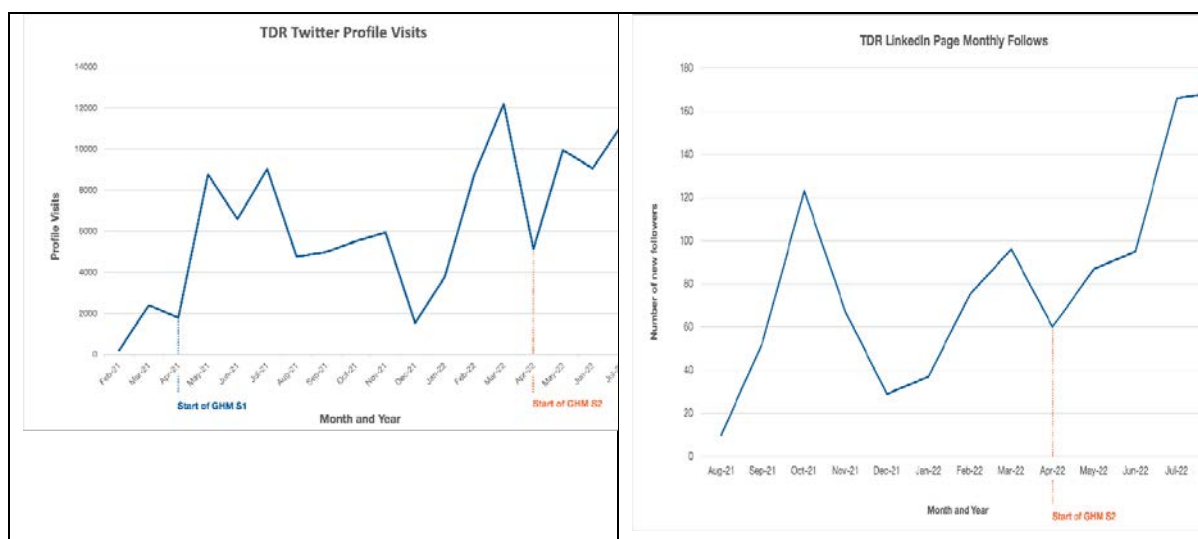


Fig. 15. Listener distribution across different platforms



**Fig. 16.** Number of visits per episode

## Remaining risks and challenges

While TDR has hosted the secretariat of ESSENCE since 2009 and managed by the head of the Secretariat who is a TDR staff member, activities are mainly funded by Swedish Sida. To address this challenge, other funders are considering how best they can support the work and activities of ESSENCE.

## Contributions towards TDR key performance indicators

### Partnerships and collaborations:

ESSENCE includes over 40 member funding agencies. Global Health Matters partnered with several organizations, including WHO on specific episodes and with others in the process of dissemination.

### Leverage created by this project:

Several funder members of ESSENCE funded work of consultants and other activities in line with ESSENCE workplan, at an estimated cost of US\$ 200 000.

### Gender aspects and vulnerable populations:

Global Health Matters podcast guests are always balanced in gender.

### Training:

Not applicable.

### Strengthened institutions and/or networks:

A number of regional Research and Innovation Management Associations (RIMAs) were supported.



**Publications:**

- <https://tdr.who.int/publications/m/item/four-approaches-to-supporting-equitable-research-partnerships>

**Related news:**

- <https://tdr.who.int/newsroom/news/item/24-04-2022-behind-the-scenes-of-the-global-health-matters-podcast>
- <https://tdr.who.int/newsroom/news/item/15-09-2022-the-confluence-of-health-podcasts-our-host-becomes-guest>

**Results dissemination and uptake:**

Global Health Matters podcast has been downloaded 30 000 times across 195 countries.

## Plans for 2023

The ESSENCE initiative will continue its work in the areas prioritized by member funders. A guide for capacity building funding will be developed in 2023. Global Health Matters will start season 3 with another 10 episodes of regular programming plus four in-depth interview style “in conversation with” episodes with global health thought leaders.

## ER 2.3.3: TDR Global (community of grantees, trainees and experts)

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TDR Global<sup>4</sup> is a worldwide community of passionate scientists and experts who have been working with TDR on research on infectious diseases of poverty.<sup>5</sup>

### TDR GLOBAL MISSION

TDR Global supports the action of local scientists associated with TDR by catalysing collaboration between people and helping them fulfil their mission. This facilitation role is undertaken through innovative communication and engagement tools, methods and events that stimulate dynamic participation and strengthens local capacity and collaboration South-South-North.

## Progress in 2022

### Development and launch of the TDR Global Institutional Mentorship Guide

The main focus of TDR Global activities in 2022 has been the development of the Health research mentorship in low- and middle-income countries (HERMES)<sup>6</sup>, a TDR Global practical guide to enhance research mentorship. Good progress was made through a successful collaboration between the nodes in Ethiopia at Armauer Hansen Research Institute (AHRI), Latin-America, China (SESH) and the new United States node at the University of North Carolina. Development of the HERMES guide adopted a three-pronged approach:

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<sup>4</sup> For more information on TDR Global see: <https://tdr.who.int/activities/tdr-global>

<sup>5</sup> See a short animation: <https://youtu.be/lt-ox1vPFec>

<sup>6</sup> See the guide here: <https://tdr.who.int/publications/i/item/9789240058675>

- 1) Crowd sourcing contest to collect good practices in institutional mentorship worldwide; all UN official languages accepted. A total of 123 proposals were received from 40 countries, mostly LMICs, following an open call for proposals.
- 2) Scoping review to gather evidence from published and grey literature, in English and Spanish.
- 3) Delphi method to consult TDR Global regional and country nodes to gather their experience as well as ideas from their recent mentorship contests.

A consensus workshop took place in Addis Ababa, on 23–24 June 2022, where the provisional outline of the institutional mentorship guide for LMICs was refined and finalized.

The global launch was held from 5–15 October 2022, to coincide with the International Teachers and Students respective days. The campaign included the following elements: motion graphic story, PDF document and a social media launch campaign spanning over a 10-day period.

A scoping review manuscript has been submitted for publication and the authors also drafted a manuscript reflecting the Delphi survey work in preparation for submission to a peer-review journal.



**Fig. 17.** Consensus workshop participants, Addis Ababa, 22–24 June 2022

The Guide, which went through clearance for publication, provides tools, open access resources and advice for research institutions, tailored for LMIC settings.

The extensive open access resources on institutionalizing research mentorship may prove useful to guide research institutions in strengthening their mentoring environment. Several toolkits, guides and published manuscripts have been developed explicitly for LMIC researchers. These open access resources may prove useful for building strong communities focused on research mentorship in resource-constrained settings.

Dissemination is envisioned through TDR Global regional nodes' events, and through collaboration with other institutions interested in piloting and providing feedback on the Guide. For example, the Ethiopian node disseminated HERMES in Ethiopia during a meeting of university presidents and vice-presidents for research.

### **Implementing tools for effective communication**

A [website repository](#) has been developed for use by TDR Global nodes in their communication activities, where relevant messaging was pre-packaged for effectiveness on respective communication and social media channels. These include: Twitter, Facebook, LinkedIn and YouTube. The website also houses the TDR Global branding guidelines and how-to guides serving as training manuals for best practice usage on the respective social media channels.

**Translating the Women in Science compendium into French and Spanish** to reach and engage with a wider audience. Translations are finalized and the process of publishing them has been initiated. The Spanish version has been posted<sup>7</sup>. Plans for 2025 include expanding the number of women scientists profiled in the compendium.

**Translating the Crowdfunding Practical Guide into French and Spanish** has been finalized, and the process of publishing is ongoing.

**Short videos motivating members to use the community platform** were developed and are available in three languages: English<sup>8</sup>, French<sup>9</sup> and Spanish<sup>10</sup>. Regional nodes are using these to communicate to their members the value of being active and having a completed profile on TDR Global.

### **Webinars to disseminate mentorship tools**

- To celebrate International Women's Day on 8 March, CIDEIM organized a webinar in Spanish, during which the Spanish version of the *Women in Science* compendium was presented. The webinar provided an opportunity to learn from the experience and insights of two women scientists highlighted in the compendium, who have developed their careers in different global regions, Africa ([Dr Ewurama Owusu](#)) and Latin America ([Dr Lyda Osorio](#)), and through this virtual event shared their successes and challenges.
- A major engagement activity was aimed at disseminating and promoting the TDR *Public Engagement and Crowd Funding in Health Practical Guide*<sup>11</sup> in Africa. A webinar was organized on 15 June 2022 involving four speakers from the TDR Global community with diverse backgrounds to share their experience on crowdfunding for health research in Africa. The speakers were Professor Joseph Tucker, Mr Mahmud Umar, Dr Abena Engmann and Ms Naomi Sang, who spoke about the TDR crowdfunding practical guide; opportunities and challenges in employing crowdfunding for tropical disease research; institutional capacity to use a crowdfunding to raise funds for research; and making the most of crowdfunding platforms.

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<sup>7</sup> Download the Spanish version here: [https://tdr.who.int/docs/librariesprovider10/meeting-reports/tdr-global-women-compendium-spanish.pdf?sfvrsn=1d35a9c\\_10](https://tdr.who.int/docs/librariesprovider10/meeting-reports/tdr-global-women-compendium-spanish.pdf?sfvrsn=1d35a9c_10)

<sup>8</sup> See <https://youtu.be/QzgkshTt8QU>

<sup>9</sup> See <https://youtu.be/mgqk8CDRWd8>

<sup>10</sup> See <https://youtu.be/1BCwRh3soc4>

<sup>11</sup> Download the guide and check the interactive version here: <https://apo.who.int/publications/i/item/9789240039087>

### Podcasts to support regional communication

- TDR Global is exploring the possibility of strengthening the capacity in regional nodes to conduct their own podcasts, focused on regional priorities and also promoting TDR Global activities. Surveys were conducted by the three regional nodes to discover what topics would motivate TDR Global members to participate in a webinar or podcast and whether they would like to participate as a speaker.
- A discussion took place between regional nodes, the TDR Global core team, the team organizing the Global Health Matters podcasts for TDR, and representatives from the Your Digital Mentor podcast, finalist of a TDR Global crowdsourcing contest. Experiences and good practices in podcast development were shared during this workshop, as well as devising next steps towards building capacity for podcasts in each regional node, with support from TDR Global.

### User and platform managed efficiently

- **Latin America:** In 2022, 78 new members were registered in the TDR Global database from the Latin American Region, 97% of them have participated in the courses offered by RTC LAC (EPPE, IR MOOC, GHRP). A strategy to promote the updating of TDR Global member profiles was implemented, including a series of emails shared with: 1) video tutorials developed by TDR and “Because Stories”; and 2) recommendations designed by our Communication Team about the platform.
- **Africa:** In 2022, all participants who completed either the MOOC in IR or the Principles of Implementation Research course and have expressed interest in joining TDR Global were given the opportunity to register on the TDR Global discovery platform. By the end of 2022, a total of 66 new members had registered on the platform, resulting in a total of 985 TDR Global members in the WHO African Region. Our strategy is to continue to use engagement activities (such as webinars) to encourage new members to join and existing members to update their profiles.
- **Asia:** Using the TDR Global Platform data, 207 members have updated their profile photos and 178 users who have an overview of their profiles were identified. This is a 10% increase compared to the completeness status in 2021.
- **TDR Global Discovery Audience:** At the end of October 2022, 48 884 users had accessed the Discovery Platform since its launch. This is up from 23 106 users reported at the end of December 2021.

### Remaining risks and challenges

Despite multiple efforts and a steady improvement in 2021 and 2022, a significant proportion of TDR Global members still had not completed their profile in 2022, which limits the value of the platform and reduces the likelihood that members will actively engage and find mentors.

A plan was developed in consultation with the African and LAC hubs to enhance the proportion of completed profiles. Actions were initiated in 2022 (presentation at the CRDF annual meeting in Cape Town in December, reminders communicated to their respective networks during regional webinars, etc.).

The action plan includes a photo contest to be launched in early 2023 to incentivize TDR Global members to complete their profile and enhance their active engagement. The plan will also aim to gather success stories as well as more qualitative feedback on TDR Global.

## Contributions towards TDR key performance indicators

### Partnerships and collaborations:

We partner with three regional nodes: University of Ghana (Africa node), CIDEIM (Americas node), University of Yogyakarta (Asia node), as well as with country nodes in Ethiopia (Armauer Hansen Research Institute – AHRI), USA (University of Carolina Chapel Hill). Also participating in the development of the institutional mentorship guide (HERMES) were SESH (Social Entrepreneurship to Spur Health).

### Leverage created by this project:

Leverage through technical support for the development of the HERMES guide; leveraging support for dissemination of the HERMES guide through the Ministry of Education of Ethiopia. External working group volunteering time and expertise. Total amount estimated at US\$ 75 000 in 2022.

### Gender aspects and vulnerable populations:

Two of the three regional node focal points are women. The compendium entitled Women in Science, published in three languages (English, French, Spanish) aims to inspire young women through profiles of women researchers who contributed significantly to TDR's work on infectious diseases of poverty and to global health impact.

### Training:

One of the regional focal points is pursuing a PhD degree. Publications from TDR Global are contributed by various team members in countries that are also PhD students.

### Strengthened institutions and/or networks:

We are actively pursuing the dissemination and implementation of the HERMES guide in LMIC institutions with a focus on equity and vulnerable populations. We will report in a few years on how this guide has strengthened institutional mentorship frameworks.

### Publications:

- [Health research mentorship in low- and middle-income countries \(HERMES\)](#)
- [Women in Science / Femmes de sciences / Mujeres en la ciencia](#)

### Related news:

- [Launch of the institutional mentorship guide \(HERMES\) by the State Minister of Education of Ethiopia and Director TDR](#)
- [Motion graphics video to promote the HERMES guide](#)

### Results dissemination and uptake:

None

## Plans for 2023

- Continue to build collaborations across TDR units and WHO so that TDR Global further supports research groups at country level through building visibility, communication and mentorship.
- Strengthen the collaboration with TDR's capacity strengthening and training schemes, to help them utilize the TDR Global platform for career progression.
- Actively pursue piloting the HERMES guide in LMIC institutions through an open call on mentorship focused on equity.



### ER 2.3.4: Effective engagement in gender and equity

Gender norms, roles and relations are all known to influence people's susceptibility to different health conditions, particularly those associated with infectious diseases in LMICs. Sex and gender are key drivers of health outcomes, including through delivery and access to health products and services for the prevention and control of infectious diseases. Gender has always been a critical area for TDR and this is a step forward in shaping TDR's work alongside the TDR strategy for 2018–2023.

This expected result aims at guiding and supporting TDR's intersectional gender research agenda by strengthening gender-responsive efforts in research on infectious diseases across different department activities and programmes. For this purpose, this expected result considers the need to base gender equality and health equity efforts on solid evidence and in strengthened research capacities, drawing on materials that emphasize the need for a comprehensive approach to effectively address gender and equality dimensions in research on infectious diseases of poverty.

#### Key elements of this expected result include:

- Supporting an intersectional gender approach across research and training-related activities and programmes guided by TDR's intersectional gender research strategy;
- Facilitating gender and intersectionality analyses in research for implementation training;
- Advocating for a research agenda in alignment with TDR's intersectional gender research strategy and systematically mainstreaming gender and equity dimensions

### Progress in 2022

#### Collaboration between TDR and SIHI (Social Innovation in Health Initiative):

SIHI has strong potential to develop more inclusive, gender transformative and effective responses to infectious diseases. At the end of 2021, TDR initiated a new project on gender and social innovation in health, applying an intersectional gender lens. From October to December 2021, all the selected SIHI hubs undertook a rapid assessment of social innovation projects to understand the gendered aspects and dimensions of social innovation in health at community level. They identified and suggested 'locally adapted entry points' to implement TDR's intersectional gender research strategy within SIHI projects and future research.

In January 2022, TDR announced a call with the aim to strengthen an intersectional gender lens within SIHI's efforts to contribute to the implementation of TDR's Intersectional Gender Research Strategy<sup>12</sup>. Three SIHI hubs, namely, Makerere University in Uganda, the University of the Philippines Manila and the Centro Internacional de Entrenamiento e Investigaciones Médicas (CIDEIM) in Colombia were selected.

The overall objective of this work is to conduct research on social innovations in health with an intersectional gender lens to understand gendered aspects and dimensions that interplay within social innovations in health at community level. In addition, they will explore and identify locally tailored strategies and lessons to address gender intersecting inequalities in access to treatment and care or disease prevention and control. SIHI hubs will be able to contribute to evidence generation in this area, and support training and dissemination activities associated with social innovation in health with an intersectional gender lens.

<sup>12</sup> <https://tdr.who.int/publications/i/item/2020-06-05-tdr-intersectional-gender-research-strategy>

Following the results of 2021, SIHI Philippines chose two social innovations (*Holistic water systems for pumping water uphill* and *Kalinga Health: A hub-and-spoke social enterprise model in engaging the private sector for improved tuberculosis care*) which feature strong participation of women throughout the design, implementation, scale-up and sustainability of the innovation. Using an intersectional gender lens, SIHI Philippines will explore how other gender intersecting inequalities impact health conditions based on the perspectives of these women, delving into their lived experiences, motivations and sentiments, particularly within the context of community engagement to improve access to and uptake of health services, and the health outcomes they experience throughout the life course. The research process involves data collection via literature review, in-depth interviews and focus group discussions with social innovators and stakeholders, including end users and community members. Data will be disaggregated by sex and other social stratifiers and a thematic intersectional gender analysis will be done.

Drawing from the results of the research, evidence-based strategies will be generated to inform community engagement learning packages and gender transformative social innovation responses. The project also seeks to **strengthen research capacity**, through the development of a learning module based on the research findings. Lastly, **dissemination and promotion** will be facilitated through the development of a web-based platform hosted on the SIHI website.<sup>13</sup> A webinar will also be facilitated to engage other hubs, encourage discussion and acquire feedback to inform future research on social innovations using a gender lens.

On 20 April 2022, SIHI Philippines virtually engaged 19 representatives from government and nongovernmental partner organizations to discuss the new project and identify possible intersections and areas for collaboration.

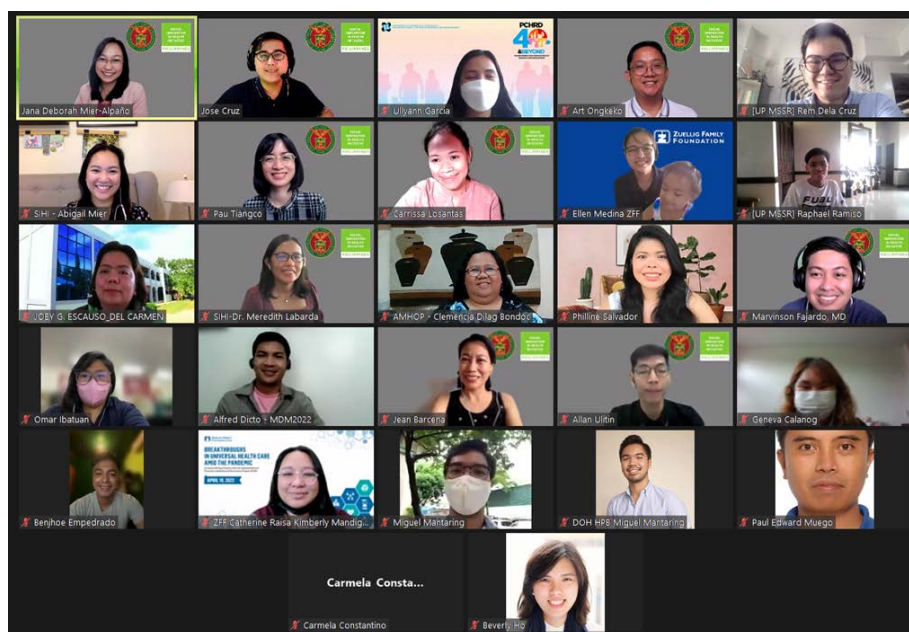


Fig. 18. Stakeholder engagement conducted by SIHI Philippines

SIHI Uganda is implementing a gender and social innovation in health research project to increase gender awareness, assessment, monitoring and evaluation. Through the rapid assessment conducted in the last quarter of 2021, they identified six social innovation projects that

<sup>13</sup> <https://socialinnovationinhealth.org/>

incorporate gender dimensions in their work: Action for women awakening in a rural environment (AWARE); Kyaninga child disability development center; The social, emotional and economic empowerment through knowledge of group psychotherapy (SEEK GSP) project; Opit Kic widows' group; and Bwindi Mothers' waiting hostel and Amani Family Centre.

This study will adopt a mixed methods approach involving both quantitative and qualitative methods of data collection and analysis. The multi-method approach will include interviews (in-depth and semi-structured), observation and document review. Analysis will include both descriptive analysis of existing indicators and thematic analysis of qualitative findings adopting the intersectional gender analysis matrix from the [Intersectional Gender Toolkit](#).

On 27 April 2022, SIHI Uganda held the 4<sup>th</sup> Uganda national social innovation in health initiative stakeholder's workshop in Kampala, to launch the new project on gender and intersectionality. The workshop was attended by innovators, academia from Makerere University, SIHI partners, officials from the Ministry of Health (MoH), Ministry of Gender, Labour and Social Development (MGLSD), Secretariat of Science, Technology and Innovation, and other stakeholders, along with the six selected innovators. The research team, together with MGLSD, developed materials for the call for social innovations that address gender and health challenges in Uganda.



**Fig. 19.** 4<sup>th</sup> Uganda national social innovation in health initiative stakeholders workshop

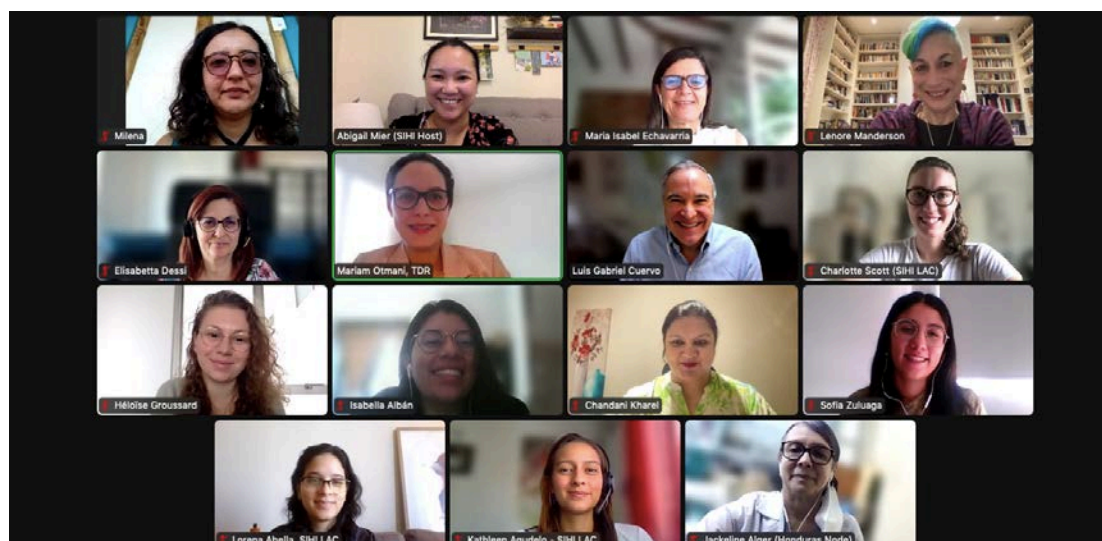
SIHI Uganda launched a national call for solutions that address gender and health challenges in Uganda from 25 July to 5 September 2022. The call materials were developed together with policy-makers. The call targeted individuals and organizations which are implementing community-based solutions that have improved the health of Ugandans through gender-based interventions. The steering community included district health officers (DHOs), district community development officers (CDOs) and communications officers (Makerere University, Mbarara University of Science and Technology, Lira University, Kabale University). Internal and independent experts review of submissions were completed by the end of October 2022. Out of 40 submissions, seven are shortlisted and the top three solutions are being determined.

SIHI LAC identified two social innovations which have incorporated gender responsive practices with an intersectional lens in their social innovations. The first project is entitled *Community surveillance model to improve cutaneous leishmaniasis prevention and control* and the second



project is about cultural adaptability for the prevention and control of infectious diseases, specifically cutaneous leishmaniasis, malaria and tuberculosis. The current study aims to describe and analyse the role of women in community health and the barriers to their participation, as well as the impact of an intersectional gender lens on the participation in social innovation in health initiatives in Pueblo Rico, Colombia. Data will be collected by desk reviews, interviews and focus groups conducted with men, women and people in all their diversity from the mestizo, black and indigenous communities of Pueblo Rico. A workshop on gender and social innovation will be designed and implemented using participatory visual methods. The JHPIEGO Gender Analysis Framework will be used as a starting point to incorporate intersectional gender analysis within the research process.

With the overall aim to support and strengthen the research capacities of each of the three SIHI hubs, an Intersectional Gender Workshop was conducted virtually by TDR on 12–13 May 2022. The workshop was facilitated by Professor Lenore Manderson. During the workshop, each hub was given an opportunity to present and discuss their main concerns and ideas, as well as their processes. The workshop was a learning opportunity to strengthen the research proposals that were due to be revised. Thirty-one participants were present during the workshop.



**Fig. 20.** Intersectional gender workshop conducted by TDR

The revised and finalized proposals were submitted to TDR by 30 May 2022. All of the teams received ethical approval from their local Ethics Review Board by the end of September 2022 and the projects are currently being implemented. Progress in 2022:

- a) In the Philippines, the data collection process in the field has been completed and the data is being processed and analysed.
- b) In Uganda, gender assessment of five old social innovation projects (using in depth interviews with implementers and beneficiaries) has been completed and analysis is ongoing. The gender monitoring data collection project is on track and ongoing. Case study research for the top three solutions will be conducted in early 2023.
- c) In Colombia, the project team completed primary data collection (interviews and focus groups) from the study sites and data analysis is ongoing. Two workshops were conducted: the first was on gender equity and health leadership with health leaders and health care workers; the second was to produce an audiovisual product on topics relevant to the focus

group discussions (a stop motion video narrated by participants) which was co-created with them.

All three studies are estimated to finish by the end of March 2023.

### **New projects on implementation research and gender**

In January 2022, TDR launched a call for proposals for *Implementation research and gender: A contribution to implement TDR's Intersectional Gender Research Strategy*. Of the 33 applications, 13 were reviewed, four shortlisted and finally two were selected from Bangladesh and Ethiopia.

In Bangladesh, BRAC James P. Grant School of Public Health is conducting this research. The objective is to generate evidence to identify the enablers and bottlenecks that impact the delivery of current management of multidrug-resistant tuberculosis (MDR-TB) in Bangladesh and to see how gender intersects with other social variables influenced by specific contextual and structural determinants potentially leading to different gendered experiences and thus gender inequality.

The study will employ an embedded exploratory mixed method design where secondary data analysis/ record review and a cross-sectional survey will be embedded within the qualitative component consisting of desk review, in-depth interviews, key informant interviews, focus group discussion and observation. The study will be conducted at five tertiary specialised tuberculosis hospitals across the country which offer MDR-TB treatment.

Likewise in Ethiopia, this mixed-method IR study is aiming to analyse intersectional gender inequalities in structural systems (socio-economic, socio-cultural stratifiers) and understand gender norms, behavioural vulnerabilities related to access and uptake of preventive and control resources and services in malaria. The study also aims to do an intersectional gender analysis on malaria risk and burden (morbidity and mortality) and to generate empirical evidence that informs policies to help remove gender-based systemic and individual barriers of achieving malaria elimination in Ethiopia. The study being conducted by Jimma University will yield an understanding of systemic and behavioural views of intersectional gender inequalities their contribution to malaria elimination and design locally validated stakeholders and community-engaged gender-responsive inclusive frameworks for informing programmes, policies and effective malaria prevention and control practices that support vulnerable people and resource-limited settings.

Both of the new IR studies have received approval from their local institution review board. In December 2022, WHO ERC did not approve the proposals and asked to resubmit addressing their concerns. Currently, the project teams are working on revising their proposals for resubmission in early January 2023. Once approval has been received, TDR will proceed with the contract. Results of the new research studies are expected by mid-2024.

## Implementation research MOOC module on gender and intersectionality

In collaboration with the United Nations University, International Institute for Global Health (UNU-IIGH), TDR developed an IR MOOC module on gender and intersectionality that illustrates IR concepts with real case studies. The results from the intersectional gender studies completed in 2021 by Nepal and Uganda are also included.

The new MOOC module was launched in June 2022. The duration of the course is three weeks with 2.5 hours per week of study time. The pilot course for this new module enrolled 450 students of which 284 completed their registration. Of these, 112 obtained a pass mark of 80% or more and received the certificate. The second session was conducted from 24 October to 16 November 2022, facilitated by the University of Ghana. Two hundred participants registered for the course of which 176 completed it.



Fig. 21. IR MOOC

By the end of the course, students are able to understand the relevance of sex, gender and intersectionality to infectious disease of poverty, and have the skills to apply this knowledge and understanding to their IR projects. The course enables students to:

- Design their own implementation research projects with an intersectional gender lens;
- Critically evaluate and use the evidence produced by other implementation research projects; and
- Commission robustly designed implementation research projects that consider gender dimensions and other intersecting axes of inequality.

## TDR Implementation Research Toolkit: Development of a gender module

TDR and WHO collaborate with UNDP and PATH in the Access and Delivery Partnership (ADP).<sup>14</sup> One of the areas of capacity strengthening is implementation research for effective service delivery and patient access while ensuring no one is left behind.

In line with the TDR intersectional gender research strategy<sup>12</sup> that promotes building the science of solutions for all, TDR has updated the existing online version of the IR toolkit<sup>15</sup> with a module on gender entitled *Integrating an intersectional gender lens in Implementation Research* to guide researchers and health practitioners to develop an implementation research proposal incorporating an intersectional gender lens.

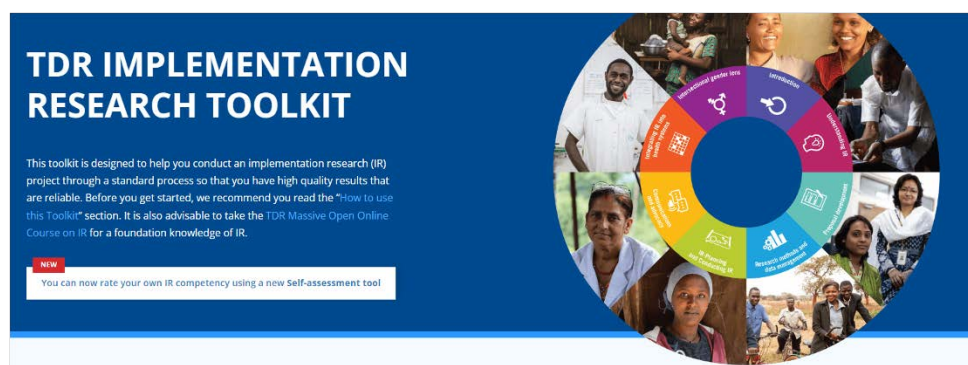


Fig. 22. Implementation Research Toolkit: Developing implementation research projects with an intersectional gender lens

<sup>14</sup> <https://www.who.int/tdr/capacity/access-delivery/en/>

<sup>15</sup> <https://www.adphealth.org/irtoolkit>

It aligns with the format of TDR's current IR Toolkit and draws from the WHO/TDR *Incorporating intersectional gender analysis into research of infectious diseases of poverty* toolkit.<sup>16</sup>



**Fig. 23.** TDR Implementation Research Toolkit

After completing this module, researchers will be able to:

- Understand the relevance and importance of gender and intersectionality in IR;
- Develop an IR proposal incorporating an intersectional gender lens; and
- Plan to implement IR projects using an intersectional gender lens.

The offline pdf version is complete and can be downloaded from the website.

#### **Collaboration between TDR and HRP**

Addressing sex, gender and intersecting axes of inequality is important across the entire research process, from agenda-setting through to communications, stakeholder engagement and decisions for the uptake and implementation of effective interventions. Recognizing this, HRP and TDR have joined forces to develop a virtual repository of resources to support their research capacity strengthening efforts to incorporate sex and gender in health research. A firm was contracted on 4 July 2022 to design an interface that can support the easy access of material. This interface is being built in alignment with existing TDR and HRP platforms, and will be accessible to all teams to upload resources. The interface will include an introductory video to explain usage and purpose. The firm will also be responsible for maintenance of the inventory. The final interface should be completed by March 2023.

#### **Remaining risks and challenges**

Incorporating an intersectional gender lens and creating and strengthening gender-transformative research agendas takes time and progress may differ across programmes and activities, which is an expected circumstance. Efforts to incorporate an intersectional gender lens happen progressively and require dedicated resources under each of the expected results to ensure sustainability.

<sup>16</sup> <https://tdr-intersectional-gender-toolkit.org/>

## Contributions towards TDR key performance indicators

### **Partnerships and collaborations:**

Three SIHI country hubs: Makerere University in Uganda, the University of the Philippines-Manila, the Centro Internacional de Entrenamiento e Investigaciones Médicas (CIDEIM) in Colombia; SIHI; BRAC James P. Grant School of Public Health, Bangladesh; Jimma University, Ethiopia; HRP; ADP; The Gender & Health Hub at the United Nations University International Institute for Global Health.

### **Leverage created by this project:**

TDR's intersectional gender research strategy is expected to continue to be a vehicle to sustain and increase funding support across TDR's core areas and programmes, to ensure gender responsive research and training activities and projects.

### **Gender aspects and vulnerable populations:**

Gender and intersectionality dimensions embedded across all activities under this ER. The principal investigators of all three SIHI intersectional gender projects are women. Of the two new IR projects on gender and intersectionality, one is being led by a woman.

### **Training:**

TDR ensures capacity building for LMIC researchers through the development of the IR MOOC module on gender and intersectionality; 284 participants registered for the new module.

TDR has trained all of the research team members from the three SIHI country hubs (Colombia, the Philippines and Uganda) on gender and intersectionality concepts.

### **Strengthened institutions and/or networks:**

Three SIHI country hubs, namely, Makerere University in Uganda, the University of the Philippines-Manila, the Centro Internacional de Entrenamiento e Investigaciones Médicas (CIDEIM) in Colombia have been trained on gender and intersectionality concepts.

### **Publications:**

[https://tdr.who.int/docs/IR mooc incorporating gender and intersectionality](https://tdr.who.int/docs/IR%20mooc%20incorporating%20gender%20and%20intersectionality)

<https://www.adphealth.org/irtoolkit>

<https://adphealth.org/irtoolkit.pdf>

### **Related news:**

See publications above.

### **Results dissemination and uptake:**

The new module on gender and intersectionality in the updated IR toolkit is available online and in a downloadable pdf version.

The IR MOOC has started courses on the new gender and intersectionality module and is accessible to all interested participants.

All three country SIHI hubs plan to develop manuscripts for publication in peer-reviewed journals. They will also develop evidence/policy briefs to disseminate amongst their stakeholders. The results will be disseminated at national and international conferences. SIHI Philippines will develop a web-based platform, hosted on the SIHI website,<sup>13</sup> to disseminate results and implement recommendations and promote this to other SIHI hubs and partners. A webinar will be hosted for this purpose. The Colombia hub will create an audiovisual product with the community which showcases their reflection on possible solutions to overcome barriers related to gender dimensions and participation in health programmes.

TDR continues to provide technical advice and support to WHO regions that are willing to draw on the intersectional gender research strategy within their programmes and countries.



## Plans for 2023

- All three studies from SIHI hubs in Colombia, the Philippines and Uganda are estimated to finish by the end of March 2023.
- Results of the new implementation research studies from Bangladesh and Ethiopia are expected by mid-2024.
- Dissemination of the newly developed IR MOOC module on Gender and Intersectionality is expected to continue into 2023. Registration for the virtual learning will be continued into 2023 and beyond.
- The TDR and HRP virtual inventory of resources to support the research capacity strengthening efforts to incorporate sex and gender in health research should be complete by the end of February 2023 and will continue to be accessible thereafter.

### ER 2.3.5: Community engagement and ethics

This Expected Result was created at the request of the scientific working groups to explore a broad area where community engagement interfaces with social innovation, implementation research and research ethics, contributing to research democratization.

In parallel with expanding on the priming work done in 2021 in the areas of community engagement good practices and research ethics mapping, the scope of this crosscutting work serves various priority areas of TDR, such as social innovation research, implementation research, impact grants in regions and gender and intersectionality research.

The main goal in this first biennium is to explore the interest and attractiveness of this work area for TDR's main stakeholders, map existing initiatives and identify potential gaps and niches where TDR's contribution would be key and communicate these results.

## Progress in 2022

**WHO's Community Engagement training package,<sup>17</sup> with contribution from the SIHI hub in the Philippines.** (finalized) The Country Readiness Strengthening Department in WHO's Health Emergencies Programme led the Community Engagement Package Project that gathered experiences on successful community engagement activities in different contexts, settings and target groups. The SIHI Philippines hub was selected in 2020 as a partner and was awarded US\$ 150 000 by WHO's Health Emergencies Programme to develop a community engagement package that will support the implementation of various health interventions. These resources were used to develop targeted microlearning modules to support various health interventions, such as vaccine implementation and emergency response efforts. This has now been finalized.

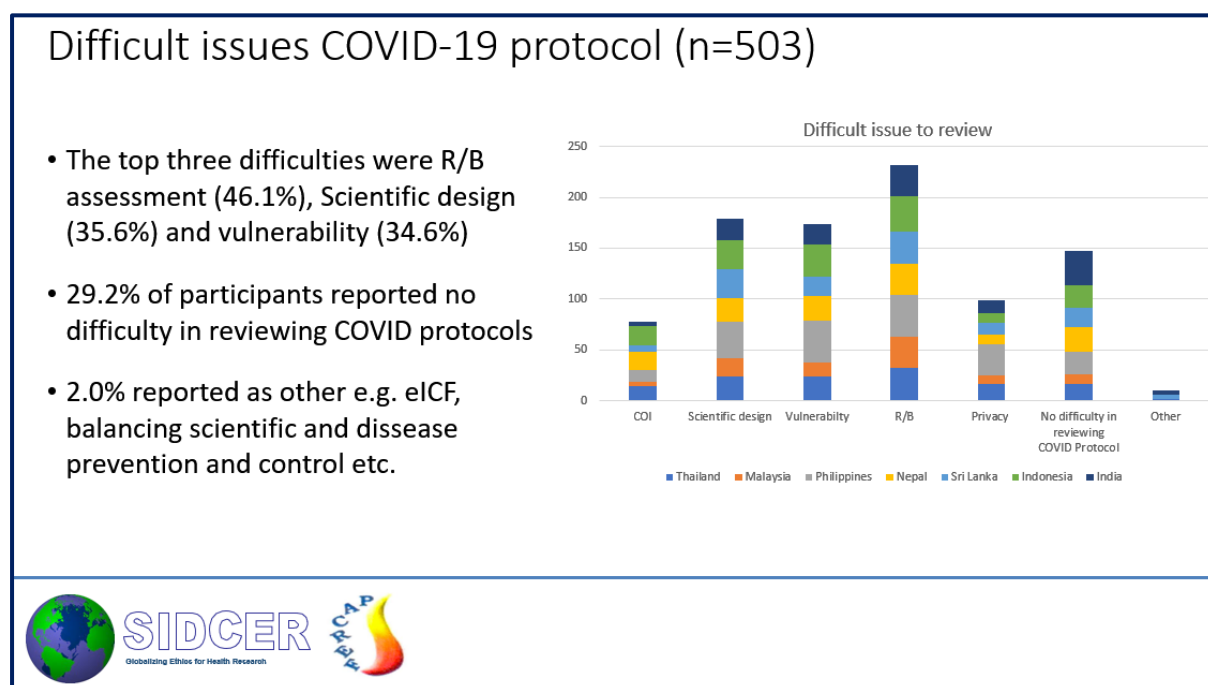
**Development of a community engagement module to be incorporated into the TDR IR MOOC.** (ongoing) The module has been developed through a long-term collaboration between SIHI and the TDR RCS unit involving experts from countries. Filming was delayed due to COVID-19, but now the work is almost finished and the module is expected to be launched early in 2023.

<sup>17</sup> See <https://extranet.who.int/hslp/content/browse-topic/community-engagement>



**Surveying ethics committees in Africa and Asia on the impact of COVID-19 pandemic.** Projects communicated their results at the SIDCER/FERCAP conference in November 2021 and also at a WHO presentation in May 2022. The studies were conducted by the regional networks FERCAP (in Asia) and PABIN (in Africa), under the aegis of SIDCER.

**The Asian study** surveyed 197 research ethics review committees (ERCs) and 688 participants (members of those committees). Their compliance with the standards, rules and regulations does not seem to have been affected by the pandemic. A minority (124 of 688 members) did not have the chance to review any COVID-19 protocols. Most of the committees maintained monthly meetings. The committees' membership and the focus of the reviews showed a large scientific background, with much smaller representation from lay persons and community (identified as a gap). Eighty-seven percent (87%) of the participants indicated they needed to take more training before being able to review COVID-19 protocols. The areas considered "difficult" relative to reviewing COVID-19 protocols are shown in **Fig. 23** below.



**Fig. 24.** Difficult issues COVID-19 protocol (n=503)

**The African study** surveyed 98 chairs and members of ERCs from 16 countries. The analysis showed that during the COVID-19 pandemic there were increases in protocol amendments (79%), deviations (29%) and early protocol terminations (25%). Most frequent challenges in reviewing COVID-19 related proposals were issues related to risk/benefit, scientific design and informed consent. Among the conclusions of the study are the need to strengthen ERCs in the region through different mechanisms, possibly including establishing national and regional ERC databases and putting in place continuous training opportunities, preferably through an online platform.

**New partnerships.** Exploratory discussions are taking place on a partnership with DNDi to commission research on the best ways to engage communities in research on a novel therapeutic agent against leishmaniasis in Eastern Africa.

**Call for identification of good practices in community engagement in LMICs.** The work under this new Expected Result in 2022 was primed with ten projects that started in 2021, under a SIHI/TDR call for proposals to conduct research in countries on identifying good practices for engaging communities in social innovation, implementation research, ethics and gender.<sup>18</sup> Following the submission of 114 applications, ten projects were selected by the external review group chaired by Professor Lenore Manderson (see Table 2).

**Table 2. Projects selected as part of the call for identification of good practices in community engagement in LMICs**

Institution	Country	Project theme
<b>Brain Research Africa Initiative</b>	Cameroon	Rethinking meaningful community engagement in research in Cameroon and Senegal
<b>Jimma University</b>	Ethiopia	Identification , synthesis and translation of good practices and evidence for engaging communities in research and social innovation in health care delivery for infectious diseases of poverty in sub-Saharan Africa
<b>Kwame Nkrumah University of Science and Technology</b>	Ghana	Building evidence to facilitate effective community engaged research in Sub-Saharan Africa
<b>Universidad del Valle de Guatemala</b>	Guatemala	Best practices for community engagement to improve access to health services for Chagas disease control
<b>Forum for Medical Ethics Society</b>	India	“A collaborative research initiative cataloguing key community engagement practices embedded in Implementation Research Public Health Projects Involving Disadvantaged (rural/indigenous) Communities in India”.
<b>Mazandaran University of Medical Sciences</b>	Iran, Islamic Republic of	Social Innovation in Health and Community-Driven Engagement as a Key Opportunity to Address COVID-19 Crisis Challenges: Reflections on the Multicultural Society of Iran
<b>Forum of Ethics Committees</b>	Kazakhstan	Mapping Ethics Committee (IEC/IRB) Practices for Engaging Communities in Health Research in Eastern Europe and Central Asian countries: social innovative models for implementation and transferring the results of TB-related research
<b>International Medical University</b>	Malaysia	A systematic review of good practices used to engage communities in health services research in neglected tropical diseases in low and middle income countries of South-East Asia and the Pacific
<b>Women’s Health Care Foundation (WHCF) Inc.</b>	Philippines, the	Modelling Community Engagement in the Study of Gender Responsiveness in TB Prevention and Management in a High TB-Burden Area in the Philippines: Promoting Enablers and Overcoming Barriers
<b>Makerere University Kampala</b>	Uganda	Community Engagement in Social Innovation: A Mixed Methods Analysis from the Social Innovation in Health Initiative

All ten projects have made significant progress, with most of them having finalized their work and being at the results publication stage (15–20 peer-reviewed publications in open access are expected from this call). An analysis will be commissioned across the ten projects to identify the lessons learned, the gaps and opportunities, and to publish the results for broader dissemination.

<sup>18</sup> See <https://who.force.com/etdr/s/gs-solicitation/a0p3X00000avTMMQA2/ca210005>

### Selection of key achievements (interim report):

- Philippines: research findings on enablers and barriers of community engagement and gender inclusivity in research contributed to the revision of a chapter in the Draft National Ethical Guidelines (2022 National guidelines for research involving human participants).
- Guatemala: a guide to promote best practices in community participation for vector-borne and congenital Chagas disease prevention and control strategies was co-created through a participatory approach with community leaders, coordinated by the University del Valle and the Ministry of Public Health and Social Assistance. It is under review by the Ministry of Health of Guatemala.<sup>19</sup>
- The Ethiopian Public Health Institute, Jimma University and AHRI led the national initiative for promoting effective community engagement and developed a national guideline on community engagement in the research process. This guide can be adapted by each research institution according to their needs. Research institutes committed to revise their policy and integrate community engagement into their research guidelines.

### Remaining risks and challenges

We are working with the colleagues in the TDR Research for Implementation unit on a potential project that would study good practices for involving communities in surveillance, detection and response to outbreaks, building on TDR experience in this field and on networks that we collaborate with.

### Contributions towards TDR key performance indicators

#### Partnerships and collaborations:

Potential partners are PABIN, SIDCER, AVAREF, the SIHI Secretariat in the Philippines and internally in TDR colleagues from all strategic priority areas (research for implementation, research capacity strengthening and global engagement).

#### Leverage created by this project:

Total of US\$ 300 000, of which US\$ 150 000 as technical support from implementing institutions and partner institutions; US\$ 150 000 leveraged from other WHO departments.

#### Gender aspects and vulnerable populations:

Of the 50 or so people working on the community engagement initiative in the field, 35 are women, 15 men and one other gender identity. All the funded projects are gender-sensitive, looking to see if there are noted differences linked to gender identity or gender roles in the way communities are engaged in research and social innovation.

#### Training:

The project in Malaysia and Australia has developed training materials that have been partially included in TDR training materials for the MOOC on Implementation Research, in collaboration with TDR/RCS.

#### Strengthened institutions and/or networks:

To be reported in detail in 2023.

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<sup>19</sup> See: [https://www.researchgate.net/publication/348947626\\_A\\_Successful\\_Community-Based\\_Pilot\\_Programme\\_to\\_Control\\_Insect\\_Vectors\\_of\\_Chagas\\_Disease\\_in\\_Rural\\_Guatemala](https://www.researchgate.net/publication/348947626_A_Successful_Community-Based_Pilot_Programme_to_Control_Insect_Vectors_of_Chagas_Disease_in_Rural_Guatemala)

**Publications:**

- Ahumuza, E., Moscibrodzki, P., Tucker, J.D., et al. Community Engagement in Social Innovation Research: A Global Sequential Mixed Methods Analysis, 21 November 2022, PREPRINT (Version 1) available at Research Square [https://doi.org/10.21203/rs.3.rs-2249384/v1]
- Akondeng C, Njamnshi WY, Mandi HE, et al. Community engagement in research in sub-Saharan Africa: approaches, barriers, facilitators, ethical considerations and the role of gender – a systematic review protocol. *BMJ Open* 2022;12:e057922. doi: 10.1136/bmjopen-2021-057922
- Moscibrodzki P, Ahumuza E, Li J, et al. Social innovation in health, community engagement, financing and outcomes: qualitative analysis from the social innovation in health initiative *BMJ Innovations* 2022; 8:216-223

**Related news:**

[Engaging communities with research: an insight from India \(who.int\)](#)

**Results dissemination and uptake:**

- Philippines: A dedicated “Barangay Research Team” worked with Barangay council members, community leaders, female health workers and male community representatives, to identify enablers and barriers of community engagement in research, based on the study of gender responsiveness in TB prevention and management. The objective to develop an ethical guidance in community engagement and gender inclusivity in research was achieved, as findings from this study contributed to the revision of a chapter in the Draft National Ethical Guidelines (2022 National Guidelines for Research Involving Human Participants).
- Guatemala: A guide to promote best practices in community participation for vector-borne and congenital Chagas disease prevention and control strategies was co-created through a participatory workshop with the MoH and community leaders.
- Ethiopia: Policy brief developed with input from academia/universities, research institutes, private research institutions, health professional associations, community representatives, the Ministry of Health and shared with more than 12 national institutions (research institutions, universities, MoH, professional associations, private research institutions, and partners - nongovernmental organizations). Commitment of research institutes to revise their research policy to integrate community engagement into their research guidelines.

**Plans for 2023**

- To gather lessons learnt from across the ten community engagement studies and publish them in a joint publication.
- All other work to be continued as planned.

**Progress summary on previous expected results**

None

## Budget and financial implementation

**Table 3. Approved Programme Budget 2022–2023 and funds utilized (provisional data)**

Expected result	Global Engagement	Undesignated funding				Designated funding			
		\$40m scenario	\$50m scenario	Revised planned costs Jan 2023	Implementation as at 31 Dec 2022	\$40m scenario	\$50m scenario	Revised planned costs Jan 2023	Implementation as at 31 Dec 2022
		UD	UD	revised UD	UD	DF	DF	revised DF	DF
1.3.5	Research on social innovation to enhance healthcare delivery	150 000	400 000	307 000	151 847	300 000	800 000	529 000	280 986
2.1.1.2	Regional office collaboration and impact grants for regional priorities	1 000 000	1 350 000	1 000 000	440 062	100 000	200 000	0	0
2.2.1	Shaping the research agenda	100 000	100 000	50 000	0	750 000	950 000	0	0
2.2.2	Capacity strengthening to bring research evidence into policy	100 000	100 000	150 000	14 561	150 000	150 000	174 000	0
2.3.1	Collaborative networks & engagement with global health initiatives	0	150 000	160 000	59 115	300 000	300 000	398 000	274 619
2.3.3	TDR Global	300 000	500 000	402 000	151 036	0	0	0	0
2.3.4	Effective engagement in gender and equity	100 000	250 000	100 000	21 652	100 000	100 000	574 000	344 313
2.3.5 (new)	Community engagement and ethics	100 000	220 000	100 000	0	0	0	0	0
	<b>Total</b>	<b>1 850 000</b>	<b>3 070 000</b>	<b>2 269 000</b>	<b>838 272</b>	<b>1 700 000</b>	<b>2 500 000</b>	<b>1 675 000</b>	<b>899 917</b>

**Table 4. Proposed Programme Budget 2024–2025**

Expected result	Global Engagement	2024-2025					
		\$40m scenario			\$50m scenario		
		UD	DF	Total	UD	DF	Total
1.3.5	Research on social innovation to enhance healthcare delivery	150 000	350 000	500 000	400 000	550 000	950 000
2.1.1.2	Regional office collaboration and impact grants for regional priorities	1 000 000	100 000	1 100 000	1 350 000	200 000	1 550 000
2.2.1	Shaping the research agenda	100 000	100 000	200 000	100 000	100 000	200 000
2.2.2	Capacity strengthening to bring research evidence into policy	100 000	150 000	250 000	100 000	150 000	250 000
2.3.1	Collaborative networks & engagement with global health initiatives	0	300 000	300 000	150 000	300 000	450 000
2.3.3	TDR Global	300 000	0	300 000	500 000	0	500 000
2.3.4	Effective engagement in gender and equity	100 000	100 000	200 000	250 000	100 000	350 000
2.3.5	Community engagement and ethics	250 000	250 000	500 000	350 000	250 000	600 000
	<b>Total</b>	<b>2 000 000</b>	<b>1 350 000</b>	<b>3 350 000</b>	<b>3 200 000</b>	<b>1 650 000</b>	<b>4 850 000</b>

## Projects and activities funded

Project ID	Principal investigator	Supplier name (Institution)	Project title	Funding in US\$	Disease or research topic	Countries involved
C00022	Carmencita Padilla	University of the Philippines Manila	Collaborations for the advancement of social innovation in health in the Philippines, Indonesia, and India. Year 2022. SIHI Philippines Hub.	43 321	Non disease specific	Philippines
C00022	Noel Juban	University of the Philippines Manila	No-cost extension of WHO registration 2020/1007788 until 30 April 2022 amendment to accommodate small changes in the budget expanding and capacitating the network for Social Innovation in Health in the Philippines and South-East Asia	14 120	Non disease specific	Philippines
C00023	Don Mathanga	University of Malawi - College of Medicine	Strengthening Cross-Country Partnership to Advance and Enhance Research in Social Innovation in Health in Africa – Malawi and Rwanda. Year 2022.	28 000	Non disease specific	Malawi
C00025	Phyllis Awor	Makerere University School of Public Health	Contract covering activities in year 2022 on the Proposal " Research partnership to disseminate Social Innovation in Health in Africa - SIHI Uganda, Ghana, Nigeria partnership in 2022 and 2023"	20 130	Non disease specific	Uganda
C00027	Phyllis Dako-Gyeke	School of Public Health, University of Ghana	Contract covering activities in year 2022 on the Proposal " Research partnership to disseminate Social Innovation in Health in Africa - SIHI Uganda, Ghana, Nigeria partnership in 2022 and 2023"	11 660	Non disease specific	Ghana
C00028	Obioma Nwaorgu	Nnamdi Azikiwe University Awka Anambra State Nigeria	Contract covering activities in year 2022 on the Proposal " Research partnership to disseminate Social Innovation in Health in Africa - SIHI Uganda, Ghana, Nigeria partnership in 2022 and 2023"	13 000	Non disease specific	Nigeria
C00029	Anna Fan	Sesh Global LLC	Increasing the Rigor of Social Innovation in Health Research	26 500	Non disease specific	China
C00031	Luzdivia Villa Hoyos	CIDEIM	Advancing Social innovation in health through research, capacity strengthening and interinstitutional collaboration in the LAC region.	46 500	Non disease specific	Colombia



Project ID	Principal investigator	Supplier name (Institution)	Project title	Funding in US\$	Disease or research topic	Countries involved
C00032	Carmencita D. Padilla	University of the Philippines Manila	Strengthening and expanding the Social Innovation in Health network through collaborations, capacity building and communication.	100 000	Non disease specific	Philippines
C00032	Noel Juban	University of the Philippines Manila	No-cost extension of WHO registration 2020/1010743-1, until 28 February 2022 Amendment to add funds. Coordinating Social Innovation in Health Initiative (SIHI) Partner network and SIHI global communications	6 945	Non disease specific	Philippines
P21-00348	Uche Veronica O Amazigo	Uche Veronica O Amazigo	Community Engagement Self-Monitoring (CE-SM) Strategy for Social Innovations in Health: Phase II of the Pilot Implementation in the Philippines	5 000	Non disease specific	Nigeria
P21-00350	Meredith del Pilar-Labarda	University of the Philippines Manila	Community Engagement Self-Monitoring (CE-SM) Strategy for Social Innovation in Health: Phase II of the Pilot Implementation in the Philippines.	24 000	Non disease specific	Philippines
P21-00394	Beatrice Halpaap	Beatrice Halpaap	Enhancing SIHI network sustainability	60 450	Non disease specific	France
P22-00669	Maria Hoole	Because Stories	No cost extension until end of April 2023- To develop a communication course for capacity strengthening amongst researchers, social innovators and social innovation stakeholders	18 608	Non disease specific	South Africa
P20-00003	Latoya Mc Donald	Southern African Research & Innovation Management Association (SARIMA)	Grant to support SARIMA for the project "Building the Profession of Research Management through the Professional Recognition of Research Managers II"	95 349	Non disease specific	South Africa
P20-00003	Latoya Mc Donald	Southern African Research & Innovation Management Association (SARIMA)	No cost extension. Grant to support the International Professional Recognition Council (based at SARIMA) for Building the profession of Research Management in Africa through the Professional Recognition of Research Managers Programme.	15 446	Non disease specific	South Africa

Project ID	Principal investigator	Supplier name (Institution)	Project title	Funding in US\$	Disease or research topic	Countries involved
P22-00680	Adrijana Corluka	Adrijana Corluka	No cost extension until end of March 2023 Research administrator of the TDR Impact Grants in the WHO Region for Africa.	10 625	Non disease specific	Canada
P22-00844	Zarina Khamitova	Zarina Khamitova	Administrator, TDR Small Grants Scheme in the WHO European Region - 2023.	18 200	Non disease specific	Kazakhstan
P22-00574	Sarah Hershberger	ORCID INC	Payment of invoice for the renewal of the membership of TDR with ORCID. Membership from December 2021 to November 2023	8 365	Non disease specific	United States
P22-00664	Marina Bondareva	Public Library of Science	Payment for the publication of "A blank check or a global public good? A qualitative study of how ethics review committee members in Colombia weigh the risks and benefits of broad consent for data and sample sharing during a pandemic"	2 100	Non disease specific	United States
P22-00823	Rachael Toner	University of Oxford	Payment of Liberia ethics approval fees for the Ebola Data Platform.	1 500	Non disease specific	United Kingdom
P22-00840	Liz Allen	F1000 Research LTD	Payment invoice for first year (2022-23) annual service fee which covers the open access publishing platform TDR Gateway.	1 500	Non disease specific	United Kingdom
C00004	Abiodun Oladapo	Abiodun Oladapo	Assist TDR in various activities of the ESSENCE Initiative Secretariat, ESSENCE workplan for 2022,	15 400	Non disease specific	Switzerland
C00004	Abiodun Oladapo	Abiodun Oladapo	Assist TDR in various activities of the ESSENCE Initiative Secretariat, ESSENCE workplan for 2022.	15 750	Non disease specific	Switzerland
P22-00588	Martin Eigbike	Martin Eigbike	2nd no cost extension until 31 March 2023 no cost extension until 29 November 2022 Detailed scoping review on international clinical trials infrastructure	67 000	Non disease specific	Nigeria
P22-00591	Priti Patnaik	Geneva Health Files	Annual Subscription to Geneva Health Files Newsletter for the Promotion of the Global Health Matters Podcast	2 490	Non disease specific	Switzerland
P22-00591	Priti Patnaik	Geneva Health Files	Invoice to pay Promotion of the Global Health Matters Podcast in Geneva Health Files Twitter.	390	Non disease specific	Switzerland

Project ID	Principal investigator	Supplier name (Institution)	Project title	Funding in US\$	Disease or research topic	Countries involved
P22-00604	Elaine Fletcher	Global Policy Reporting Association	Cross host and feature 14 TDR Global Health Matters podcasts	15 754	Non disease specific	Switzerland
P22-00635	Amen-Patrick Nwosu	Amen-Patrick Nwosu	The overall objective of this APW is to assist TDR and the Head of the ESSENCE Secretariat in various activities of the Research Management Working Group of ESSENCE.	14 400	Non disease specific	United Kingdom
P22-00792	Jessica Gatehouse	BMJ Publishing Group LTD	Strategic partnership between BMJ and ESSENCE at the inaugural BMJ Research Forum 2022.	38 462	Non disease specific	United Kingdom
P22-00798	Jean-Pierre Puget	Copy Plus S.A.R.L	Payment for printing of 300 copies of postcards for TDR Podcast dissemination in LAC regions.	109	Non disease specific	France
P22-00801	Elizabeth Batchilli	West African Research and Innovation Management Association (WARIMA)	Coordination of the facilitators and administrative processes at the WARIMA Annual Training Workshop and Conference in the Gambia from 16 to 19 January 2023	20 181	Non disease specific	Gambia
P22-00820	Priti Patnaik	Priti Patnaik	TDR Podcast Analyst (episode proposals) Season 3.	18 000	Non disease specific	Switzerland
P22-00826	Lindi van Niekerk	Chembe Collaborative LLC	Global Health Matters TDR Podcast Promotion in Latin America and the Caribbean	6 249	Non disease specific	United States
P22-00829	Nelisha Naidoo	Southern African Research & Innovation Management Association (SARIMA)	Grant to SARIMA for the project "Support for the International network of research management societies (INORMS) 2023 Congress in Durban, South Africa"	45 249	Non disease specific	South Africa
P22-00850	Obadiah George	Cognosco Consulting INC.	TDR Podcast Specialist (technology) Season 3.	22 313	Non disease specific	Canada
P22-00867	Priya Joi	Priya Joi	Author interviews for TDR Global Health Matters podcast season 3.	8 200	Non disease specific	United Kingdom
P22-00871	Abiodun Oladapo	Abiodun Oladapo	Assist TDR in various activities of the ESSENCE Initiative Secretariat, ESSENCE workplan for 2023. January to May.	15 400	Non disease specific	Switzerland

Project ID	Principal investigator	Supplier name (Institution)	Project title	Funding in US\$	Disease or research topic	Countries involved
B80182	Phyllis Dako-Gyeke	University of Ghana	TDR Global research mentorship and community engagement in Africa	40 000	Non disease specific	Ghana
B80190	Nancy Saravia	CIDEIM	TDR Global Mobilization Initiative for the Americas 2022-2023	40 000	Non disease specific	Colombia
P20-00071	Ova Emilia	Kerjasama Penelitian Pusat Kedokteran Tropis FK UGM	No-cost extension contract linked to WHO registration 2021/1102516, PO202653778, valid until 31 March 2022. To enhance the TDR Global Asian Community Engagement	10 000	Non disease specific	Indonesia
P22-00576	Federico Carroli	Ocean Translations S.R.L.	Editing of French and Spanish publication Women in Science	2 429	Non disease specific	Argentina
P22-00579	Alemseged Abdissa	Armauer Hansen Research Institute	Production of a TDR Global Institutional Mentorship Guide	13 000	Non disease specific	Ethiopia
P22-00580	Noah Fongwen	Noah Takah Fongwen	TDR Global coordination of regional decentralization.	30 600	Non disease specific	United Kingdom
P22-00587	Maria Hoole	Because Stories	Layout of French and Spanish versions of two publications: 1) Women in Science compendium and 2) Crowdfunding campaign	4 192	Non disease specific	South Africa
P22-00613	Federico Carroli	Ocean Translations S.R.L.	Editing of French and Spanish publication Crowdfunding in Health Research for TDR Global.	1 177	Non disease specific	Argentina
P22-00661	Russell Holley	Artifex Creative Webnet LTD - ACW	Invoice to pay domain name and server for crowdfunding website	619	Non disease specific	United Kingdom
P22-00726	Maria Hoole	Because Stories	Editing, layout and dissemination campaign for the TDR Global publication: Health Research Mentorship in Low- and Middle-Income Countries (HERMES).	9 227	Non disease specific	South Africa
P22-00596	C. Kharel	Chandani Kharel	Gender, intersectionality and social innovation	19 600	Non disease specific	Nepal

Project ID	Principal investigator	Supplier name (Institution)	Project title	Funding in US\$	Disease or research topic	Countries involved
P22-00609	Carmencita Padilla	University of the Philippines Manila	Evidence and research capacity strengthening in Social Innovation in Health Initiative with an intersectional gender lens: A contribution to implement TDR's Intersectional Gender Research Strategy.	100 000	Non disease specific	Philippines
P22-00610	Phyllis Awor	Makerere University School of Public Health	Gender and Social Innovation in Health in Uganda: Strengthening gender awareness, analysis, monitoring and evaluation in community based health projects.	99 990	Non disease specific	Uganda
P22-00611	Nancy Saravia	CIDEIM	Strengthening capacities to address the intersection of gender with other social stratifiers in the prevention and control of infectious diseases in Indigenous and black communities of Pueblo Rico, in the context of social innovation in health	99 923	Non disease specific	Colombia
P22-00616	Abigail Mier	Abigail Mier	Support TDR with the implementation of its Intersectional gender research strategy.	24 800	Non disease specific	Philippines
P22-00653	Ada Nwameme	Adanna Nwameme	Facilitate the online running of the IR MOOC module on gender and intersectionality.	2 300	Non disease specific	Ghana
P22-00675	Jaime Muñoz Martín	Jaime Muñoz Martín	Development of graphic design materials including icons and creation of illustrations for chapters of the IR MOOC module on gender.	2 151	Non disease specific	Spain
P22-00685	Mihai Simion	Mihai Simion	Analysis of the number of TDR grants received by women.	10 000	Non disease specific	France
P22-00702	Russell Holley	Artifex Creative Webnet LTD - ACW	Development and maintenance of TDR-HRP virtual inventory of resources to support the research capacity strengthening efforts to incorporate sex and gender in health research	18 750	Non disease specific	United Kingdom
B40318	Paul Sockol	Digital Science & Research Solutions INC	TDR Global Hosting, maintenance, update, upgrade and license for the Elements technology for year 2022 including Discovery module.	56 790	Non disease specific	United States
P22-00685	Mihai Simion	Mihai Simion	Analysis of the number of TDR grants received by women.	3 200	Non disease specific	France

## TDR funding in 2022

CONTRIBUTOR	
Core contributors	Amount (US\$)
Belgium	681 044
China	55 000
Germany	981 595
India	55 000
Japan	50 000
Luxembourg	1 155 462
Malaysia	25 000
Mexico	10 000
Nigeria (1)	400 000
Norway	306 341
Panama	7 000
Spain (2)	159 744
Sweden	3 220 540
Switzerland	1 925 255
Thailand	44 924
United Kingdom of Great Britain and Northern Ireland	5 370 224
World Health Organization	1 900 000
<b>Subtotal</b>	<b>16 347 129</b>
Contributors providing project-specific funding	Amount (US\$)
Bill & Melinda Gates Foundation	1 600 620
Luxembourg	413 340
Medicines Development for Global Health Limited (MDGH)	47 281
National Institute of Health Research (NIHR), United Kingdom	1 969 580
Robert Koch Institute (RKI)	419 023
Sweden	706 549
Swiss Development Cooperation Agency (SDC/DDC)	11 583
United Nations Development Programme (UNDP)	405 000
United States Agency for International Development (USAID)	987 274
World Health Organization	880 403
<b>Subtotal</b>	<b>7 440 653</b>
<b>Total contributions</b>	<b>23 787 782</b>

1. The contribution from the Government of Nigeria for the period 2015 to 2020 was reported in the 2021 Annual Report but will be reported in the certified financial statement in 2022 due to the timing of its receipt. The contribution for 2023 will also be reported in the 2022 certified financial statement due to
2. The contribution from the Government of Spain for the year 2022 will be reported in the certified financial statement in 2023 due to the timing of its receipt.



## Annex 1. Global Health Matters podcast workflow

