
Programme Budget and Workplan 2020-2021

TDR/STRA/19.1

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Table of contents

| | |
|--|----|
| Context and overview..... | 2 |
| The Programme Budget cycle..... | 3 |
| Strategic direction and objectives | 4 |
| 1. Towards health impact and the global agenda 2030..... | 4 |
| 2. Two-step budget implementation in 2020-2021 (US\$ 40 / 50 million scenarios)..... | 5 |
| 3. Funds allocation ensures value for money and strong strategic focus | 6 |
| Budget overview..... | 7 |
| 1. Operations activities budget | 7 |
| 2. Operations support budget..... | 9 |
| ANNEX 1: TDR Programme Budget and Workplan details, 2020-2021 | 10 |
| 1. Overall approach | 10 |
| 2. Strategic work area: Research for implementation | 10 |
| 3. Strategic work area: Research capacity strengthening..... | 16 |
| 4. Strategic work area: Global engagement | 18 |
| 5. Strategic Development Fund | 20 |
| 6. Operations support | 20 |

Context and overview

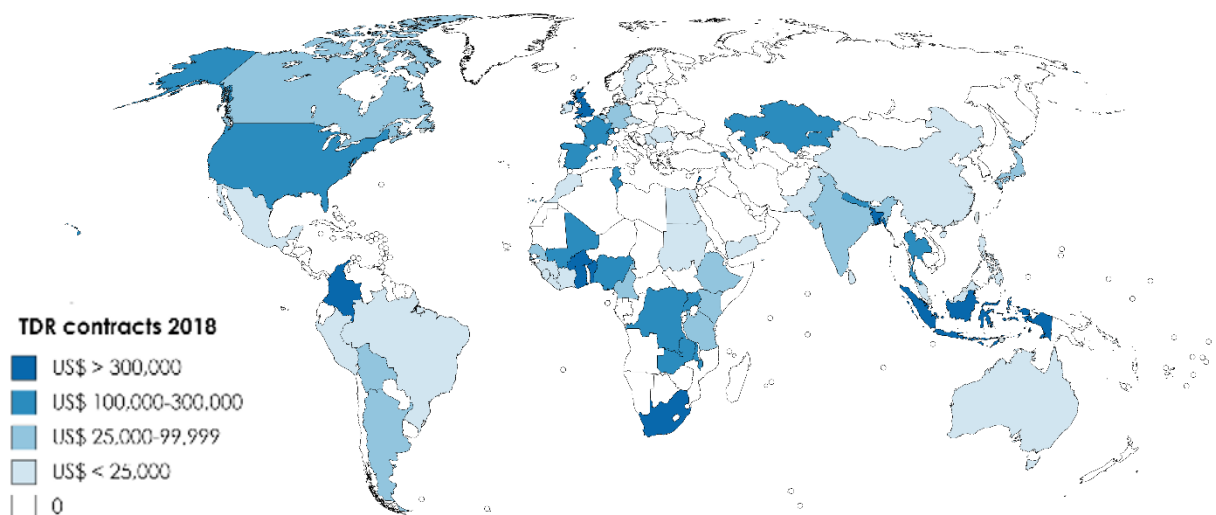
TDR's Strategy for 2018 to 2023 aligns with the Sustainable Development Goals (SDGs) and contributes to the World Health Organization's (WHO) 13th General Programme of Work (GPW13) triple billion targets that ultimately aim to improve global health. In this context, TDR's Programme Budget and Workplan for the 2020-2021 biennium activates a competitive portfolio where impact on health is enhanced by innovative research that also strengthens research capacity in low- and middle-income countries. With 83% of funds channelled into operations (including staff directly linked to operations) in the US\$ 50 million budget scenario, TDR delivers real value for money.

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

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 2020-2021 workplan builds upon TDR's 2018-2019 portfolio of projects. The geographical spread of our work in 2018 is illustrated in [FIGURE 1](#). The map includes countries where TDR has funded grants, trainees and service contracts (individuals or institutions).

FIGURE 1: Geographical distribution in 2018 of TDR funded grants and contracts



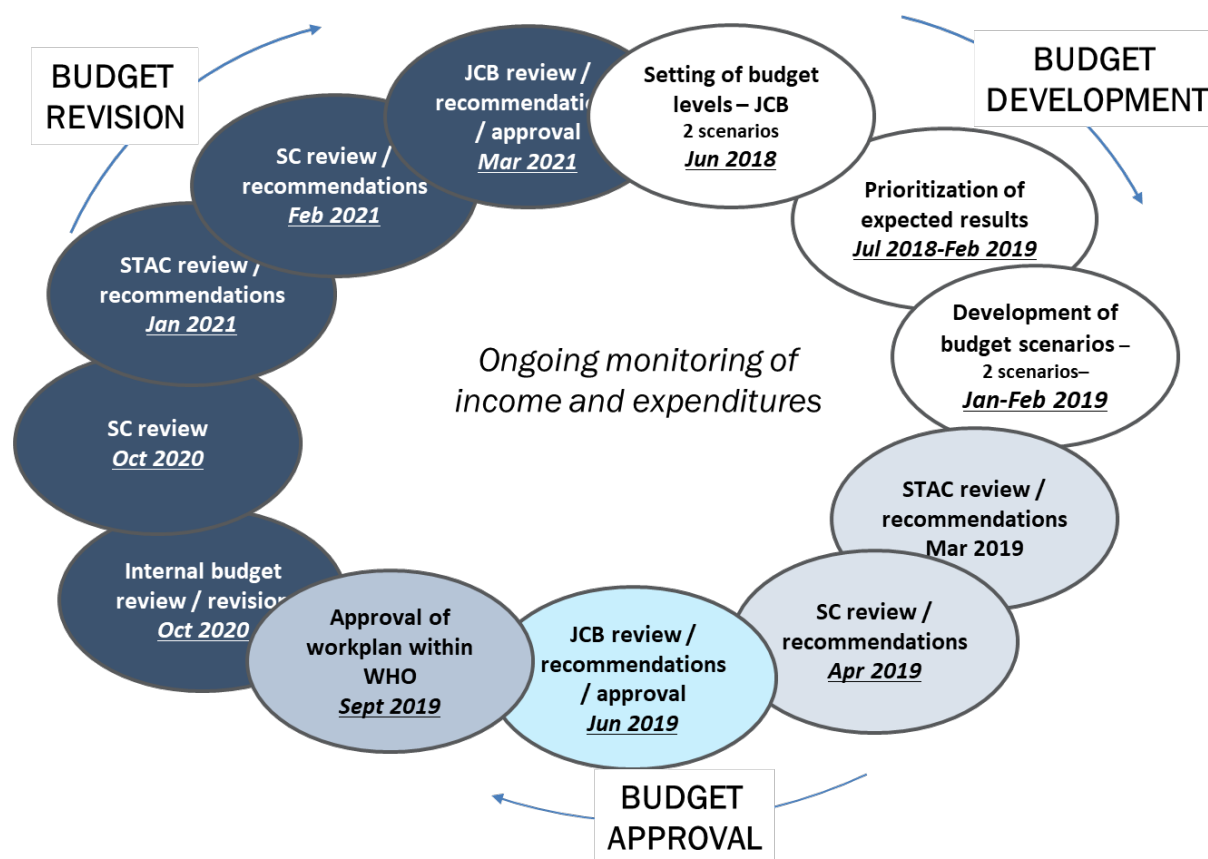
Created with mapchart.net ©

The Programme Budget cycle

The budget cycle followed for the development of the Programme Budget and Workplan was discussed and agreed by the Standing Committee in 2018 and is presented in [FIGURE 2](#). It is aligned with the TDR governing bodies' review cycle, ensuring full engagement of the governing bodies in the budget development, approval and review/revision processes. The workplan also contributes to WHO's triple billion goals and WHO's Programme Budget 2020-2021, thanks to TDR's expected results delivering outputs that are part of WHO's results framework. This spans from work on outbreak research to innovative ways to enhance access to healthcare, to foster gender and socioeconomic equity and many other areas that strengthen country capacity to identify priorities, conduct implementation research and use data and information for improved policies and practice.

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

FIGURE 2: TDR Programme Budget and Workplan 2020-2021 – Budget cycle



Strategic direction and objectives

1. Towards health impact and the global agenda 2030

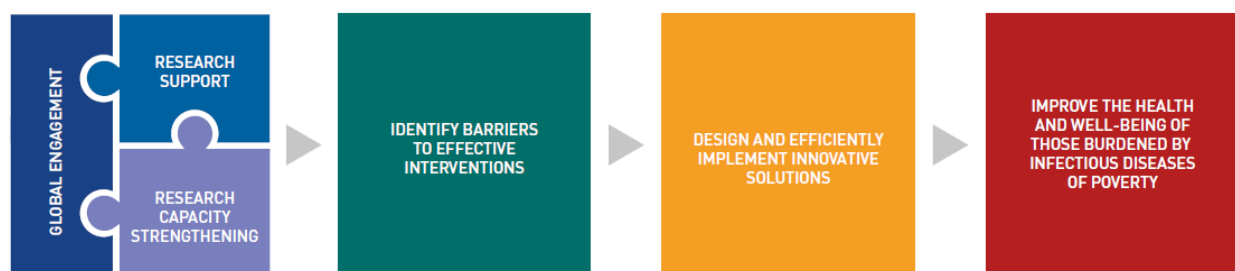
TDR's Strategy 2018-2023 supports the Programme's vision of using research and innovation to improve the health of those burdened by infectious diseases of poverty. The strategy focuses more than ever on identifying and overcoming barriers to effective health interventions. Our approach responds to local and regional needs and priorities, while at the same time pursuing long-term "flagship" initiatives that will change the health landscape.

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, such as:

- ✓ **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](#).

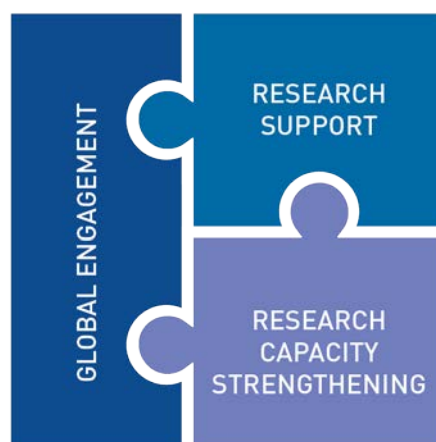
FIGURE 3: TDR's strategic approach for health impact



The TDR strategic work areas of research for implementation, 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:

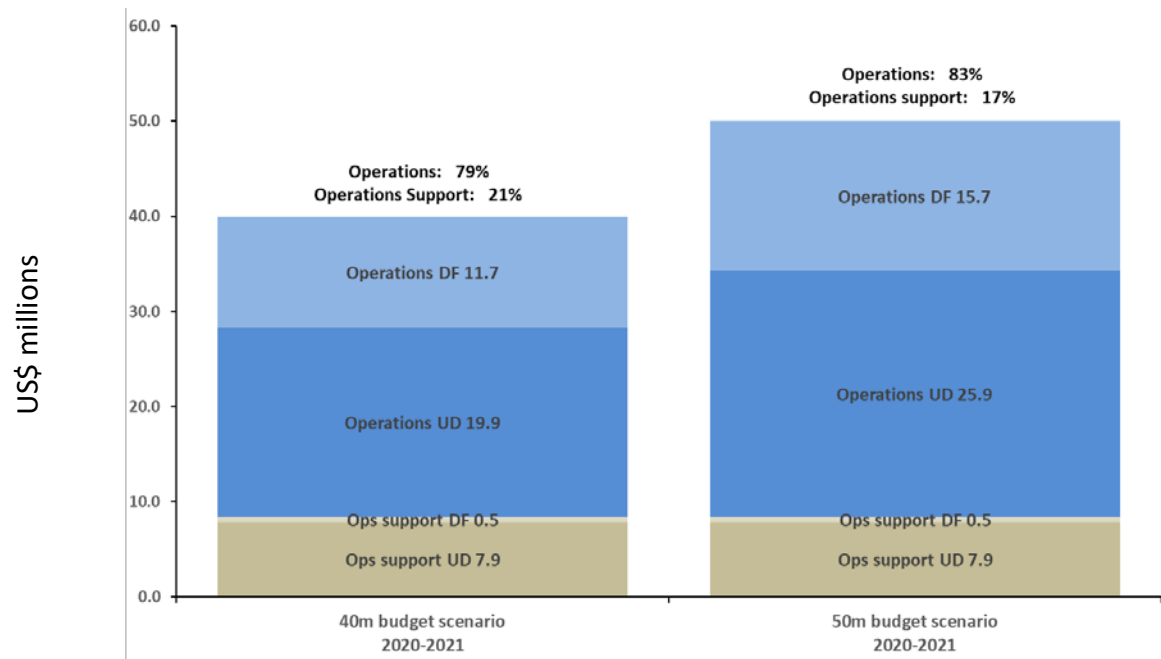
- ✓ Supporting research that improves disease control and elimination and promotes effective implementation of both new and proven interventions
- ✓ Increasing the capacity to do this research at different levels and in different systems in disease-affected countries
- ✓ Using the power of our global engagement to facilitate and accelerate a global response

FIGURE 4: Integration of TDR's strategic work areas



2. Two-step budget implementation in 2020-2021 (US\$ 40 / 50 million scenarios)

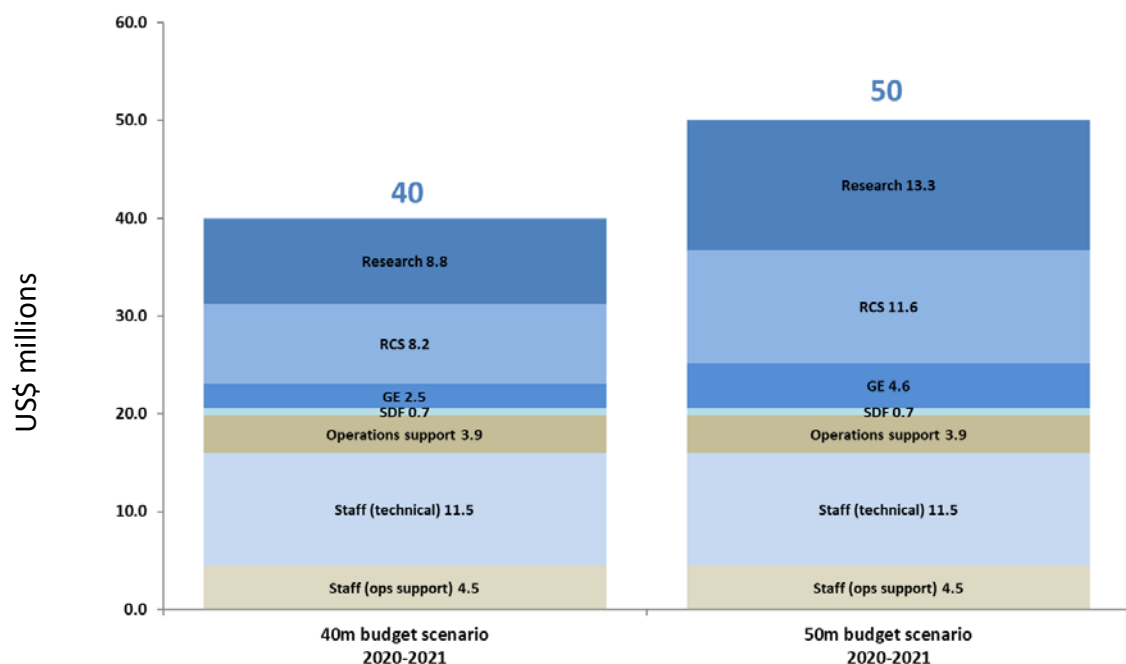
- ✓ Two budget and workplan scenarios have been developed in accordance with recommendations of the Joint Coordinating Board (JCB) in June 2018.
- ✓ Similar to what we did in 2018-2019, implementation will start at the US\$ 40 million budget scenario. This scenario includes US\$ 28 million of undesignated funds and US\$ 12 million of designated funds.
- ✓ The workplan corresponding to the US\$ 40 million budget scenario will be implemented from January 2020.
- ✓ As additional funds in excess of US\$ 40 million are confirmed, implementation will be scaled up gradually in line with available funding up to the US\$ 50 million scenario, which includes US\$ 34 million undesignated funds and US\$ 16 million designated funds. This requires detailed and flexible plans to allow the workplan to be scaled up at short notice.
- ✓ Allocation of undesignated funds for operations between the three strategic areas (research for implementation, capacity strengthening and global engagement) is as follows: Undesignated funds for operations will be split approximately 1:2 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 2020-2021 biennium. It will continue to represent approximately 1.5-2% of the Programme's total budget.

FIGURE 5: 2020-2021 approved budget scenarios by work area, integrating personnel costs

3. Funds allocation ensures value for money and strong strategic focus

In the US\$ 50 million scenario, 83% of the total costs will go to operations and 17% to operations support (see [FIGURE 5](#)). Once project technical staff salary costs have been deducted, 60% of the budget will be allocated directly to operations activities (US\$ 30.1 million, see [FIGURE 6](#)).

Of the US\$ 30.1 million allocated to operations activities, it is anticipated that US\$ 17.1 million will be made up of undesignated funds.

FIGURE 6: 2020-2021 approved budget scenarios by expenditure type

Budget overview

An overview of the 2020-2021 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 for implementation, 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 2020-2021

| TDR Programme Budget 2020-2021 | US\$ 40 million scenario | | | US\$ 50 million scenario | | |
|-----------------------------------|--------------------------|-------------------|-------------------|--------------------------|-------------------|-------------------|
| | UD | DF | Total | UD | DF | Total |
| Operations activities | 9 900 000 | 10 200 000 | 20 100 000 | 16 900 000 | 13 200 000 | 30 100 000 |
| Research for Implementation | 3 350 000 | 5 400 000 | 8 750 000 | 5 950 000 | 7 300 000 | 13 250 000 |
| Research Capacity Strengthening | 4 100 000 | 4 100 000 | 8 200 000 | 7 300 000 | 4 300 000 | 11 600 000 |
| Global Engagement | 1 750 000 | 700 000 | 2 450 000 | 2 950 000 | 1 600 000 | 4 550 000 |
| Strategic Development Fund | 700 000 | - | 700 000 | 700 000 | - | 700 000 |
| Operations support | 3 600 000 | 300 000 | 3 900 000 | 3 600 000 | 300 000 | 3 900 000 |
| Personnel | 14 500 000 | 1 500 000 | 16 000 000 | 13 500 000 | 2 500 000 | 16 000 000 |
| TDR Total | 28 000 000 | 12 000 000 | 40 000 000 | 34 000 000 | 16 000 000 | 50 000 000 |

1. Operations activities budget

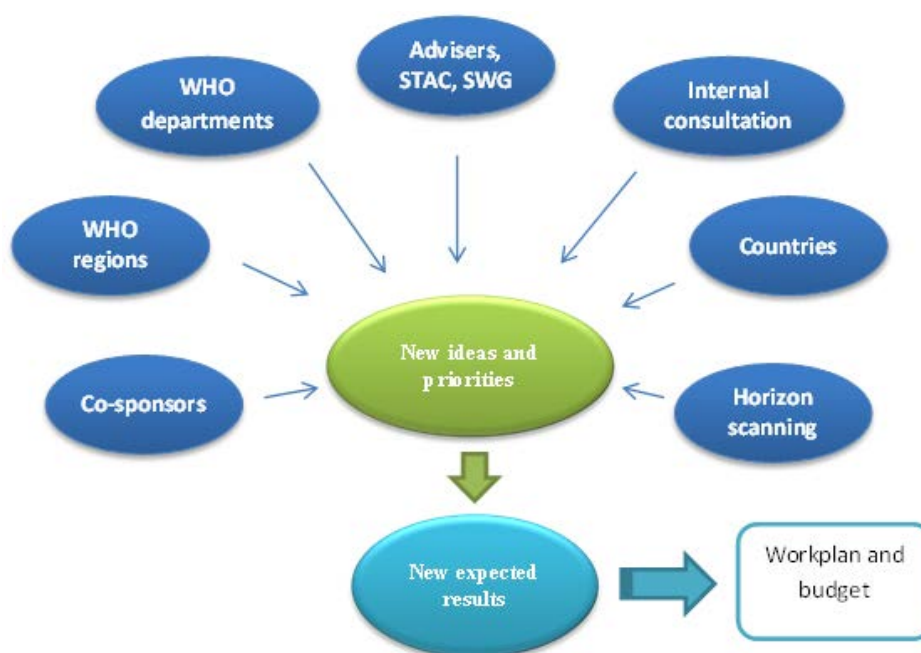
The 2020-2021 operations activities budget includes expected results¹ that are continuing from 2019 and new expected results, generating outputs during and beyond 2021. The main expected results are listed in Annex I, together with success indicators and their allocated budget for the biennium.

The proposed operations activities budget and workplan for 2020-2021 has been developed and prioritized as follows:

- ✓ Consultations took place with WHO disease control departments, regional and country offices 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.
- ✓ The expected results proposed to be part of the 2020-2021 workplans are compiled in the proposed budget operations activities tables (see Annex 1).

The proposed budget allocation to the Strategic Development Fund to respond to new arising needs and opportunities during the course of the biennium 2020-2021 is US\$ 0.7 million. The principles of the Fund remain the same.

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.

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 infectious 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 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 have been 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 healthcare delivery. We utilize TDR's unique position, embedded in the United Nations 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, including social innovation, from priority setting through to evidence for policy-making at local, national, regional and global levels. We also tap into the wealth of expertise of current and former TDR grantees, trainees and expert advisers, convened and mobilized through their community, TDR Global.

2. 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, project/grant management information systems, fundraising and other management costs of the Programme.

Measuring results

Since 2009, TDR's Performance Framework has guided the measurement of TDR strategic results at various levels of the Programme. 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. Key performance indicators (KPIs) were adapted in 2018 to align with TDR's strategy 2018-2023 and with the universal Sustainable Development Goals. This was done in consultation with TDR's governing bodies and stakeholders, building upon lessons learnt from the implementation of the previous TDR Performance Assessment Frameworks 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 year².

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 objectives, outcomes, deliverables and related indicators of success, which will be reported in the annual TDR results reports.

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

ANNEX 1: TDR Programme Budget and Workplan details, 2020-2021

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.

In the 2018-2023 strategy, we build on our long experience, yet focus more than ever on identifying and overcoming barriers in implementing effective health interventions – it is not sufficient to simply develop a new health intervention, we have learned that there is much work needed afterwards to ensure it can be effectively used. This requires strong local and regional capacity, so we combine research with training and use regional centres to increase institutional strength and sustainability while developing the skills of individuals. This close integration of research with capacity building against a backbone of global engagement, enabled by our position as a UN agency, is TDR's unique advantage. Our holistic, trans-disciplinary approach, encompassing both health services and community action, is an excellent fit with the SDGs and their aim for universal health coverage.

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 global research by developing training schemes and building capacity for implementation research, hosting global initiatives for open access data sharing and expanding research networks.

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

The workplan includes success indicators and targets expected to be reached by the end of the biennium and beyond, as outcomes related to countries adopting and making use of TDR-generated deliverables may take several years to materialize.

These expected results also contribute to WHO's 13th General Programme of Work (2019-2023) through deliverables feeding into various outcomes and outputs of the triple billion target. Our added value occurs thanks to TDR's unique working model that combines research and capacity strengthening in the countries that need it most.

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. 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. Research to identify new interventions suitable for incorporation into guidelines and policies, and research for more

effective implementation of policy interventions is essential for health systems in low- and middle-income countries (LMICs) to deliver better health to the people.

We 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 infectious 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, gender dynamics 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.

Objectives and expected results have thus been strategically reorganized into four main areas of activity:

- **Research for policy:** to understand and produce evidence on the large-scale performance, acceptability, feasibility, implementation needs and potential impact of available tools as a basis for determining which tools are suitable for guidelines and policies.
- **Research for implementation:** to understand and address barriers to effective, quality and equitable implementation of health interventions, strategies and guidelines/policies to provide the evidence as to how guidelines/policies can best be implemented for maximum impact.
- **Research for innovation:** to provide direction for the development of improved/adapted new tools and strategies needed, and to promote their development.
- **Research for integrated approaches:** to support a holistic, one-health approach that will include, for example, research expertise in climate change, biodiversity loss, biological threats, agriculture and societal changes. Only by taking this approach can we address complex issues such as parasite and vector resistance to today's tools and geographical expansion of the diseases, particularly into urban environments.

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) for new medicinal products or diagnostics but may inform R&D by providing a directional perspective on innovation required to address insufficiently attended as well as unattended health needs.

Some important research topics cover the following themes: improving disease control and possibly achieving elimination, innovative and adapted vector control technologies, promoting innovation to generate more adapted health solutions, community-based innovative interventions, protecting the utility of current medicines against antimicrobial resistance, as well as environmental and climate change impact on societies, to name but a few. To consider the multi-faceted dynamics of economic, social and environmental determinants of health, including gender-responsive health interventions and other factors, the supported research/network projects are implemented through a holistic, multi-sectoral 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

1.1.1 Country preparedness for disease outbreaks:

- i) Expanded capacity of countries to use EWARS tool;
- ii) Regional plan to improve arbovirus disease surveillance and vector control in West Africa.

By 2020, 5 countries using EWARS tool

By 2021, agreement on the regional plan to improve arbovirus disease surveillance and vector control in West Africa

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) Documentation of practical approaches to improve targeted treatment and reduce drug misuse and risk of resistance;
- iii) (US\$ 50 million scenario budget) - Evaluation of biomarker to guide management of fever at field level;
- iv) Strategies for monitoring and responding to potential emergence of drug resistance.

By 2021, evidence on potential of at least one biomarker generated (US\$ 50 million scenario budget)

By 2023, strategies for countries to build effective systems for monitoring and responding to emerging drug resistance endorsed by stakeholders at relevant levels

1.3.3 Population health vulnerabilities to vector-borne diseases: increasing resilience under climate change conditions:

- i) Outcomes and outputs from the VBDs and Climate Change initiative aligned with the 2018 Libreville strategic plan of action and development of a draft plan for One Health approach;
- ii) Situation analysis and stakeholder mapping relevant to research translation;
- iii) Multisectoral country task teams established to implement a One Health approach to increase resilience to vector-borne diseases under climate change conditions.

By 2021:

- draft plan for operationalizing a One Health approach
- 3 to 5 functional country task teams implementing the One Health approach
- metrics framework generated and scorecards used

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) Issues and policy briefs suitable for informing evidence-based policies/ practice guidelines.

By 2021, 15 new publications and policy briefs informing evidence-based policies and/or practice documents

1.1.8 Maximized utilization of safety information for public health decision-making:

- i) Innovative approaches for safety monitoring piloted that facilitate and improve normative guidance;
- ii) Capacity for safety monitoring of new drugs built in target countries.

By 2021, evaluation report on approaches using mHealth tool facilitating safety monitoring in the field

By 2023, improved reporting rate of adverse events in target countries

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) Data to support WHO guidelines and onchocerciasis-endemic country registration and policies on moxidectin for onchocerciasis elimination.

By 2021:

- new results on sustainable visceral leishmaniasis elimination strategies delivered to country control programmes
- results on improved basis for monitoring progress of preventive chemotherapy-based elimination programmes delivered to control programmes

By 2024, moxidectin study reports provided to WHO and countries (directly and/or via ESPEN)

Expected Results – Research for implementation

| Expected results and deliverables | Indicators and targets |
|--|---|
| <p>1.2.6 Optimized approaches for effective delivery and impact assessment of public health interventions:</p> <p>i) Strengthened regional networks of West African National Tuberculosis Programmes (WARN-TB) and of Central African Tuberculosis Programmes (CARN-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) Extend the WARN-TB approach to other geographical areas and/or other disease burdens; iii) Approaches to optimized delivery of seasonal malaria chemoprevention evaluated.</p> <p>1.3.12 Strategies to promote gender-responsive health interventions on prevention and control of infectious diseases of poverty: i) Piloted and applied intersectional gender analysis guidance toolkit within infectious diseases research projects; ii) Scaled up training course modules on gender-based analysis in research on vector-borne diseases and climate change; iii) TDR Strategy/Strategic Plan on gender and intersectionality on infectious diseases of poverty developed; iv) New knowledge and evidence on the intersection of sex and gender with other social stratifiers to address power relations, social exclusion, marginalization and disadvantages in access to health services, health impacts.</p> | <p>By 2021, capacity built in WARN-TB and CARN-TB countries to generate evidence for policy decisions for EndTB strategy and reported to stakeholders at country, regional and global level</p> <p>By 2023:</p> <ul style="list-style-type: none"> - report on the expansion of WARN-TB to other regions and/or diseases provided to stakeholders at country, regional and global level - report on approaches to optimized delivery of seasonal malaria chemoprevention provided to stakeholders at country, regional and global level <p>By March 2020, a TDR Strategy/Strategic Plan on gender and intersectionality launched and disseminated in regions.</p> <p>By 2020, 5 to 7 case studies developed and/or lessons learned documented on applying an intersectional gender lens in infectious disease research projects.</p> <p>By 2021, 2 courses included in at least 2 university curricula or TDR regional training centres' curricula.</p> |

Research for innovation

| | |
|--|---|
| <p>1.1.5 Directions for development and accelerated access to new tools and strategies: i) Outputs of TDR research projects and TDR staff and adviser expertise used to provide directional perspective for R&D for new tools (including advice/support to R&D sponsors) as well as new ways of implementing tools; ii) Optimized methodologies to assess response to case-based and population-based interventions; iii) Strategy development, implementation and monitoring.</p> <p>1.3.10 Urban health interventions for the prevention and control of vector-borne and other infectious diseases of poverty: i) New knowledge and evidence generated on effectiveness of interventions at household level to prevent and control vector-borne diseases by addressing identified socioeconomic determinants of health in urban settings; ii) Evidence review on human mobility in urban areas and its impact on disease transmission (particularly dengue and Chikungunya).</p> | <p>By 2021, at least 2 R&D initiatives informed by TDR research output or TDR staff/adviser expertise</p> <p>By 2021:</p> <ul style="list-style-type: none"> - evidence published from 2 different research teams in a selected country in Latin America, addressing urban health issues in tropical diseases - evidence generated from 2 different research teams in a specific location that has experienced demographic increase recently, addressing urban health issues in tropical diseases |
|--|---|

Expected Results – Research for implementation

| Expected results and deliverables | Indicators and targets |
|---|---|
| 1.3.14 Testing of innovative strategies for vector control: i) Improved methodology available for sexing of mass-reared mosquitoes; ii) Assessment of the impact of an integrated vector control approach that includes the SIT technology on vector population density and disease transmission into a controlled field situation; iii) Monitoring and evaluation after experimental SIT deployment of the consequences on target mosquito populations and the environment. | By 2021: <ul style="list-style-type: none"> - to improve the SIT technology, the number of females contaminating the batches of sterile males, before the release should be less than 0.1% - 2 multi-country research projects selected and ongoing, providing evidence on <i>Aedes aegypti</i> adult females densities before and after release, and epidemiological endpoints on disease transmission |
| Research for integrated approaches | |
| 1.3.11 Multisectoral approach for prevention and control of malaria and emerging arboviral diseases: i) Knowledge and evidence from a multisectoral approach generated and made available for stakeholders; ii) Multisectoral approach for prevention and control of vector-borne diseases implemented in some countries. | By 2020, a guidance framework document published. By 2021: <ul style="list-style-type: none"> - 2 to 3 case studies supported and ongoing - 5 countries implementing multisectoral approaches, with monitoring and evaluation of epidemiological results |

| Exp. result | Research for implementation | \$40m scenario | | | \$50m scenario | | |
|-------------|--|------------------|------------------|------------------|------------------|------------------|-------------------|
| | | UD | DF | Total | UD | DF | Total |
| | Research for policy | | | | | | |
| 1.1.1 | Country preparedness for disease outbreaks | 150 000 | | 150 000 | 200 000 | | 200 000 |
| 1.1.4 | Country resilience to the threat of drug-resistant infections | | 3 500 000 | 3 500 000 | 370 000 | 4 600 000 | 4 970 000 |
| 1.3.3 | Vector-borne diseases and increasing resilience under climate change conditions | 400 000 | 300 000 | 700 000 | 500 000 | 400 000 | 900 000 |
| | Research for implementation | | | | | | |
| 1.1.7 | Maximized utilization of data for public health decision-making | 210 000 | | 210 000 | 400 000 | | 400 000 |
| 1.1.8 | Maximized utilization of safety information for public health decision-making | 220 000 | 200 000 | 420 000 | 400 000 | 400 000 | 800 000 |
| 1.2.1 | Strategies to achieve and sustain disease elimination | 760 000 | | 760 000 | 1 500 000 | | 1 500 000 |
| 1.2.6 | Optimized approaches for effective delivery and impact assessment of public health interventions | 550 000 | 300 000 | 850 000 | 800 000 | 600 000 | 1 400 000 |
| 1.3.12 | Strategies to promote gender-responsive health interventions | 300 000 | 300 000 | 600 000 | 550 000 | 300 000 | 850 000 |
| | Research for innovation | | | | | | |
| 1.1.5 | Directions for development and accelerated access to new tools and strategies | 110 000 | | 110 000 | 130 000 | | 130 000 |
| 1.3.10 | Urban health interventions for vector-borne and other infectious diseases of poverty | 150 000 | | 150 000 | 300 000 | | 300 000 |
| 1.3.14 | Testing of innovative strategies for vector control | 100 000 | 800 000 | 900 000 | 300 000 | 1 000 000 | 1 300 000 |
| | Research for integrated approaches | | | | | | |
| 1.3.11 | Multisectoral approach for malaria and emerging arboviral diseases | 400 000 | | 400 000 | 500 000 | | 500 000 |
| | TOTAL | 3 350 000 | 5 400 000 | 8 750 000 | 5 950 000 | 7 300 000 | 13 250 000 |

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.

Research Capacity Strengthening (RCS) activities are at the heart of the TDR Strategy 2018-2023 aimed at contributing to achievement of the Sustainable Development Goals by 2030 and supporting universal health coverage (UHC). WHO has set out its interconnected strategic priorities and goals in GPW13. The main focus of the research capacity strengthening team's efforts is on strengthening the capacity of researchers in low- and middle-income countries in implementation research on infectious diseases of poverty. A two-pronged approach is taken to do this:

- i. All TDR supported research activities 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 on several different levels. The schemes range from the postgraduate master's/PhD scheme focused on implementation research that trains more than 100 students per biennium through seven universities in the disease-endemic regions across the globe, to customized grants for specific needs not addressed by academic curricula. The latter includes, for example, the TDR Clinical Research and Development Fellowships in collaboration with 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 regional training centres supported by TDR, together with other partners, on specific topics. We will help them mentor their students and researchers, thus building the human resource pipeline and contributing to 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, the regional training centres supported by TDR and the seven universities in the regions.

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 their region of short training courses; iii) Effective coordination of the RTC initiative. | By 2021, one satellite institution per RTC ready to implement at least one training course in implementation research (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 degree in their home country or within the region; ii) A global network (intra & inter-regional) of TDR-supported implementation researchers developed. | By 2021, additional 70 master's trainees enrolled or completed their degree (90 master's trainees for the US\$ 50 million budget scenario) |
| 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 of practice created. | By 2021, 30 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 adopt and use TDR implementation research 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, policies and strategies). | By 2023: <ul style="list-style-type: none"> - additional five LMICs use TDR IR resources in their research and training activities - at least 3 Implementation Research projects aimed at addressing a specific access and delivery issue conducted and reported |

| Exp. result | Research capacity strengthening | US\$ 40 million scenario | | | US\$ 50 million scenario | | |
|-------------|---|--------------------------|------------------|------------------|--------------------------|------------------|-------------------|
| | | UD | DF | Total | UD | DF | Total |
| 2.1.1.1 | TDR support to regional training centres | 1 050 000 | 200 000 | 1 250 000 | 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 | 700 000 | 6 750 000 |
| 2.1.4 | Career development fellowship grants | | 2 400 000 | 2 400 000 | 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 |
| | Total | 4 100 000 | 4 100 000 | 8 200 000 | 7 300 000 | 4 300 000 | 11 600 000 |

Note: Budget does not include personnel costs

4. Strategic work area: 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 healthcare delivery. We utilize our unique position of being embedded in the UN family through our co-sponsors, UNICEF, UNDP, the World Bank and WHO, and linked to WHO headquarters and regional offices. This allows us to 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.

The activities under Knowledge Management and Collaborative Networks and Engagement as well as TDR Global and the Social Innovation in Health Initiative (SIHI) are grouped together under Global Engagement (GE) in the Director's Office. This area of work also includes collaboration with key global health stakeholders within WHO, other research activities of WHO, as well as WHO's regional offices. The TDR hosted secretariat of the ESSENCE on Health Research initiative is also part of the Global Engagement area.

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. Engagement of key global stakeholders, TDR co-sponsors, WHO regional offices and WHO control and research programmes;
2. Creation of the TDR Global community and promotion of innovative tools for collaboration;
3. Advancement of social innovation in health approach in support of universal health coverage and primary health care renewal in low- and middle-income countries;
4. Development of research policy to identify new approaches to support and finance research and undertaking 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 publication that support and promote research activities in LMICs; and
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, and approaches to monitoring and evaluation of impact.

Expected Results – Global engagement

| <i>Expected results and deliverables</i> | <i>Indicators and targets</i> |
|---|---|
| 1.3.5 Research on social innovation to enhance healthcare delivery: i) At least 4 social innovation research hubs in low- and middle-income countries established and functioning; ii) Growing number of partners who share resources and synergize efforts. | <p>By 2021:</p> <ul style="list-style-type: none"> - at least 4 research hubs have institutionalized social innovation as a multidisciplinary approach in their organization to enhance healthcare delivery research (promotion, convening, research, research capacity, knowledge management) - at least 3 new collaborations to advance social innovation in health in the regions and/or develop new research and capacity strengthening tools |

Expected Results – Global engagement

| Expected results and deliverables | Indicators and targets |
|--|--|
| <p>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.</p> | <p>By 2021:</p> <ul style="list-style-type: none"> - small grants calls launched, projects selected and funded - evidence of collaboration frameworks' effectiveness based on successful joint projects and activities |
| <p>2.2.1 Shaping the research agenda: i) Support through technical advice and/or workshops to TDR or its stakeholders; ii) Analysis of the health product pipeline for HIV, TB, malaria and NTDs combined with mapping of operational and implementation research; iii) Technical support through regional offices to WHO Member States engaged with health research.</p> | <p>By 2021, report on the health product pipeline for HIV, TB, malaria and NTDs combined with mapping of operational and implementation research published</p> |
| <p>2.2.2 Capacity strengthening to bring research evidence into policy: i) Embed knowledge management and evidence for decision-making into the SORT IT AMR programme; ii) Data sharing in support of capacity building and development of policy; iii) Application and use of knowledge management tools to improve the dissemination and mapping of TDR supported research.</p> | <p>By 2021:</p> <ul style="list-style-type: none"> - use of ORCID ID, application of the TDR open access policy, 20 papers in the TDR Gateway - 6 policy briefs adopted in countries, to change policy and decision-making |
| <p>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 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.</p> | <p>By 2021, two harmonized principles / policies / practices introduced and adapted by funding agencies and LMIC researchers / research institutions</p> |
| <p>2.3.3 TDR Global: 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 2021, thematic mobilization activities and country-based mobilization activities are taking place and communities of interest are created at grassroots level</p> <p>By 2021, surveys / crowdsourcing tools collect ideas and prioritize them for action by the TDR Global community</p> |
| <p>2.3.4 Effective engagement in gender and equity: i) Implemented TDR Strategy on gender and intersectionality across TDR projects and programmes; ii) Mainstreamed gender responsive interventions in implementation research projects and programmes across TDR</p> | <p>By 2020, TDR Strategy on gender and intersectionality launched and disseminated across regions and through RTCs</p> |

| Expected result | Global Engagement | \$40M Scenario | | | \$50M Scenario | | |
|-----------------|--|------------------|----------------|------------------|------------------|------------------|------------------|
| | | UD | DF | Total | UD | DF | Total |
| 1.3.5 | Research on social innovation to enhance healthcare delivery | 150 000 | 200 000 | 350 000 | 350 000 | 800 000 | 1 150 000 |
| 2.1.1.2 | Regional office collaboration and small grants | 1 000 000 | 100 000 | 1 100 000 | 1 300 000 | 200 000 | 1 500 000 |
| 2.2.1 | Shaping the research agenda | 100 000 | 100 000 | 200 000 | 250 000 | 200 000 | 450 000 |
| 2.2.2 | Capacity strengthening to bring research evidence into policy | 100 000 | 100 000 | 200 000 | 200 000 | 200 000 | 400 000 |
| 2.3.1 | Collaborative networks & engagement with global health initiatives | | 200 000 | 200 000 | 150 000 | 200 000 | 350 000 |
| 2.3.3 | TDR Global | 300 000 | | 300 000 | 500 000 | | 500 000 |
| 2.3.4 | Effective engagement in gender and equity | 100 000 | | 100 000 | 200 000 | | 200 000 |
| | Total | 1 750 000 | 700 000 | 2 450 000 | 2 950 000 | 1 600 000 | 4 550 000 |

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 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 as a means of leveraging funding. Expenditure will be monitored and reported to the TDR Scientific and Technical Advisory Committee (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 2020-2021, technical and financial planning, monitoring and evaluation processes will continue to be based on results as per the TDR performance framework 2018-2023 and management review system.

Staff development, fostering continuous learning, monitoring TDR's risk management framework, internal controls, implementing a new information system to manage projects and grants, and supporting TDR Global work are part of PPM's objectives for 2020-2021. PPM works in close collaboration with TDR teams and with other departments in WHO as and when needed.

| Operations Support | \$40M Scenario | | | \$50M Scenario | | |
|---|------------------|----------------|------------------|------------------|----------------|------------------|
| | UD | DF | Total | UD | DF | Total |
| Governance meetings | 360 000 | | 360 000 | 360 000 | | 360 000 |
| Advocacy, communication & resource mobilization | 440 000 | | 440 000 | 440 000 | | 440 000 |
| Finance, monitoring and evaluation, audit | 195 000 | | 195 000 | 195 000 | | 195 000 |
| Staff development | 95 000 | | 95 000 | 95 000 | | 95 000 |
| Running costs | 720 000 | | 720 000 | 720 000 | | 720 000 |
| e-TDR development (web based project management system) | 250 000 | | 250 000 | 250 000 | | 250 000 |
| WHO administrative charges | 1 540 000 | 300 000 | 1 840 000 | 1 540 000 | 300 000 | 1 840 000 |
| Total | 3 600 000 | 300 000 | 3 900 000 | 3 600 000 | 300 000 | 3 900 000 |