TDR For research on diseases of poverty
UNICEF · UNDP · World Bank · WHO

Expected Results 2020-2023
Global engagement

Expected Result: 1.3.5

Title: Advancing social innovation in health care delivery in LMICs through research, capacity strengthening and advocacy

Strategic Work Area: Global engagement		**Workstream:**	
ER type:	Continuing	**Funding type:**	UD and DF
Start date:	01-Jan-14	**End date:**	31-Dec-23
ER status:	On Track	**Comment:**	
WHO region:	Global		

Partners: CIDEIM (Colombia), Fondation Merieux (France), LSHTM (UK), MAD, Makerere University (Uganda), PAHO, Schwab Foundation (Switzerland), SESH (China), UNAIDS, University of Cape Town (South Africa), University of Malawi, University of the Philippines Manila,

Diseases: Not Disease-Specific

Review mechanism: Ad hoc expert review group, scientific working group

ER manager: Beatrice M.m. HALPAAP

Team: Abraham Aseffa, Elisabetta Dessi, Pascal Launois, Mary Maier, Corinne Merle, Michael Mihut, Bernadette Ramirez, and staff across TDR as relevant

Number of people working on projects: 35

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:	No	Foster networking:	Yes
Increase visibility:	Yes		

TDR partnership criteria indicators

Objectives aligned:	Yes	
Roles complimentary:	Yes	
Coordination transparent:	Yes	
Visibility:	Yes	Credit guidance has been shared with partners

Objectives and results chain

Approach to ensure uptake:	Advocacy for social innovation in health at global and national levels; Engagement of low- and middle-income country stakeholders in leading the Social Innovation in Health Initiative and its collaborative research.
Up-take/Use Indicator:	Advocacy for social innovation in health further conducted by global health and national stakeholders; pioneer social innovation research hubs have engaged new collaborators in their respective country and region- at least four additional SIHI hub will be effective by end 2023
Gender and geographic equity:	Social innovations provide solutions to enhance health care delivery and reach vulnerable populations. The Social Innovation in Health Initiative (SIHI) focuses on the needs of countries in the Global South and in their leadership in enhancing social innovation in health. We have initially identified only one

institution in low- and middle-income countries engaged in the promotion of and research on social innovation and social entrepreneurship in health. One of the main focuses of this expected result is to build upon the strength of this institution and engage new institutions in the Global South through collaboration and skills development.

SIHI contributes to the implementation of the WHO framework for people-centred integrated health services and of the WHO community engagement framework, which are critical elements to reach universal health coverage and leave no one behind.

Gender equity has been especially looked at when establishing external review panels, convening experts, issuing contracts, and in general within our collaborations. The next step is to explore the development of research grant schemes to enhance social innovation in health care delivery, specifically: (i) for women and child health; and (ii) led by women.

Publication plan: Selected case studies , research conducted , development of new tools, and innovative approaches are published in grey literature (SIHI website, TDR website, etc.) and in peer review journals. A special issue on social innovation research has been published in the Journal of Infectious Diseases in 2021. A new supplement in BMJ is planned for 2022. SIHI hubs present their work in various conferences (ASHTM, HSG, etc.).

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

Sustainable Development Goals

Good Health and Well-being; Gender Equality; Industry, Innovation and Infrastructure; Reduced Inequality; Sustainable Cities and Communities; Partnerships to achieve the Goal

Concept and approach

Rationale: Why Social Innovation research? Over the past decades, great advances have been achieved by innovation in drugs, devices and vaccines but we have neglected to innovate in the delivery process. Well-intended policies and interventions have not achieved their desired outcomes due to communities not being involved in creation and implementation. The Sustainable Development Goals call for a new healthcare paradigm, inclusive of social, environmental and economic factors responsible for illness and disease. Social innovation contributes to Universal Health Coverage and the SDGs: - Social innovation uses a people-centred perspective. It is based on valuing communities and individuals living across the global south as competent interpreters of their lives and essential contributors in solving the challenges to access quality health services. - The social innovation approach extends beyond silos, sectors and disciplines to inclusively integrate all actors around the needs of communities. - Social innovation results in the implementation of new solutions that enable greater equity, affordability and sustainability of healthcare services for all. Research is needed to (i) understand what works and what does not, (ii) enhance and demonstrate effectiveness, sustainability and impact, and (iii) replicate or scale up innovations. This is a great opportunity for TDR to build upon a long history of research on community-based interventions to explore ways to sustain these.

Design and methodology: SIHI vision is to foster an increasing number of research institutions in the global south to promote and advance social innovations to transform health care delivery. systems To achieve this the SIHI country hubs and other SIHI partners will continue creating an enabling environment at the global, national and local levels. This is done through building new partnerships and engaging new research institutions and countries to embed social innovation in their programmes and national systems. SIHI builds upon its work and expansion during its two initial phases and will focus, in this Phase 3, consolidation of SIHI hubs and disseminating social innovation practice and research in new countries through a regional approach: PHASE 1: SIHI launch (2014-2015) ? Making the case & WHO call for action; PHASE 2: Expanding the network to low- and middle-income countries through SIHI country hubs (2016-2019); PHASE 3: Planting the seed through hubs sustainability and network expansion in the regions (2020-2023).

Approach to ensure quality: In addition to oversight by expert committee quality assurance mechanisms, include fact checking, peer review of concept papers, technical and copy editing. by external experts identified by SIHI Secretariat.

ER Objectives

ERObj-0024 : 1. Promote and support research for social innovation: Support research for community-engaged social innovation models and develop tools/ mechanisms to embed research in the process.

ERObj-0025 : 2. Foster an increasing number of research institutions in the global south to promote and advance social innovations to transform health care delivery.

ER Biennium Risks

2022-2023

ERRisk - 0208

Risk description:	Ensure coherence, synergy and sustainability as the network expands
Actions to mitigate risk:	The SIHI Secretariat provides leadership, coherence and promotes synergy. TDR continues catalysing new partnerships, promotion at the global level, and enhancing innovation within SIHI network. SIHI hubs are working towards institutionalising social innovation within their organisation and their governments. Establishment of self-financed hubs is encouraged.
Mitigation status:	On Track

2020-2021

ERRisk - 0038

Risk description:	Sustainability of efforts and collaborations established is a key challenge.
Actions to mitigate risk:	Support interested research institutions in low- and middle-income countries to: (i) become hubs, institutionalize research for social innovation in their organization and transfer and disseminate capacity to others; and (ii) fundraise for further activities.
Mitigation status:	On Track

ERRisk - 0090

Risk description:	Ensure coherence and synergy as the network expands
Actions to mitigate risk:	Define partnership criteria with roles and responsibilities and explore the establishment of an advisory committee to steer the initiative
Mitigation status:	On Track

ER Biennium Outputs

2022-2023

EROutp-0250

Output description:	Functioning SIHI Secretariat to coordinate the SIHI partner network efforts and SIHI global communications.
Output indicator:	SIHI branding reinforced throughout the expansion of SIHI network and new collaborations established
Target date:	31-Dec-23

EROutp-0251

Output description:	Growing number of operational SIHI country hubs
Output indicator:	At least 10 operational hubs in LMICs advancing social innovation in health care delivery through research, capacity and advocacy. SIHI Secretariat based in LMIC and operational (network and communications are well coordinated, funds are identified)
Target date:	31-Dec-23

2020-2021

EROutp-0132

Output description:	Growing number of partners which share resources and synergize efforts.
Output indicator:	At least 5 new collaborations to advance social innovation in health in the regions and/or develop new research and capacity strengthening tools
Target date:	31/12/2021
Progress status:	Completed
Progress description:	Five research institutions in Ghana, Honduras, Indonesia, Nigeria, and Rwanda have joined SIHI network and have established new SIHI country research hubs.

EROutp-0080

Output description:	At least 4 social innovation research hubs in low- and middle-income countries established, functioning and disseminating social innovation in healtth practice and research in other countries.
Output indicator:	At least 4 research hubs have (i) institutionalized social innovation as a multidisciplinary approach in their organization to enhance health care delivery research (promotion, convening, research, research capacity, knowledge management) and (ii) engage
Target date:	31/12/2021
Progress status:	Completed
Progress description:	SIHI hubs in Philippines, Uganda, Colombia and Malawi have institutionalized social innovation in their respective organization. SIHI Philippines have also institutionalized social innovation in the national health research system. SIHI Uganda have engaged key stakeholders including the government in the hub's governance.

ER Biennium Outcomes

2022-2023

EROutc-0052

Outcome description:	The application and usefulness of social innovation in health care delivery / research demonstrated, disseminated and scaled up through a growing number of research hubs

2020-2021

EROutc-0038

Outcome description:	The application and usefulness of social innovation in health care delivery demonstrated, disseminated and scaled up through research hubs in low- and middle-income countries.
Progress made towards outcome:	In 2020 the SIHI country hubs have engaged five new research institutions partners in Ghana, Honduras, Indonesia, Nigeria and Rwanda and support them to establish new hubs. SIHI Secretariat has been launched and is based in SIHI Philippines. It coordinates the SIHI partner network and SIHI Global communications.

Expected Result: 2.1.1.2
Title: WHO regional office collaboration and small grants

Strategic Work Area: Global engagement   **Workstream:**

ER type:	Continuing	**Funding type:**	UD	
Start date:	01-Jan-18	**End date:**	31-Dec-23	
ER status:	On Track	**Comment:**	In 2021, not full budget was utilized, due to pandemic, but all possible collaborations with each of regions has been conducted. One region had 3 calls (EMRO).	

WHO region: Global

Partners: All six WHO regional offices, country offices and institutions in countries as appropriate. HRP, AHPSR, PAHO, EDCTP

Diseases: Not Disease-Specific

Review mechanism: Strategic review by scientific working group; small grants review by the regional office, TDR and external reviewers; and project review by regional external reviewers

ER manager: Garry Aslanyan

Team: Elisabetta Dessi

Number of people working on projects: 21

FENSA clearance obtained for all Non-State Actors? No

Justification for no FENSA clearance: This is done by each RO

TDR partnership criteria

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

TDR partnership criteria indicators

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

Objectives and results chain

Approach to ensure uptake:	All small grants calls will require inclusion of research update sections and periodic monitoring of research results will be conducted to assess and recommend potential update strategies
Up-take/Use Indicator:	At least 8 cases of new/improved solutions, implementation strategies or innovative knowledge resulted from research funded by small grants are successfully applied in DECs
Gender and geographic equity:	Preference will be given to competitive female candidates of small grant calls and to countries with less developed research capacity. Possibility of outsourcing some of the responsibilities to RTCs or other institutions in regions or engaging fellows from other RCS initiatives.

Publication plan:	TDR to enable publication of results from small grants in each region and bring this to RSG, Regional ACHRs and others, as appropriate
Up-take/use indicator target date:	10-Dec-21

Sustainable Development Goals

No Poverty; Good Health and Well-being; Gender Equality; Reduced Inequality; Partnerships to achieve the Goal

Concept and approach

Rationale: The integrated approach to strategic regionalization of TDR activities will ensure regional focus and increased visibility of TDR?s new strategy, as recommended by STAC and the JCB. This expected result is a key activity that facilitates TDR's global engagement functions. It will also facilitate the engagement of WHO control programmes and research units at both headquarters and regional offices. This approach will:

- Facilitate planning in a coherent way through networks and collaboration with regional offices, bringing together the different initiatives of TDR under an overarching approach

- Foster the role of LMICs in research and priority settings in support to the development of better approaches for control of diseases, focusing on regionally identified research and training needs

- Promote better integration on TDR?s research, capacity strengthening and knowledge management functions

Design and methodology: Each round of calls will be evaluated and verified before the next annual cycle is launched, collaborate with KMS focal points on research proposal writing training. Main steps of implementation will include: (1) Rounds of discussions with each regional office; (2) internal TDR prioritization of RCS and research priorities in each region; (3) request and review priorities list from each regional office; (4) Joint discussion and agreement on synergetic areas of interest to TDR and each regional office; (5) development and review of the call for proposals; (6) issue and disseminate calls for proposals through TDR and regional office networks; (7) screening and selection of the proposals; (8) funding and implementation of projects; (9) monitoring and reporting; and (10) results translation, publication and dissemination.

Approach to ensure quality: scientific working group review, extensive internal TDR and RO input. Use standardised templates for call for proposals, reviews and follow ups.

ER Objectives

ERObj-0032 : 1. Financial and technical support for regional research, capacity building and knowledge management priorities.

ERObj-0033 : 2. Promote enhanced collaboration between TDR and all WHO regional offices.

ER Biennium Risks

2022-2023

ERRisk - 0244

Risk description:	Instability and inconsistency of regional focal points
Actions to mitigate risk:	Ensure broader engagement of other staff in regional offices and support and buy-in from appropriate directors in each regional office
Mitigation status:	Planning phase

ERRisk - 0245

Risk description:	Insufficient managerial and technical staff at the regional office
Actions to mitigate risk:	Possibility of outsourcing some of the responsibilities to the regional training centre or other institution in the region or engaging fellows from other RCS initiatives
Mitigation status:	Planning phase

2020-2021

ERRisk - 0043

Risk description:	Insufficient managerial and technical staff at the regional office
Actions to mitigate risk:	Possibility of outsourcing some of the responsibilities to the regional training centre or other institution in the region or engaging fellows from other RCS initiatives
Mitigation status:	On Track

ERRisk - 0095

Risk description:	Instability and inconsistency of regional focal points
Actions to mitigate risk:	Ensure broader engagement of other staff in regional offices and support and buy-in from appropriate directors in each regional office
Mitigation status:	On Track

ER Biennium Outputs

2022-2023

EROutp-0299

Output description:	Functional collaboration frameworks with at least 5 regional offices established
Output indicator:	Evidence of collaboration frameworks effectiveness based on successful joint projects and activities
Target date:	02-Dec-21

EROutp-0298

Output description:	Small Grants schemes operationalized in at least 5 regional offices
Output indicator:	Small grants calls launched, projects selected and funded
Target date:	02-Dec-21

2020-2021

EROutp-0137

Output description:	Functional collaboration frameworks with at least 5 regional offices established
Output indicator:	Evidence of collaboration frameworks effectiveness based on successful joint projects and activities
Target date:	2/12/2021
Progress status:	Completed
Progress description:	An overall collaboration framework exists and is used.

EROutp-0085

Output description:	Small Grants schemes operationalized in at least 5 regional offices
Output indicator:	Small grants calls launched, projects selected and funded
Target date:	2/12/2021
Progress status:	On Track
Progress description:	Two additional calls were launched

ER Biennium Outcomes

2022-2023

EROutc-0070

Outcome description:	Research capacity will be enhanced and research will generate region specific evidence and solutions for priority public health issues

2020-2021

EROutc-0043

Outcome description:	Research capacity will be enhanced and research will generate region specific evidence and solutions for priority public health issues
Progress made towards outcome:	A review of small grants scheme was completed. The review demonstrated tangible impact of the projects conducted on country health policy making that provided solutions to key public health issues in countries and regions.

Expected Result: 2.2.1

Title: Knowledge Management, shaping the research agenda

Strategic Work Area: Global engagement   **Workstream:**

ER type:	Continuing	**Funding type:**	UD and DF
Start date:	01-Jan-18	**End date:**	31-Dec-23
ER status:	On Track	**Comment:**	Publication outputs to be completed in December 2021
WHO region:	Global		

Partners: Country Offices
Duke University, USA
Policy Cures Research, Australia
Polygeia, UK
Digital Sciences, UK

Diseases: Chagas; Helminthiasis; Neglected Tropical Diseases; Zika virus

Review mechanism: Scientific working group

ER manager: Robert Fraser Terry

Team: John Reeder; Elisabetta Dessi; Science Division Working Group (24)

Number of people working on projects: 10

FENSA clearance obtained for all Non-State Actors? Yes

Justification for no FENSA clearance:

TDR partnership criteria

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

TDR partnership criteria indicators

Objectives aligned:	Yes	see table above
Roles complimentary:	No	
Coordination transparent:	No	
Visibility:	Yes	Duke University and Policy Cures Research are leaders in their respective fields

Objectives and results chain

Approach to ensure uptake:	1&2 Publication of results in reports and academic press. Create linkage with implementation agencies and LMICs ministries.
Up-take/Use Indicator:	Quality of applications to apply and use TDR tools and analysis of the neglected disease pipeline and OR/IR mapping reports
Gender and geographic equity:	Priority given to disease endemic countries. Gender issues one of the weighted selection criteria for priority selection to ensure equitable distribution of priorities. New methodological approaches developed to priority setting to ensure gender balance is achieved.

Publication plan:	Reports and academic publications
Up-take/use indicator target date:	30-Sep-23

Sustainable Development Goals

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

Concept and approach

Rationale:	Continuous identification of research and research capacity needs is key to inform stakeholder?s strategies (HTM, WHO RO, funding agencies, countries). This applies to TDR?s own portfolio of future priorities and to that of stakeholders. Mapping of health product pipeline and support for OR/IR are key to providing the evidence that underpins advocacy to support research for implementation.
Design and methodology:	Adapt and develop the TDR Portfolio to Impact R&D modelling tool as well as the methods to understand the funding available for operational research and research for implementation.
Approach to ensure quality:	Application of good practice in priority setting through the development of WHO norms and standards for staff managing health research priority setting.

ER Objectives

ERObj-0039 : Regular identification of research and research capacity needs is key to inform TDR?s own portfolio of future priorities and to that of our stakeholders. TDR?s engagement in this area ensures that its future priorities engage key stakeholders in disease endemic countries in setting the research agenda and ensuring research reflects their needs as well as guides stakeholder engagement.

ER Biennium Risks

2022-2023

ERRisk - 0021

Risk description:	Failing to clearly define the need for such priority setting processes
Actions to mitigate risk:	Engagement with stakeholders - feedback from donors e.g. ESSENCE group. Production of WHO good practice guide.
Mitigation status:	On Track

ERRisk - 0073

Risk description:	Lack of take up of the recommendations from gap analysis to reshape research and capacity strengthening portfolio of TDR and others.
Actions to mitigate risk:	Ensure engagement from design through to identification of recommendations
Mitigation status:	On Track

ERRisk - 0235

Risk description:	Failing to clearly define the need for such priority setting processes
Actions to mitigate risk:	Engagement with stakeholders - feedback from donors e.g. ESSENCE group. Production of WHO good practice guide.
Mitigation status:	On Track

2022-2023

EROutp-0335

Output description:	Update the TDRexplorer resource that provides a search portal to analyse TDR supported research from 2009 onwards
Output indicator:	I report published and/or resource established
Target date:	30-Aug-23

EROutp-0332

Output description:	Update the Research Fairness Initiative assessment for TDR
Output indicator:	Report published and verified by COHRED
Target date:	01-Jun-23

EROutp-0334

Output description:	Provide technical support on request through regional offices to Member States engaged in health research
Output indicator:	One support activity provided
Target date:	30-Sep-23

EROutp-0333

Output description:	One research priority setting exercise supported per biennium
Output indicator:	Report published and/or resource established
Target date:	30-Sep-23

2020-2021

EROutp-0167

Output description:	Complete a Research Fairness Initiative assessment for TDR
Output indicator:	Report published and verified by COHRED
Target date:	1/6/2022
Progress status:	On Hold
Progress description:	Deferred to 2022 as no interns allowed to work in WHO due to COVID-19

EROutp-0193

Output description:	Provide technical support on request through regional offices to Member States engaged in health research
Output indicator:	One support activity provided
Target date:	30/09/2021
Progress status:	Completed
Progress description:	No requests from Member States but technical assistance provided to PHE and creating a research agenda with respect to communication re COVID-19 - termed the Infodemic. Technical support provided to 2 priority setting exercises for anti-microbial resistance.

EROutp-0141

Output description:	Analysis of the health product pipeline for HIV, TB, malaria and NTDs combined with mapping of operational and research for implementation
Output indicator:	Report published
Target date:	30/09/2021
Progress status:	Completed
Progress description:	Report completed and academic paper published 21 May 2020

EROutp-0089

Output description:	Support through technical advice and/or workshop to TDR or its stakeholders
Output indicator:	Workshop held and reported
Target date:	30/09/2021
Progress status:	Completed
Progress description:	Workshops planned for ARFO and EMRO in October 2020

EROutp-0289

Output description:	Complete a Research Fairness Initiative assessment for TDR
Output indicator:	Report published and verified by COHRED
Target date:	3/1/2022
Progress status:	On Track
Progress description:	Deferred to 2021 as no interns allowed to work in WHO due to COVID-19

EROutp-0288

Output description:	One report/resource per biennium based on a scoping review in the area IR/OR research to further map partners, priorities, ongoing activities and TDR work in this context.
Output indicator:	Report published and/or resource established
Target date:	30/08/2021
Progress status:	Completed
Progress description:	TDR updated the work started in 2020 with a research analytics company, Digital Sciences, to provide an analysis of a sample of 10,385 TDR grants awarded and the 4,000 associated papers published over the period 2009 ? 2020. The TDRexplorer (http://18.156.166.55/) database shows the different research communities created and their associations, the countries where research was undertaken and if attribution was clear the publications that resulted from the research.

EROutp-0286

Output description:	Analysis of the health product pipeline for HIV, TB, malaria and NTDs in order to identify and describe priorities.
Output indicator:	Report published
Target date:	29/09/2021
Progress status:	Completed
Progress description:	Results: In the 2017 pipeline, 538 product candidates met inclusion criteria for input into the model; it would cost $16.3 billion (B) to move these through the pipeline, yielding 128 launches. In the 2019 direct comparison pipeline, we identified 690 candidates, an increase of 152 candidates from 2017; the largest increase was for Ebola. The direct comparison 2019 pipeline yields 196 launches, costing $19.9B. In the 2019 complete pipeline, there were 754 candidates, an increase of 216 candidates from 2017, of which 152 reflected pipeline changes and 64 reflected changes in scope. The complete pipeline 2019 yields 207 launches, costing $21.0B. There would still be 16 ?missing products? based on the complete 2019 pipeline; it would cost $5.5B-$14.2B (depending on product complexity) to develop these products.
	Conclusion: The PRNDs product development pipeline has grown by over a quarter in two years. The number of expected new product launches based on the 2019 pipeline increased by half compared to 2017; the cost of advancing the pipeline increased by a quarter. https://f1000research.com/articles/9-416

EROutp-0287

Output description:	One research priority setting exercise supported p.a.
Output indicator:	Report published and/or resource established
Target date:	30/09/2021
Progress status:	Completed
Progress description:	TDR led a WHO Science Division working group to produce systematic guidance for WHO staff managing research priority setting exercises. This approach will now be rolled out across WHO offices. The guide has subsequently been translated into Arabic, French, Portuguese, Spanish and Urdu by the Regional Offices in AMRO, AFRO and EMRO. https://apps.who.int/iris/handle/10665/334408

2022-2023

EROutc-0065

Outcome description:	(1) Gap analysis conducted, stakeholder dialogue facilitated priorities identified and reflected in TDR programmes. 2) Technical support provided through Regional Offices to Member States undertaking health research priority setting.

2020-2021

EROutc-0047

Outcome description:	Creation of public goods through development of tools and analysis of the health product pipeline for HIV, TB, malaria and NTDs.
Progress made towards outcome:	Complete. TDR in partnership with the NTD department supported a collaboration led by the Centre for Policy Impact in Global Health, Duke University to develop a complete analysis of the pipeline for Chagas and Soil Transmitted Helminths (STH). The new strategic approach being piloted involved prioritizing product development needs for these two disease areas, estimating the health and economic impact of new tools, estimating the likely resource needs to develop such tools, and matching these needs to different financing instruments. The resulting end-to-end method will inform WHO on how its approach to identifying and describing priorities for product development and feed directly into the implementation of the new Road Map for NTDs.

EROutc-0067

Outcome description:	One research priority setting exercise supported at regional or country level
Progress made towards outcome:	In 2020 TDR led a Science Division working group to develop guidance for WHO staff managing research priority setting exercises. In 2021 TDR used this guide to provide technical assistance to 3 WHO-led priority setting exercises:

?   WHO public health research agenda for managing infodemics ? published https://apps.who.int/iris/handle/10665/339192

?   One Health research priorities to tackle AMR - ongoing

?   Research priorities to investigate the barriers to implementing known interventions in human health to tackle AMR ? ongoing.

TDR and the NTD department worked to mentor a young group of students studying in the UK that are part of Polygeia - a non-partisan student-run think tank that aims to create collaborations between students and global health-focused organisations. The result was a report reviewing the literature to analyse the role of gender, health equity and human rights in the fight against neglected tropical diseases. The report, published in January 2021 (https://osf.io/preprints/socarxiv/m7kpu/), will feed into the new NTD Roadmap for tackling NTDs

Expected Result: 2.2.2
Title: Capacity strengthening to bring research evidence into policy

Strategic Work Area: Global engagement		**Workstream:**	
ER type:	Continuing	**Funding type:**	UD and DF
Start date:	01-Jan-18	**End date:**	31-Dec-23
ER status:	On Track	**Comment:**	
WHO region:	Global		

Partners: EVIPNet, IDDO, stakeholders in Fleming Fund (AMR), ISARIC, COVID-19 Clinical Coalition, Ministries of Health Sierra Leone, Guinea, Liberia. cOAlition S, CERN

Diseases: Arboviruses; COVID-19; Ebola; Helminthiasis; Lymphatic filariasis; Malaria; Neglected Tropical Diseases; Schistosomiasis; Tuberculosis; Visceral leishmaniasis; Zika virus

Review mechanism: Scientific working group

ER manager: Robert Fraser Terry

Team: Elisabetta Dessi, John Reeder, Rony Zachariah, Mohamed Khogalhique, Rony Zachariah, Garry Aslanyan and other team members TBC

Number of people working on projects: 100

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:	No	Address knowledge gaps:	Yes
Integrate mandates:	Yes	Build strengths:	Yes
Reduce burden:	No	Foster networking:	Yes
Increase visibility:	Yes		

TDR partnership criteria indicators

Objectives aligned:	Yes	Partnership with WHO and its regional offices, esp. AMR SORT IT
Roles complimentary:	No	
Coordination transparent:	Yes	Partnership with WHO and its regional offices, esp. AMR SORT IT
Visibility:	No	

Objectives and results chain

Approach to ensure uptake:	The adaptation of existing knowledge translation approaches , for example EVIPNet, to ensure policy makers, researchers and knowledge brokers are brought together and work jointly on generating the policy. Partnership with organizations with a good track record in providing governance and infrastructure that supports high quality sharing of research data. Wrt AMR SORT integrate all activities with National AMR coordinating committee and close liaison with the WHO Country Office.
Up-take/Use Indicator:	Citation, surveys, tracking changes in funding patterns, changes in clinical intervention approaches. Impact on national policy esp. AMR SORT IT
Gender and geographic equity:	Ensure policy brief development is undertaken with gender balance as one of the elements. Use the TDR gender tool for guidance.

Publication plan:	Reports of the methodology and academic paper as appropriate; publication of policy briefs suited to the local context, language, etc.; publication on new open innovation approaches and their impact/improvement in the R&D processes evaluated; use of TDR Gateway publishing platform
Up-take/use indicator target date:	30-Sep-23

Sustainable Development Goals

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

Concept and approach

Rationale:	Continuous focus on translating evidence into policy is key in demonstrating the relevance of TDR?s activities. The new evidence generated by research funded by or in collaboration with TDR, needs to inform the most effective delivery of disease control tools, strategies and policies. This will engage new stakeholders in countries such as policy-makers and programme managers.
Design and methodology:	There are a large number of existing approaches to knowledge translation e.g. EVIPNet, SORT IT, WHO guidelines, work of the Alliance HPSR, Cochrane Collaboration, Norwegian Knowledge Centre, etc.; fewer established for research for implementation. Therefore needs consultation of experts and possibly a concept paper to design a 'new' approach. Methodology may need piloting in a workshop but existing approaches e.g. EVIPNet can also be utilized to ensure progress is made with what we have as new approaches emerge.
Approach to ensure quality:	Use of scientific working group and expert peer review.

ER Objectives

ERObj-0040 : Research supported by TDR has relevance to country priorities as the research is used by other researchers, programme managers, communities and policy-makers to influence their behaviour, practice and policies. To achieve this requires a comprehensive knowledge management approach to ensure research is undertaken in line with best practice. The research needs to be openly disseminated and systems put in place to ensure managed sharing of data, reagents and research tools.

The appropriate ethical, technical and political challenges need to be appropriately addressed and researchers supported with training and infrastructure where necessary to encourage open innovation. Evidence must be synthesized and translated into other media to enable its communication and translation into new recommendations, guidelines and policies, which in turn must be translated into action through research for implementation. Existing approaches, such as the EVIPNet, open access publishing and novel mechanisms to fund R&D need to be supported and applied and new approaches need to be developed.

ER Biennium Risks

2022-2023

ERRisk - 0213

Risk description:	Resistance to data sharing from within the research community
Actions to mitigate risk:	Take a stepwise approach; start with a closed, managed system of sharing to build trust before moving to more open approaches. Develop good governance mechanisms to ensure equitable access in line with FAIR principles
Mitigation status:	Planning phase

ERRisk - 0239

Risk description:	Lack of take up of the recommendations from reports/briefs by policy makers and programme managers.
Actions to mitigate risk:	Problem endemic in clinical practice globally so the key is involving stakeholders from the beginning and identifying key, high priority areas where translation is needed and asked for by the disease endemic countries to ensure a strong pull for the work.
Mitigation status:	On Track

ERRisk - 0240

Risk description:	Inability to provide direct face-to-face training and/or workshops in country due to travel restrictions caused by security or health emergencies
Actions to mitigate risk:	Develop online training courses and expertise in delivering projects virtually including the training of WHO staff in these areas.
Mitigation status:	

ERRisk - 0238

Risk description:	Failing to develop good collaboration with EVIPNet and use their regional networks.
Actions to mitigate risk:	Involve all stakeholders from the beginning take an open minded approach so not wedded to just the EVIPNet methods.
Mitigation status:	On Track

2020-2021

ERRisk - 0048

Risk description:	Lack of take-up of the recommendations from reports/briefs by policy-makers and programme managers
Actions to mitigate risk:	Use of established methodology, embed knowledge management into whole process, rather than adding after research undertaken. Coordination with National Committee for AMR
Mitigation status:	On Track

ERRisk - 0100

Risk description:	Resistance to data sharing from within the research community
Actions to mitigate risk:	Take a stepwise approach; start with a closed, managed system of sharing to build trust before moving to more open approaches. Develop good governance mechanisms to ensure equitable access in line with FAIR principles
Mitigation status:	On Track

ER Biennium Outputs

2022-2023

EROutp-0338

Output description:	Application and use of knowledge management tools to improve the dissemination and mapping of TDR supported research
Output indicator:	Use of ORCID ID, application of the TDR open access policy, number of papers in the TDR Gateway
Target date:	30-Sep-23

EROutp-0336

Output description:	Embed knowledge management and evidence for decision-making into the SORT IT AMR programme
Output indicator:	Creation of policy briefs, presentations to enable evidence uptake and inform policy and decision-making
Target date:	30-Dec-22

EROutp-0293

Output description:	Data sharing: 1. support for capacity building; and 2. development of policy
Output indicator:	Development and use of data sharing platforms in the TDR target diseases
Target date:	30-Sep-23

EROutp-0292

Output description:	Support for researchers within LMICs to develop evidence to policy activities, attend conferences or undertake evidence synthesis.
Output indicator:	At least evidence to policy activities undertaken and relevant reports published.

Target date:	30-Sep-23

2020-2021

EROutp-0328

Output description:	Provide support to Covid-19 Clinical Research Coalition
Output indicator:	Fund research to understand how to provide support to LMIC researchers
Target date:	30/09/2021
Progress status:	Completed
Progress description:	6 projects supported. TDR contributes to the Data Sharing Working Group and supported 6 research projects that included: a survey of literature and collation of the current practices on clinical data sharing through a rapid evidence synthesis (RES); a mapping of compliance to data sharing policies in the context of COVID19 clinical research; a scoping review of COVID-19 published research papers focused on drug treatments for covid-19 and /or vaccines against SARS COV2 virus and map the compliance / adherence to stated data sharing policies; a training needs assessment conducted through online workshop to determine existing gaps in knowledge and skills among researchers in LMICs, to effectively share and use COVID-19 research data; an analysis of data sharing in clinical trials using the ICTRP; a review of data sharing platforms and alignment to FAIR principles and judge how they rate for ethics, equity and efficacy and willingness to support capacity building for researchers in LMICs and a scoping review of literature and a survey of attitudes from Ethics Review Committees in Columbia with respect to secondary use of individual patient data for research.

EROutp-0337

Output description:	Embed knowledge management and evidence for decision-making into the SORT IT AMR programme
Output indicator:	Creation of policy briefs, presentations to enable evidence uptake and inform policy and decision-making
Target date:	30/09/2021
Progress status:	On Track
Progress description:	The main achievement in 2021 has been to finalize the development and launch a new knowledge management (KM) module for the SORT IT course. This was launched as part of the ongoing project tackling anti-microbial resistance (AMR) with participants from 7 countries. Due to the pandemic and restrictions on international travel the curriculum, developed with input from a group of 25 experts in this area, had to be adapted further to be delivered online using a virtual platform purpose built for TDR.

EROutp-0194

Output description:	Application and use of knowledge management tools to improve the dissemination and mapping of TDR supported research
Output indicator:	Use of ORCID ID, application of the TDR open access policy, number of papers in the TDR Gateway
Target date:	30/09/2021
Progress status:	On Track
Progress description:	24 papers in TDR Gateway each with at least one author with ORCID ID

EROutp-0116

Output description:	LMICs lead on the development of systematic reviews, research synthesis and policy briefs on issues related to infectious diseases of poverty. Where appropriate work with existing TDR supported research.
Output indicator:	- At least 4 evidence to policy reports and briefs finalized and published
Target date:	31/12/2018
Progress status:	Completed
Progress description:	In addition to the 35 policy briefs created through SORT IT a systematic review was commissioned with Dr Evelina Chapman, Fiocruz. Assessing the impact of knowledge communication and dissemination strategies targeted at health policymakers and managers: an overview of systematic reviews.

EROutp-0142

Output description:	Data sharing: 1. support for capacity building; and 2. development of policy
Output indicator:	Development and use of data sharing platform in the TDR target diseases
Target date:	30/09/2021
Progress status:	On Track

Progress description:	TDR has partnered with the Infectious Diseases Data Observatory (IDDO) to develop secure platforms to share clinical data related to a number of diseases including: malaria, schistosomiasis, leishmaniasis and, more recently, Ebola. The Ebola platform has approved 7 applications to access and use these data with 3 of these having a PI from Guinea, Liberia and Sierra Leone where these data were originally collected.

TDR has also accepted a request from the International Severe Acute Respiratory and Emerging Infections Consortium (ISARIC) and IDDO to provide the Chair for the Data Access Committee (DAC) for a new Covid-19 data platform. TDR also contributed to the development of the governance mechanisms. The database contains more than 630,000 patient records from 2,000 institutions in 60 countries this has enabled more than 44 studies to date. Data have been curated to a standard format and shared with international researchers to enable 44 novel analyses (to date) gain insight into persistent complications, thrombosis, acute kidney injury, patient pathways, case definitions, neurological outcomes, and more, in COVID-19.

EROutp-0090

Output description:	Embed knowledge management and evidence for decision-making into the SORT IT AMR programme
Output indicator:	Creation of policy briefs, presentations to enable evidence uptake and inform policy and decision-making
Target date:	30/09/2021
Progress status:	On Track
Progress description:	The main achievement in 2021 has been to finalize the development and launch a new knowledge management (KM) module for the SORT IT course. This was launched as part of the ongoing project tackling anti-microbial resistance (AMR) with participants from 7 countries. Due to the pandemic and restrictions on international travel the curriculum, developed with input from a group of 25 experts in this area, had to be adapted further to be delivered online using a virtual platform purpose built for TDR.

EROutp-0246

Output description:	Work with UNU to develop a framework of good practice in research uptake and evideince informed policy.
Output indicator:	Framework developed and published.
Target date:	31/12/2020
Progress status:	Cancelled
Progress description:	Some initial planning work undertaken with UNU to undertake a survey of knowledge management practice across the UN. No follow up from UNU so project cancelled.

EROutp-0290

Output description:	Methodology developed and/or adapted from existing approaches to enable appropriate generation of translation mechanisms.
Output indicator:	Develop policy and guidance material
Target date:	30/10/2021
Progress status:	On Track
Progress description:	TDR contributed technical advice to a WHO-led working group developing a WHO position statement on the sharing and reuse of health data for research. TDR led the development of guidance documents for WHO staff and researchers on good practice in sharing health data in ways that are effective, ethical and equitable. TDR has also contributed to the steering group for the first ever WHO Health Data Summits in June and September 2021.

EROutp-0291

Output description:	Deliver knowledge management and evidence for decision-making in the SORT IT programme
Output indicator:	The number of policy briefs developed and degree of uptake to change policy and decision-making
Target date:	30/09/2023
Progress status:	Completed
Progress description:	

ER Biennium Outcomes

2022-2023

EROutc-0068

Outcome description:	KM training opportunities will be provided through workshops, online materials and support for TDR researchers in the areas of:
	- Open innovation and new models of collaboration

- Data management and sharing
  - Research dissemination and maximizing research uptake

Support for testing new forms of open innovation, infrastructure knowledge management approaches will be evaluated for what works and why and new approaches will be developed through commissioned research.

LMICs will be supported to develop research synthesis and policy briefs on issues related to infectious diseases of poverty, integrating TDR research activities (where appropriate) and convene decision makers to assess options for public health policy change.

- LMICs recognize and utilize the value of implementation research in their health systems.

2020-2021

EROutc-0048

Outcome description:	Knowledge management training opportunities will be provided through workshops, online materials and support for TDR researchers in the areas of:
  - Open innovation and new models of collaboration
  - Data management and sharing
  - Research dissemination and maximizing research uptake

Support for testing new forms of open innovation, infrastructure knowledge management approaches will be evaluated for what works and why and new approaches will be developed through commissioned research.

LMICs will be supported to develop research synthesis and policy briefs on issues related to infectious diseases of poverty, integrating TDR research activities (where appropriate) and convene decision makers to assess options for public health policy change.

  - LMICs recognize and utilize the value of research for implementation in their health systems. |
| **Progress made towards outcome:** | Ongoing and on track. The main achievement in 2021 has been to finalize the development and launch a new knowledge management (KM) module for the SORT IT course. This was launched as part of the ongoing project tackling anti-microbial resistance (AMR) with participants from 7 countries. Due to the pandemic and restrictions on international travel the curriculum, developed with input from a group of 25 experts in this area, had to be adapted further to be delivered online using a virtual platform purpose built for TDR. TDR provided technical assistance to a WHO-led working group developing a WHO position statement on the sharing and reuse of health data for research. TDR led the development of guidance documents for WHO staff and researchers on good practice in sharing health data in ways that are effective, ethical and equitable. TDR has also contributed to the steering group for the first ever WHO Health Data Summits in June and September 2021. |

Expected Result: 2.3.1
Title: Collaborative networks and Global Health Initiatives (GHIs)

Strategic Work Area: Global engagement   **Workstream:**

ER type: Continuing   **Funding type:**   DF

Start date: 01-Jan-09   **End date:**   31-Dec-23

ER status: On Track   **Comment:**

WHO region: Global

Partners: Major international donors and funders of research and research capacity strengthening

Diseases: Not Disease-Specific

Review mechanism: ESSENCE Steering Committee

ER manager: Garry Aslanyan
Team: Elisabetta Dessi
Number of people working on projects: 15

FENSA clearance obtained for all Non-State Actors? Yes
Justification for no FENSA clearance:

TDR partnership criteria

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

TDR partnership criteria indicators

Objectives aligned:	Yes	Objectives are aligned
Roles complimentary:	Yes	Roles and responsibiiities are complementary
Coordination transparent:	Yes	Coordination is transparent
Visibility:	Yes	Visibility of TDR and its partners are highlighted

Objectives and results chain

Approach to ensure uptake:	All good practice documents will be field tested and consulted as part of their development. This will ensure quality of update. The update will include wide dissemination of the good practice documents among the ESSENCE agencies. In addition, reviews of agencies policies and practices will be performed to verify the uptake.
Up-take/Use Indicator:	Good practice documents are used by the agencies and policies are changed
Gender and geographic equity:	Gender, geographic equity and vulnerable populations are considered in the shaping and helping to shape funding agency policies through ESSENCE.
Publication plan:	At least one good practice document will be published each year

Up-take/use indicator target date:	31-Dec-21

Sustainable Development Goals

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

Concept and approach

Rationale:	The Global Engagement role of TDR and its successful implementation ensure that TDR remains the choice for the Secretariat by members of ESSENCE. There is a continuous need to influence funding agency policies and practices to support TDR?s research, RCS and knowledge management priorities and activities and, in addition, to engage with new stakeholders for the same purpose. Global Engagement will not be done on an ad hoc basis; it will be preceded by careful analysis of needs and scope of such engagement. Similarly, TDR will need to continuously engage with GHIs to allow the Programme to advocate for policy influence in the areas closely linked to TDR?s mandate. Having conducted a detailed analysis of the landscape in its first phase, TDR will work with relevant GHIs as a strong technical, convening and policy partner.
	TDR will need to continue positioning itself in the global health architecture, especially at the time of the SDG era working towards 2030 goals where there will be a need to maintain focus on research on infectious diseases of poverty in line with the increased attention to universal health coverage.
Design and methodology:	For ESSENCE, regular identification of critical issues of common interest and systematic consultation between members and stakeholders to develop good practice documents, including: (1) identification of issues requiring
	funding agencies' collaboration; (2) analysis and survey of various information related to the issue; (3) drafting of a
	good practice document; (4) organizing a consultation to test the content of the document; (5) developing a final
	draft and getting endorsement of the ESSENCE members; (6) launch and dissemination of the document; and (7) monitoring of update and evaluation. For GHIs: (1) interface with like-minded GHIs based on the results from the analysis; (2) gather up-to-date and clear understanding of portfolios, activities and opportunities; (3) identify joint funding priorities; (4) implement join project(s); and (6) evaluate achievements.
Approach to ensure quality:	Documents are consulted and peer reviewed, training or other material reviewed and piloted.
	Meeting and consultations include external independent stakeholders, including STAC, SC and JCB

ER Objectives

ERObj-0041: Engage funding agencies in policy dialogue in order to harmonize principles, policies, standards and practices related to research and capacity building in LMICs. Based on articulated TDR rules and the scope of Global Engagement with key global health and global health research issues to inform TDR's portfolio.

ER Biennium Risks

2022-2023

ERRisk - 0241

Risk description:	Perception that the needs of LMICs are not well represented in the decision-making process of ESSENCE
Actions to mitigate risk:	Additional efforts to engage LMICs in priority activities and dissemination
Mitigation status:	Planning phase

ERRisk - 0242

Risk description: Requires intense and proactive TDR staff time and effort for the success of ESSENCE
Actions to mitigate risk: Staff are available and time allocated
Mitigation status: Planning phase

ERRisk - 0243

Risk description: Inadequate prioritization of cost opportunities for engagement with certain GHIs
Actions to mitigate risk: Closely following rules of engagement that will be developed
Mitigation status: Planning phase

2020-2021

ERRisk - 0049

Risk description: Perception that the needs of LMICs are not well represented in the decision-making process of ESSENCE
Actions to mitigate risk: Additional efforts to engage LMICs in priority activities and dissemination
Mitigation status: On Track

ERRisk - 0101

Risk description: Requires intense and proactive TDR staff time and effort for the success of ESSENCE
Actions to mitigate risk: Staff are available and time allocated
Mitigation status: On Track

ERRisk - 0153

Risk description: Inadequate prioritization of cost opportunities for engagement with certain GHIs
Actions to mitigate risk: Closely following rules of engagement that will be developed
Mitigation status: On Track

ER Biennium Outputs

2022-2023

EROutp-0296

Output description: LMIC capacity in key areas such as research management, M&E and other will be strengthened in close collaboration with funding agencies
Output indicator: 40 LMIC researchers trained in good practice fields
Target date: 31-Dec-21

EROutp-0297

Output description: Case examples of TDR?s research, RCS and KM activities benefit and are shaped by global health research and global health agenda.
Output indicator: TDR activities use ESSENCE documents as reference
Target date: 31-Dec-21

EROutp-0294

Output description: 2 tools and reports have been used to inform policy and/or practice of global/regional stakeholders or major funding agencies
Output indicator: Two harmonized principles, policies, practices introduced and adapted by funding agencies and LMIC researchers/research institutions
Target date: 31-Dec-21

EROutp-0295

Output description:	Funding agencies will continue to engage in annual policy dialogue between each other and with LMIC institutions and pilot countries
Output indicator:	One pilot country initiates dialogue between funding agencies and researchers/research institutions
Target date:	31-Dec-21

2020-2021

EROutp-0195

Output description:	LMIC capacity in key areas such as research management, M&E and other will be strengthened in close collaboration with funding agencies
Output indicator:	40 LMIC researchers trained in good practice fields
Target date:	31/12/2021
Progress status:	On Track
Progress description:	Various webinars and sessions have been organized for dissemination of good practices.

EROutp-0143

Output description:	Funding agencies will continue to engage in annual policy dialogue between each other and with LMIC institutions and pilot countries
Output indicator:	One pilot country initiates dialogue between funding agencies and researchers/research institutions
Target date:	31/12/2021
Progress status:	On Track
Progress description:	Annual interaction continued. A mechanism, called ESSENCE Mechanism to review investments of funding agencies in research capacity strengthening has been established.

EROutp-0091

Output description:	2 tools and reports have been used to inform policy and/or practice of global/regional stakeholders or major funding agencies
Output indicator:	Two harmonized principles, policies, practices introduced and adapted by funding agencies and LMIC researchers/research institutions
Target date:	31/12/2021
Progress status:	On Track
Progress description:	Two documents, focused on implementation research and research costing have been completed. There is a dissemination plan for each in place.

EROutp-0247

Output description:	Case examples of TDR?s research, RCS and KM activities benefit and are shaped by global health research and global health agenda.
Output indicator:	TDR activities use ESSENCE documents as reference
Target date:	31/12/2021
Progress status:	On Track
Progress description:	Implementation research good practice document is used by TDR in its IR projects.

ER Biennium Outcomes

2022-2023

EROutc-0069

Outcome description:	Funding principles, policies, standards and guidance documents are agreed and implemented by partners. TDR is partnering engaging with key GHIs and is seen as a key player in global health agenda.

Outcome description:	Funding principles, policies, standards and guidance documents are agreed and implemented by partners. TDR is partnering engaging with key GHIs and is seen as a key player in global health agenda.
Progress made towards outcome:	ESSENCE good practice documents are frequently referenced by many agencies in their planning processes. The work done by the ESSENCE Mechanism on review of investments by funding agencies allows for adjustments of funding for specific programmes which are now more aligned.

Expected Result: 2.3.3
Title: TDR Global - the community of former trainees, grantees and experts

Strategic Work Area: Global engagement   **Workstream:**

ER type:	Continuing	**Funding type:**	UD
Start date:	01-Jan-20	**End date:**	31-Dec-23
ER status:	On Track	**Comment:**	
WHO region:	Global		
Partners:	RTCs, universities in TDR's 7-University scheme		
Diseases:	Not Disease-Specific		

Review mechanism: Ad hoc external advisory group consisting of former TDR grantees, trainees and experts, meeting annually face-to-face and via teleconference twice a year; consulting via email several times a year

ER manager: Mihai MIHUT

Team: Beatrice Halpaap, Elisabetta Dessi, Mary Maier, Pascal Launois, Mariam Otmani, Edward Kamau

Number of people working on projects: 6

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:	No	Build strengths:	Yes
Reduce burden:	No	Foster networking:	Yes
Increase visibility:	Yes		

TDR partnership criteria indicators

Objectives aligned:	Yes	TDR objectives are the ones served through TDR Global activities. Partners' objectives are facilitated by working with TDR Global.
Roles complimentary:	Yes	Local nodes provide expertise and direct contact with people in the field, and they take over significant workload from TDR staff
Coordination transparent:	Yes	TDR coordination of overall activities, and regional coordination of local activities
Visibility:	No	

Objectives and results chain

Approach to ensure uptake:	The main challenge, identified since the design phase of TDR Global, has remained community engagement and uptake by users. In the previous biennium we tested over ten different tools for engagement, and we will utilize those that are most adapted to the type of activity envisaged and that are the most effective and efficient. We will further emphasize institutional involvement and regional focus, to provide better sustainability to mobilization initiatives and to the best ideas for collaboration.
Up-take/Use Indicator:	Champions from TDR Global community engaging other users on topics of interest and creating new collaborations
Gender and geographic equity:	The advisory group is made up in equal proportion of women and men. One of the main topics for engagement is gender equity, and helping women researchers in their careers. TDR Global encourages South-South and North-South collaboration, mentorship and knowledge sharing.

Publication plan:	Publication on the effectiveness of various community engagement tools used to engage former grantees, trainees and experts; publication on the mapping of collaborations between institutions
Up-take/use indicator target date:	31-Dec-21

Sustainable Development Goals

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

Concept and approach

Rationale:	Over its 45 year history, TDR has built and supported a vast pool of human resources to address infectious diseases of poverty through research and training. This is the ?TDR Global? community. The goal of the TDR Global initiative is to harness this global community in engendering new and expanded collaborations for research and training on infectious diseases of poverty.
Design and methodology:	TDR Global is mapping the expertise of its members, who are recipients of TDR training or research grants as well as worldwide experts who have served on TDR committees. The first phase involved the development of a web-based platform and the piloting of several different engagement tools (TDR Talks, webinars, email, LinkedIn group discussions, problem-solving workshops, crowdsourcing tool, internship, thematic mobilizations, country-focused mobilizations, TDR Global ambassadors, etc.), that will be refined and adapted for engaging community members into new collaborations, e.g. to create mentorship programmes, identify expert reviewers, engage in online consultations or discussions on key thematic areas, and catalyse potential research partnerships across the globe.
Approach to ensure quality:	An external advisory group is reviewing the plans, the activities and the implementation of the TDR Global project.

ER Objectives

ERObj-0042 : 1. Tracking the careers of current and former grantees, trainees and expert advisers

ERObj-0043 : 2. Map specific expertise

ERObj-0044 : 3. Enhance collaborations, including current and former grantees, trainees and expert advisers

ER Biennium Risks

2022-2023

ERRisk - 0246

Risk description:	TDR community does not populate their data into TDR Global which may impact the ability: i) to assess the impact of TDR's grants on their careers; and ii) of platform users to find specific expertise and establish collaborations
Actions to mitigate risk:	Login and registration in the system are now mandatory for new TDR direct grantees / trainees; focus on regional support to steer TDR Global members to complete their profile as part of community engagement exercises, country-based mobilizations, etc.
Mitigation status:	Planning phase

ERRisk - 0249

Risk description:	Decentralizing TDR Global to regional training centres may affect its sustainability and quality
Actions to mitigate risk:	TDR Global is included in the RTCs sustainability plan and performance assessment framework
Mitigation status:	Planning phase

ERRisk - 0247

Risk description:	A platform requiring extensive human resources may affect its sustainability
Actions to mitigate risk:	Identify resources that can work on this project in an efficient manner (e.g. RTCs, universities, other)
Mitigation status:	Planning phase

ERRisk - 0248

Risk description: A drop in TDR's income may affect the ability to maintain the platform as developed

Actions to mitigate risk: Develop a clear budget with scenarios and contingency plans; Explore designated funding options to sustain the system

Mitigation status: Planning phase

2020-2021

ERRisk - 0050

Risk description: TDR community does not populate their data into TDR Global which may impact the ability: i) to assess the impact of TDR's grants on their careers; and ii) of platform users to find specific expertise and establish collaborations

Actions to mitigate risk: Login and registration in the system are now mandatory for new TDR direct grantees / trainees; focus on regional support to steer TDR Global members to complete their profile as part of community engagement exercises, country-based mobilizations, etc.

Mitigation status: On Track

ERRisk - 0102

Risk description: A platform requiring extensive human resources may affect its sustainability

Actions to mitigate risk: Identify resources that can work on this project in an efficient manner (e.g. RTCs, universities, other)

Mitigation status: On Track

ERRisk - 0154

Risk description: A drop in TDR's income may affect the ability to maintain the platform as developed

Actions to mitigate risk: Develop a clear budget with scenarios and contingency plans; Explore designated funding options to sustain the system

Mitigation status: On Track

ERRisk - 0206

Risk description: Decentralizing TDR Global to regional training centres may affect its sustainability and quality

Actions to mitigate risk: TDR Global is included in the RTCs sustainability plan and performance assessment framework

Mitigation status: On Track

ER Biennium Outputs

2022-2023

EROutp-0300

Output description: A user-friendly, online platform that hosts the profiles of current and former grantees, trainees and expert advisers

Output indicator: Analytics module in Elements and Discovery module implemented

Target date: 31-Dec-20

EROutp-0301

Output description: Community engagement activities are implemented in line with the Community Engagement Strategy, using effective tools piloted in 2017-2019.

Output indicator: Thematic mobilization activities as well as region or country-based mobilization activities that engage the TDR Global community are taking place and communities of interest are created at grassroots level

Target date: 31-Dec-21

EROutp-0303

Output description: Enhanced efficiency and effectiveness via increased regional focus and support of TDR Global activities, by involving institutions from regions and working in synergy with existing project-based activities.

Output indicator:	Being able to do more activities with the same resources as compared to the previous biennium
Target date:	31-Dec-21

EROutp-0302

Output description:	Surveys / crowdsourcing that gather and prioritize ideas from trainees, grantees and experts to support mentorship and themes of interest for the community
Output indicator:	Surveys / crowdsourcing tools collect ideas and prioritize them for action by the TDR Global community
Target date:	31-Dec-21

2020-2021

EROutp-0196

Output description:	Surveys / crowdsourcing that gather and prioritize ideas from trainees, grantees and experts to support mentorship and themes of interest for the community
Output indicator:	Surveys / crowdsourcing tools collect ideas and prioritize them for action by the TDR Global community
Target date:	31/12/2021
Progress status:	Delayed
Progress description:	Activities are mostly on track, however, meetings had to be postponed due to the impact on Covid19, both on engaging TDR Global members in combating Covid19, and also due to travel restrictions. Online activities were not impacted.

EROutp-0144

Output description:	Community engagement activities are implemented in line with the Community Engagement Strategy, using effective tools piloted in 2017-2019.
Output indicator:	Thematic mobilization activities as well as region or country-based mobilization activities that engage the TDR Global community are taking place and communities of interest are created at grassroots level
Target date:	31/12/2021
Progress status:	On Track
Progress description:	Mentorship activities are ongoing and crowdsourcing allowed to collect a great wealth of ideas that could be tested regionally and scaled up is successful.

EROutp-0092

Output description:	A user-friendly, online platform that hosts the profiles of current and former grantees, trainees and expert advisers of TDR, as well as communications platforms. A new, Analytics module will be rolled out in Elements, making data analysis quick and easy,
Output indicator:	Analytics module in Elements and Discovery module implemented
Target date:	31/12/2020
Progress status:	On Track
Progress description:	Discovery module has been rolled out and is now the public face of TDR Global database. Made it much more user friendly, easier to find experts and collaborations and filter by region, nationality and availability. Analytics remains to be discussed in 2021.

EROutp-0248

Output description:	Enhanced efficiency and effectiveness via increased regional focus and support of TDR Global activities, by involving institutions from regions and working in synergy with existing project-based activities.
Output indicator:	Being able to do more activities with the same resources as compared to the previous biennium
Target date:	31/12/2021
Progress status:	On Track
Progress description:	Regionalization of activities is ongoing, and great contributions from focal points in Africa, Asia and Latin-America brought value to TDR Global activities. Country nodes in Ethiopia and the USA held activities and a new country node in Benin is being initiated.

2022-2023

EROutc-0071

Outcome description:	1. The impact of TDR grants on the careers of its grantees, trainees and expert advisors can be adequately assessed

EROutc-0073

Outcome description:	3. New collaborations, networks and partnerships that include former or current TDR grantees, trainees and expert advisors are created

EROutc-0072

Outcome description:	2. Identifying desired capacity in a field and a geographical region is facilitated

2020-2021

EROutc-0050

Outcome description:	1. The impact of TDR grants on the careers of its grantees, trainees and expert advisors can be adequately assessed
	2. Identifying desired capacity in a field and a geographical region is facilitated
	3. New collaborations, networks and partnerships that include former or current TDR grantees, trainees and expert advisors are created

Progress made towards outcome:

Expected Result: 2.3.4

Title: Effective incorporation of intersectional gender analysis in research and training on infectious diseases

Strategic Work Area: Global engagement   **Workstream:**

ER type: New   **Funding type:**

Start date: 01-Jan-20   **End date:**   31-Dec-23

ER status: **Comment:**

WHO region:

Partners: TDR Co-sponsors, HRP, WHO gender team, RTCS?

Diseases:

Review mechanism: Scientific working groups and ad hoc review committees

ER manager: Mariam OTMANI DEL BARRIO
Team: Mariam Otmani
Number of people working on projects:

FENSA clearance obtained for all Non-State Actors? 1
Justification for no FENSA clearance:

TDR partnership criteria

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

TDR partnership criteria indicators

Objectives aligned:	0	see table above
Roles complimentary:	0	A booklet for the role and responsibilities of each partner developed .
Coordination transparent:	0	Common decision making process developed
Visibility:	0	Done

Objectives and results chain

Approach to ensure uptake:	Engagement with University senior management, research teams (with at least 50% of women researchers), engagement with Ministries and public health services.
Up-take/Use Indicator:	Engagement with universities, RTCs, ministries of health, finance and education
Gender and geographic equity:	Gender parity will be ensured when establishing external review panels, convening meetings of experts, issuing contracts, and in general within all our collaborations.
Publication plan:	Intersectional gender analysis toolkit published, disseminated and used for further engagement with various stakeholders
Up-take/use indicator target date:	30-Nov-23

Concept and approach

Rationale:	Great progress has been made towards combatting infectious diseases of poverty. However, considerable public health challenges remain, including gender and intersecting inequalities that affect health conditions associated with infectious diseases. ER 2.3.4 draws on ER 1.3.12 and builds synergies with it to focus on gender intersecting inequalities that influence differentials in vulnerability to, and the impact of, particular health conditions associated with infectious diseases in low- and middle-income countries.
	This expected result recognizes that gender norms, roles and relations influence people?s susceptibility to different health conditions and they also have a bearing on people?s access to and uptake of health services, and on the health outcomes they experience throughout the life-course. It also acknowledges that WHO has recently recognized that it is important to be sensitive to different identities that do not necessarily fit into binary male or female sex categories. In this context, delivery and access to prevention and control approaches and products to prevent and control infectious diseases should not be one-size-fits all but instead should benefit from approaches that take into account the complex interaction of several social stratifiers, and their influence in health outcomes. There is growing recognition that gender roles, gender identity, gender relations, apart from institutionalized gender inequality influence the way in which an implementation strategy works (e.g. for whom, how and why). There is also emerging evidence that programmes may operate differently within and across sexes, gender identities and other intersectional characteristics under different circumstances and contexts. Research should inform implementation strategies to avoid ignoring gender-related dynamics that influence if and how an implementation strategy works.
	Therefore scientists, including those focusing on research for implementation, would benefit from adequately considering sex and gender intersecting social dimensions within their research programmes, by strengthening both the practice and science of implementation, and by contributing to improved health outcomes and reduction of gender and health inequalities.
Design and methodology:	1. Implementation of this ER will draw on a pilot tested toolkit on intersectional gender analysis in research on infectious diseases of poverty.
	2. Methodologies and gender analysis frameworks will be detailed and explained within the afore-mentioned toolkit and presented in a practical "hands-on" toolkit for researchers to incorporate a gender analysis with an intersectional lens, throughout the whole research process, from research study design up to the dissemination of research findings stage.
Approach to ensure quality:	Oversight by expert committee and quality assurance through fact checking, peer review of documentation, technical and copy editing

ER Objectives

ERObj-0045 : Design and improve engagement strategies to promote gender-responsive health interventions

ERObj-0046 : Foster and contribute to gender-responsive research for implementation, evidence, policy and practice

ERObj-0047 : Build and strengthen research capacities on gender-based analysis in research on infectious diseases of poverty.

ER Biennium Risks

2022-2023

ERRisk - 0262

Risk description:	Knowledge translation outcomes on gender equality are usually beyond the control or influence of projects
Actions to mitigate risk:	For this programme stakeholders, including those from the affected communities, research teams and policy/decision-makers, will be engaged from the beginning and during the course and completion of the projects to ensure their active involvement, with the expectation that the results will be utilized as effectively as possible
Mitigation status:	On Track

2020-2021

ERRisk - 0051

Risk description:	Knowledge translation outcomes on gender equality are usually beyond the control or influence of projects
Actions to mitigate risk:	For this programme stakeholders, including those from the affected communities, research teams and policy/decision-makers, will be engaged from the beginning and during the course and completion of the projects to ensure their active involvement, with the expectation that the results will be utilized as effectively as possible
Mitigation status:	On Track

ER Biennium Outputs

2022-2023

EROutp-0324

Output description:	Global engagement activities to support TDR?s gender research strategy and its inclusive research agenda in research on infectious diseases implemented.
Output indicator:	Number of activities and initiatives that contribute to strengthen and implement TDR?s intersectional gender research strategy
Target date:	29-Dec-23

EROutp-0325

Output description:	Collaborations strengthened across TDR and partners to understand and address gender dimensions of infectious diseases of poverty
Output indicator:	Number of TDR gender sensitive projects
Target date:	29-Dec-23

2020-2021

EROutp-0197

Output description:	To ensure gender responsive research capacity strengthening efforts by engaging with RTCs, stakeholder universities and other research partners
Output indicator:	Gender and intersectionality mainstreamed in Massive Open Online Course (MOOC) on IIR. Designed ToT/curricula on intersectional gender analysis in research for implementation training offered at postgraduate programmes in schools of public health across T
Target date:	30/12/2022
Progress status:	On Track
Progress description:	MOOC module on gender and intersectionality being developed in collaboration with UNU and the RCS unit at TDR. It is planned to be launched mid 2022.

EROutp-0145

Output description:	Ensured technical and research support for gender responsive interventions in research for implementation projects and programmes
Output indicator:	Gender analysis included in TDR research programmes outputs (e.g. gender-responsive evidence generated by research team from SIT-Wolbachia project). Disseminated intersectional gender analysis toolkit on research on infectious diseases across research par
Target date:	31/10/2023
Progress status:	On Track
Progress description:	Gender analysis increasingly being considered as an important part of research activities, it is something that cannot happen retroactively and so it is something progressively being considered across TDR activities. Ensured Technical support and developed TDR's Toolkit to incorporate intersectional gender analysis into infectious disease research.

ER Outp-0093

Output description:	Implemented TDR Strategy on gender and intersectionality across TDR projects and programmes
Output indicator:	TDR Strategy on gender and intersectionality launched and disseminated across regions and through RTCs; Number of recommendations from TDR expert group meetings on intersectional gender research implemented, including engaging the broad research community
Target date:	30/11/2023
Progress status:	Completed
Progress description:	Strategy launched in June 2020 and being disseminated across WHO regions and partners.

ER Outp-0249

Output description:	New knowledge and evidence generated on the intersection of sex and gender with other social stratifiers to address power relations, social exclusion, marginalization and disadvantage in access the health services and health impacts from infectious diseas
Output indicator:	research studies implemented and evidence generated to inform policy and practice and used to engage with TDR stakeholders including research institutions, funders and public health practitioners.
Target date:	30/12/2021
Progress status:	Completed
Progress description:	Research studies ongoing in Uganda and Nepal and in addition, TDR has launched in 2020 a research call to invite institutions to submit proposals from single or multiple contexts that span the translational research spectrum and are of any methodological underpinning. Teams should address gender, sex, and their intersections with associated inequities in infectious diseases. This ER is aligned with ER 1.3.12. The evidence generated through that ER will be used to engage TDR stakeholders as indicated in the output indicator above.

ER Biennium Outcomes

2020-2021

ER Outc-0051

Outcome description:	Gender-responsiveness mainstreamed in TDR research programmes, research for implementation projects and research capacity strengthening efforts
Progress made towards outcome:	In 2020 TDR is developing in collaboration with the United Nations University - International Institute for Global Health, an Implementation Research (IR) MOOC module on Gender and Intersectionality.

This module, to be completed in 2021 (production and launch will be in 2022), emphasizes that addressing sex, gender and intersecting axes of inequality is important across the entire research process from agenda-setting through communication, stakeholder engagement and decisions for the uptake and implementation of effective interventions.

TDR and UNDP in collaboration with The Liverpool School of Tropical Medicine, under the umbrella of the Access and Delivery Partnership (ADP)?project, developed a discussion paper on The Gender Dimensions of Tropical Diseases, which was also launched during the ASTMH Conference in November 2019, followed by a webinar to raise awareness during World NTD Day in January 2020. The discussion paper is accessible in the following link: https://www.who.int/tdr/diseases-topics/gender/en/

Expected Result: 2.3.5
Title: Community Engagement and Ethics

Strategic Work Area: Global engagement   **Workstream:**

ER type:	New	**Funding type:**	UD
Start date:	01-Jan-22	**End date:**	31-Dec-23
ER status:	On Track	**Comment:**	Planning phase
WHO region:	Global		
Partners:	SIDCER, PABIN, FERCAP, EDCTP, DNDi		
Diseases:	Not Disease-Specific		

Review mechanism: Community engagement external working group, Global Engagement SWG review mechanism

ER manager: Mihai MIHUT

Team: Abraham Aseffa, Elisabetta Dessi, Michael Mihut

Number of people working on projects: 4

FENSA clearance obtained for all Non-State Actors? No

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:	No
Roles complimentary:	No
Coordination transparent:	No
Visibility:	No

Objectives and results chain

Approach to ensure uptake:	We engage with country institutions to share good practices on ethics and community engagement in research, and to test, apply and scale up best practice methods. We support ERCs and IRBs to join networks that foster knowledge sharing, continuous learning and standard setting. We partner with other research funders to support good practice dissemination and adoption by larger networks. We work with communities so that they can benefit from their ideas being included in the design of interventions that directly impact their population.
Up-take/Use Indicator:	Number of institutions in countries that show improved capacity for ethics oversight or for improved community engagement
Gender and geographic equity:	Our focus is on institutions and researchers from Low- and middle-income countries. Community engagement work will use a social justice lens and will be inclusive of marginalized populations, also being responsive to gender equity and socio-economic status issues. The initial research ethics activities will focus on Africa and on building collaborations with Asian networks. If the higher scenario materializes, we will support such activities in Latin-America.

Publication plan:	Lessons learnt and good practices will be promoted via 1-2 publications and online seminars on research ethics. Results from the community engagement projects will be published by PIs, and lessons learned will be analyzed and published jointly with help from the SIHI secretariat.
Up-take/use indicator target date:	31-Dec-23

Sustainable Development Goals

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

Concept and approach

Rationale:

TDR has been a leader in the field of research on community engagement and innovation, with large scale projects in eco-bio-social research in Asia and Latin-America, HMM and HMM+, community-based interventions research on mother and child health, etc. TDR was also a pioneer in utilizing network approaches to build capacity for research ethics oversight in LMICs, having incubated SIDCER, FERCAP and other regional networks that successfully trained, organized and built best practice standards for hundreds of ethics review committees and institutiotnal review boards in disease endemic countries.

This is an expected result aimed to partner with institutions and networks to map the needs and further develop ethics oversight and community engagement for research, by building on TDR's experience and harnessing the wealth of expertise in partner networks to address unmet needs in LMICs. Activities will link with the WHO ethics unit, with IMP and RCS projects, with Social Innovation for Health Initiative and its hubs, and with external partners to maximize the impact and make use of syergies and efficiencies.

In 2021, TDR launched a call for proposals, which resulted in the competitive selection by an adhoc external committee of ten proposals from LMICs, meant to map good practices in community engagement to implementation research, social innovation, research ethics and gender equity in research. The projects, that combined resources of various TDR work areas, will generate evidence on current practices as well as gaps, and will provide actionable recommendations for stakeholders in countries, as well as for communities of practice. Based on this, further work may be initiated to explore how best to scale up such good practices in TDR research and with partner organizations.

We are also researching, with partner institutions from the SIHI network, best ways to engage communities, especially marginalized populations, in designing health coverage they need, to enhance access to health care and progress towards universal health coverage and SDG3 targets. This would build on previous research that identified such gaps at national and subnational levels in countries from Africa and Asia and activities will utilize social justice lens, so that nobody is left behind.

As a global health research initiative, TDR continues to ensure the quality of research and human research subject protection, as well as the aspect of sustainably linking the capacity built in countries to a larger expert network. The quality of human subject research depends very much on the quality of the ethics review within the local research institutions. Expanding TDR's engagement in developing the capacity of Ethical Review Committees in low and middle-income countries is needed.

SIDCER was initiated within TDR in 2000 and has successfully established as an independent foundation in Asia with its priority in globalizing ethics in research. TDR can leverage from the SIDCER activities that relate to knowledge transfer/mentorship facilitation in the field of research ethics and harmonization of ethics practices and accreditation systems in low and middle-income countries. A pilot project has been carried out early this year by the TDR's global network with 5 African countries that participated in the SIDCER recognition program activities in Addis Ababa, and was successful in building awareness on the importance of ethical review quality in health research. A survey of the ERCs in Africa and Asia to identify gaps and challenges (and potential solutions) due to the Covid19 pandemic was conducted through SIDCER and PABIN in Asia and Africa, and was used to build bridges for collaboration with the regional networks that work in the field of research ethics.

Design and methodology:

Based on the results of the ten research projects mapping good practices in community engagement, an analysis will be conducted to maximize the impact of the evidence generated, to recommend best ways to disseminate and facilitate uptake. Potential opportunities for scale up and replication/pilot testing of best practices may be sought if further funding becomes available.

Working with IMP unit and DNDi, we will study innovative ways to engage local communities in the design and planning phase of research projects dealing with leishmaniasis elimination. Results will be analyzed, together with potential for scale up, replication, and policy recommendations.

A mapping exercise will be carried out to obtain a picture of existing initiatives on ethics in Africa and across WHO; this will asses s key players, challenges, successes and failures and will identify existing gaps. This will build on previous activities with ethics networks from 2018-2021. In parallel, we will conduct training and network support activities that engage national and local ERCs/IRBs, and regional networks, such as: Institution audits/visits (called "surveys") with three roles: strengthening the institution, learning lessons that can then be shared with other institutions, and training the auditors (surveyors) on the job. . Organizing policy dialogues and panels, recorded for dissemination to the network Writing policy briefs to help countries improve their ethics oversight system Training courses online for members of ERCs and IRBs, and for surveyors ? through TDR?s MOOC, also using SIDCER materials It is expected to develop capacity for managing health research through, accreditation systems; train-the-trainers opportunities; and enhancing partnership and collaboration between ethics networks (PABIN - Africa, SIDCER, FERCAP- Asia), ERCs, and creating a pool of TDR Global members capable to volunteer for review or ethics advisory roles.

Additional funds (higher budget scenario) will allow engaging with the Latin-American network while adding one more policy dialogue/panel debate, one more policy brief and publication, and fund 3-4 more surveys. Also, they will allow supporting the work of regional networks.

We will explore fundraising for larger projects on researching community engagement of local populations in West Africa for vector control activities, as well as working with SIHI hubs in Africa and Asia on researching community-designed health insurance and other modalities of extending health insurance coverage in diseases endemic countries with marginalized populations that are affected by infectious diseases of poverty.

Approach to ensure quality:	Overseen by the SIHI & Community Engagement ad hoc steering group made of external experts recognized in their field. Reviewed and overseen by TDR's Scientific Working Groups as part of the Global Engagement strategic priority area.

ER Objectives

ERObj-0053 : Test novel, effective solutions for local community engagement in research for implementation, and disseminate the new knowledge

ERObj-0052 : Advance the research ethics capacity in countries and create a community of trained experts that can support institutional needs

ER Biennium Risks

2022-2023

ERRisk - 0251

Risk description:	Duplication of efforts with other stakeholders
Actions to mitigate risk:	Consultation and harmonization of efforts with WHO ethics unit and existing networks to use TDR strengths on underserved gaps/niche.
Mitigation status:	Planning phase

ERRisk - 0250

Risk description:	Potential slow engagement with some countries due to Covid19 impact on health systems resources
Actions to mitigate risk:	Using existing networks and infrastructures to reach out; planning longer timeframe for activities
Mitigation status:	Planning phase

ER Biennium Outputs

2022-2023

EROutp-0307

Output description:	Policy dialogues, debates and panels
Output indicator:	1 policy panel debate (2 in high budget scenario)
Target date:	31-Dec-23

EROutp-0309

Output description: Support for network secretariat
Output indicator: Secretariat capacity strengthened in 1 network (2 in higher budget scenario)
Target date: 31-Dec-23

EROutp-0305

Output description: Mapping of research ethics initiatives in Africa, identifying successes, lessons learnt and existing gaps
Output indicator: Report approved
Target date: 31-Jul-22

EROutp-0308

Output description: Policy briefs and papers on key issues
Output indicator: 1 policy brief (2 in higher budget scenario)
Target date: 31-Dec-23

EROutp-0306

Output description: Institutional audits (surveys) to strengthen local capacity and collect lessons learned
Output indicator: Two survey conducted (five in higher budget scenario)
Target date: 31-Dec-23

EROutp-0340

Output description: Evidence from ten studies on community engagement generated
Output indicator: Lessons learnt published
Target date: 31-Oct-23

ER Biennium Outcomes

2022-2023

EROutc-0076

Outcome description: Strengthened regional networks in Africa (and Latin-America - higher budget scenario)

EROutc-0075

Outcome description: Trained experts mentor, collaborate and volunteer to advance the research ethics in their country and region

EROutc-0074

Outcome description: Institutions in countries show improved capacity for ethics oversight, and they have access to a pool of experts for technical support

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