Programme Budget and Workplan 2018-2019

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Context and overview

The Programme Budget and Workplan for the 2018-2019 biennium supports a competitive portfolio where impact on health is enhanced by innovative research projects and strengthened research capacity in low- and middle-income countries. With 81% of funds channelled into operations (including staff directly related to operations), TDR delivers value for money.

Both the TDR Strategy for 2018-2023 and the proposed budget reflect TDR's commitment to contribute to the achievement of the Sustainable Development Goals (SDGs), with a focus on the following: 3 (good health and well-being); 4 (quality education); 5 (gender equality); 6 (clean water and sanitation); 9 (industry, innovation and infrastructure); 10 (reduced inequalities); 11 (sustainable cities and communities); 13 (climate action); and 17 (partnerships for the goals).

The details of the budget and workplan are included as Annex I, where each expected result with its deliverables is linked to indicators, targets and allocated budget figures.

The 2018-2019 workplan builds upon TDR's 2016-2017 portfolio of projects. The geographical spread of our work in 2016 is illustrated in FIGURE 1. The map includes countries where TDR funded grants, trainees and service contracts (individuals or institutions).

FIGURE 1**: Geographical distribution in 2016 of TDR funded grants, trainees and service contracts**
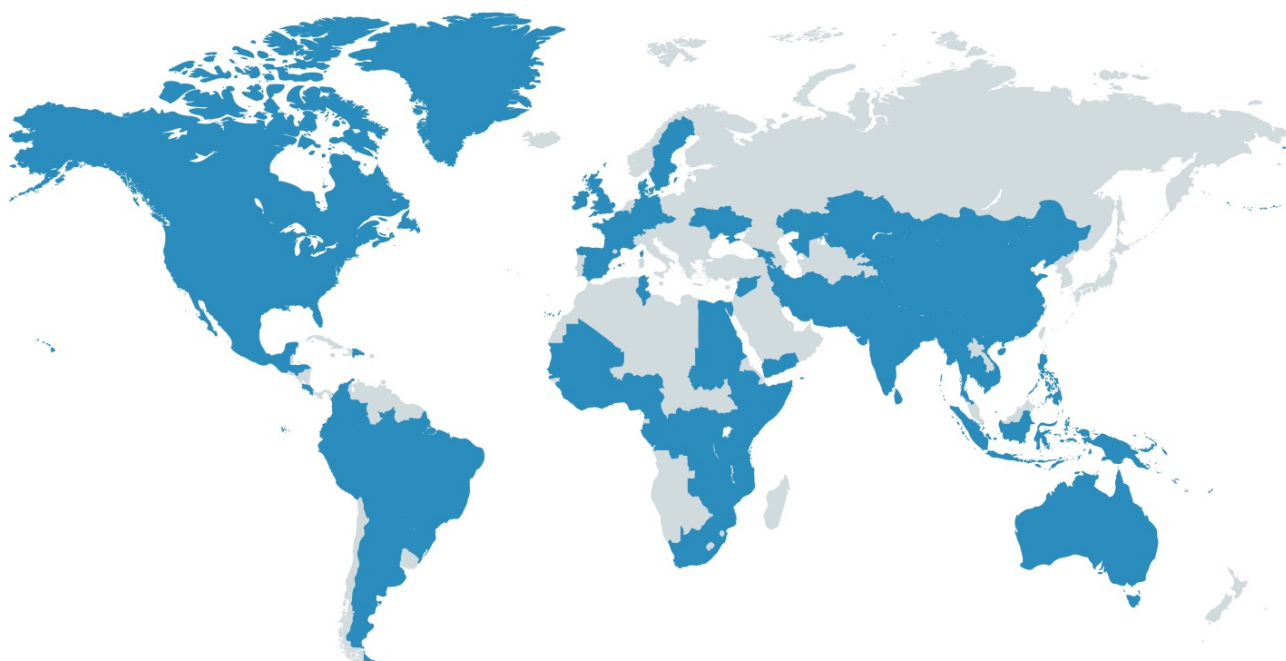
The Programme budget cycle

The programme budget cycle followed for the development of the TDR Programme Budget and Workplan 2018-2019 was discussed and agreed by the Standing Committee in November 2016 and is presented in FIGURE 2. It is aligned with the TDR governing bodies review cycle, ensuring the full engagement of TDR governing bodies in the budget development, approval and review/revision processes. The biennial budget and workplan draws on the draft 2018-2023 TDR strategy available at the time of designing the budget.

The detailed budget and workplan, together with the corresponding expected results, form part of Annex 1.

FIGURE 2: **TDR Programme Budget and Workplan 2018-2019 – Budget cycle**
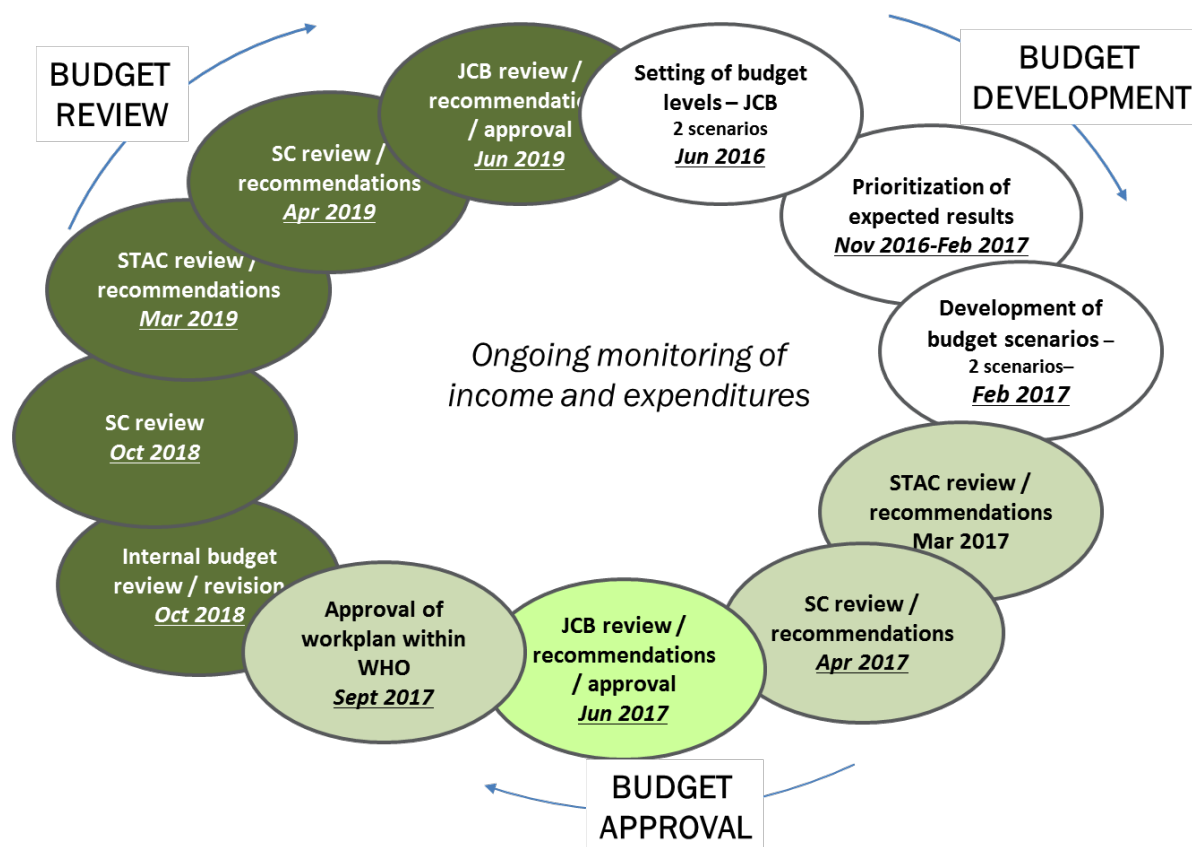
Strategic direction and objectives

Towards health impact and the global agenda 2030

TDR's Strategy for 2018-2023 continues to support the Programme's vision of using research and innovation to improve the health of those burdened by infectious diseases of poverty. The strategy focuses more than ever on identifying and overcoming barriers to effective health interventions. Our approach responds to local and regional needs and priorities, while at the same time pursuing long-term "flagship" initiatives that will change the health landscape. Such initiatives are: building resilience to vector-borne disease outbreaks in the face of climate change; developing the field of implementation research in disease-affected countries to identify and overcome system bottlenecks; working with policy-makers and communities to increase the use of evidence for policy and practice in disease control and elimination programmes; and supporting the global research structure by developing training in research skills, hosting global initiatives for open access data sharing and expanding research networks.

TDR's vision has been translated into specific goals for impact that are contributing to the achievement of the SDG targets. These impact goals build on the Programme's strengths and provide flexibility to draw on new innovations:

- ✓ **Increase access to health interventions** in populations with high burdens of infectious diseases of poverty, through the generation and use of knowledge arising from high-quality research on implementation.
- ✓ **Accelerate the development of innovative tools, solutions and implementation strategies** essential for disease control and elimination through research and partnership.
- ✓ **Build a critical mass of researchers in disease-affected countries** through training and mentorship who can conduct, lead and further develop research.
- ✓ **Engage a broad global community** to facilitate the role of research for development, and advocate for the use of high quality evidence to inform policy.

TDR's strategic approach and impact pathway are presented in FIGURE 3.

FIGURE 3: **TDR's strategic approach for health impact**
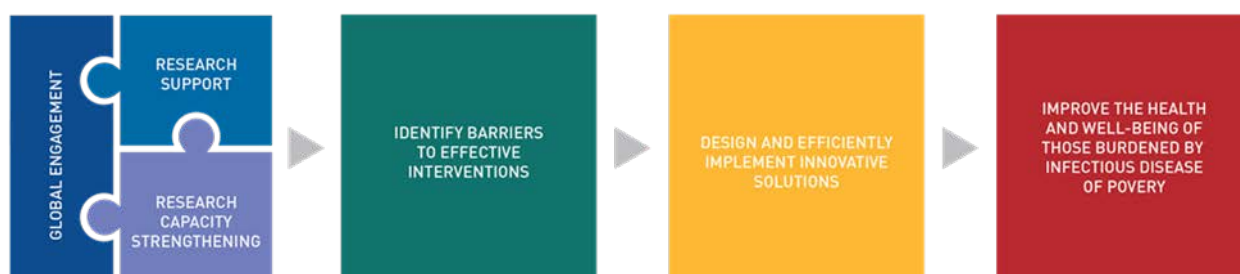
The TDR strategic work areas of research, capacity strengthening and global engagement will act in an integrated manner to achieve public health impact. We will do this by integrating three key areas in our core operational structure, as per the illustration below:

✓ Supporting research that improves disease control and elimination, and promotes effective implementation of both new and proven interventions

✓ Increasing the capacity to do this research at different levels and in different systems in disease-affected countries

✓ Using the power of our global engagement to facilitate and accelerate a global response

FIGURE 4: **Integration of TDR's strategic work areas**
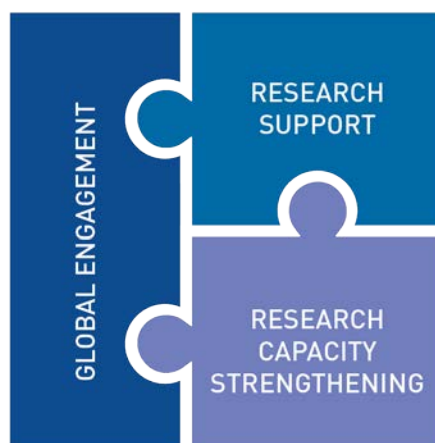
Two-step budget implementation in 2018-2019 (US$ 40 / 50 million scenarios)

✓ Two budget and workplan scenarios have been developed in accordance with recommendations of the JCB in June 2016.

✓ Implementation will start at the US$ 40 million budget scenario. This scenario includes US$ 30 million of undesignated funds and US$ 10 million of designated funds.

✓ The workplan corresponding to the US$ 40 million budget scenario will be implemented starting in January 2018.

✓ As additional funds in excess of US$ 40 million are identified, implementation will be scaled up gradually in line with available funding up to the US$ 50 million scenario, which includes US$ 37 million undesignated funds and US$ 13 million designated funds. This requires detailed and flexible plans to allow for scaling up the workplan at short notice.

✓ The allocation of undesignated funds for operations between the three strategic areas (research for implementation, capacity strengthening and global engagement) follows the same pattern as before. Operations undesignated funds will be equally split between research on one side and capacity strengthening and global engagement on the other side.

✓ The Strategic Development Fund will allow TDR to respond to new arising needs and opportunities for collaboration during the course of the 2018-2019 biennium. It represents approximately 2% of the Programme's total budget (see FIGURE 5).

FIGURE 5: **2018-2019 approved budget scenarios by work area, integrating personnel costs**
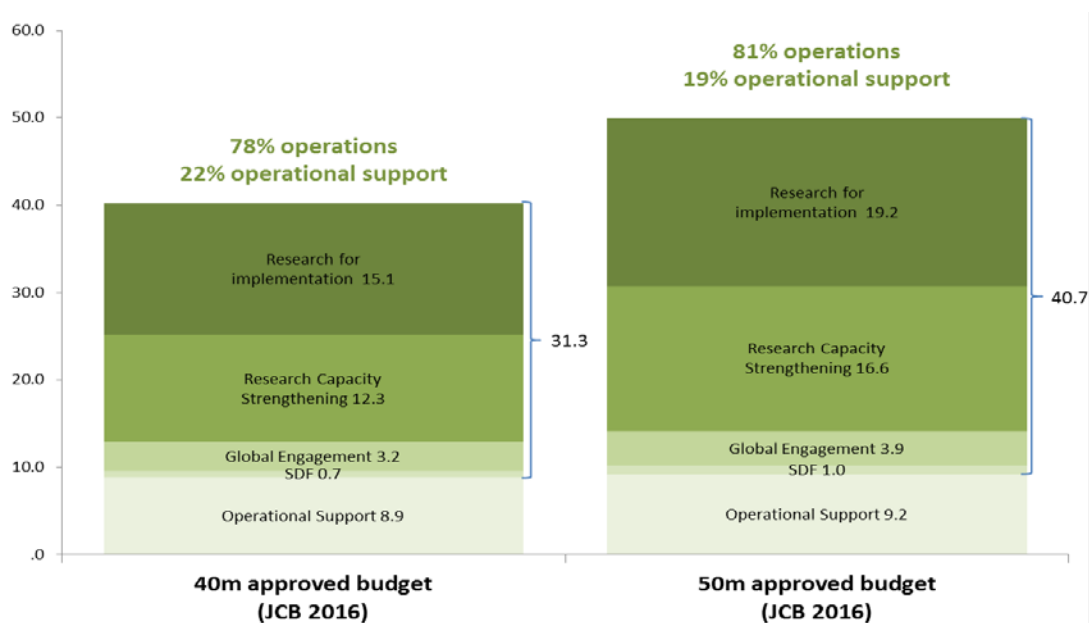
Funds allocation ensures value for money and strong strategic focus

In the 2018-2019 biennium, 81% of the total costs will go to operations and 19% to operations support (see FIGURE 5). Once project technical staff salary costs have been deducted, 56% of the budget will be allocated directly to operations activities (US$ 27.9 million of the US$ 50 million budget scenario, see FIGURE 6).

Of the US$ 27.9 million allocated to operations activities, it is anticipated that US$ 16.5 million will be undesignated funds.

FIGURE 6: **2018-2019 approved budget scenarios by expenditure type**
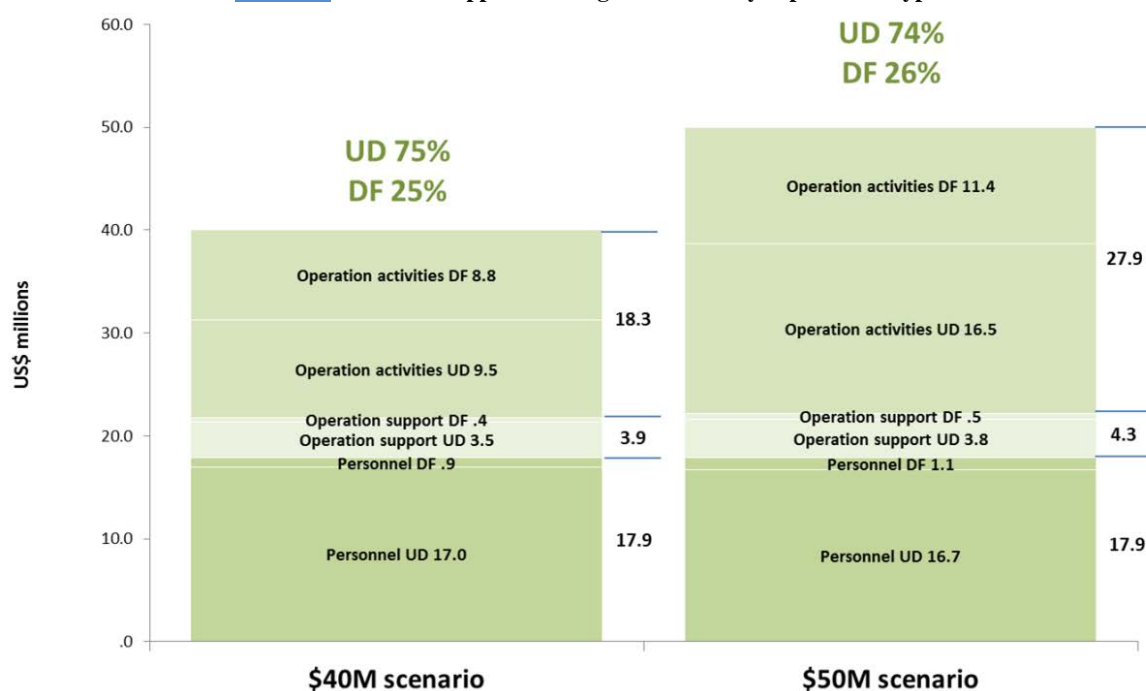
Budget overview

An overview of the 2018-2019 programme budget scenarios is presented in Table 1. The operations activities budget has been broken down to highlight: (i) the contribution of each strategic work area, i.e. Research, Research Capacity Strengthening and Global Engagement; and (ii) the Strategic Development Fund. As per JCB recommendations, the split between undesignated funds (UD) and designated funds (DF) is shown for individual budget lines in detail in Annex 1.

Table 1: Overview of the TDR Proposed Programme Budget for 2018-2019

TDR Programme budget 2018-19	$40 M scenario			$50 M scenario		
	UD	DF	Total	UD	DF	Total
TDR Total	**30 300 000**	**10 000 000**	**40 300 000**	**37 000 000**	**13 000 000**	**50 000 000**
Operations activities	**9 700 000**	**8 700 000**	**18 400 000**	**16 400 000**	**11 400 000**	**27 800 000**
Research for implementation	3 500 000	4 100 000	7 600 000	6 300 000	5 400 000	11 700 000
Research capacity strengthening	4 100 000	4 100 000	8 200 000	7 300 000	5 200 000	12 500 000
Global engagement	1 400 000	500 000	1 900 000	1 800 000	800 000	2 600 000
Strategic Development Fund	700 000	-	700 000	1 000 000	-	1 000 000
Operations support	**3 600 000**	**400 000**	**4 000 000**	**3 600 000**	**700 000**	**4 300 000**
Personnel	**17 000 000**	**900 000**	**17 900 000**	**16 800 000**	**1 100 000**	**17 900 000**

Operations activities budget

The 2018-2019 operations activities budget includes expected results that are continuing from 2017 and new expected results, generating outputs during and beyond 2019. The main expected results[1] are listed in Annex I, together with success indicators and their allocated budget for the biennium.

The proposed operations activities budget and workplan for 2018-2019 has been developed and prioritized as follows:

- ✓ Consultations took place with WHO disease control departments and other stakeholders through discussions that highlighted areas of potential collaboration. Some of the resulting ideas, which are in line with our strategy and show potential for innovation, leverage and sustainability, have already been initiated with seed funding from the Strategic Development Fund in previous biennia. Other project activities are flowing naturally from further development of current areas of high demand where TDR has a competitive edge.

- ✓ Expected results plans were developed by individual teams and discussed with their respective scientific working group. They were then reviewed internally at the TDR Annual Review meeting in February 2017.

- ✓ The expected results proposed to be part of the 2018-2019 workplans are compiled in the proposed budget operations activities table (see Annex 1).

- ✓ The TDR Scientific and Technical Advisory Committee (STAC) reviewed and endorsed the proposed budget and workplan, providing comments and suggestions which have been taken into consideration during finalization of the document now being submitted to the JCB for endorsement.

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[1] An Expected Result (ER), in TDR terminology, is a budget and workplan item comprising one or more projects and activities that together result in unique outputs.

The proposed budget allocates to the Strategic Development Fund between US$ 0.7 million (in the US$ 40 million scenario) and US$ 1 million (in the US$ 50 million scenario) to respond to new arising needs and opportunities during the course of the biennium 2018-2019. The principles of the Fund remain the same.

FIGURE 7: **Consultations leading to the establishment of new initiatives**
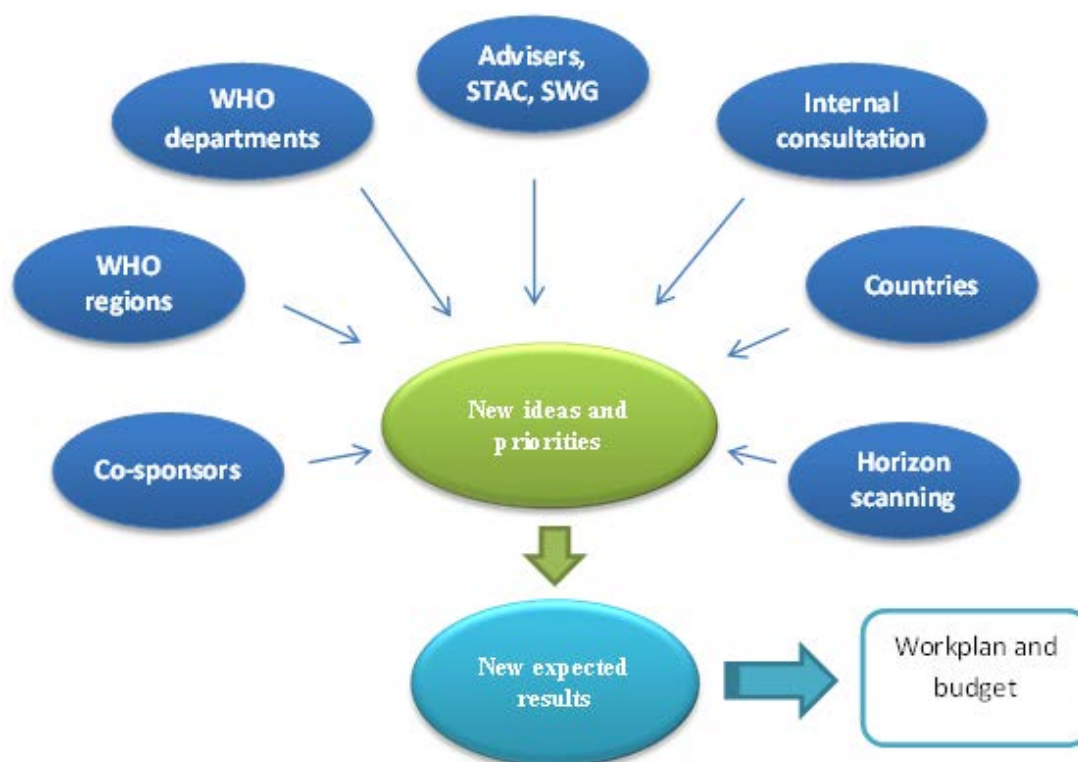
Research for implementation

TDR will facilitate and support research into how neglected populations can improve their access to, and benefit from, health interventions. We will continue to work with country programmes, researchers and communities, both on individual disease problems and across diseases at community and health system levels, to prevent, detect, control or eliminate endemic diseases, or to respond to outbreaks. Every project will contribute to building in-country capacity for research.

We will contribute to improved health and scientific innovation by supporting:

- ✓ Research for policy: Identifying which interventions can be translated into policy and go into practice

- ✓ Research for implementation: Understanding how interventions that work in laboratory clinical trials and pilot settings can be transferred to "real life" settings and scaled up at the national level

- ✓ Research for innovation: Filling the gaps when no practical solution is available

- ✓ Research for integrated approaches: Determining the complex interactions between people and their environment that affect disease transmission

Research capacity strengthening

Strengthening individual, institutional and network capacity to undertake research is a powerful and sustainable way of advancing health and development. It provides the skills for people, institutions and communities to address their health needs through evidence-based approaches. These are skills that are proven to last far beyond the immediate funding support of TDR and make long-term contributions to national health research capacity.

TDR takes a two-pronged approach to strengthening research capacity: i. dedicated capacity strengthening work with individuals, institutions and networks; and ii. all TDR supported research activities having an implicit built-in component of research capacity strengthening.

The following objectives are being addressed by this work area:

- ✓ Help develop the field of implementation research by working with partners to develop standards and tools and provide training

- ✓ Develop new tools for strengthening research capacity by complementing learning provided by universities and research institutes

- ✓ Empower researchers through training grant schemes by increasing the number of people conducting research serving low- and middle-income country needs

- ✓ Strengthen research institutions in low- and middle-income countries by increasing their capacity to conduct research to international standards

Global engagement

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. We utilise TDR's unique position, embedded in the UN family and linked to WHO headquarters and regional offices, with a reach from the local communities to the World Health Assembly, to engage in the debate across the spectrum of health research, from priority setting through to evidence for policy-making at local, national, regional and global levels.

TDR's approach to global engagement is to develop and employ new tools and knowledge management approaches in the following areas:

- ✓ Shaping the research agenda: addressing the health issues that affect vulnerable and neglected populations, within the framework of the Sustainable Development Goals

- ✓ Strengthening the research system: innovating and supporting new approaches that improve the efficiency and maximize the impact of research for health

- ✓ Supporting knowledge uptake: facilitating the use of evidence to inform policy at local, national, regional and global levels

Operations support budget

The proposed operations support budget includes the cost of infrastructure (office rental), relations with governing bodies, communications, WHO administrative fees, staff development, information systems, fundraising and other management costs of the Programme.

Measuring results

Since 2009, TDR's Performance Assessment Framework has guided the measurement of the Programme's strategic results at various levels. The Framework facilitates the assessment of technical results and their outcomes (what TDR does) as well as how it does this, i.e. management performance and the application of TDR's core values (equity, effective partnerships, outcome sustainability and quality). It aims to foster innovative thinking, continuous performance improvement and enhance accountability across the Programme. Existing key performance indicators (KPIs) will be adapted in 2018 to align with TDR's strategy 2018-2023 and with the universal Sustainable Development Goals. This will be done in consultation with TDR's governing bodies and stakeholders and will build upon lessons learnt from the implementation of the current TDR Performance Assessment Framework and specific reporting requirements from donors.

Each year a TDR Results Report is published summarizing the progress made on each of the KPIs and providing insight into the factors that shaped the Programme's performance during that year[2].

In Annex I, the details of the 2018-2019 programme budget and workplan at expected results level provide the planned cost as well as the specific deliverables and related indicators of success, which will be reported in the annual TDR Results Reports.

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[2] See library of reports: http://www.who.int/tdr/publications/about-tdr/annual-reports/en/

ANNEX 1: TDR Programme Budget and Workplan details, 2018-2019

1. Overall approach

For more than forty years, TDR has been a leader in research to address infectious diseases of poverty, and in building the capacity of institutions, individuals and communities in disease-affected countries to generate the evidence needed to improve their health.

TDR strives to make research and innovation work for the benefit of the most neglected populations. The new strategy, starting with this 2018-2019 workplan, will lead to improved research evidence for implementation and health impact and will ensure that TDR continues to be a leader in global health.

The budget and workplan details presented in this document follow the TDR Standing Committee's guidance, while the content of the operations budget and the planned expected results on which these are based were reviewed, revised and endorsed by STAC39 in March 2017. The workplan includes success indicators and targets expected to be reached by the end of the biennium.

These expected results contribute to WHO's Global Plan of Work 2014-2019 through Category 1 (Communicable diseases), while also having an impact on other categories (e.g. maternal and neonatal health in Category 3, national health policies and strategies in Category 4 and epidemic and pandemic-prone diseases in Category 5).

2. Strategic work area: Research for implementation

Research is an essential factor in improving the health of the most neglected populations and achieving the Sustainable Development Goals (SDGs). Research and innovation have the power to transform development challenges into opportunities, but only if they can reach those most in need.

TDR will facilitate and support research into how neglected populations can improve their access to, and benefit from, health interventions. We work with country programmes, researchers and communities to make this happen. Every project will contribute to building in-country capacity for research.

We will work both on individual diseases and across diseases at community and health system levels, whether the aim is to prevent, detect, control or eliminate endemic diseases, or to respond to outbreaks.

Locally adapted solutions are needed that address social, economic and community factors, with new approaches developed between scientific disciplines which perhaps have not worked together in the past. For example, environmental change and migration are creating challenges for the reduction and elimination of vector-borne diseases. Teams comprising specialists in vector control, environment, social sciences, epidemiology, modelling, public policy and governance will identify patterns and trends and work out new approaches.

The workplan provides for supporting research to evaluate WHICH 'tools' (medicinal products, diagnostics, interventions, approaches/strategies) that have been developed are suitable for introduction into guidelines and policies, HOW guidelines and policies can be implemented (scaled up) in public health programmes to maximize their impact, and how to assess the IMPACT of their implementation. In line with our overall strategy, TDR will not sponsor research and development (R&D) but may inform R&D by providing a directional perspective on INNOVATION required to address insufficiently attended, as well as yet unattended, health needs.

Important research topics include vector ecology and biology, vector control technologies, community-based interventions, as well as environmental and climate change impacts. To take into account the multi-faceted dynamics of economic, social and environmental determinants of health, the supported research/network projects are implemented through a holistic approach.

TDR research applies a problem/system orientated approach which includes an estimation of the burden, analysis of the context (social, ecological) and of ongoing or future changes (anthropogenic, environmental and climate change) through integrated, multidisciplinary, ecosystem and community-based projects.

Expected Results - Research for implementation

Expected results and deliverables	Indicators and targets
Research for policy	
1.1.4. Country resilience to the threat of drug-resistant infections: i) OR/IR strategies for countries to build effective systems for monitoring and responding to emerging drug resistance of all relevant infectious agents; ii) Evaluation of practical approaches to improve targeted treatment and reduce drug misuse and risk of resistance; iii) Strategies for monitoring and responding to potential emergence of drug resistance in helminths; iv) Strategies for monitoring potential emergence of resistance during Seasonal Malaria Chemoprevention	By 2019, i) initial set of approaches to support countries selected for piloting, (iii) strategy related to helminths proposed to WHO Control of Neglected Tropical Diseases Department/ESPEN for discussion with stakeholders; (iv) potential strategy for monitoring potential malaria resistance during SMC evaluated
1.1.1. Country preparedness for disease outbreaks: i) Training curriculum and 'train the trainers' curricula; ii) consensus agreement of major stakeholders on critical elements of policies/guidelines for arbovirus surveillance; iii) consensus agreement of major stakeholders on critical elements of policy/guidelines for arbovirus outbreak response	By 2018, (i) training curriculum made available on TDR website and shared with TDR regional training centres (RTCs) and other interested stakeholders. By 2019 critical elements for policy/ guidelines for arbovirus surveillance (ii) and response (iii) identified for further development.
Research for implementation	
1.1.7. Maximized utilization of data for public health decision making: i) capacity built for effective collection and analysis of data; ii) effective policies and outputs in countries to stimulate use of data; iii) support for interoperable data platforms; iv) evidence-informed policy	By 2018 (i) training curriculum for data managers developed; (ii) at least 4 self-sustained SORT IT programmes established at country and/subregional. By 2019, (iii) support provided to at least three platforms.
1.1.8. Maximized utilisation of safety information for public health decision making: i) capacity for safety monitoring of new drugs built in target countries; ii) improved evidence of drug safety in vulnerable patient groups; iii) innovative approaches for safety monitoring piloted that facilitate and improve normative guidance	By 2018, (i) first part of the Access and Delivery partnership completed; (ii) at least two databases related to drug exposure obtained and analysed, in collaboration with control programmes and other WHO Departments; (iii) utility of one innovative approach for monitoring safety in MDA assessed.
1.2.1. Strategies to achieve and sustain disease elimination: i) evidence on sustainable strategies for the elimination of visceral leishmaniasis in the Indian subcontinent; ii) improved basis for monitoring progress of preventive chemotherapy-based elimination programmes towards elimination and for decisions to stop interventions; iii) approaches to facilitate malaria elimination in target countries	By 2019, (i) sustainable strategies for maintaining visceral leishmaniasis elimination in the Indian subcontinent proposed to countries, (ii) proposed improved basis discussed with stakeholders

Expected results and deliverables	*Indicators and targets*
1.2.6. Optimized approaches for effective delivery and impact assessment of public health interventions: i) strengthened regional network of West African National Tuberculosis Programmes (WARN-TB) capable of identifying research priorities, and designing and conducting OR/IR to generate the evidence-base for policy decisions to achieve the goals of the EndTB strategy; ii) expanded WARN-TB approach to other geographical areas and/or other diseases; iii) approaches to optimised delivery of preventive chemotherapy based helminth control strategies evaluated	By 2019, (i) report on the strengthened regional network WARN-TB provided to SWG and stakeholders at country, regional and global level; (ii) feasibility of expanding approach to other areas (e.g. Central Africa) assessed

Research for innovation

1.1.5. Directions for development and accelerated access to new tools and strategies: i) evidence and advice to provide directional perspective for R&D for new tools as well as new ways of implementing tools; ii) optimised methodologies to assess response to case-based and population-based interventions; iii) strategy development, implementation and monitoring	By 2019, (i) involvement in at least 2 initiatives; (ii) optimized methodologies to measure effects of interventions for at least two diseases developed

Environmental changes impact

1.3.3. Population health vulnerabilities to vector-borne diseases (VBDs): increasing resilience under climate change conditions in Africa: i) vertical scale up from the community level to use lessons learned to inform decision-making at higher levels; ii) replicates of community participatory initiatives based on the initial intervention; iii) capacity building for the development of new models to better address social issues around adaptation	By 2019, five interdisciplinary communities of practice in 5 African countries established and functioning By 2019, five countries utilize the new knowledge from research and the adaptation practices that make VBD-affected communities more resilient to climate change
1.3.7. Environmental prevention and control of vector-borne diseases and infectious diseases in South-East Asia: i) environmental public health concerns and risks identified, characterized and assessed; ii) a sustainable, community-centred adaptation strategy developed and implemented; iii) benefits resulting from the use of the strategy assessed and monitored	By 2018, two new vector control approaches available for the communities and added to existing tools for the implementation of vector control programmes

Emerging challenges

1.3.6. Impact of insecticide resistance and residual malaria on malaria control: i) new scientific information on insecticide resistance mechanisms generated to fill critical knowledge gap; ii) link between insecticide resistance mechanisms and malaria control failure established, iii) New knowledge on the causes and burden of residual malaria available, iv) measures to face residual malaria situation proposed to countries in collaboration with the WHO Global Malaria Programme (WHO/GMP).	By 2018, insecticide resistance mechanisms characterized in three African countries By 2018, causes and burden of residual malaria established in ten countries from four WHO regions By 2018, a new worldwide network on residual malaria established By 2018, recommendations for mitigating residual malaria developed in collaboration with WHO/GMP

Expected results and deliverables	Indicators and targets
1.3.11. Multi-sectoral approach on malaria control: i) MSA for prevention and control of VBDs implemented in several LMIC for several diseases; ii) Knowledge and evidences for MSA generated; iii) improved prevention and control of diseases, through MSA and broader stakeholder involvement	By 2018, commissioned reviews of the different aspects of MSA available for at least ten countries. By 2020, at least two multi-country research projects developed to provide recommendations*[3]

Social and community dynamics

1.3.5. Promotion and research on social innovation in health care delivery: i) social innovation research hubs in low and middle income countries established and functioning; ii) Global South Social Innovation in Health Network maintained;	By 2019, at least 3 social innovation research hubs in low and middle income countries established and have institutionalized social innovation as a multidisciplinary approach in their organization
1.3.10. Urban health interventions for the prevention and control of vector-borne and other infectious diseases of poverty: i) Vector control response in urban settings enhanced through the following: supported a Working Group on Vectors for Dengue/Zika course in the Caribbean, contributed to the Global Vector Control Response, specifically for the assessment of capacity for testing insecticide resistance, and supported the proposed Network on Arbovirus Infections in Western Africa; ii) Scoping reviews on urban health interventions for the prevention and control of vector-borne and other infectious diseases of poverty	By 2018, six scoping reviews and six policy briefs/briefs highlighting implications for policy informed by scoping reviews on VBDs and urban health

Research on gender equity

1.3.8. Training Course for Gender Data-Analysis on Vector-Borne Diseases: Developed, pilot-tested and replicated an innovative training course for capacity building on gender-based analysis in vector-borne disease research and potential others infectious diseases of poverty	By 2019, five research teams completed the training, and training course adopted and implemented by the RTCs. By 2019 at least five case studies completed as a result of the gender-based analysis conducted.
1.3.12. Strategies to promote gender-responsive health interventions on vector prevention and control: Strategies to promote gender-responsive health interventions on vector prevention and control	By 2019, four gender-based analysis guidance tools available for the research and health community, including guidance to gender-sensitive research methodology on infectious diseases of poverty

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[3]   US$ 50 million budget scenario

Exp. result	Research for implementation	US$ 40 million scenario			US$ 50 million scenario		
		UD	DF	Total	UD	DF	Total
	TOTAL	**3 500 000**	**4 100 000**	**7 600 000**	**6 300 000**	**5 400 000**	**11 700 000**
	Research for policy						
1.1.4	Country resilience to the threat of drug-resistant infections	350 000	80 000	430 000	850 000	100 000	950 000
1.1.1	Country preparedness for disease outbreaks	140 000	200 000	340 000	600 000	300 000	900 000
	Research for implementation						
1.1.7	Maximized utilization of data for public health decision making	400 000	650 000	1 050 000	650 000	1 000 000	1 650 000
1.1.8	Maximized utilization of safety information for public health decision making	200 000	800 000	1 000 000	200 000	1 100 000	1 300 000
1.2.1	Strategies to achieve and sustain disease elimination	360 000	200 000	560 000	550 000	200 000	750 000
1.2.6	Optimized approaches for effective delivery and impact assessment of public health interventions	450 000	430 000	880 000	700 000	440 000	1 140 000
	Research for innovation						
1.1.5	Directions for development and accelerated access to new tools and strategies	100 000	100 000	200 000	250 000	100 000	350 000
	Environmental changes impact						
1.3.3	Vector-borne diseases and climate change in Africa	300 000		300 000	450 000		450 000
1.3.7	Control of vector-borne diseases in South-East Asia through environmental measures	250 000	300 000	550 000	400 000	300 000	700 000
	Emerging challenges						
1.3.6	Impact of insecticide resistance and residual malaria on malaria control	200 000		200 000	300 000	200 000	500 000
1.3.11	Multi-sectoral approach on malaria control	100 000	940 000	1 040 000	300 000	1 060 000	1 360 000
	Social and community dynamics						
1.3.5	Research on social innovation to enhance healthcare delivery	150 000	200 000	350 000	350 000	300 000	650 000
1.3.10	Urban health interventions for control of vector-borne diseases	300 000		300 000	350 000		350 000
	Research on gender equity						
1.3.8	Training course for gender data analysis in vector-borne diseases	100 000		100 000	100 000		100 000
1.3.12	Gender responsive health interventions	100 000	200 000	300 000	250 000	300 000	550 000

Note: budget does not include personnel costs

3. Strategic work area: Research capacity strengthening

Strengthening individual and institutional capacity to undertake research is a powerful and sustainable way of advancing health and development. It provides the skills for people, institutions and communities to address their health needs through evidence-based approaches. These are skills that have been proven to last far beyond the immediate funding support of TDR and make long-term contributions to national health research capacity.

In TDR's 2018-2023 strategy, which covers the 2018-2019 biennial workplan, TDR's focus is on expanding the use of research to identify and overcome barriers to implementation of health interventions. We believe locally-driven research can have a significant impact on infectious diseases of poverty. When public health staff are trained to manage and make the best use of local data to identify system bottlenecks and develop solutions, they are equipped to safeguard their community's health.

TDR takes a two-pronged approach to strengthening research capacity:

i.   All TDR supported research activities will have an implicit built-in component of research capacity strengthening. Grantees may develop specific skills such as data management and analysis, learn how to develop or expand a network, implement ethics guidelines and other good research practices, or learn how to translate and disseminate evidence.

ii. We will also work explicitly with individuals, institutions and networks to:

- **Help develop the field of implementation research**

  Working with partners to develop standards and tools and provide training: we will build on the new guidelines for reporting implementation research to which we contributed. TDR will also support the creation and expansion of communities of practice and networks.

- **Develop new tools for strengthening research capacity**

  Complementing learning provided by universities and research institutes: we will support the regional training centres, which are established research organizations provided with additional TDR funding, to co-develop and provide training on specific topics required in these areas, such as implementation research, project management and ethics. We will also pilot innovative tools such as massive open online courses and social media platforms.

- **Empower researchers through training grant schemes**

  Increasing the number of people conducting research in low- and middle-income disease endemic countries: this challenge will be met at a number of different levels. The schemes range from the postgraduate Masters/PhD scheme focused on implementation research that trains 100+ students per biennium through seven institutions across the globe, to customized grants for specific needs not addressed by academic curricula. The latter include, for example, the Clinical Research and Development Fellowships coordinated by TDR and the European & Developing Countries Clinical Trials Partnership.

- **Strengthen research institutions in low- and middle-income countries**

  Increasing the capacity to conduct research to international standards: we will support educational institutions and public health organizations to expand their range of activities in the field of research for implementation, and to develop content tailored to national and regional priorities. This will be done through the seven universities participating in the postgraduate training scheme and the six TDR-supported regional training centres, together with other partners on specific topics. We will help them mentor their students and scientists, thus building the human resource pipeline, providing long-term sustainability.

TDR supports a fully integrated approach to all of these elements, to provide flexible, customized paths to impact. We are particularly committed to supporting training in countries where the diseases are most prevalent and to helping address regional priorities, working closely with WHO's regional offices, TDR's regional training centres and postgraduate institutions.

Expected Results – Research capacity strengthening

Expected results and deliverables	Indicators and targets
2.1.1.1. TDR support to regional training centres: i) RTCs operational in the implementation of short training courses on good health research practices and implementation research; ii) RTCs operational in the dissemination in the region of short training courses; iii) effective coordination of the RTC initiative	By 2019, one satellite institution per RTC ready to implement at least one training course in IR or good health research practices
2.1.2. Targeted research training grants in low-and middle-income countries: i) early career trainees completed their degrees in their home countries or within the region; ii) post-doctoral trainees completed their leadership training; a global network (intra and inter-regional) of TDR-supported implementation research scientists developed	By 2019, at least 20 trainees enrolled or completed their Masters/PhD degree
2.1.4. Advanced training in clinical product development: i) highly skilled scientists in R&D in low- and middle-income countries; ii) R&D skills gained during training implemented in the home institution; iii) an online community practice created	By 2019, 45 new fellows enrolled or completed their training
2.1.6. Structured capacity building in IR (renewal of UNDP Access Initiative): i) low- and middle-income countries (LMICs) adopt and use TDR implementation research (IR) resources; ii) LMIC research teams trained to develop and implement implementation research projects and disseminate the findings; iii) LMICs use IR to optimize and scale up health interventions (including technologies, polices and strategies)	By 2019, five LMICs have at least one well-established implementation research team each and have implemented IR to optimize and scale up health interventions using local / national resources.

Exp. result	Research capacity strengthening	US$ 40 million scenario			US$ 50 million scenario		
		UD	DF	Total	UD	DF	Total
	Total	**4 100 000**	**4 100 000**	**8 200 000**	**7 300 000**	**5 200 000**	**12 500 000**
2.1.1.1	TDR support to regional training centres	1 030 000	200 000	1 230 000	1 230 000	200 000	1 430 000
2.1.2	Targeted research training grants (MSc, PhD)	3 050 000	500 000	3 550 000	6 050 000	1 600 000	7 650 000
2.1.4	Career development fellowship grants	20 000	2 400 000	2 420 000	20 000	2 400 000	2 420 000
2.1.6	Structured capacity building in IR (renewal of UNDP Access Initiative) jointly with IIR		1 000 000	1 000 000		1 000 000	1 000 000

Note: budget does not include personnel costs

4. Strategic work area: Global engagement

An essential part of our work will be 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. Thanks to our four co-sponsors, TDR is embedded in the UN family at the interface between research and health care delivery. Our reach stretches from individuals in communities through to the World Health Assembly of the World Health Organization and its regional office structure. We will utilise this unique position to engage across a broad spectrum of research, from priority setting through to evidence for policy-making at local, regional, national and global levels – always with the goal of improved implementation and new solutions.

In taking this agenda forward, the TDR approach to global engagement is to develop and employ new tools and knowledge management approaches in the following areas:

1. Shaping the research agenda: addressing the health issues that affect vulnerable and neglected populations, within the framework of the Sustainable Development Goals.

   • 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.

2. Strengthening the research system: innovating and supporting new approaches that improve the efficiency and maximize the impact of research for health.

   • 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.

   • Supporting open innovation and greater sharing of research data.

   • Promoting research ethics, gender equity and opportunities to network and partner internationally.

   • Working with stakeholders, including other funders of research though the ESSENCE on Health Research initiative, to develop and promote best practices in research management, standard methodologies, and approaches to monitoring and evaluation of impact.

Expected Results – Global engagement

Expected results and deliverables	Indicators and targets
2.1.1.2. WHO regional office collaboration and small grants: i) small grants schemes operationalized in at least five WHO regional offices; ii) functional collaboration frameworks with at least five regional offices established	By 2019, evidence of collaboration frameworks effectiveness based on successful joint projects and activities with at least five regional offices By 2019, regional offices will provide and manage at least 40 small grants in order to catalyse health research in the region on regional priorities
2.2.1. Shaping the research agenda: i) reports/resources 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) research priority setting exercise supported	By 2019, three reports published
2.2.2. Capacity strengthening to bring research evidence into policy: i) methodology developed and/or adapted from existing approaches to enable appropriate generation of translation mechanisms; ii) low- and middle-income countries lead on the development of systematic reviews, research synthesis and policy briefs on issues related to infectious diseases of poverty; iii) data sharing in support for capacity building and development of policy	By 2019, at least four workshops/training events held By 2019, two report/publications on knowledge management methodology By 2019, at least four evidence-to-policy reports and briefs finalized and published By 2019, at least two data sharing initiatives supported By 2019, at least two policy documents published.
2.3.1. Collaborative networks (ESSENCE on Health Research) and engagement with global health initiatives: 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 low- and middle-income countries (LMICs); iii) LMIC capacity in research management, M&E strengthened; iv) cases of TDR's research, RCS and KM activities benefit and are shaped by global health research agenda	By 2019, two tools and reports used to inform policy and/or practice of global/regional stakeholders or major funding agencies

Exp. result	Global engagement	US$ 40 million scenario			US$ 50 million scenario		
		UD	DF	Total	UD	DF	Total
	Total	**1 400 000**	**500 000**	**1 900 000**	**1 800 000**	**800 000**	**2 600 000**
2.1.1.2	Regional office collaboration and small grants	1 000 000	100 000	1 100 000	1 000 000	200 000	1 200 000
2.2.1	Shaping the research agenda	100 000	200 000	300 000	250 000	300 000	550 000
2.2.2	Capacity strengthening to bring research evidence into policy	100 000	200 000	300 000	200 000	300 000	500 000
2.3.1	Collaborative networks and engagement with global health initiatives	200 000		200 000	350 000		350 000

Note: budget does not include personnel costs

5. Strategic Development Fund

In order to be able to strategically respond to new opportunities arising during the course of the 2018-2019 biennium and initiate new partnerships along the lines of TDR's working model, it is proposed to maintain a Strategic Development Fund of US$ 0.7-1.0 million. This Fund will also enable TDR to leverage further funding on new initiatives. Expenditure from the Fund will be used exclusively to cover direct operations of new initiatives in research, capacity strengthening and global engagement and to leverage further funding. Expenditure will be monitored and reported to STAC.

6. Operations support

Operations support covers the Director's office (including external relations and governing bodies, and communications functions) and the Programme and Portfolio Management unit.

Resource mobilization, governance and communications

These functions manage and coordinate the interactions, meetings and interfaces involved in TDR's governance and coordinate external relations and resource mobilization activities; they also coordinate the communications and advocacy activities for TDR.

Portfolio and Programme Management (PPM)

This unit supports TDR's objectives through continued programme performance improvement. This requires developing and managing effective strategies, planning processes and systems for tracking and reporting against defined expected results and providing effective budgetary, financial, administrative, contract management, human resources management and facilities support.

PPM ensures that the portfolio of projects remains strategically focused and relevant to the global health context. In 2018-2019, technical and financial planning, budgeting, monitoring and evaluation processes will continue to be based on results as per the revised TDR performance assessment framework and management review system.

Staff development, fostering continuous learning, monitoring TDR's risk management framework, implementing a new information system to manage projects and grants, and supporting TDR Global work are part of PPM's objectives for 2018-2019. PPM works in close collaboration with TDR teams and with other departments in WHO as and when needed.

Task	US$ 40 million scenario	US$ 50 million scenario
	UD + DF	UD + DF
TOTAL	**4 000 000**	**4 300 000**
DIRECTOR'S OFFICE	**840 000**	**840 000**
Director's office management	**500 000**	**500 000**
Director's office	100 000	100 000
JCB meeting	140 000	140 000
STAC meeting	100 000	100 000
Standing committee meeting	160 000	160 000
Advocacy and communications	**230 000**	**230 000**
Resource mobilization	**110 000**	**110 000**
PORTFOLIO AND PROGRAMME MANAGEMENT	**1 360 000**	**1 660 000**
Portfolio monitoring and evaluation	145 000	145 000
Financial management (consultants/audits)	40 000	40 000
Staff development	90 000	90 000
Information Management System	100 000	200 000
TDR Global	300 000	500 000
Running cost	685 000	685 000
WHO ADMINISTRATIVE COSTS	**1 800 000**	**1 800 000**
Programme support costs - PSC (UD)	1 400 000	1 100 000
Programme support costs - PSC (DF)	400 000	700 000

Note: budget does not include personnel costs