PROGRAMME PERFORMANCE OVERVIEW

BEATRICE HALPAAP,
PORTFOLIO AND PROGRAMME MANAGER

42ND JOINT COORDINATING BOARD
25-26 JUNE 2019
GENEVA, SWITZERLAND

OUTLINE

• TDR Performance assessment
• Technical results
• Management performance
• Application of core values
• Moving forward

Related documents
• TDR Results Report 2018
• TDR Risk Management Report 2018
TDR PERFORMANCE FRAMEWORK 2018-2023

PERFORMANCE ASSESSMENT AT TDR

- Technical results
- Application of core values
- Management performance
ACHIEVEMENT OF TDR RESULTS - 2018

Progress and achievements of 27 expected results

100% on track at 31 Dec 2018

2018 OUTCOMES

<table>
<thead>
<tr>
<th>Key performance indicators</th>
<th>Progress (2018)</th>
<th>Target 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number and evidence when innovative knowledge or new/improved solutions/tools developed with TDR support were applied in disease endemic countries</td>
<td>21 (+21 in 2018)</td>
<td>100</td>
</tr>
<tr>
<td>Number and evidence when tools and reports were used to inform policy and/or practice of global/regional stakeholders or major funding agencies</td>
<td>3 (+3 in 2018)</td>
<td>20</td>
</tr>
</tbody>
</table>

• SORT IT focus on UHC and expanding to new countries, funders, thematic areas, e-technologies (Armenia, Azerbaijan, Colombia, Kenya, Pakistan, Sudan, Ukraine)
• Uptake of implementation research courses sustainably in regions; leverage and recognition in countries (Bangladesh, Indonesia, Lebanon, Zambia)
• A TDR-supported approach to enhance country research capacity to support the EndTB strategy (Burkina Faso, Ghana, Guinea, Senegal)
• Research on social innovation in health institutionalized in the Philippines’ health research system
• Strengthened Democratic Republic of the Congo capacity to conduct research during Ebola epidemics
• Knowledge translation platform in Malawi piloted
• Moxidectin for the treatment of onchocerciasis: US FDA approval may play major role in control and elimination
• Innovative use of US FDA Priority Review Voucher: how partners motivated by public good can use the voucher
• Portfolio-to-Impact tool: TDR’s new tool for health product portfolio analysis utilized by global research funders
### MANAGEMENT PERFORMANCE

**Aligning to the global agenda**

- TDR Strategy 2018-2023 to contribute to WHO 13th GPW, Global action plan towards SDG3, other SDGs
- WHO transformation / TDR structure readjustment

**Anticipation**

- Anticipating funding gap with contingency plan and engaging with key donors at an early stage
- Moving towards the higher budget scenario when funds are made available
- Fostering fundraising
- Managing risks

**Continuous performance improvement**

- External audit validated soundness of TDR’s controls, processes and operating model
- 2 scenario budget model has proven effective
- e-TDR (project management system): selection of vendor
- Financial management skills strengthened (day-to-day)

---

### EXTERNAL AUDIT CONFIRMS SOUNDNESS OF TDR’S INTERNAL CONTROL

<table>
<thead>
<tr>
<th>#</th>
<th>Audit recommendation</th>
<th>Proposed action</th>
<th>Timelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>We recommended, and Management agreed to consolidate the numerous quality assurance guidance documents into one quality assurance guideline, for ease of their implementation and ensure that it is the new project management system being developed, all the quality assurance processes are complied with.</td>
<td>We will consolidate the current policies, procedures and forms into one guideline document that encompasses TDR’s quality assurance approach and guidelines. The future of TDR project and grants management system will take into account these quality assurance requirements.</td>
<td>31st Jan 2018</td>
</tr>
<tr>
<td>2</td>
<td>We acknowledge that eight of nine reports were delivered in a timely manner and that one report was delivered with 12 days delay. However, we believe this is an isolated incident and it is not expected to delay the delivery of future reports. We will continue to improve our reporting processes to ensure timely delivery of the reports.</td>
<td>We will continue to ensure that the current TDR designated funding grant policy and procedures are in place and effectively implemented and we will systematically anticipate any delay that may be due to staffing away from offices.</td>
<td>Finalised Dec 2019 onwards</td>
</tr>
<tr>
<td>3</td>
<td>We acknowledge that the 100% compliance rate for ePMDS+ was achieved, but with one report was delivered with 12 days delay. We will continue to monitor the reporting process to ensure timely delivery of future reports.</td>
<td>We will continue to ensure that the current TDR designated funding grant policy and procedures are in place and effectively implemented.</td>
<td>Finalised Dec 2019 onwards</td>
</tr>
<tr>
<td>4</td>
<td>We recommended, and Management agreed to determine the best strategy relating to the build-up of competency of assigned staff for the preparation of their individual SMART objectives in the ePMDS+. To ensure that programme produces more accurate individual assessments of results delivered.</td>
<td>We will continue to ensure the engagement of staff to help in the preparation of their SMART objectives.</td>
<td>Finalised Dec 2019 onwards</td>
</tr>
<tr>
<td>5</td>
<td>We recommended, and Management agreed to further enhance the selection of consultants, ensuring that they would be more thorough in shortlisting of candidates.</td>
<td>We will ensure that the selection criteria for consultants is clear and robust, and that the selection process is transparent.</td>
<td>Finalised Dec 2019 onwards</td>
</tr>
<tr>
<td>6</td>
<td>We recommended, and Management agreed to review further risk assessment of the identified risks based on an appropriate control strategy, in line with the WHO’s risk management policy and guidelines. Considering the risk assessment is the basis for the development of appropriate risk response.</td>
<td>We will continue to ensure that the risk assessment is conducted in line with the WHO’s risk management policy and guidelines.</td>
<td>Finalised Dec 2019 onwards</td>
</tr>
<tr>
<td>7</td>
<td>We recommended, and Management agreed to further enhance the selection of consultants, ensuring that they would be more thorough in shortlisting of candidates.</td>
<td>We will ensure that the selection criteria for consultants is clear and robust, and that the selection process is transparent.</td>
<td>Finalised Dec 2019 onwards</td>
</tr>
</tbody>
</table>

---

*Note: The above table outlines the key recommendations and actions taken by TDR to align with global agendas, anticipate challenges, and continuously improve its performance. The table includes specific timelines for each recommendation to ensure timely implementation and compliance.*
RISK MANAGEMENT: 2018 UPDATE

Risks closed out in 2018

- Risk 11 - Process for selection of TDR’s grantees and monitoring of their work not adequate anymore
- Risk 13 - Implementation of TDR strategy 2012-2017 and workplan not effective
- Risk 15 - World Health Assembly requested TDR to consider hosting a pooled funding mechanism for R&D for neglected diseases negatively impact Programme’s operations

RISK MANAGEMENT: 2018 UPDATE (CONT’D)

Four risks are being mitigated and are fully controlled

- Risk 1 - TDR’s portfolio not kept streamlined with its strategy and proposed direction
- Risk 9 - Poor communication of TDR’s unique value and contribution
- Risk 10 - Research results not translated to policy and practice
- Risk 17 - TDR’s 2018-2023 strategy does not leverage on existing TDR success and added values
**RISK MANAGEMENT: 2018 UPDATE (CONT’D)**

Four risks are being mitigated and have some issues

- Risk 2 - TDR’s **income level** not sustained
- Risk 8 - TDR **information management systems** not adequate anymore
- Risk 12 - Impact of WHO transformation on WHO Special Programmes
- Risk 18 - TDR’s **lack of visibility within collaborations and partnerships**

One risk is being mitigated and has major issues

- Risk 16 - Impact of WHO staff **mobility policy** on TDR

---

**CORE VALUES: LEADERSHIP ROLE OF DISEASE ENDEMIC COUNTRIES**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Contracts awarded ($)</td>
<td>70%</td>
<td>75%</td>
<td>70%</td>
<td>78%</td>
<td>82%</td>
<td>74%</td>
<td><strong>83 %</strong></td>
<td>75%</td>
</tr>
<tr>
<td></td>
<td>($2.8 / $4.1m)</td>
<td>($2.7 / $4.3m)</td>
<td>($5.4 / 7.7m)</td>
<td>($13.5 / 17.3m)</td>
<td>($9.1 / 11.1m)</td>
<td>($9.4 / 12.6m)</td>
<td>($6.4 / 7.7m)</td>
<td></td>
</tr>
<tr>
<td>TDR committee members</td>
<td>59%</td>
<td>69%</td>
<td>71%</td>
<td>71%</td>
<td>72%</td>
<td>78%</td>
<td><strong>68 %</strong></td>
<td>60%</td>
</tr>
<tr>
<td>Publications (1st author)</td>
<td>65%</td>
<td>68%</td>
<td>67%</td>
<td>63%</td>
<td>73%</td>
<td>73%</td>
<td><strong>73 %</strong></td>
<td>67%</td>
</tr>
<tr>
<td>Publications (last author)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>56%</td>
<td><strong>60 %</strong></td>
</tr>
</tbody>
</table>
GEOGRAPHICAL DISTRIBUTION OF TDR CONTRACTS AND GRANTS - 2018

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>US$ &gt; 300,000</td>
<td>22%</td>
<td>28%</td>
<td>28%</td>
<td>40%</td>
<td>29%</td>
<td>45%</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>US$ 100,000-300,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>US$ 25,000-99,999</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>US$ &lt; 25,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CORE VALUES: PROMOTING EQUITY

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Contracts awarded ($) to women</td>
<td>22%</td>
<td>28%</td>
<td>28%</td>
<td>40%</td>
<td>29%</td>
<td>45%</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>Committee members women</td>
<td>28%</td>
<td>42%</td>
<td>43%</td>
<td>53%</td>
<td>54%</td>
<td>50%</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>Publications – women first author</td>
<td>41%</td>
<td>47%</td>
<td>39%</td>
<td>39%</td>
<td>38%</td>
<td>44%</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>Publications – women last author</td>
<td>24%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Publications focusing on gender, women issues, vulnerable groups /disability - NEW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Publication open access</td>
<td>60%</td>
<td>50%</td>
<td>88%</td>
<td>75%</td>
<td>80%</td>
<td>88%</td>
<td>81%</td>
<td>100%</td>
</tr>
</tbody>
</table>
GEOGRAPHICAL DISTRIBUTION: WOMEN AS FIRST AUTHORS - 2018

MOVING FORWARD

- WHO transformation
- TDR's structure realignment
- Working through partnerships
- Risk management
- Fundraising

Contribute to TDR co-sponsors’ strategic plans and results frameworks towards the Global Action Plan for implementing health related SDGs
THANK YOU

2018