

Expected Results 2020-2023

Research Capacity Strengthening

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Expected Result: 2.1.1.1

Title: Strategic support to WHO regional activities: The Regional Training Centres

Strategic Work Area: Research capacity strengthening

Workstream:

ER type: Continuing

Funding type: UD and DF

Start date: 01-Jan-20

End date: 31-Dec-23

ER status: On Track

Comment:

WHO region: Global

Partners: Research and academic institutions in LMICs; WHO disease control programmes and research departments at headquarters; regional and country offices

Diseases: Not Disease-Specific

Review mechanism: External review; internal management evaluation ; annual review by the TDR RCS Scientific Working Group (SWG)

ER manager: Pascal LAUNOIS

Team: Pascal Launois, Mahnaz Vahedi, Najoua Kachouri

Number of people working on projects: 18

FENSA clearance obtained for all Non-State Actors? Yes

Justification for no FENSA clearance:

TDR partnership criteria

Add value:	Yes	Use resources:	Yes
Align goals:	Yes	Address knowledge gaps:	Yes
Integrate mandates:	Yes	Build strengths:	Yes
Reduce burden:	Yes	Foster networking:	Yes
Increase visibility:	Yes		

TDR partnership criteria indicators

Objectives aligned:	Yes	Six RTCs already selected (AFR, AMR, EMR, EUR, SEAR and WPR) . A sub-regional RTC for French-speaking countries in West Africa selected in 2021
Roles complimentary:	Yes	Each RTC has been selected for their expertise (either good health research practice or implementation research) .
Coordination transparent:	Yes	Process for identifying satellites institutions developed for each RTC.
Visibility:	Yes	Each member of the network will be fully operational at the end of 2021.

Objectives and results chain

Approach to ensure uptake:	Analysis of training data base in each RTC. Annual technical and financial reports. Regular external evaluation
Up-take/Use Indicator:	25% increase in number of research projects supported by RTC trainees in each region -which meets international standards
Gender and geographic equity:	PI of RTC in AFR, AMR, EUR and WPR are women. Most of trainers are women (70% in 2020 nd 2021). Women researchers are encouraged to participate to the trainings offered by each RTC.
Publication plan:	Peer review publications on lessons learnt. Four papers published on the evaluation of the two first MOOC sessions in English using the Kirkpatrick's model. Development of framework for future IR trainings.

Sustainable Development Goals

Good Health and Well-being

Concept and approach

Rationale:	Capacity in good health research practices and project management skills so that health research is efficiently and effectively organized, planned, implemented, monitored and evaluated is needed in LMIC institutions. There is also a need to develop capacities in implementation research. These skills are not readily taught in academic scientific curricula. Our vision is to develop effective and efficient engagement and leadership of health researchers from disease endemic countries in disease control efforts for poverty alleviation and development. The main objective is to establish an RTC in each of the six WHO regions, which will help decentralize short course training programmes for good practices/bioethics/project planning and evaluation as well as IR training courses. In 2021, a RTC for French-speaking countries in west Africa has been selected.
Design and methodology:	1. Engaging already selected RTCs in Colombia, Ghana, Indonesia, Kazakhstan, Malaysia, and Tunisia in implementing and disseminating good health research practices and for implementation research training courses (TC, development strategic plan). 2. Engaging activities with the sub-regional RTC for French-speaking countries in West Africa. 3. Identification of the training gaps in good health research practices or Implementation research for each RTC in response to specific needs (TC and site visit). 4. Develop training courses (if not already available) in response to these identified needs. 5. Implementing the training courses in the RTC training programme (TDR direct and indirect support through grants and selection of experts needed for the implementation of first courses).
Approach to ensure quality:	Curricula harmonized for all the RTCs; Internal /external review of each curriculum developed; piloting and refining curriculum before official launching; Qualification of trainers using ToT (Training-of-Trainers) courses; high quality standards developed for ToT courses; Regular external evaluation

ER Objectives

ERObj-0030 : 1. Support RTCs to become operational in the implementation of short training courses on Good Health Research Practices and Implementation Research in their respective region.

ERObj-0031 : 2. Facilitate effective coordination of the six selected RTCs and the sub regional RTC for French-speaking countries in West Africa to become an effective network.

ER Biennium Risks

2022-2023

ERRisk - 0216

Risk description: Unable to identify suitable satellite institutions for dissemination of the package of training courses

Actions to mitigate risk: Involve the WHO regional office from the beginning to ensure selection of the most appropriate institution with existing capacity building initiatives. Use TDR and international networks on good practice or IR.

ERRisk - 0217

Risk description: Poor uptake of the courses on good health research practices and research for implementation by LMICs in each region

Actions to mitigate risk: Promote the training courses through regional offices and collaborative research networks. Developing a communication strategy to show case results in the international /regional/national conferences.

ERRisk - 0218

Risk description: Poor performance of a RTC

Actions to mitigate risk: Annual technical and financial reports. Recommendations from the RCS Scientific Working Group .
Periodic external evaluation. Resignation of RTC if not efficient . Call for applications for identifying a new RTC

2020-2021

ERRisk - 0042

Risk description: Unable to identify suitable satellite institutions for dissemination of the package of training courses

Actions to mitigate risk: Involve the WHO regional office from the beginning to ensure selection of the most appropriate institution with existing capacity building initiatives. Use TDR and international networks on good practice or IR.

Mitigation status: On Track

ERRisk - 0094

Risk description: Poor uptake of the courses on good health research practices and research for implementation by LMICs in each region

Actions to mitigate risk: Promote the training courses through regional offices and collaborative research networks. Developing a communication strategy to show case results in the international /regional/national conferences.

Mitigation status: On Track

ERRisk - 0146

Risk description: Poor performance of an RTC

Actions to mitigate risk: Annual technical and financial reports. Recommendations from the RCS Scientific Working Group .
Periodic external evaluation. Resignation of RTC if not efficient . Call for applications for identifying a new RTC

Mitigation status: On Track

ER Biennium Outputs

2022-2023

EROutp-0258

Output description: Support RTCs to become operational in the dissemination in their region of short training courses on IR and Good Health Research Practices

Output indicator: Four satellite institutions per RTC ready to implement at least two training courses in IR or Good Health Research Practices

Target date: 31-Dec-23

EROutp-0257

Output description: Support RTCs to become operational in the implementation of short training courses on Good Health Research Practices and for Implementation Research in their respective region.

Output indicator: At least two different short training courses on IR or Good Health Research Practice implemented in each RTC

Target date: 31-Dec-23

EROutp-0282

Output description: An effective coordination of the RTC initiative

Output indicator: Number of courses included in the RTC curricula

Target date: 31-Dec-23

2020-2021

EROutp-0188

Output description: Support RTCs to become operational in the regional dissemination of short training courses on IR and Good Health Research Practices

Output indicator: Two satellite institutions per RTC ready to implement at least one training course in IR or Good Health Research Practices

Target date: 31/12/2021

Progress status: On Track

Progress description: Training courses in good health research practice and /or implementation research have been institutionalized in Bolivia, Ecuador, Guatemala, Honduras, Jamaica and Peru for WHO/AMR; in India, Myanmar and Nepal for WHO/SEAR; in Central Asian States (Armenia, Azerbaijan, Belarus, Georgia, Kyrgyzstan, Tajikistan, Uzbekistan, Ukraine and the Kazan state of Russia) for WHO/EUR; in Kenya, Mozambique and Nigeria for WHO/AFR and in Lebanon for WHO/EMR.

EROutp-0136

Output description: Support RTCs to become operational in the dissemination in their region of short training courses on IR and Good Health Research Practices

Output indicator: Two satellite institutions per RTC ready to implement at least one training course in IR or Good Health Research Practices

Target date: 31/12/2021

Progress status: On Track

Progress description: The short training courses in good health research practice and/or Implementation research have been institutionalized in Bolivia, Ecuador, Guatemala, Honduras, Jamaica and Peru for WHO/AMR; in India, Myanmar and Nepal for WHO/SEAR; in Central Asian States (Armenia, Azerbaijan, Belarus, Georgia, Kyrgyzstan, Tajikistan, Uzbekistan, Ukraine and the Kazan state of Russia) for WHO/EUR; in Kenya, Mozambique and Nigeria for WHO/AFR.

EROutp-0084

Output description: Support RTCs to become operational in the implementation of short training courses on Good Health Research Practices and for Implementation Research in their respective region.

Output indicator: At least two different short training courses on IR or Good Health Research Practice implemented in each RTC

Target date: 31/12/2021

Progress status: On Track

Progress description: MOOC on IR with a focus on IDPs managed by the RTC in the WHO AFR, AMR, EMR, SEAR and by the sub-regional RTC for French-speaking countries in West Africa. Face to face or virtual Basic Principles in IR training (BIPR) courses implemented in RTC in WHO AFR, AMR and EUR. and pilot in the RTC for French-speaking countries Ethics in IR set up in RTC in WHO SEAR.

EPPE implemented in RTC in WHO AMR, AFR, EMR and EUR. Good Health Research Practice managed by RTC in WHO AFR AMR, EMR and EUR. GCP/GCL set up in RTC in WHO AMR, EUR and SEAR.

A on line version of GHRP and a online IR training courses based on the TDR tool kit on IR now available at RTC SEAR.

EROutp-0240

Output description: An effective coordination of the RTC initiative

Output indicator: Number of courses included in the RTC curricula

Target date: 31/12/2021

Progress status: On Track

Progress description: Four training courses on good health research practice (GCP, GCLP, EPPE and GHRP) and a continuum of training courses on IR (MOOC on IR; BIPR, Ethics on IR and TDR tool kit) are now available for each RTCs. Coordination process for institutionalize training courses in place.

ER Biennium Outcomes

2022-2023

EROutc-0054

Outcome description: Increase health research quality in LMICs through their ability to organize, manage and conduct health research

2020-2021

EROutc-0042

Outcome description: Increase health research quality in LMICS through their ability to organize, manage and conduct health research

Progress made towards outcome: The Kirkpatrick Model is used to evaluate training programs. The model comprises four levels and examines: 1) reaction, 2) learning, 3) behavior and 4) results. The Kirkpatrick model provides a framework for both short- and long-term evaluations and will allow to evaluate the increase in health research quality. This model has been applied to the evaluation of the first sessions of the MOOC. Over a quarter of participants had modified or implemented changes in their professional practice. Participation in the IR MOOC had improved their ability to conduct implementation research, enhanced their professional profiles and increased their opportunities for collaboration, research and job promotion. The MOOC had improved their work quality and productivity, and allowed them to contribute to research, initiate and develop professional collaborations and train others in IR.

Expected Result: 2.1.2

Title: Targeted research training grants in low- and middle-income countries

Strategic Work Area: Research capacity strengthening		Workstream:	
ER type:	Continuing	Funding type:	UD and DF
Start date:	01-Jan-20	End date:	31-Dec-21
ER status:	On Track	Comment:	Additional students enrolled with effective and efficient implementation of extra UD and DF that became available on the second year of the biennium. The selection and placement of students at the university of Sheikh Anta Diop, Senegal are on track.
WHO region:	Global		
Partners:	The eight universities supporting the scheme, The Directorate for Development Cooperation and Humanitarian Affairs of the Ministry of Foreign and European Affairs of the Government of Luxembourg		
Diseases:	Chagas; COVID-19; Cutaneous leishmaniasis; Dengue; Lymphatic filariasis; Malaria; Neglected Tropical Diseases; Onchocerciasis; Schistosomiasis; Tuberculosis; Trypanosomiasis; Vector-borne diseases; Visceral leishmaniasis		
Review mechanism:	M&E reports, RCS Scientific Working Group (annual base), CRE/DAN		
ER manager:	Mahnaz VAHEDI		
Team:	Mahnaz Vahedi, Kai Kalmaru		
Number of people working on projects:	50		

FENSA clearance obtained for all Non-State Actors? Yes

Justification for no FENSA clearance: CRE/DAN is fully involved in due diligence risk assessment. All steps are being taken to ensure CRE/DAN clearance is obtained prior to issuance of LoAs.

TDR partnership criteria

Add value:	Yes	Use resources:	Yes
Align goals:	Yes	Address knowledge gaps:	Yes
Integrate mandates:	Yes	Build strengths:	Yes
Reduce burden:	Yes	Foster networking:	Yes
Increase visibility:	Yes		

TDR partnership criteria indicators

Objectives aligned:	Yes
Roles complimentary:	Yes
Coordination transparent:	Yes
Visibility:	Yes

Objectives and results chain

Approach to ensure uptake:	The participating universities will be encouraged to develop partnerships with home institutions of the fellows to provide integration opportunities for the grantees, for example through an agreed mentorship and return home plan between the trainee
Up-take/Use Indicator:	Number of graduates employed in their home country or region upon completion of training

Gender and geographic equity:	All trainees will be from LMICs. Applications received in languages other than English are given equal opportunity. We encourage gender and geographical equity to be taken into account in the selection of candidates without compromising the quality of the application. We recently selected Cheikh Anta Diop University as a French speaking university in West Africa. The key challenges for women in LMICs (including lack of access to relevant education for women and structural barriers in research institutions) may be far beyond the TDR mandate. As of Dec 2021, 402 students received TDR scholarship with almost equal number of men and women and one transgender student. Of the eight PhD students, one is a woman.
Publication plan:	Fellows are encouraged to publish at least one peer reviewed article; TDR supports publication in Open Access journals; earliest publications expected by mid to end 2022
Up-take/use indicator target date:	31-Dec-23

Sustainable Development Goals

No Poverty; Quality Education; Gender Equality; Reduced Inequality

Concept and approach

Rationale:	<p>Human resources for health research is often accorded low priority as a component of human resources for health in general. A critical mass of indigenous health researchers is necessary for meaningful engagement of DEC's in research agenda setting and conduct of research related to their own priority health issues.</p> <p>Early career grants: TDR has a tried and tested approach to identifying potential DEC researchers through support for postgraduate research degrees. While in the past, the field of study has been largely unrestricted, early career grants to be awarded in 2020-2021 will focus on disciplines highly relevant to research for implementation (for example Epidemiology, Biostatistics, Medical Sociology, Anthropology and Health Economics and Policy). In addition, it will seek to address inequities in health research capacity in LMICs and facilitate mentorship and research support. The proposed career grants will enhance the capacity of recipients to:</p> <ul style="list-style-type: none"> - appreciate core competencies of research for implementation in planning and managing health research programmes (when applicable); - communicate research results effectively to inform policy and practice; and - widen their professional network at national and international level. <p>Through the TDR Global platform, this scheme will proactively engage TDR alumni and co-sponsors as facilitators/mentors.</p>
Design and methodology:	There are open calls for applications from individuals with confirmed registration/admission to a recognized training institution in an LMIC. Women will be encouraged to apply. In consultation with TDR's responsible manager, the universities shortlist and select the MPH candidate
Approach to ensure quality:	Annual technical progress reports from each university is reviewed by the responsible manager and RCS Scientific Working Group; Annual M&E report from each university is reviewed by the responsible manager; All articles will be published in peer reviewed open access journals.

ER Objectives

ERObj-0034 : Train early career leading to master's degree

ER Biennium Risks

2022-2023

ERRisk - 0256

Risk description:	The COVID-19 pandemic in 2020 posed a particular challenge to the delivery of MPH training across seven universities. It was challenging to transfer the face to face teaching materials to virtual training.
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Actions to mitigate risk:	1. Contingency plan was developed and implementation was closely monitored. 2. Promoting virtual learning provided the opportunity to plan for strengthening their capacities in working together in developing online IR course materials across seven universities. Because of travel restriction, students are unable to do field work for their thesis. We encouraged students to use secondary data for their thesis.
Mitigation status:	On Track
ERRisk - 0257	
Risk description:	TDR is planning to move to the second phase of the scheme by opening competition and selecting new universities to join the scheme during COVID-19 pandemic. This may have impact on the selection and review process.
Actions to mitigate risk:	Considering travel restriction all review process and provision of trainings and quality assurance must be done remotely.
Mitigation status:	Completed
ERRisk - 0232	
Risk description:	Competition from similar, well-funded initiatives
Actions to mitigate risk:	Seek to identify a specific niche and complementarity/collaborative approaches with such initiatives; promote the concept and value of targeted training in research for implementation
Mitigation status:	On Track
ERRisk - 0233	
Risk description:	Lack of transparency or inadequacy in selection of students resulting in inequity, lack of diversity and admission of low quality students; inadequate quality training offered by some of the selected universities
Actions to mitigate risk:	As a sponsor, TDR will provide input in students' final selection and provide regular oversight of the scheme. Subsequently TDR, in consultation with the scientific working group, will make appropriate decisions on how best to optimize the scheme.
Mitigation status:	On Track
ERRisk - 0231	
Risk description:	Some grantees from LMICs are likely to work on other SDG related goals which are beyond infectious diseases of poverty, thus reducing the number of research for implementation in infectious diseases of poverty.
Actions to mitigate risk:	Provide linkages with WHO regional offices, TDR supported regional training centres and other TDR funded projects
Mitigation status:	On Track
ERRisk - 0234	
Risk description:	Allocating inadequate resources to sustain the scheme resulting in discontinuation of the scheme with premature termination for the students
Actions to mitigate risk:	Sufficient undesignated funds earmarked for the scheme; looking for designated funds to scale up the scheme
Mitigation status:	On Track
2020-2021	
ERRisk - 0044	
Risk description:	Some grantees from LMICs are likely to work on other SDG related goals which are beyond infectious diseases of poverty, thus reducing the number of research for implementation in infectious diseases of poverty.
Actions to mitigate risk:	Provide linkages with WHO regional offices, TDR supported regional training centres and other TDR funded projects
Mitigation status:	On Track

ERRisk - 0096

Risk description: Competition from similar, well-funded initiatives

Actions to mitigate risk: Seek to identify a specific niche and complementarity/collaborative approaches with such initiatives; promote the concept and value of targeted training in research for implementation

Mitigation status: On Track

ERRisk - 0148

Risk description: Lack of transparency or inadequacy in selection of students resulting in inequity, lack of diversity and admission of low quality students; inadequate quality training offered by some of the selected universities

Actions to mitigate risk: As a sponsor, TDR will provide input in students' final selection and provide regular oversight of the scheme. Subsequently TDR, in consultation with the scientific working group, will make appropriate decisions on how best to optimize the scheme.

Mitigation status: On Track

ERRisk - 0200

Risk description: Allocating inadequate resources to sustain the scheme resulting in discontinuation of the scheme with premature termination for the students

Actions to mitigate risk: Sufficient undesignated funds earmarked for the scheme; looking for designated funds to scale up the scheme

Mitigation status: On Track

ERRisk - 0230

Risk description: The COVID-19 pandemic in 2020 posed a particular challenge to the delivery of MPH training across seven universities. It was challenging to transfer the face to face teaching materials to virtual training.

Actions to mitigate risk: 1. Contingency plan was developed and implementation was closely monitored.
2. Promoting virtual learning provided the opportunity to plan for strengthening their capacities in working together in developing online IR course materials across seven universities. Because of travel restriction, students are unable to do field work for their thesis. We encouraged students to use secondary data for their thesis.

Mitigation status: On Track

ER Biennium Outputs**2022-2023****EROutp-0283**

Output description: Early career trainees completed their degrees in their home countries or within their region

Output indicator: Approximately 50 trainees enrolled or completed their master's trainings

Target date: 31-Dec-23

EROutp-0285

Output description: A global network (intra-inter-regional) of TDR supported scientists in IR developed

Output indicator: Using virtual platform such as IR COONNECT will enable to share lessons learned, improving communications and collaborations amongst seven universities in different regions

Target date: 31-Dec-23

2020-2021

EROutp-0190

Output description: A global network (intra-inter-regional) of TDR supported scientists in IR developed
Output indicator: Joint annual networking meeting to be held for planning, lessons learned, improving communications and collaborations amongst seven universities in different regions
Target date: 31/12/2021
Progress status: On Hold
Progress description: Due to COVID-19 pandemic the joint virtual networking meeting will be conducted in 2022.

EROutp-0138

Output description: PhD trainees completed their degree within the region
Output indicator: At least 8 trainees completed their PhD
Target date: 31/12/2021
Progress status: On Track
Progress description: On track

EROutp-0086

Output description: Early career trainees completed their degrees in their home countries or within their region
Output indicator: Approximately 60 trainees enrolled or completed their master's trainings
Target date: 31/12/2021
Progress status: On Track
Progress description: On track

ER Biennium Outcomes

EROutc-0064

Outcome description: Increased capacity for scientists to contribute to public health priority setting, research, programme implementation and training in countries with low research capacity.

Progress made towards outcome: As the Scheme's first phase (2015-2021) comes to an end, the process of selection of universities to participate in the second phase (2022-2026) started with a call for applications from 22 March -10 May 2021. A total of 20 applications submitted and 19 of them were eligible. Each application was reviewed by one member of the Scientific Working Group (SWG) and one external reviewer. Each application was scored from 1 (lowest score) to 5 (highest score) for the following criteria: University's profile; implementation research expertise; staff experience in teaching IR; sustainability and proposal relevance and feasibility. Following a three day virtual meeting held in June 2021, the adhoc scientific review committee proposed names of universities to be selected for the second phase of the scheme. Director TDR made the final decision which was endorsed by the RCS scientific working group during the annual meeting on Nov 2021.

TDR invited all reviewers to a virtual selection committee meeting to present and discuss their findings for final scoring. Three virtual meetings were arranged on 24 and 25 June to review all applications and the final meeting on 29 June 2021 aimed at reviewing and finalising the scores.

The following universities are selected for the second phase of the scheme:

- Universidad de Antioquia, Colombia
- University of Sciences, Techniques and Technologies of Bamako, Mali (for consideration to add another French speaking university if further funding becomes available)
- University of Ghana, Ghana
- Indian Institute of Health Management Research (IIHMR), Jaipur, India
- Institut de Santé et Développement, Université Cheikh Anta Diop, Sénégal
- University of the Witwatersrand, South Africa
- BRAC, Bangladesh
- Univesity of Gadj Mada, Indonesia

2020-2021

EROutc-0063

Outcome description: Increased capacity for scientists to contribute to public health priority setting, research, programme implementation and training in countries with low research capacity.

Progress made towards outcome: Regarding contribution to the broad health system and public health priority settings, including response to COVID-19 pandemic, we conducted a survey in April 2020 which showed that more than seven-in-ten of all trained prior to the COVID-19 pandemic are currently involved in a range of health system areas.

Expected Result: 2.1.4

Title: Advanced training in Clinical Product Development (Clinical Research and Development Fellowship grants)

Strategic Work Area: Research capacity strengthening		Workstream:	
ER type:	Continuing	Funding type:	UD and DF
Start date:	01-Jan-20	End date:	31-Mar-25
ER status:	On Track	Comment:	31 CRDF placed in 14 Training Partner Organizations (TPOs) during the 2020-2021 period. Four still waiting for a placement in UK postponed due the COVID19 pandemic situation.17 CRDF in their home institution to install their re-entry plan.
WHO region:	Global		
Partners:	IFPMA; pharmaceutical companies; Product Development Partnerships (PDPs); public research institutions.		
Diseases:	Not Disease-Specific		
Review mechanism:	External review to identify relevance, effectiveness, efficiency and outcomes of the programme with the goal to assist recommendations and future decision-making; annual review by TDR RCS Scientific Working Group members; internal management evaluation		
ER manager:	Pascal LAUNOIS		
Team:	Pascal Launois, Mahnaz Vahedi, Najoua Kachouri		
Number of people working on projects:	6		
FENSA clearance obtained for all Non-State Actors? No			
Justification for no FENSA clearance: Individual fellowship			

TDR partnership criteria

Add value:	Yes	Use resources:	No
Align goals:	No	Address knowledge gaps:	Yes
Integrate mandates:	No	Build strengths:	Yes
Reduce burden:	Yes	Foster networking:	Yes
Increase visibility:	No		

TDR partnership criteria indicators

Objectives aligned:	Yes	To improve skills in clinical research in Low and Middle-Income Countries
Roles complimentary:	Yes	EDCTP works only in sub saharan Africa and TDR works worldwide
Coordination transparent:	Yes	Identification of potential training partners and call for applications are common between EDCTP and TDR. Selection of candidates and administrative processes are separated.
Visibility:	Yes	30 CRDF supported by TDR and 30 by EDCTP

Objectives and results chain

Approach to ensure uptake:	Publications of success stories along the grant; TDR RCS annual reports; reports at 6 and 12 months of the fellowship; regular meetings with previous and current CRDF (webinars in 2021 due to the COVID19 pandemic situation)
Up-take/Use Indicator:	70% of fellows have implemented their skills in their working environment
Gender and geographic equity:	Solutions identified in the gender challenge contest developed in 2018-2019 in place.

Publication plan: A manuscript on the results of the 2018 CRDF evaluation is currently under review. Women in Science highlighting the career development of several CRDF women on line <https://tdr.who.int/publications/i/item/women-in-science>. Two papers on the effect of the identified solutions to improve women participation published.

Up-take/use indicator target date: 15-Mar-25

Sustainable Development Goals

Good Health and Well-being; Partnerships to achieve the Goal

Concept and approach

Rationale: An increasing number of new products for infectious diseases of poverty are in the pipeline of product development organizations. However, engagement of LMICs in the process has been limited due to a lack of expertise. Scaling up of the CDF programme to clinical product development in partnership with EDCTP that develops a similar project is in line with the RCS strategy to develop individual and institutional capacity in clinical research.

Design and methodology: 1. Identification of potential training Partner organizations (TPOs) (pharmaceutical companies, PDPs, research institutions) 2. Selection of fellows based on clear criteria (e.g. gender, geographical distribution and needs). 3. Training in response to the needs at TPOs. 4. Reintegration in home country after completion of the scheme by developing a specific re-entry grant (avoiding brain drain). 5. Developing an alumni community through regular meetings/seminars and an online platform.

Approach to ensure quality: Selection of partners through IFPMA (an NGO recognized by WHO) with no direct approach with the pharmaceutical companies; selection of fellows by both TDR and partners by using a clear selection criteria (inclusion/exclusion criteria-review committee); competitive open calls; clear roles & responsibilities for fellows, home and host institutions and TDR; letter of award regularly reviewed by committee and LEGAL unit in WHO; regular progress reports (six and 12 months during the training and 12 months after the training); random validation (15%) of the information concerning expertise obtained from grantee done by website manager; feedback from both partners and fellows on the efficiency of the programme.

ER Objectives

ERObj-0035 : Develop R&D leadership in low- and middle-income countries for control of infectious diseases of poverty through targeted research and development training in priority health issues by: 1. increasing the critical mass of highly skilled scientists in R&D in low- and middle-income countries; and 2. provide a dedicated platform and online community for alumni.

ER Biennium Risks

2022-2023

ERRisk - 0211

Risk description: Insufficient interest of clinical product development partners as training partners

Actions to mitigate risk: Adequate communication with pharma companies through IFPMA; proactive approach to identify new partners outside existing pharmaceutical companies

ERRisk - 0215

Risk description: Insufficient funds to cover all the training needs.

Actions to mitigate risk: Develop a multi funder model by adding new funding partners; develop a partnership with more financial involvement of host partners.

ERRisk - 0214

Risk description: Geographical distribution biased to AFRO due to EDCTP Partnership which focus only on subsaharian countries
Actions to mitigate risk: Distribute call for applications through the WHO RO/CO and TDR networks outside Africa and through social media.

2020-2021

ERRisk - 0045

Risk description: Insufficient interest of clinical product development partners as training partners
Actions to mitigate risk: Adequate communication with pharma companies through IFPMA; proactive approach to identify new partners outside existing pharmaceutical companies. Regular meetings with training partners.
Mitigation status: On Track

ERRisk - 0097

Risk description: Geographical distribution biased to the African region due to the EDCTP Partnership which focus only on sub-Saharan countries
Actions to mitigate risk: Distribute calls for applications through WHO's regional and country offices and TDR networks outside Africa and through social media. Show case of successful CRDF training outside Africa. Regional alumni meetings
Mitigation status: On Track

ERRisk - 0149

Risk description: Insufficient funds to cover all training needs
Actions to mitigate risk: Develop a multi-funder model by adding new funding partners; develop a partnership with more financial involvement of host partners
Mitigation status: On Track

ER Biennium Outputs

2022-2023

EROutp-0254

Output description: R&D skills gained during the training implemented in the home institution through a re-entry grant
Output indicator: 70% of home institutions involved in national or international R&D projects
Target date: 25-Mar-23

EROutp-0256

Output description: Mapping training programmes which address clinical research team core competencies
Output indicator: A compendium of training programmes developed
Target date: 25-Mar-21

EROutp-0253

Output description: Highly skilled health research leaders in LMICs
Output indicator: 30 fellows trained
Target date: 25-Mar-23

2020-2021

EROutp-0191

Output description: Mapping institutional clinical research capacity at regional level using the TDR framework for core competencies

Output indicator: A map of institutional clinical research capacity by country/region
 Target date: 31/12/2021
 Progress status: On Track
 Progress description: A clear needs of developing a curriculum to identify what constitutes the minimum set of skills, knowledge and key principles that would enable those with limited or no previous experience, to undertake high-quality research for health was identified. A curriculum was developed through a process including gap analysis, Dephi study and discussion with stakeholders and implementers through workshops.

EROutp-0139

Output description: R&D skills gained during the training implemented in the home institution through a re-entry grant
 Output indicator: 70% of home institutions involved in national or international R&D projects
 Target date: 25/03/2023
 Progress status: On Track
 Progress description: Seventeen fellow finished their re-entry plan in 2020. All were involved in capacity building activities at national level and 60% were investigator or co-investigator in clinical trials. Seventeen new CRDF fellows implemented their respective re-entry plan in 2021

EROutp-0087

Output description: Highly skilled scientists in R&D in LMICs
 Output indicator: 30 fellows trained
 Target date: 25/03/2023
 Progress status: Completed
 Progress description: Thirty five (35) CRDF trained in 16 training partner organizations

EROutp-0243

Output description: Mapping training programmes which address clinical research team core competencies
 Output indicator: A compendium of training programmes developed
 Target date: 25/03/2023
 Progress status: On Track
 Progress description: The compendium of training courses obtained in 2019 will be updated in 2021-2022.

ER Biennium Outcomes

2022-2023

EROutc-0053

Outcome description: Highly skilled trainees (for drugs, vaccines and diagnostics) in LMICs leads clinical trials in their country/region.

2020-2021

EROutc-0045

Outcome description: Highly skilled trainees (for drugs, vaccines and diagnostics) in LMICs leads clinical trials in their country/region.

Progress made towards outcome: Among the 34 CRDF who came back to their home institution and installed their respective re-entry plan, 60% were involved as investigator or co-investigator in clinical Trials. Eighteen other CRDF fellows are currently trained in 16 training partner organizations.

Expected Result: 2.1.6

Title: UNDP structured capacity building in research for implementation to improve access and delivery of health technologies in LMICs

Strategic Work Area: Research capacity strengthening		Workstream:	
ER type:	Continuing	Funding type:	DF
Start date:	01-Apr-20	End date:	31-Mar-23
ER status:	On Track	Comment:	Despite the delay occasioned by COVID-19 pandemic, the main activity (workshop) planned for March 2020 has since been rescheduled and adapted to a virtual format delivery. Development of a module on gender considerations in IR is ongoing.
WHO region:	Global		
Partners:	UNDP and PATH		
Diseases:	Malaria; Neglected Tropical Diseases; Tuberculosis		
Review mechanism:	Annual reports reviewed by the scientific working group and UNDP		
ER manager:	Edward Mberu KAMAU		
Team:	RCS - Edward Kamau, Kai Kalmaru; IMP - Abraham Aseffa, Ekua Johnson		
Number of people working on projects:			

FENSA clearance obtained for all Non-State Actors? Yes

Justification for no FENSA clearance: TDR partners and collaborates with UNDP. TDR is responsible for its activities and deliverables with national institutions in member states. Activities of other entities (PATH) is managed by the UNDP within the agency's responsibility.

TDR partnership criteria

Add value:	Yes	Use resources:	Yes
Align goals:	Yes	Address knowledge gaps:	Yes
Integrate mandates:	No	Build strengths:	Yes
Reduce burden:	Yes	Foster networking:	Yes
Increase visibility:	Yes		

TDR partnership criteria indicators

Objectives aligned:	Yes	Distinct objectives but contributing to the same goal
Roles complimentary:	Yes	Ensure roles are complementary in the focus country.
Coordination transparent:	Yes	ADP joint planning and updated activity spreadsheet
Visibility:	Yes	TDR contributions highlighted in ADP events and reports

Objectives and results chain

Approach to ensure uptake:	Engagement of relevant stakeholders including implementers and communities from the planning stage
Up-take/Use Indicator:	Number of countries using implementation research findings to improve access and delivery of health interventions
Gender and geographic equity:	Application of gender analysis and regional representation for all activities under this ER. The Intersectional gender analysis toolkit developed by TDR. TDR to updated the current IR Toolkit with a module on gender and intersectional lens for the development of IR proposals.

Publication plan: Country reports or feature articles published on suitable platforms, e.g. TDR Gateway.

Up-take/use indicator target date: 31-Mar-23

Sustainable Development Goals

Good Health and Well-being; Gender Equality; Reduced Inequality; Partnerships to achieve the Goal

Concept and approach

Rationale:	<p>Health and human development are interrelated. Diseases, inadequate access to health technologies (medicines, vaccines, diagnostics and devices) and poor implementation of health policies and strategies impact human development. Targeting tuberculosis, malaria and neglected tropical diseases for elimination in the context of the Sustainable Development Goals adopted by the global community underscores the importance of this relationship.</p> <p>The optimum introduction (including access, delivery and usage) of new or proven (validated) interventions (treatment, policies, strategies, etc.) is critical for achieving good health outcomes and ultimately improvement of the health and wellbeing of populations. This however is often not the case due to implementation obstacles and barriers. These barriers are often related to failure to properly identify and contextualize regional, country or community specific characteristics and put in place actions to address them in real time or prior to deployment. Failure to address these impediments before large scale deployment of a new technology may result in considerable costs to the health system as well as loss of confidence in the technology by the target population. The importance of research in identifying solutions and options for overcoming implementation obstacles, barriers and bottlenecks (problems), in health systems and programmes is now widely recognized. A posteriori, these problems may be anchored in the factors related to the local community, national, regional, or health system contexts among others. There remains, however, limited understanding of the process of conducting research for implementation as distinct from other research domain. In the past 5 years, TDR has put in place a number of initiatives to raise awareness and knowledge on IR, especially in LMICs.</p>
Design and methodology:	<ol style="list-style-type: none">1. Establishment of a pool of resource persons drawn from TDR RTCs, IR toolkit development team, TDR Global, implementers and academia.2) Consultation with in-country stakeholders to identify priorities and areas of need.2) A structured capacity building programme from training to actual implementation of research project.
Approach to ensure quality:	<ol style="list-style-type: none">1) Countries and teams to participate in the programme will be identified and selected based on defined criteria by the Access and Delivery Partnership.2) Regular monitoring of implementation of the programme by TDR staff and consultants.

ER Objectives

ERObj-0036 : 1. Uptake and use of TDR IR resources in ADP focus countries.

ERObj-0037 : 2. Capacity for implementation research in ADP focus countries through targeted training of research teams.

ERObj-0038 : 3. Application of IR to optimize access and delivery of health interventions, including health technologies and innovations in ADP focus countries.

ER Biennium Risks

2022-2023

ERRisk - 0260

Risk description: Inadequate utilization of IR project findings at country level

Actions to mitigate risk: Targeted selection of partners, robust training of research teams prior to implementation and regular monitoring

Mitigation status: On Track

ERRisk - 0271

Risk description: Political and security issues hinder the implementation of planned activities.
 Actions to mitigate risk: Monitor and respond to emerging political and security situations at country and regional level.
 Mitigation status: Planning phase

ERRisk - 0261

Risk description: IR projects not aligned properly with ADP objectives.
 Actions to mitigate risk: Early involvement of ADP stakeholders in project inception and implementation
 Mitigation status: On Track

2020-2021**ERRisk - 0046**

Risk description: Issues addressed by the projects are of low priority to country needs
 Actions to mitigate risk: Careful selection of concept notes and alignment with documented national research priorities
 Mitigation status: Completed

ERRisk - 0098

Risk description: Implementation of project deviates from core objectives of the UNDP-led Access and Delivery Partnership
 Actions to mitigate risk: Involvement of the UNDP Partnership in project planning prior to inception
 Mitigation status: Completed

ERRisk - 0150

Risk description: Low quality implementation at country level
 Actions to mitigate risk: Careful selection, adequate training of country partners prior to country implementation and regular monitoring by TDR staff, consultants and UNDP collaborators
 Mitigation status: Completed

ER Biennium Outputs**2022-2023****EROutp-0321**

Output description: ADP focus countries adopt and use TDR online IR resources
 Output indicator: Number of TDR IR resources used by countries
 Target date: 31-Dec-23

EROutp-0323

Output description: Research teams in ADP focus countries use IR to optimize and scale up health interventions.
 Output indicator: Number of health interventions utilizing findings from IR projects.
 Target date: 31-Dec-23

EROutp-0322

Output description: Research teams in ADP focus countries trained to develop and implement IR projects.
 Output indicator: Number of IR projects implemented by countries
 Target date: 31-Dec-23

2020-2021

EROutp-0192

Output description: LMICs use IR to optimize and scale up health interventions (including technologies, policies and strategies)
Output indicator: At least 3 research for implementation projects aimed at addressing a specific access and delivery issue conducted and reported
Target date: 31/03/2023
Progress status: On Track
Progress description: Malawi and Tanzania IR projects to address access to NTD diagnostic and treatment including anti-venom for snakebites.

EROutp-0140

Output description: LMIC research teams trained to develop and implement research for implementation projects and disseminate the findings
Output indicator: At least 2 LMIC research teams develop and fund IR projects to address implementation bottlenecks
Target date: 31/03/2023
Progress status: On Track
Progress description: Senegal developed and is currently implementing IR project co-funded by ADP (PATH and TDR). Tanzania is revising its IR proposal for funding consideration by TDR.

EROutp-0088

Output description: LMICs adopt and use TDR IR resources (IR Toolkit, MOOC, short courses on IR in RTCs, etc.)
Output indicator: At least 5 LMICs use TDR IR resources in their research and training activities
Target date: 31/03/2023
Progress status: On Track
Progress description: Ghana, Senegal and Tanzania have conducted IR training and developed IR project proposals. Ghana secured funding to implement their project. Senegal and Tanzania are yet to secure funding. Malawi is expanding IR training to district health coordinators and are introducing mentorship program along IR training. South-south collaboration (IR workshop) included participants from Guinea, Burkina Faso, Benin, Niger and Cote d'Ivoire.

ER Biennium Outcomes

2022-2023

EROutc-0085

Outcome description: ADP focus countries routinely identify and address factors that impede the effective access and delivery of health interventions.
Progress made towards outcome: Through the comprehensive IR training and mentorship support, IR teams in Ghana and Malawi have developed demonstration project proposals that will be funded for implementation on a pilot basis.

2020-2021

EROutc-0046

Outcome description: LMICs properly identify and address factors that impede the effective access and delivery of health technologies.
Progress made towards outcome: Ghana managed to get funding for its IR project from EDCTP. The proposal was an output from IR training workshops. There is need to recalibrate the training approach to include provision of seed or catalytic funds to support research projects emanating from the proposal development workshops.

Expected Result: 2.1.7

Title: Strengthening OR capacity in Global Fund supported programmes

Strategic Work Area: Research capacity strengthening

Workstream:

ER type: New

Funding type: UD

Start date: 01-Jan-22

End date: 31-Dec-23

ER status:

Comment: Planning Phase

WHO region: Global

Partners: Disease programs and GF

Diseases: Malaria; Tuberculosis

Review mechanism: Annual reports reviewed by the scientific working group.

ER manager: Edward Mberu KAMAU

Team: Edward Mberu Kamau and Kai Kalmalu

Number of people working on projects: 2

FENSA clearance obtained for all Non-State Actors? 1

Justification for no FENSA clearance: TDR partners and collaborates with SORT IT global partners. TDR is responsible for its activities and deliverables with national institutions in member states. Activities of other partners are managed by them within their agency's responsibility.

TDR partnership criteria

Add value:	1	Use resources:	1
Align goals:	1	Address knowledge gaps:	0
Integrate mandates:	0	Build strengths:	1
Reduce burden:	1	Foster networking:	1
Increase visibility:	1		

TDR partnership criteria indicators

Objectives aligned:	1	Distinct objectives but contributing to the same goal
Roles complimentary:	1	Ensure roles are complementary in the supported programs..
Coordination transparent:	1	Annual global calendar to ensure availability of SORT IT facilitators.
Visibility:	1	TDR contributions highlighted in reports, publications and policy briefs.

Objectives and results chain

Approach to ensure uptake:	Early engagement of relevant stakeholders including implementers and affected communities from the planning stage.
Up-take/Use Indicator:	Number of GF supported programs using OR findings to improve program performance.
Gender and geographic equity:	Application of gender analysis to activities under this ER, using the intersectional gender analysis toolkit developed by TDR.
Publication plan:	SORT IT articles and policy briefs published in peer reviewed journals or on suitable platforms, e.g. TDR Gateway.

Sustainable Development Goals

Good Health and Well-being; Gender Equality; Reduced Inequality; Partnerships to achieve the Goal

Concept and approach

Rationale:	Three of the most devastating communicable diseases in human history, HIV/AIDS, tuberculosis (TB) and malaria, are being fought by affected low- and middle-income countries with the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), aiming at eventually ending the epidemics. The Global Fund disburses more than USD 4 billion a year to support disease control programs in more than 100 countries, resulting in an estimated 32 million of lives saved. It is the largest multilateral investor in health systems playing a leading role in global health by its contribution to financing the pathways towards universal health coverage in beneficiary countries. The Global Fund's approach is multidimensional, shaping the global markets for medicines and technologies, increasing the resilience and sustainability of global health systems and strengthening human resources for health while promoting the rights and gender equality of the affected communities. OR that is designed to increase both implementation efficiency and effectiveness provides evidence on elements that either enhance or impede the performance of interventions and therefore can support programme managers and policy makers in optimizing and scaling up activities while ensuring value for GF grants. The project aims to build sustainable OR capacity within programmes to support the development of OR agenda, implementation of OR projects using routine data, publication of peer reviewed articles, generation of practice and policy briefs and strengthening of research capacity.
Design and methodology:	Designing and conducting Operational Research (OR) locally contributes to finding solutions in the local context for problems associated with infectious diseases of poverty. Despite this potential benefit and previous efforts and advocacy for OR from different stakeholders (including TDR), OR is not always routinely incorporated in control activities funded by the Global Fund (GF). However, due to considerable variations from one country to another and between programmes with regards to the needs, demands, absorption capacity and funding, structured OR activities have remained very low. There is an urgent need to provide specific technical support to programmes receiving GF grants in developing OR agendas, integrating them in national strategic plans and GF applications while prioritizing human and technical research capacity to strengthen local OR capabilities in disease control programmes. In consultation with Structured Operational Research and Training Initiative (SORT IT) alumni based at country level and in close collaboration with other country stakeholders, RCS will provide technical assistance for the inclusion of OR component into national strategic plans and GF applications. The disease focus is malaria and tuberculosis as two of the priority diseases of poverty within the remit of current TDR strategy. The country-based SORT IT alumni will provide OR implementation support to funded programmes as part of GF grants (and therefore will not depend on TDR funds). The cyclical nature of GF applications ensures a continuous opportunity for programmes to undertake OR and for TDR to routinely avail technical support to countries renewing their GF grants. This situation augurs well with the establishment of a new ER with modest UD allocation that will leverage GF support and has potential to raise DF. Although the proposed project is intricately dependent on GF grants, the technical support activities are applicable to any other funding sources committed to OR at country level.
Approach to ensure quality:	1) National participants to be competitively selected or highly recommended by program managers. 2) Participant's projects to be endorsed by program managers. 3) SORT IT training teams to ensure adherence to defined SOPs. 2) Regular monitoring of progress and impact of the programme by TDR staff and consultants.

ER Objectives

ERObj-0058 : To create a critical mass of program personnel with OR skills.

ERObj-0054 : To support national programs receiving GF grants integrate OR in GF applications and their NSPs

ERObj-0055 : To ensure uptake and use of TDR OR resources in GF supported programs.

ER Biennium Risks

2022-2023

ERRisk - 0253

Risk description: Risk 2: Program evaluation not conducted regularly to demonstrate impact of research projects on programme performance.

Actions to mitigate risk: Mitigation actions: GF grants to include OR impact evaluation funding.

Mitigation status: On Track

ERRisk - 0254

Risk description: Risk 3: Overreliance on GF grants as the only source of OR support at country level.

Actions to mitigate risk: Mitigation action: Programmes encouraged to share their regular impact evaluation of research findings on programme performance with partners as they seek alternative funding sources for OR activities.

Mitigation status: On Track

ERRisk - 0252

Risk description: Risk 1: Research findings not implemented systematically by the program.

Actions to mitigate risk: Mitigation actions: Research projects to be approved by programme managers and conducted by programme staff to ensure ownership of findings.

Mitigation status: On Track

ERRisk - 0270

Risk description: Risk 4: Political and security situations hinder implementation of planned training activities.

Actions to mitigate risk: Close monitoring and response to emerging national and regional political and security situations.

Mitigation status: Planning phase

ER Biennium Outputs

2022-2023

EROutp-0331

Output description: Programs supported to create critical OR capacity

Output indicator: Number of national programs with capacity to conduct and utilize OR findings.

Target date: 31-Dec-23

EROutp-0310

Output description: Program teams supported to incorporate OR in their NSPs or GF applications and trained to conduct SORT IT courses.

Output indicator: Number of national programs receiving GF support to conduct OR.

Target date: 31-Dec-23

EROutp-0312

Output description: Number of OR projects completed in a funding cycle

Output indicator: Number of peer-reviewed publications and policy briefs.

Target date: 31-Dec-23

EROutp-0339

Output description: Framework for OR in GF supported programs published, translated and disseminated.

Output indicator: Availability of the electronic version of the Framework.

Target date: 31-Dec-23

ER Biennium Outcomes

2022-2023

EROutc-0078

Outcome description: Number of program staff dedicated to OR.

Progress made towards outcome: SORT IT courses participants to be reported In line with established SOPs.

EROutc-0077

Outcome description: Programs identify and address factors that impede the effective implementation of interventions.

Progress made towards outcome: Engagement with country(ies) likely to undertake NSP review or submit new GF applications.

EROutc-0079

Outcome description: Additional OR funding received from other sources.

Progress made towards outcome: Self reporting (survey) and tracking publications funding acknowledgement.

EROutc-0080

Outcome description: Availability of updated research agenda on priority issues affecting the program

Progress made towards outcome: NSP documentation, program review and planning reports.
