

# PROGRAMME PERFORMANCE OVERVIEW

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PORTFOLIO AND PROGRAMME MANAGER

42<sup>ND</sup> JOINT COORDINATING BOARD  
25-26 JUNE 2019  
GENEVA, SWITZERLAND



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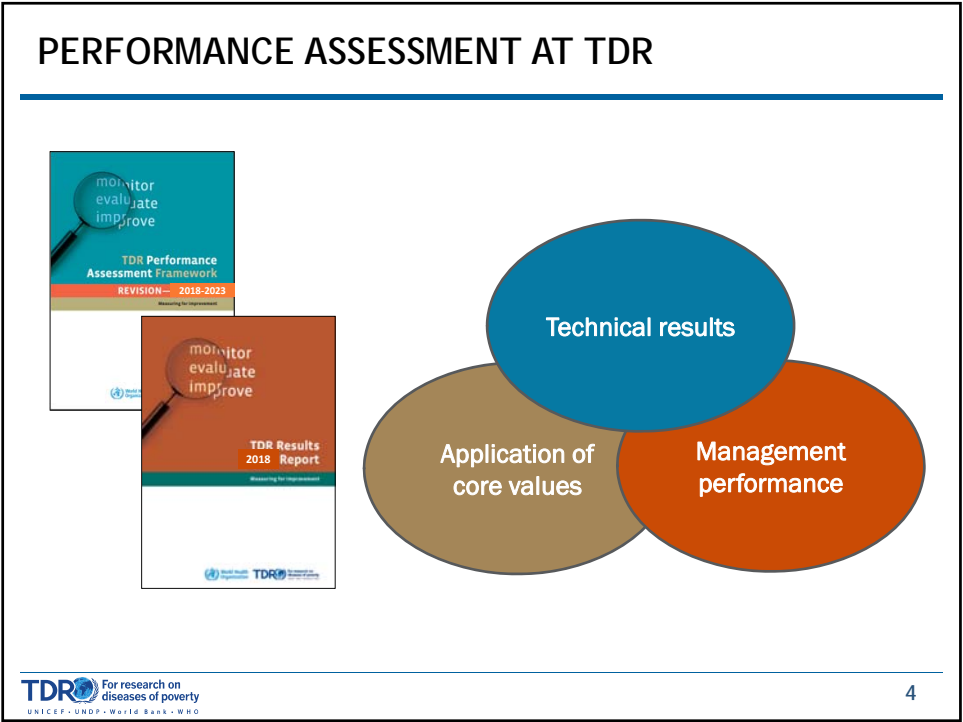
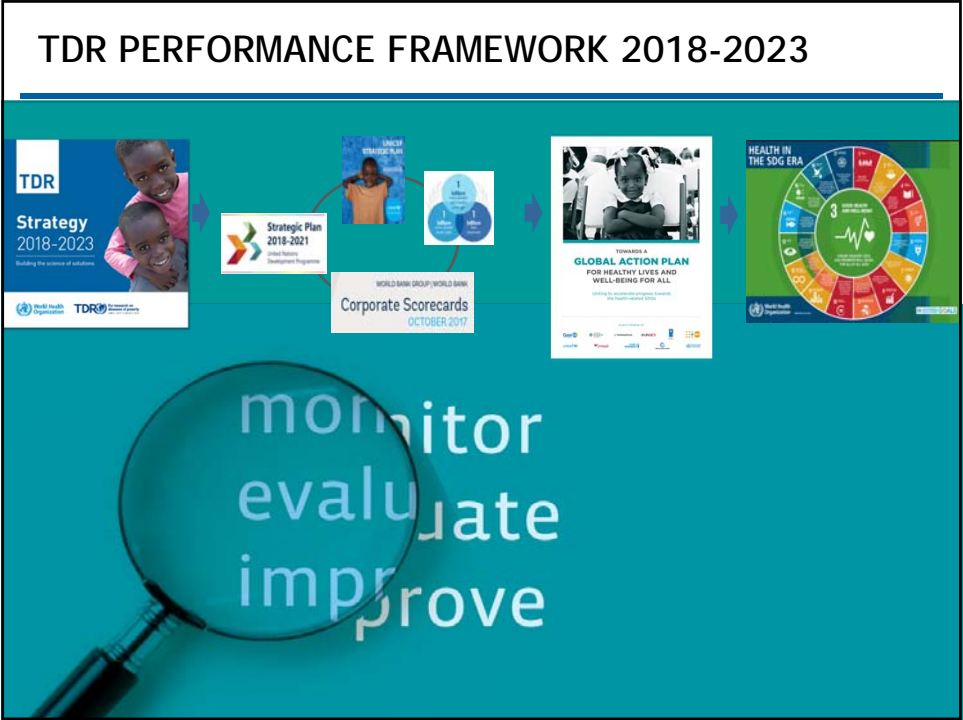
## OUTLINE

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

### Related documents

- TDR Results Report 2018
- TDR Risk Management Report 2018



## ACHIEVEMENT OF TDR RESULTS - 2018



Progress and achievements  
of 27 expected results

## 2018 OUTCOMES

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

- **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 13<sup>th</sup> 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

#	Audit recommendation	Proposed action	Timelines	
1	We recommended, and Management agreed to <b>consolidate its numerous quality assurance guidance documents</b> into one quality assurance guidelines, for ease in their implementation and ensure that in the new project management system being developed, all the quality assurance processes are complied with.	We will consolidate the current policies, procedures and forms into <b>one guidance document</b> that encompasses TDR's quality assurance approach and guidelines. The future eTDR project and grant management system will take into account these quality assurance requirements.	By 31 Jan 2019	✓
2	We acknowledge that eight of nine reports were delivered in a timely manner and that <b>one report was delivered with 12 days delay</b> . However, we recommended, and the Management agreed to enhance further its monitoring capability in terms of donor reports delivery with the end view of ensuring timely delivery of all donor reports.	We will continue to ensure that the current TDR designated funding grant policy and procedures in place are effectively implemented and we will systematically <b>anticipate any delay that may be due to staff being away</b> from office by providing adequate back up by the programme management.	From 1 Dec 2018 onwards	✓
3	While we acknowledge the <b>100% compliance rate for ePDMS+</b> , we recommended, and the Management agreed to further improve its performance oversight on the timely compliance of the ePDMS+ through tighter oversight and monitoring activities in order to avoid any <b>signed-off delays</b> .	We will continue to emphasize to all TDR staff the importance of timely finalizing the PMDS activities to <b>maintain our 100% compliance rate</b> . We will <b>shift forward the PMDS deadline</b> and send reminders more frequently and highlight the need for timely signature from both supervisors.	From 1 December 2018 onwards	✓
4	We recommended, and the Management agreed to determine the best strategy relating to the build-up of competency of concerned staff on the preparation of their individual <b>SMART objectives in the ePDMS+</b> to ensure that the Programme produces more accurate individual assessments of results deliveries thereby producing better results quality at the Programme level.	With each message sent to remind staff about the PMDS deadlines we will <b>highlight the need to ensure that the PMDS objectives be SMART</b> and provide links to WHO guidance on this matter.	From 1 Dec 2018 onwards	✓
5	We recommended, and Management agreed to further enhance the <b>selection of consultants</b> , ensuring that there would be more thorough shortlisting of candidates.	We will monitor carefully the consultant selection process to ensure a thorough short listing of candidates. However, this will soon be addressed by the <b>new system that will be introduced in 2019 by WHO to hire consultants</b> .	From 1 Dec 2018 onwards	✓
6	We recommended, and the Management agreed to reflect <b>better root cause analysis of the identified risks</b> based on an appropriate context aligning it with the WHO Risk Management policy and guidelines, ensuring that the description provides clear and descriptive information required for a reasoned and defensible assessment of the risk's probability and impact and for the development of an appropriate risk response.	We will <b>enhance the description of TDR's Programme-level risks</b> by better explaining our perception of the root cause. Mitigation actions will continue to address the root cause(s) and the compounding factors of the risk.	From 1 Feb 2019 onwards	✓
7	We recommended, and Management agreed that the <b>TDR take the lead on its resource mobilization</b> to oversee its interest in funding its operations and continue to send a representative to the CRM meetings until mechanism are established to gradually harmonize and integrate the RM activities of TDR in the redesigned corporate RM process.	We will <b>continue leading our own resource mobilization</b> and attend the CRM meetings until mechanism are established to gradually harmonize and integrate the RM activities of TDR in the redesigned corporate RM process.	Ongoing	✓

## 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

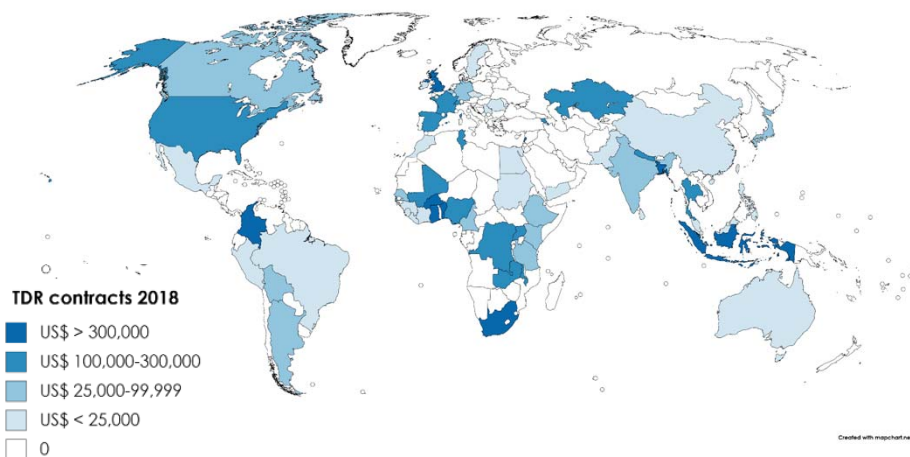
### One risk is being mitigated and has major issues

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

## CORE VALUES: LEADERSHIP ROLE OF DISEASE ENDEMIC COUNTRIES

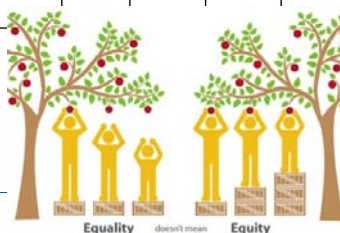
Key performance indicators	2012	2013	2014	2015	2016	2017	2018	Target
Contracts awarded (\$)	70% (\$2.8 / \$4.1m)	75% (\$3.7 / \$4.9m)	70% (\$5.4 / 7.7m)	78% (13.5 / 17.3m)	82% (\$9.1 / 11.1m)	74% (\$9.4 / 12.6m)	<b>83 %</b> (\$6.4 / 7.7m)	75%
TDR committee members	59%	69%	71%	71%	72%	78%	<b>68 %</b>	60%
Publications (1 <sup>st</sup> author)	65%	68%	67%	63%	73%	73%	<b>73 %</b>	67%
Publications (last author)						56%	<b>60 %</b>	67%

## GEOGRAPHICAL DISTRIBUTION OF TDR CONTRACTS AND GRANTS - 2018

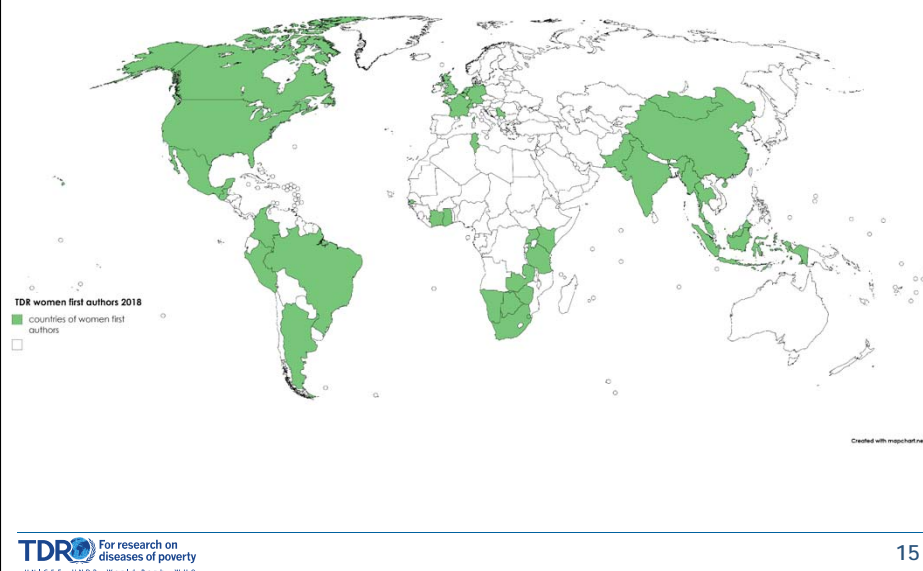


## CORE VALUES: PROMOTING EQUITY

Key performance indicators	2012	2013	2014	2015	2016	2017	2018	Target
Contracts awarded (\$) to women	22%		28%	28%	40%	29%	45 %	50%
Committee members women	28%	42%	43%	53%	54%	50%	57 %	50%
Publications – women first author		41%	47%	39%	39%	38%	44 %	50%
Publications – women last author						24%	28 %	50%
Publications focusing on gender, women issues, vulnerable groups /disability - <b>NEW</b>							57 %	80%
Publication open access	66%	50%	88%	75%	80%	88%	81 %	100%



## 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



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## THANK YOU

