DRAFT

Programme Budget and Workplan 2024–2025

Agenda item:	7.
Action / Information:	JCB is invited to review and approve the document.
Purpose:	This document presents the biennial budget and workplan for TDR's activities in 2024–2025. It outlines the strategic directions and objectives, budget overview, as well as the expected results.

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List of figures and tables

List of abbreviations

ADP	Access and Delivery Partnership
DF	designated funding
ER	expected result
IR	implementation research
JCB	Joint Coordinating Board
KPI	key performance indicator
LMICs	low- and middle-income countries
MOOC	massive open online course
MSA	multisectoral approach
NTP	national tuberculosis programme
OR	operational research
PIM	Programme Innovation and Management unit
R&D	research and development
RTC	regional training centre
SDF	Strategic Development Fund
SDG	Sustainable Development Goal
SIT	sterile insect technology
STAC	Scientific and Technical Advisory Committee
TB	tuberculosis
TDR	UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases
UD	undesignated funding
UHC	universal health coverage
VCAG	WHO Vector Control Advisory Group
WHO	World Health Organization

Context and overview

The 2024–2025 Programme Budget and Workplan represents the first biennium into TDR's six-year Strategy for 2024–2029 which, in turn, aligns with the Sustainable Development Goals (SDGs) and contributes to the World Health Organization's (WHO) Thirteenth General Programme of Work and global health targets. In this context, it continues to address the same three strategic priority areas: research for implementation, capacity strengthening for health research and engaging with global and local stakeholders for increased impact and sustainability.

The workplan covers a competitive portfolio, with impact on health enhanced by innovative research that also strengthens research capacity in low- and middle-income countries where it is needed most. With 84% of funds channelled into operations (including staff directly linked to operations) in the US$ 50 million budget scenario, TDR delivers real value for money.

Both the Strategy and the proposed budget, which is in line with results-based management principles, reflect TDR's commitment to contribute to the achievement of the SDGs, with a focus on the following: Goal 3 (good health and well-being); Goal 4 (quality education); Goal 5 (gender equality); Goal 6 (clean water and sanitation); Goal 9 (industry, innovation and infrastructure); Goal 10 (reduced inequality); Goal 11 (sustainable cities and communities); Goal 13 (climate action); and Goal 17 (partnerships to achieve the goal). TDR's impact pathway is illustrated in Fig. 1.
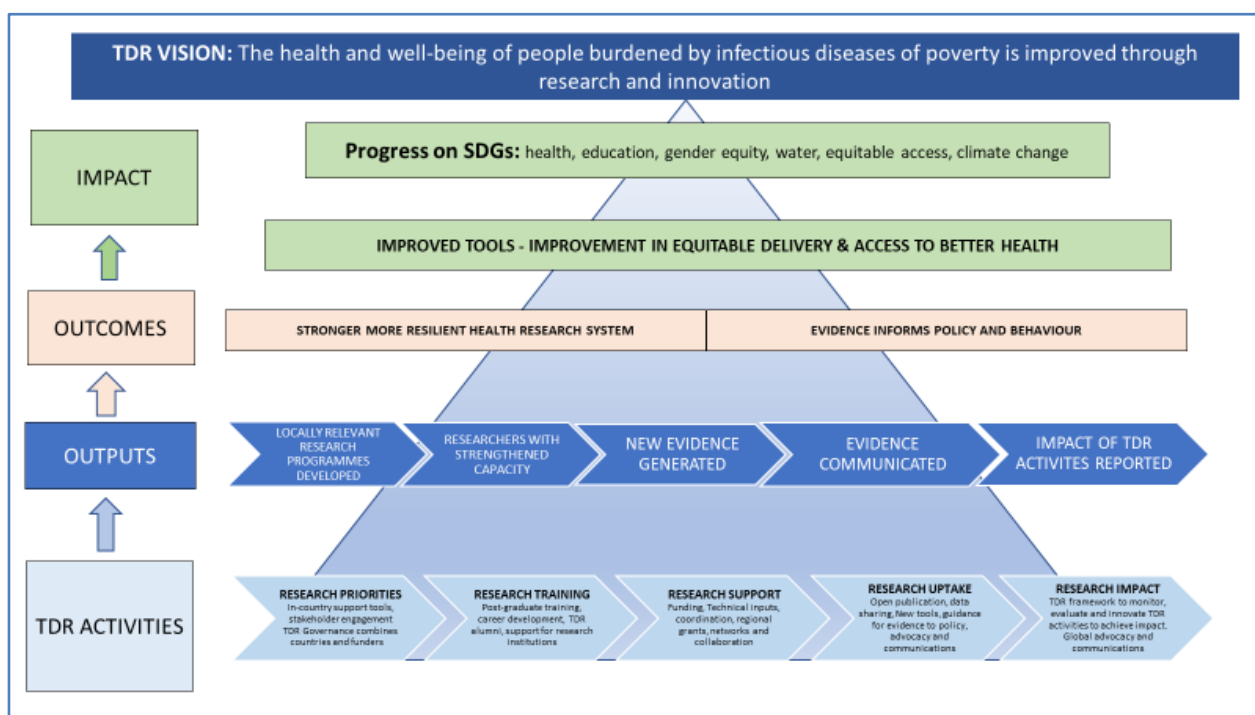

Fig. 1. TDR's impact pathway

In order not to leave anyone behind, TDR's focus will continue to be on vulnerable populations and low- and middle-income countries (LMICs) that have burdens of disease relevant to TDR's strategy. The geographical spread of our work in 2022, including research and training grants and contracts, is illustrated in Fig. 2.
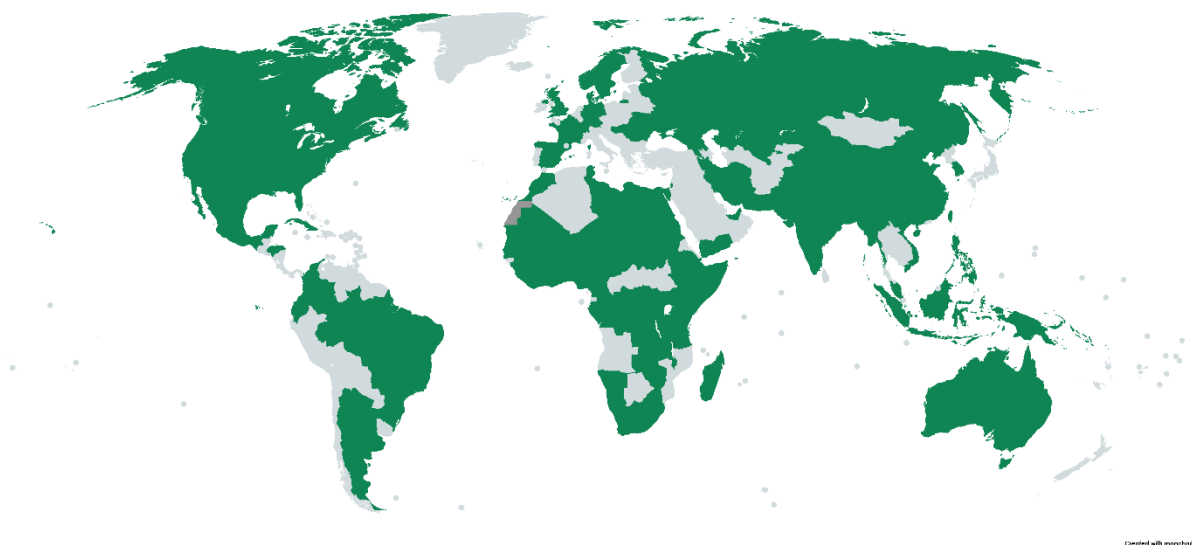
Fig. 2. Geographical distribution of TDR funded grants and contracts in 2022 (in green)

Details of the budget are included as Annex 1, where each expected result[1] is linked to an allocated budget. All deliverables with their indicators and targets are listed in the TDR expected results progress 2022–2023 and strategic plans 2024–2025 documents (one for each strategic priority area), which were submitted to the TDR Scientific and Technical Advisory Committee (STAC) for review and recommendations.

The Programme budget cycle

The budget cycle followed for the development of the Programme budget and workplan was discussed and agreed by the Standing Committee in 2022 and is presented in Fig. 3. It is aligned with the TDR governing bodies' review cycle, ensuring full engagement of the governing bodies in the budget development, approval and review/revision processes.

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

Strategic direction and objectives

Towards health impact and the global agenda 2030

TDR's six-year Strategy 2024–2029 supports the Programme's vision of using research and innovation to improve the health of those burdened by infectious diseases of poverty. TDR will continue to support activities that focus on research that improves our understanding of how health interventions are implemented in real-life situations. High-quality research evidence is essential to make sure that new interventions can be introduced effectively and safely, and proven interventions can be scaled up and deployed to their full potential.

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[1]   An Expected Result (ER), in TDR terminology, is a budget and workplan item comprising one or more projects and activities that together result in unique outputs.

TDR supports people and institutions in countries and communities where communicable diseases have a major impact on health and livelihood. Over time, the Programme has evolved to meet changing needs, shifting from a focus on neglected tropical diseases to a focus on the well-being of neglected people and communities. Low socio-economic status, lack of education, underserved populations and communities, inefficient and under-resourced health systems, stigma and discrimination, geographical location barriers, limited access to water and sanitation, and many other factors, create environments where the burden of infectious diseases is unacceptably high.

TDR will continue to focus on supporting implementation research and creating capacity in countries to perform locally relevant studies. Through this we will strengthen the resilience of LMIC health systems in the face of global health challenges. We will build on our work of several decades to create a critical mass of researchers in resource-limited settings, contributing to the growth of considerable in-country capacity and institutional competence to address local research needs.
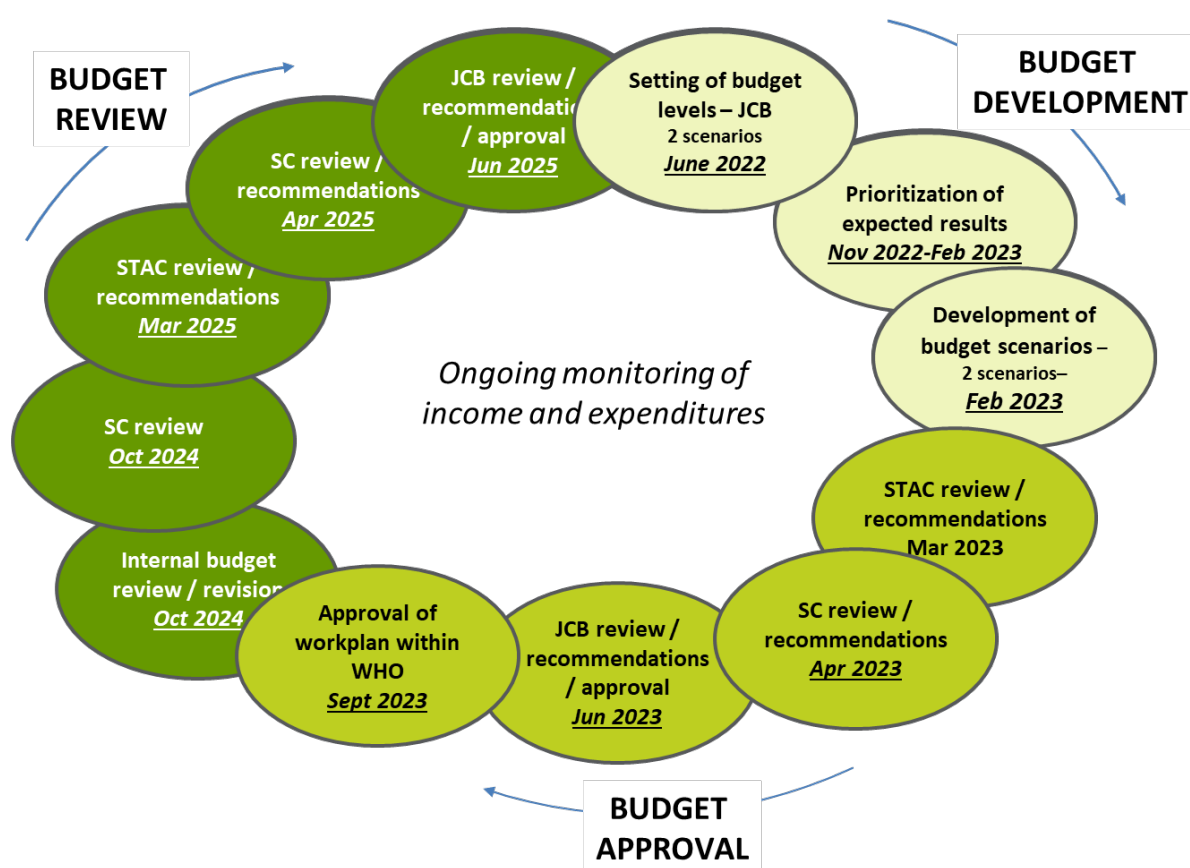
Fig. 3. TDR Programme Budget and Workplan 2024–2025: Budget cycle

TDR will expand beyond our traditional target of career researchers and contribute to the democratization of science, through strengthening research and decision-making capacity in national disease programmes and through the promotion of equitable partnerships, addressing gender and intersectionality and engaging affected communities throughout the research-to-practice cycle. We will put research as a tool into the hands of practitioners and collaborate with non-health sectors to identify opportunities and co-create solutions for improved public health. **The TDR strategic priority areas of research for implementation, research training and capacity strengthening, and global engagement** will act in an integrated manner to achieve public health impact:

✓ Supporting research that improves disease elimination and promotes effective implementation of both new and proven interventions, including through One Health approaches that build population resilience to environmental changes impacting health.

✓ Increasing the capacity to do this research at different levels and in different systems in disease-affected countries, with a focus on equity and vulnerable populations and LMIC institutions.

✓ Using the power of our global engagement to facilitate and accelerate a global response to infectious diseases, including to future epidemics and outbreaks.

Guided by a One Health approach, we will work across silos applying systems thinking to understand the complex interaction between humans, animals and their shared environment in driving diseases of poverty and seek solutions through integrative multidisciplinary collaboration. We will build on our pioneering exercise in operationalizing One Health as a transdisciplinary ecosystem approach for vector-borne diseases to catalyse a shift beyond disease-focused interventions towards a more holistic integration of health, environment and development through active engagement of the most affected stakeholders in their individual contexts.

TDR will focus on four major global health challenges. We will be pro-active in identifying opportunities where the specific implementation of our activities can align with and contribute to building country resilience to four important global health issues (see Fig. 4).
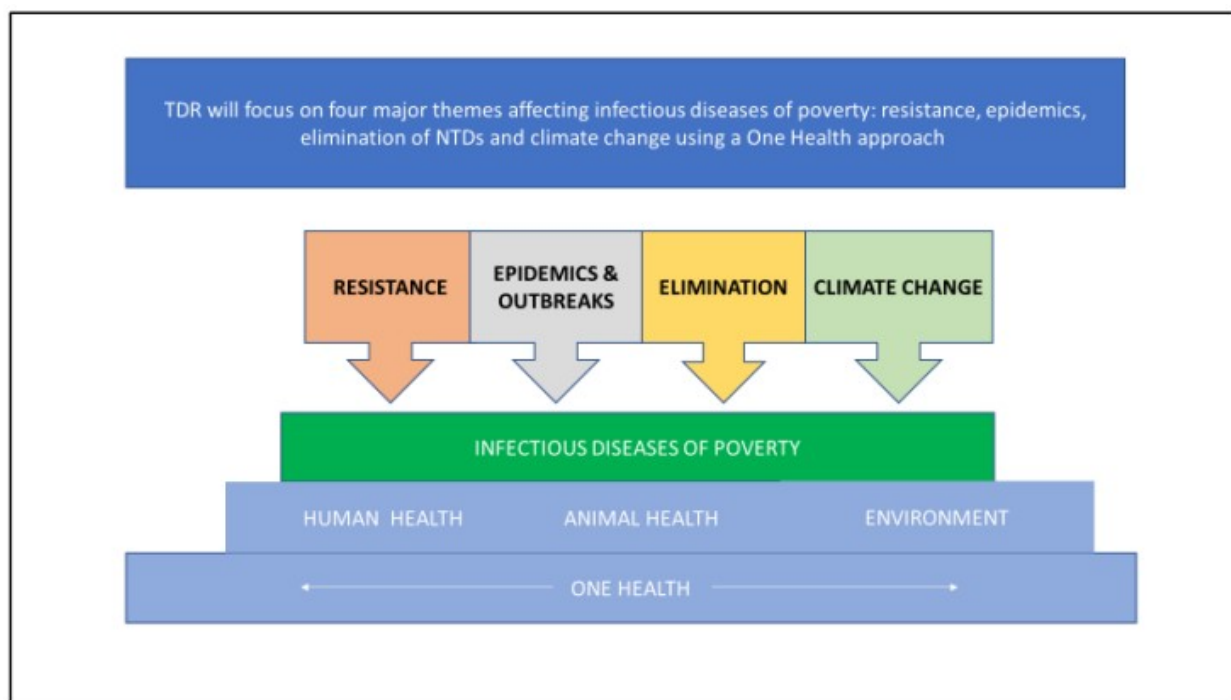

Fig. 4. Addressing major global health challenges through a One Health approach

Epidemics and outbreaks

The succession of global public health emergencies the world has experienced in recent years is likely to continue, and epidemic threats remain inevitable, with potential for added reversal of public health gains, as witnessed with Ebola, Zika and COVID-19. New and improved tools, approaches and interventions are required to detect and counteract emerging infectious disease threats and population vulnerabilities early. Implementation research is crucial to inform strategies for better prevention, preparedness and effective response to public health outbreaks and emergencies. Those responses need to work within the health system and not weaken existing programmes such as established vaccination measures.

Control and elimination of poverty-related infectious diseases

Tuberculosis, malaria and neglected tropical diseases continue to disproportionally affect the poorest and most vulnerable populations. TDR will continue to support effective and innovative global health research. This will generate the evidence to put in place innovations that reduce the burden of disease and build resilience in the health systems that serve these populations. We support work that crosses the disciplines of human, animal and environmental health.

Climate change

The changing climate affects the epidemiology of infectious diseases – by altering the drivers of disease, the risk to populations and the effectiveness of control programmes. TDR will support research to better understand these changes and inform mitigation strategies for the most vulnerable populations.

Resistance to treatment and control agents

The interaction between interventions to control and eradicate diseases caused by microbes (bacteria, viruses, fungi, parasites, etc.) and the vectors that often transmit them (mosquitoes, flies, snails, etc.) is dynamic. Over time, resistance to those interventions (antibiotics, fungicides, vaccines, insecticides, etc.) can develop and reduce their effectiveness. We will support multisectoral research to inform national action plans and strategies to combat resistance. We will contribute to research that will strengthen resilience through improved surveillance, better risk assessment, enhanced awareness and better understanding of underpinning human behaviour related to the spread of resistance.

Two-step budget implementation in 2024–2025 (US$ 40 and $50 million scenarios)

✓ Two budget and workplan scenarios have been developed in accordance with recommendations of the Joint Coordinating Board (JCB) in June 2022.

✓ Similar to what we did in 2022–2023, implementation will start at the US$ 40 million budget scenario level. This scenario includes US$ 28 million undesignated and US$ 12 million designated funds.

✓ The workplan corresponding to the US$ 40 million budget scenario will be implemented from January 2024, provided that sufficient funds have been identified by then.

✓ As additional funds in excess of US$ 40 million are confirmed, implementation will be scaled up gradually in line with available funding to the US$ 50 million scenario, which includes US$ 33 million undesignated and US$ 17 million designated funds. This requires detailed and flexible plans to allow the workplan to be scaled up at short notice.

✓ Allocation of undesignated funds for operations between the three strategic priority areas (research for implementation, research training and capacity strengthening, and global engagement) is similar to previous biennia.

✓ The Strategic Development Fund will allow TDR to respond to new arising needs and opportunities for collaboration during the course of the 2024–2025 biennium and will continue to represent approximately 1.5% of the Programme's total budget.
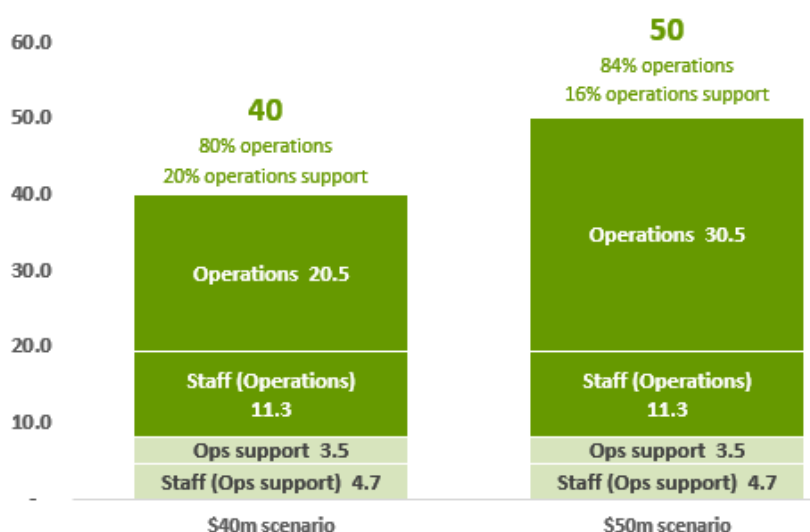
Fig. 5. 2024–2025 approved budget scenarios by expenditure type (in US$ millions)

Funds allocation ensures value for money and strategic balance

In the US$ 50 million scenario, 84% of the total costs will go to operations and 16% to operations support (see Fig. 5). Sixty-one percent (61%) of the budget (US$ 30.5 million) will be allocated directly to operations activities (see Fig. 6). Of the US$ 30.5 million allocated to operations activities, it is anticipated that US$ 17.5 million will be made up of undesignated funds.
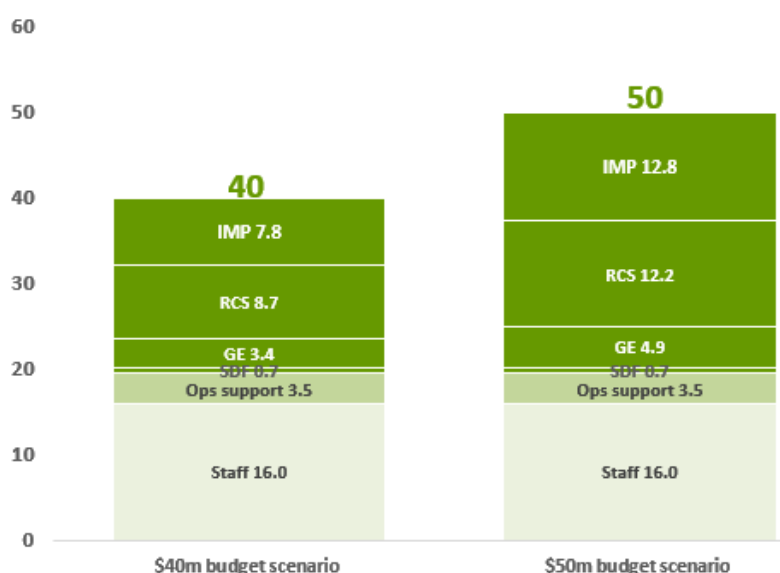
Fig. 6. 2024–2025 approved budget scenarios by strategic priority area (in US$ millions)

Contingency plan to address a potential gap in undesignated funding in 2024–2025

Due to a significant decrease in contribution from one of TDR's major donors, the possibility of a funding gap of US$ 5.8 million in undesignated funding has been identified for 2024–2025. This led

to the proposal of a contingency plan.

The contingency plan would save approximately US$ 5.8 million in 2024–2025 and limit TDR's liabilities for the period beyond. It includes freezing some vacant staff positions and a priority-based reduction in activity costs across the three strategic priority areas and the Strategic Development Fund.

The plan will be presented to the Standing Committee at its April 2023 meeting. Following recommendations and endorsement, it will be presented to the Joint Coordinating Board at its meeting in June 2023, together with the 2024–2025 Programme budget and workplan, for discussion and approval. If agreed by the JCB, and only in the event that no sufficient funding sources are identified before then, the contingency plan will be rolled out in January 2024.
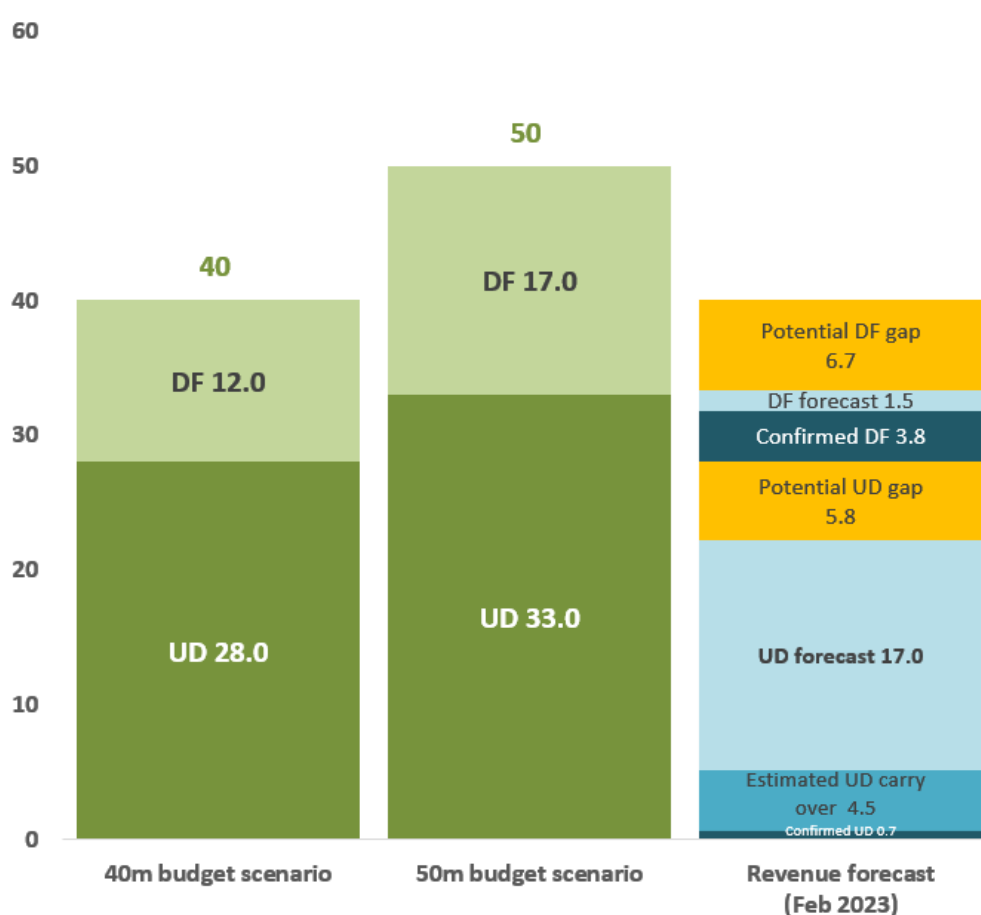
Fig. 7. Proposed contingency plan for 2024–2025

Budget overview

An overview of the 2024–2025 budget scenarios is presented in Table 1. The operations activities budget has been broken down to highlight: (i) the contribution of each strategic priority area, i.e. research for implementation, research training and capacity strengthening, and global engagement; and (ii) the Strategic Development Fund. As per JCB recommendations, the split between undesignated funds (UD) and designated funds (DF) is shown for individual budget lines in detail in Annex 1.

Table 1. Overview of the TDR Proposed Programme Budget for 2024–2025

|	$40m scenario			$50m scenario		
	UD	DF	Total	UD	DF	Total
Research for implementation	3 400 000	4 400 000	7 800 000	6 000 000	6 750 000	12 750 000
Research capacity strengthening	4 400 000	4 250 000	8 650 000	7 600 000	4 600 000	12 200 000
Global engagement	2 000 000	1 350 000	3 350 000	3 200 000	1 650 000	4 850 000
Strategic Development Fund	700 000	-	700 000	700 000	-	700 000
Subtotal operations	**10 500 000**	**10 000 000**	**20 500 000**	**17 500 000**	**13 000 000**	**30 500 000**
Operations Support	3 000 000	500 000	3 500 000	2 500 000	1 000 000	3 500 000
Personnel	14 500 000	1 500 000	16 000 000	13 000 000	3 000 000	16 000 000
Grand total	**28 000 000**	**12 000 000**	**40 000 000**	**33 000 000**	**17 000 000**	**50 000 000**

Operations activities budget

The 2024–2025 operations activities budget includes expected results that are continuing from 2023 and new expected results, generating outputs and outcomes during and beyond 2023. The main expected results are listed in Annex 1, together with success indicators and their allocated budget for the biennium.

The proposed operations activities budget and workplan for 2024–2025 has been developed and prioritized as follows:

✓ Development of the 2024–2025 Programme budget and workplan took place in parallel with the Strategy 2024–2029 development. Since the Strategy was still at draft stage for consultation at the time the draft Programme budget was submitted to governing bodies for review, late changes to the Strategy may not be reflected in this draft document.

✓ Relevant suggestions and recommendations from the Seventh external review of the Programme[2] have been taken into consideration.

✓ Consultations took place with WHO disease control programmes, regional and country offices and other stakeholders through discussions that highlighted areas of potential collaboration. Some of the resulting ideas, which are in line with our Strategy and show potential for innovation, leverage and sustainability, have already been initiated with seed funding from the Strategic Development Fund in previous biennia. Other project activities are flowing naturally from further development of current areas of high demand where TDR has a competitive edge. These expected results are being infused with the priorities of the Strategy.

✓ Expected results plans were developed by individual teams and discussed with their respective scientific working group.

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2   See the Report here: https://tdr.who.int/publications/m/item/seventh-external-review-of-tdr

✓ Expected results proposed to be part of the 2024–2025 workplans are compiled in the proposed budget operations activities tables (see Annex 1).

The proposed budget allocation to the Strategic Development Fund to respond to new arising needs and opportunities during the course of the biennium 2024–2025 is US$ 0.7 million. The principles of the Fund remain the same.

Fig. 8. Consultations leading to the development of expected results

The proposed operations support budget includes the cost of infrastructure (office rental), relations with governing bodies, communications, WHO administrative fees, staff development, information systems, fundraising and other management costs of the Programme.

Measuring results

Since 2009, TDR's Performance Framework has guided the measurement of strategic results at various levels of the Programme. The Framework facilitates the assessment of technical results and their outcomes (what TDR does), as well as how it is done, i.e. management performance and the application of TDR's core values (equity, effective partnerships, outcome sustainability and quality). It aims to foster innovative thinking, continuous performance improvement and enhance accountability across the Programme. Key performance indicators (KPIs) were adapted in 2018 to align with TDR's strategy 2018–2023 and with the universal Sustainable Development Goals. This was done in consultation with TDR's governing bodies and stakeholders, building upon lessons learnt from implementation of the previous TDR Performance Assessment Framework and specific reporting requirements from donors.

Each year a TDR Results Report is published summarizing the progress made on each of the KPIs and providing insight into the factors that shaped the Programme's performance during that year.[3]

In Annex 1, details of the 2024–2025 Programme budget and workplan at expected result level provide the planned cost as well as the specific deliverables and related indicators of success, which will be reported in the annual TDR results reports.

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3 See library of reports: https://tdr.who.int/publications/

Annex 1: TDR Programme Budget 2024–2025

1. Overall approach

For almost 50 years, TDR has been a leader in research to address infectious diseases of poverty and in building the capacity of institutions, individuals and communities in disease-affected countries to generate the evidence and implement the innovations needed to improve their health.

In the 2024–2029 Strategy, we build on our long experience to support research that: 1) improves access to and scaling up of health interventions, strategies and policies in a real-world context; and 2) strengthens health systems. We will continue to work closely with researchers, but increasingly we will work with implementers and social innovators, democratizing research to show how it is a useful, practical tool in the hands of people tackling health issues on the ground. We will meet the growing demand for implementation research training in partnership with universities and research institutions in low- and middle-income countries, that are creating a new generation of global health leaders.

Aligning with the new strategy, the 2024–2025 workplan will be responsive to major global health challenges. We will be proactive in identifying opportunities where our activities can align with and contribute to building country resilience to four key challenges. This includes engaging with the global health community through partnerships and collaborations.

Our experience has shown the importance of taking cross-cutting, multisectoral approaches to tackling diseases. We will continue to engage health-related sectors such as water, agriculture, housing and education and support One Health approaches that work across the disciplines of human, animal and environmental health. We are also supporting researchers to apply an inclusive intersectional lens to infectious diseases that explore links between gender and other health-related social inequalities.

The result of TDR's strategic approach of building capacity in countries was even more visible during the COVID-19 pandemic, when a vast majority of our grantees and trainees surveyed confirmed their active participation in the pandemic response in countries, applying skills they learned through working with TDR.[4]

TDR's expected results also contribute to WHO's (extended) Thirteenth General Programme of Work (2019–2025) through deliverables feeding into various outcomes and outputs of the Triple Billion targets. Our added value occurs thanks to TDR's unique working model that combines research and capacity strengthening in the countries that need it most.

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[4] See https://www.who.int/tdr/about/tdr-operations-during-COVID-19-outbreak/en/

2. Strategic priority area: Research for implementation

Our research portfolio of expected results will target developing innovative solutions, generating evidence to inform decision-making and improving delivery and access.

Research for innovative solutions

Filling the gaps in tools, strategies and interventions. We will support research that identifies gaps in existing tools, strategies or interventions and facilitates the development or adaptation of innovative solutions, including from practices outside the health sector. Our research will address gaps in treatment, control, elimination and safety monitoring, as well as in surveillance systems and outbreak response, while aiming to ensure that low- and middle-income countries benefit from innovative technologies such as digital tools available in high-income countries.

Research for decision-making

Providing data for evidence-based decisions on the inclusion of new tools, strategies and interventions in guidelines and policies. We will support research that facilitates the evidence-based formulation of new guidelines and policies for new, improved, or existing tools, strategies and interventions. We will seek pathways for accelerated use of validated evidence to inform decision-making and contribute to the strengthening of country mechanisms for translating research into policies and guidance for practice. Our research will include addressing last-mile challenges of disease elimination where integration into primary health services becomes particularly important to sustain gains, developing systems for the prevention, early detection and containment of antimicrobial resistance; conducting situation analyses and systematic reviews; and maximized utilization of data for public health decision-making.

Research for delivery and access

Providing data to inform health system practices for effective delivery and equitable access. We will support research targeted at understanding how tools, strategies and interventions in guidelines and policies can be effectively delivered by health systems in "real-life" settings, scaled up at the national level, and achieve equitable access. Our research will support strategies to promote gender-responsive health interventions. We will facilitate optimized approaches for effective delivery and impact assessment of public health interventions. This includes understanding necessary improvements in the effectiveness of existing health programmes and services in delivering quality health technologies, tools, strategies and interventions to those in need.

Cross-cutting approaches

Beyond these key research areas, driven by the global health priorities, we will champion cross-cutting methodologies, such as a **One Health approach** to emerging diseases, outbreaks, pandemics and the adverse effects of climate change and environmental degradation, as well as research for integrated and multisectoral approaches to help countries and populations build resilience to health threats. We will develop strategies for health service preparedness and foster synergistic responses. Our research will contribute to the evidence base for responsible public health social measures, increase community participation and mobilization and foster whole of society responses in public health emergencies. TDR research will apply an intersectional lens to gender equity and equitable access to health services. We will strengthen networks and communities of practice and promote South-South learning.

We will embed capacity building into research and work in partnership with national stakeholders to promote sustainable solutions. We aim to maintain the effectiveness of control programmes and build strong joint workplans with the World Health Organization.

Expected Results – Research for implementation

Expected results and deliverables	Indicators and targets
Research for decision-making	
1.1.4 Country resilience to the threat of drug-resistant infections: i) Documentation of practical approaches to improve targeted treatment and reduce drug misuse and risk of resistance, development and spread; ii) OR/IR strategies for countries to build effective systems for monitoring and responding to emerging drug resistance of all relevant infectious agents.	By the end of 2025: - 60 reports/publications and 10 examples of good practice leading to impact made available (72 publications for the US$ 50 million scenario). - Strategies and activities endorsed by stakeholders at relevant levels in seven target countries (nine countries for the US$ 50 million scenario).
1.1.7 Maximized utilization of data for public health decision-making: i) Build capacity for the effective collection and analysis and use of data for decision-making; ii) Publications and issue/policy briefs to inform evidence-based policies/practice.	By the end of 2025: - 240 successful trainees and 120 data analyses conducted and reported on Universal Health Coverage and SDG themes (280 and 140 respectively for the US$ 50 million scenario). - 120 publications and evidence of change in policies/practice (140 for the US$ 50 million scenario).
1.2.1 Strategies to achieve and sustain disease elimination: i) Improved basis for monitoring progress of preventive chemotherapy-based elimination programmes towards elimination and for decisions to stop interventions; ii) Data to support WHO guidelines and onchocerciasis endemic country registration and policies on moxidectin for onchocerciasis elimination; iii) Generate evidence on sustainable strategies for the elimination of VL in the Indian subcontinent; iv) Generate evidence to support establishment of programmes towards elimination of VL in Eastern Africa.	By the end of 2025: - Two reports to scientific working group; results of five studies disseminated with the country control programmes and/or NTD programmes/advisory committees at regional and/or headquarters level (eight studies for the US$ 50 million scenario). - Five publications in peer reviewed journals (eight publications for the US$ 50 million scenario).
1.3.3 Operationalizing a One Health approach for the control of vector-borne diseases in the context of climate change: Finalization of One Health research projects.	By the end of 2025: - Publication of research results for at least four African research consortia and launch of three new research projects (two more research projects for the US$ 50 million scenario).

Expected Results – Research for implementation	
Expected results and deliverables	*Indicators and targets*

Research for delivery and access

Expected results and deliverables	Indicators and targets
1.1.1 Country preparedness for disease outbreaks: Integration of EWARS in countries' surveillance systems.	By the end of 2025: - Three countries using EWARS as integrated tool in their surveillance system (five for the US$ 50 million scenario).
1.1.5 Directions for development and accelerated access to new tools and strategies: i) Strategy development, implementation and monitoring; ii) Outputs of TDR research projects and TDR staff and adviser expertise used to provide directional perspective for new R&D tools (including advice/ support to R&D sponsors) as well as new ways of implementing the tools; iii) Generic protocols to address implementation research issues encountered by different disease control programmes.	By the end of 2025: - Scientific working group meeting reports and recommendations. - Three R&D initiatives informed by TDR research project output or TDR staff /adviser expertise (five for the US$ 50 million scenario). - Two disease control programmes using generic protocols to inform their IR studies (four for the US$ 50 million scenario).
1.2.6 Optimized approaches for effective delivery and impact assessment of public health interventions: i) Approaches to optimize the effectiveness of RTS,S malaria vaccine in countries with high seasonality; ii) Strengthened regional networks of national TB programmes (NTP) in West, Central, East and Southern Africa capable of identifying research priorities; iii) Strengthened NTP capacity to conduct OR/IR to generate the evidence base for improving TB control.	By the end of 2025: - At least three countries should implement strategies to optimize effectiveness of RTS,S with more robust study designs to measure the impact of these strategies if extra funding is provided. - Establishment of the East and Southern Africa network with governance and terms of reference in place and at least 50% of the countries have defined their TB control gaps and developed a national TB research agenda. - OR/IR project results of at least 15 NTPs are disseminated via oral or written study reports/ scientific publications (20 for the US$ 50 million scenario).
1.3.10 Urban health interventions for the prevention and control of vector-borne and other infectious diseases of poverty: Evidence informed policy and practice at urban level.	By the end of 2025: - Two research studies implemented following findings from systematic evidence reviews conducted in previous biennium (three for the US$ 50 million scenario).
1.3.14 Testing of innovative strategies for vector control: i) SIT against *Aedes* mosquitoes and arboviral diseases presented at the WHO Vector Control Advisory Group (VCAG) for advice and review; ii) Countries integrating SIT into the integrated vector control against Aedes mosquitoes and arboviral diseases.	By the end of 2024: - VCAG recommendation. By end of 2025: - Three countries in the process of integrating SIT (for the US$ 50 million scenario, a second research project with SIT field testing is supported and training tools/activities developed).

Expected Results – Research for implementation

Expected results and deliverables	Indicators and targets

Cross-cutting approaches

1.3.11 Multisectoral approach (MSA) for prevention and control of vector-borne diseases:
i) Countries implementing fully MSA against vector-borne diseases; ii) Deployment of MSA MOOC.[5]

By end of 2024:
- 12 countries with MSA implementation (through joint activities and/or coordination committees).
- 50 individuals following the MSA MOOC.

Table 2. 2024–2025 Budget distribution by ER: Research for implementation strategic priority area

Expected result	Research for implementation	$40m scenario			$50m scenario		
		UD	DF	Total	UD	DF	Total
	Research for decision-making						
1.1.4	Country resilience to the threat of drug-resistant infections	300 000	200 000	500 000	500 000	700 000	1 200 000
1.1.7	Maximized utilization of data for public health decision-making	400 000	500 000	900 000	500 000	900 000	1 400 000
1.2.1	Strategies to achieve and sustain disease elimination	540 000	100 000	640 000	1 300 000	300 000	1 600 000
1.3.3	One Health approach for the control of vector-borne diseases in the context of climate change	400 000	500 000	900 000	600 000	600 000	1 200 000
	Research for delivery and access						
1.2.6	Optimized approaches for effective delivery and impact assessment of public health interventions	600 000	1 500 000	2 100 000	1 050 000	1 700 000	2 750 000
1.3.10	Urban health interventions for vector-borne and other infectious diseases of poverty	150 000	100 000	250 000	250 000	200 000	450 000
1.3.12	Strategies to promote gender-responsive health interventions	300 000	100 000	400 000	500 000	200 000	700 000
1.3.15	Vector-borne disease prevention and control for vulnerable and hard to reach populations	200 000	200 000	400 000	500 000	300 000	800 000
	Research for innovative solutions						
1.1.1	Country preparedness for disease outbreaks	150 000	500 000	650 000	200 000	500 000	700 000
1.1.5	Directions for development and accelerated access to new tools and strategies	160 000	0	160 000	300 000	0	300 000
1.3.14	Testing of innovative strategies for vector control	200 000	700 000	900 000	300 000	1 350 000	1 650 000
	Total	3 400 000	4 400 000	7 800 000	6 000 000	6 750 000	12 750 000

Note: budget does not include personnel costs

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5   Deliverables from previous biennium without budget allocation in 2024–2025

3. Strategic priority area: Research training and capacity strengthening

The growing demand for implementation research training conceptualized and implemented by LMICs has inspired TDR to develop a range of training options, from workshops and short training courses, implemented by the Regional Training Centres, to fully accredited programmes in the TDR Postgraduate Training Scheme, developed in partnership with eight universities in LMICs. This training goes beyond academia-based researchers and includes those working in the community, implementation programmes, decision- and policy-makers.

TDR will continue to innovate in training formats, applying the latest methods in face-to-face, mixed and online learning. We will continue to build local capacity by supporting trainings conducted in regional academic centres. We will also seek to apply social innovations to put the training materials we have developed with our partners into the hands of the populations we serve through community-based initiatives.

We will focus our training and capacity strengthening on LMICs and align our themes with the pillars of the 2024–2029 Strategy.

Developing training tools and providing training to create implementation research leadership in LMICs

TDR will promote the conduct of implementation research (IR) through transdisciplinary teams composed of researchers, health service implementers and policy-makers to ensure that the IR projects are scientifically rigorous, respond to the programme needs and have political buy-in. This will be done by:

- Supporting different types of learners (researchers, innovators, communities, implementers, policy-makers) to develop a shared language of IR concepts.

- Identifying opportunities for team learning by offering modular trainings and providing appropriate trainings depending on the background and role of IR team members.

- Using the learning-by-doing approach by linking the didactic component of the training to a research grant and mentorship.

TDR will ensure that every research project it engages with has an implicit learning and capacity strengthening component integrated into its concept and design. It will also carry out explicit research capacity development, to create IR leadership in LMICs.

Strengthening capacity in communities beyond academia

We will work at the forefront of democratizing research and building local capacity for communities and social innovators so that they engage and directly contribute to open science, while maximizing the impact of grassroots innovations. We will do this through innovative hubs that bring together communities and their innovators with academia, governments, funders and entrepreneurs.

Fostering mentorship and collaborative science

We will take advantage of the wealth of expertise in our global community of trainees, grantees and experts to bridge the generational gap and ensure that young scientists can build on the wealth of knowledge and wisdom of their experienced colleagues. We will promote and support career development that nurtures research impact, by leveraging recognized expertise in our networks to strengthen individual scientists and institutional capacity, while also addressing important aspects of equity in health and education.

Supporting internationally recognized IR training institutions

In addition to strengthening the research capacity of individual researchers, TDR is committed to building the capacity of research institutions in LMICs that disseminate IR training materials to health professionals and researchers. This is captured in the 2024–2025 workplan by:

- Supporting the Postgraduate Training Scheme and Regional Training Centres;

- Developing regional networks of training institutions; and

- Strengthening links between learners and local institutions through information sharing on trainings on IR or other health policy and systems research (through networks such as TDR Global and other platforms).

Expected Results – Research training and capacity strengthening	
Expected results and deliverables	*Indicators and targets*
2.1.1.1 TDR support to regional training centres (RTC): i) Support RTCs to become operational in the dissemination in their region of short training courses on IR and good health research practices; ii) Effective coordination of the RTC initiative.	By the end of 2025: - Four satellite institutions per RTC ready to implement at least two training courses in IR or good health research practices (six for the US$ 50 million scenario). - Three courses included in the RTC curricula (five for the US$ 50 million scenario).
2.1.2 Targeted research training grants in low- and middle-income countries: i) Early career trainees complete their master's degree in their home country or within their region; ii) a global network (intra and inter-regional) of TDR-supported implementation researchers developed.	By the end of 2025: - Additional 40 trainees enrolled, 25 complete their master's (100 trainees enrolled, 40 complete for the US$ 50 million scenario). - 10 virtual meetings to share lessons learned, improving communications and collaborations amongst seven universities in different regions.
2.1.4 Advanced training in clinical research leadership: i) Highly skilled health research leaders in low- and middle-income countries; ii) R&D skills gained during training implemented in the home institution.	By the end of 2025: - 20 new fellows trained. - 70% of home institutions involved in national or international R&D projects.
2.1.6 Structured capacity building in implementation research in LMICs: i) IR teams in ADP focus countries able to provide training for other countries to develop and implement IR projects; ii) ADP focus countries adopt and scale up the use of TDR online IR resources.	By 31 March 2025: - 10 IR projects implemented by disease programmes in focus countries. - All seven ADP focus countries adopt and scale up the use of TDR online training resources.

Expected Results – Research training and capacity strengthening	
Expected results and deliverables	**Indicators and targets**
2.1.7 Strengthening operational research (OR) capacity in Global Fund supported programmes: i) Framework for OR in Global Fund supported programmes published, translated into French and disseminated; ii) OR projects completed in each funding cycle; iii) National programmes supported to create critical mass of staff with OR capabilities; iv) National programme teams supported to incorporate OR in their strategic plans, Global Fund applications or reprogrammed grants and trained to conduct SORT IT courses.	By the end of 2025: - A bilingual electronic version of the framework for OR is available and disseminated to 10 countries (15 countries for the US$ 50 million scenario). - 20 open access, peer-reviewed publications and policy/practice briefs. - Four national programmes with capacity to plan, conduct and utilize OR findings (5 for the US$ 50 million scenario). - Three national programmes receiving Global Fund support to conduct and evaluate OR projects (four for the US$ 50 million scenario).

Table 3. 2024–2025 Budget distribution by ER: Research training and capacity strengthening strategic priority area

Expected result	Research training and capacity strengthening	$40m scenario			$50m scenario		
		UD	DF	Total	UD	DF	Total
2.1.1.1	TDR support to regional training centres	1 050 000	200 000	1 250 000	1 250 000	200 000	1 450 000
2.1.2	Targeted research training grants in low- and middle-income countries (MSc, PhD)	3 200 000	500 000	3 700 000	6 100 000	700 000	6 800 000
2.1.4	Advanced training in clinical research leadership	0	3 000 000	3 000 000	0	3 000 000	3 000 000
2.1.6	Structured capacity building in IR (ADP Initiative)	0	500 000	500 000	0	500 000	500 000
2.1.7	Strengthening OR capacity in Global Fund programmes	150 000	50 000	200 000	250 000	200 000	450 000
	Total	**4 400 000**	**4 250 000**	**8 650 000**	**7 600 000**	**4 600 000**	**12 200 000**

Note: budget does not include personnel costs

4. Strategic priority area: Global engagement

TDR is committed to meaningful engagement and collaboration with the wider global health effort. This is even more important in order to promote and facilitate the role of research for development, and to advocate for the use of high-quality evidence to inform policy. TDR is embedded in the United Nations family at the interface between research and health care delivery, with a reach from the communities we work with through to the World Health Assembly, the WHO regional offices and other TDR cosponsors' regional/country structures. We will leverage this unique position to engage in the broader debate across the process of health research, from priority setting through to evidence for policy-making at local, regional, national and global levels.

Using its unique position, TDR will develop and employ new tools and approaches in the following three streams:

Shaping research priorities and systems

We will help shape research priorities that benefit underserved and vulnerable populations, within the framework of the Sustainable Development Goals, by:

- Maintaining a governance system that brings together the disease-affected countries and the research funders for joint decision-making and complementarity in programme development.

- Engaging with relevant stakeholders, including WHO disease control programmes, to identify demand-driven research priorities and develop research strategies through specific impact grants.

- Developing multisectoral and multidisciplinary research approaches, including research on social and other innovations in response to regional and local priorities.

- Strengthening the research system by developing in-country tools to support financing of research and by working with all stakeholders to develop and promote best practices in research management, standard methodologies and approaches to monitoring and evaluation of impact.

- Facilitating equitable open innovation through, for example, platforms to share and analyse research data and research tools and open access to research literature.

- Promoting research ethics and integrity and strengthening local capacity for community participation to ethics oversight.

Supporting research uptake and evidence use

We will continue to facilitate the use of evidence to inform policy at local, national, regional and global levels, including:

- Providing evidence synthesis for policy review through policy briefs, briefing notes, evidence summaries and expert reviews.

- Increasing interest and capacity among policy-makers and stakeholders to use evidence to develop policy solutions and trigger action.

- Strengthening systematic processes of collating, organizing, synthesizing and disseminating research evidence, particularly local evidence and knowledge, and the measurement of impact.

- Integrating evidence and good practices of funders, providers, implementers and other actors in global health via innovative advocacy and communications.

Addressing gender and other social determinants of health

We will strengthen gender-responsive efforts in research on infectious diseases by:

- Supporting research that explores the role of gender identity and intersectionality with other social determinants of health to improve health interventions' impact and equity.

- Supporting research on grassroots-level social innovations that can be scaled up by communities to improve health systems and access to health care, especially for the most vulnerable.

- Mainstreaming community engagement and equitable partnerships in research and capacity strengthening.

- Facilitating collaboration and engagement with local scientists through TDR networks and partners globally.

Expected Results – Global engagement

Expected results and deliverables	Indicators and targets
1.3.5 Advancing social innovation in health care delivery in LMICs through research, capacity strengthening and advocacy: i) Social innovation research to demonstrate impact on universal health coverage, enhance innovations sustainability and embed a gender-transformative approach; ii) Social innovation mainstreamed by hubs in country and research institution systems; iii) A growing country-lead network.	By the end of 2025: - At least ten related social innovation research studies conducted with innovators (15 for the US$ 50 million scenario). - At least five hubs have mainstreamed social innovation in their curriculum, institution or country (10 for the US$ 50 million scenario). - At least eight new hubs / formal partnerships established.
2.1.1.2 Impact grants for WHO regional priorities: i) Impact grants operationalized in at least five WHO regional offices; ii) Functional collaboration frameworks with at least five regional offices established.	By the end of 2025: - Impact Grant calls launched, projects selected and funded in at least five regional offices (US$ 40 million scenario: 40 grants funded; US$ 50 million scenario: 60 grants funded). - Evidence of collaboration frameworks' effectiveness based on successful joint projects and activities.
2.2.1 Shaping the research agenda: i) One research priority setting exercise supported per biennium; ii) Provide technical support on request through regional offices to WHO Member States engaged in health research; iii) Update the TDR explorer resource that provides a search portal to analyse TDR supported research from 2009 onwards.	By 30 September 2025: - Two reports published and/or resource established. - One support activity provided. - Report published and/or resource established.
2.2.2 Capacity strengthening to bring research evidence into policy: i) Support for researchers within LMICs to develop evidence to policy activities, attend conferences or undertake evidence synthesis; ii) Data sharing: 1. support for capacity building and 2. implement WHO guidance; iii) Embed knowledge management and evidence for decision-making into the SORT IT–AMR programme.	By 30 September 2025: - At least 10 evidence-to-policy activities undertaken and relevant reports published. - Development and use of data sharing platforms in the TDR target diseases. - Creation of at least 10 policy briefs, presentations to enable evidence uptake and inform policy- and decision-making.
2.3.1 Collaborative networks (ESSENCE on Health Research) and engagement with global health initiatives: i) TDR's activities benefit and are shaped by global health research and global health agenda; ii) Tools and reports are used to inform policy and/or practice of global/regional stakeholders or major funding agencies; iii) Funding agencies engage in annual policy dialogue between each other and with LMIC institutions and pilot countries; iv) LMIC capacity in areas such as research management, M&E are strengthened in close collaboration with funding agencies.	By the end of 2025: - TDR activities use ESSENCE documents as reference. - Two harmonized principles, policies, practices introduced and adapted by funding agencies and LMIC researchers/research institutions. - One pilot country initiates dialogue between funding agencies and researchers/research institutions. - 40 LMIC researchers trained in good practice fields (60 researchers for the US$ 50 million scenario).

Expected Results – Global engagement

Expected results and deliverables	Indicators and targets
2.3.3 TDR Global - the community of former trainees, grantees and experts: i) Community engagement activities are implemented in support of TDR research and capacity strengthening activities; ii) Surveys / crowdsourcing that gather and prioritize ideas from trainees, grantees and experts to support mentorship and themes of interest for the community; iii) A streamlined TDR Global aligned with the needs of supporting TDR's new strategy 2024–2029.	By the end of 2024: - Soft review conducted and report submitted with recommendations on improving alignment and value for money to the Programme. By the end of 2025: - Three thematic and region/country-based mobilization activities engaging the TDR Global community are taking place and TDR projects are supported (six for the US$ 50 million scenario). - One survey/crowdsourcing tool to collect and prioritize ideas for action by the TDR Global community (two for the US$ 50 million scenario).
2.3.4 Effective incorporation of intersectional gender analysis in research and training on infectious diseases: i) Global engagement activities to support TDR's gender research strategy and strengthen collaborations/networks across TDR and partners to operationalize and address intersectionality related dimensions of infectious diseases of poverty.	By the end of 2025, - Three TDR projects and collaborative initiatives incorporate a gender and intersectionality approach (five for the US$ 50 million scenario).
2.3.5 Community engagement and ethics: i) Evidence from applying good practices in community engagement for implementation research identified through the community engagement call; ii) Capacity strengthening activities for research ethics based on lessons learned from the mapping exercise; iii) Good practices in community engagement and research ethics promoted through global and regional networks.	By the end of 2025: - One pilot project for good practices in implementation research generates preliminary findings (two for the US$ 50 million scenario). - At least ten research ethics committees in key countries in Africa have their capacity strengthened (plus ten in Asia for the US$ 50 million scenario). - At least two global and regional partners adopting and promoting good practices in community engagement and research ethics (three for the US$ 50 million scenario).

Table 4. 2024–2025 Budget distribution by ER: Global engagement strategic priority area

Expected result	Global engagement	$40m scenario			$50m scenario		
		UD	DF	Total	UD	DF	Total
1.3.5	Research on social innovation to enhance healthcare delivery	150 000	350 000	500 000	400 000	550 000	950 000
2.1.1.2	Regional office collaboration and impact grants for regional priorities	1 000 000	100 000	1 100 000	1 350 000	200 000	1 550 000
2.2.1	Shaping the research agenda	100 000	100 000	200 000	100 000	100 000	200 000
2.2.2	Capacity strengthening to bring research evidence into policy	100 000	150 000	250 000	100 000	150 000	250 000
2.3.1	Collaborative networks & engagement with global health initiatives (including ESSENCE)	0	300 000	300 000	150 000	300 000	450 000
2.3.3	TDR Global - the community of former trainees, grantees and experts	300 000	0	300 000	500 000	0	500 000
2.3.4	Intersectional gender analysis in research and training	100 000	100 000	200 000	250 000	100 000	350 000
2.3.5	Community engagement and ethics	250 000	250 000	500 000	350 000	250 000	600 000
	Total	**2 000 000**	**1 350 000**	**3 350 000**	**3 200 000**	**1 650 000**	**4 850 000**

Note: budget does not include personnel costs

5. Strategic Development Fund

In order to be able to strategically respond to new opportunities arising during the course of the 2024–2025 biennium and initiate new partnerships along the lines of TDR's working model, it is proposed to maintain a Strategic Development Fund of US$ 0.7 million. This Fund will also enable TDR to leverage further funding on new initiatives. Expenditure from the Fund will be used exclusively to cover direct operations of new initiatives in research, capacity strengthening and global engagement, and as a means of leveraging funding. Expenditure will be monitored and reported to the TDR Scientific and Technical Advisory Committee.

6. Operations support

Operations support covers the Director's office (including external relations and governing bodies and communications functions) and the Programme Innovation and Management unit.

Resource mobilization, governance and communications

These functions manage and coordinate the interactions, meetings and interfaces involved in TDR's governance and coordinate external relations and resource mobilization activities; they also coordinate communications and advocacy activities for TDR.

Programme Innovation and Management (PIM) unit

This unit supports TDR's objectives through continued improvement of programme performance. This requires developing and managing effective strategies, planning processes and systems to track and report against defined expected results and providing effective budgetary, financial, administrative, contract management, human resources management and facilities support.

PIM ensures that the portfolio of projects remains strategically focused and relevant to the global health context. In 2024–2025, technical and financial planning, monitoring and evaluation processes will continue to be based on results as per the TDR Performance Framework 2018–2023 and management review system.

Staff development, fostering continuous learning, monitoring TDR's risk management framework, internal controls, maintaining and improving TDR's information systems and supporting TDR Global work, are part of PIM's objectives for 2024–2025. PIM works closely with other TDR units and with other departments in WHO as and when needed.

Table 5. 2024–2025 Proposed operations support budget

	Operations support	$40m scenario			$50m scenario		
		UD	DF	Total	UD	DF	Total
8.1.1	Governance meetings	430 000	0	430 000	430 000	0	430 000
8.1.2	Director's activities	100 000	0	100 000	100 000	0	100 000
8.1.3	Advocacy & communication	300 000	0	300 000	300 000	0	300 000
8.1.4	Resource mobilization	100 000	0	100 000	100 000	0	100 000
8.1.5	Portfolio planning, monitoring and evaluation	50 000	0	50 000	50 000	0	50 000
8.1.6	Financial planning, monitoring and evaluation	40 000	0	40 000	40 000	0	40 000
8.1.7	Staff development	130 000	0	130 000	130 000	0	130 000
8.1.8	Running costs	620 000	0	620 000	620 000	0	620 000
8.1.9	Information systems	330 000	0	330 000	330 000	0	330 000
8.1.10	WHO administrative charges	900 000	500 000	1 400 000	400 000	1 000 000	1 400 000
	Total	**3 000 000**	**500 000**	**3 500 000**	**2 500 000**	**1 000 000**	**3 500 000**

Annex 2: 2024–2025 contingency plan (UD) – to be implemented in January 2024, if other sources of funds are not identified

The contingency plan proposes cost reductions as per the table below:
- Approximately US$ 1.7 million in personnel costs
- US$ 4.1 million in operations activities costs

Expected result	Research for Implementation	$40m scenario	Contingency plan	Reduction
	Research for decision-making			
1.1.4	Country resilience to the threat of drug-resistant	300 000	200 000	- 100 000
1.1.7	Maximized utilization of data for public health	400 000	250 000	- 150 000
1.2.1	Strategies to achieve and sustain disease elimination	540 000	330 000	- 210 000
1.3.3	One Health approach for the control of vector-borne diseases in the context of climate change	400 000	300 000	- 100 000
	Research for delivery and access			
1.2.6	Optimized approaches for effective delivery and impact assessment of public health interventions	600 000	370 000	- 230 000
1.3.10	Urban health interventions for vector-borne and other infectious diseases of poverty	150 000	80 000	- 70 000
1.3.12	Strategies to promote gender-responsive health	300 000	200 000	- 100 000
1.3.15	Vector-borne disease prevention and control for vulnerable and hard to reach populations	200 000	120 000	- 80 000
	Research for innovative solutions			
1.1.1	Country preparedness for disease outbreaks	150 000	50 000	- 100 000
1.1.5	Directions for development and accelerated access to new tools and strategies	160 000	80 000	- 80 000
1.3.14	Testing of innovative strategies for vector control	200 000	120 000	- 80 000
	Total	3 400 000	2 100 000	-1 300 000

Expected result	Research Capacity Strengthening	$40m scenario	Contingency plan	Reduction
2.1.1.1	TDR support to regional training centres	1 050 000	260 000	- 790 000
2.1.2	Targeted research training grants (MSc, PhD)	3 200 000	2 320 000	- 880 000
2.1.4	Career development fellowship grants	0	0	0
2.1.6	Structured capacity building in IR (ADP Initiative)	0	0	0
2.1.7	Strengthening OR capacity in Global Fund programmes	150 000	120 000	- 30 000
	Total	4 400 000	2 700 000	-1 700 000

Expected result	Global Engagement	$40m scenario	Contingency plan	Reduction
1.3.5	Research on social innovation to enhance healthcare	150 000	150 000	0
2.1.1.2	Regional office collaboration and impact grants for regional priorities	1 000 000	565 000	- 435 000
2.2.1	Shaping the research agenda	100 000	75 000	- 25 000
2.2.2	Capacity strengthening to bring research evidence into	100 000	100 000	0
2.3.1	Collaborative networks and engagement with global health initiatives	0	0	0
2.3.3	TDR Global	300 000	150 000	- 150 000
2.3.4	Effective engagement in gender and equity	100 000	60 000	- 40 000
2.3.5	Community engagement and ethics	250 000	100 000	- 150 000
	Total	**2 000 000**	**1 200 000**	**- 800 000**

	Strategic Development Fund	$40m scenario	Contingency plan	Reduction
7.1.1	**Strategic Development Fund**	**700 000**	**400 000**	**- 300 000**

		$40m scenario	Contingency plan	Reduction
	Operations	**10 500 000**	**6 400 000**	**-4 100 000**

	Operations Support	$40m scenario	Contingency plan	Reduction
8.1.1	Governance meetings	430 000	430 000	0
8.1.2	Director's activities	100 000	100 000	0
8.1.3	Advocacy and communication	300 000	300 000	0
8.1.4	Resource mobilization	100 000	100 000	0
8.1.5	Portfolio planning, monitoring and evaluation	50 000	50 000	0
8.1.6	Financial planning, monitoring and evaluation	40 000	40 000	0
8.1.7	Staff development	130 000	130 000	0
8.1.8	Running costs	620 000	620 000	0
8.1.9	Information systems	330 000	330 000	0
8.1.10	WHO administrative charges	900 000	900 000	0
	Total	**3 000 000**	**3 000 000**	**0**

	Personnel	$40m scenario	Contingency plan	Reduction
9.1.1	**Personnel**	**14 500 000**	**12 800 000**	**-1 700 000**

		$40m scenario	Contingency plan	Reduction
	Grand total	**28 000 000**	**22 200 000**	**-5 800 000**