TDR Expected Results
Progress 2022-2023 and Strategic Plans 2024-2025

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:	1/1/2014	**End date:**	31/12/2025
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: Mihai MIHUT

Team: Abraham Aseffa, Elisabetta Dessi, Mary Maier, Corinne Merle, 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:	Yes	Foster networking:	Yes
Increase visibility:	Yes		

TDR partnership criteria indicators

Objectives aligned:	Yes	
Roles complimentary:	Yes	TDR's focus is on fostering research on social innovation. The hubs' role is as interface between researchers, community /innovators and government / policymakers
Coordination transparent:	Yes	SIHI network meets monthly to coordinate activities across hubs.
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 has been published in 2022. SIHI hubs present their work in various conferences (e.g. ASHTM, HSRG, GHNC, etc.).

Up-take/use indicator target date: 31/12/2023

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 embed social innovations research in countries 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 research in their programmes and national systems. SIHI builds upon its work and expansion during its two initial phases and focuses, in Phase 3, on enhancing the sustainability 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: Embedding social innovation research in country health and research systems and sustaining the SIHI hubs and expanding the network (2020-2025).

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

Promote and mainstream social innovation research, with an intersectional gender and social justice lens, in LMICs to accelerate UHC

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

Biennium	**2022-2023**
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
Biennium	**2024-2025**
Risk Description	**Need for enhanced coherence, synergy and sustainability.**
Actions To Mitigate Risk	Nurture SIHI Secretariat partnership development and fundraising activities.
Mitigation Status	Planning phase

ER Biennium Outputs

Biennium	**2022-2023**
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
Output Target Date	31/12/2023
Output Progress Status	On Track
Output Progress Description	The SIHI Secretariat is effectively coordinating SIHI hubs communications, updates the SIHI website regularly including events, newsletter, case studies, related videos, research and training tools and any other relevant information. The Secretariat convenes the hubs to monthly meeting, organizes monthly open SIHI talks and is planning events in 2023.
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)
Output Target Date	31/12/2023
Output Progress Status	On Track
Output Progress Description	13 SIHI hubs are operational across the globe.
Biennium	**2024-2025**
Output Description	**Social innovation mainstreamed by hubs in country and research institution systems**
Output Indicator	At least ten hubs have mainstreamed social innovation in their curriculum, institution or country
Output Target Date	31/12/2025

Output Description	Social innovation research to (i) demonstrate impact on UHC, (ii) enhance innovations sustainability, and (iii) embed gender-transformative approach
Output Indicator	At least ten related social innovation research studies conducted with innovators
Output Target Date	31/12/2025
Output Description	A growing country-lead network
Output Indicator	At least eight new hubs / formal partnerships established
Output Target Date	31/12/2025

ER Biennium Outcomes

Biennium	2022-2023
Outcome description	**Mainstreaming social innovation research, with an intersectional gender and social justice lens, in LMICs to accelerate UHC**
Progress made towards outcome	The SIHI network includes 13 SIHI hubs now operational globally to embed social innovation research in their respective country research institutions and health systems. The SIHI Secretariat is coordinating the SIHI hubs activities and communications aspects. At least half of them have raised funds for some of their activities.
Biennium	2024-2025
Outcome description	**Mainstreaming social innovation research, with an intersectional gender and social justice lens, in LMICs to accelerate UHC**
Progress made towards outcome	

Expected Result: 2.1.1.2
Title: Impact grants for WHO regional priorities

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

ER type:	Continuing	**Funding type:**	UD
Start date:	1/1/2018	**End date:**	31/12/2025
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:	10/12/2021

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

1. Financial and technical support for regional research, capacity building and knowledge management priorities.

2. Promote enhanced collaboration between TDR and all WHO regional offices.

ER Biennium Risks

Biennium	2022-2023
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
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
Biennium	**2024-2025**

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
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

ER Biennium Outputs

Biennium	**2022-2023**
Output Description	**Support RTCs to become operational in the dissemination in their region of short training courses on IR and Good Health Research Practices**
Output Indicator	Four satellite institutions per RTC ready to implement at least two training courses in IR or Good Health Research Practices
Output Target Date	31/12/2023
Output Progress Status	Delayed
Output Progress Description	TSAs processing delayed. Awaiting new team lead and portfolio review
Output Description	**Support RTCs to become operational in the implementation of short training courses on Good Health Research Practices an for Implementation Research in their respective region.**
Output Indicator	At least two different short training courses on IR or Good Health Research Practice implemented in each RTC
Output Target Date	31/12/2023
Output Progress Status	Delayed
Output Progress Description	CIDEIM, Colombia and GMU, Indonesia, University of Ghana and University of Cheikh Anta Diop, Senegal disseminated at least two different short training courses on IR or Good Health Research Practice
Output Description	**An effective coordination of the RTC initiative**
Output Indicator	Number of courses included in the RTC curricula
Output Target Date	31/12/2023
Output Progress Status	Delayed
Output Progress Description	Several MOOCs are under development for uptake by RTCs
Biennium	**2024-2025**
Output Description	**Support RTCs to become operational in the dissemination in their region of short training courses on IR and Good Health Research Practices**
Output Indicator	Four satellite institutions per RTC ready to implement at least two training courses in IR or Good Health Research Practices
Output Target Date	31/12/2025
Output Progress Status	On Hold
Output Progress Description	Review and Planning
Output Description	**An effective coordination of the RTC initiative**

Output Indicator	Number of courses included in the RTC curricula
Output Target Date	31/12/2025
Output Progress Status	On Hold
Output Progress Description	Review and Planning

ER Biennium Outcomes

Biennium	2022-2023
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	
Biennium	2024-2025
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	

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:	1/1/2018	**End date:**	31/12/2023
ER status:	On Track	**Comment:**	Publication outputs to be completed in December 2022
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 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:	30/09/2023

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

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

Biennium	2022-2023
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
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
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

ER Biennium Outputs

Biennium	2022-2023
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
Output Target Date	30/08/2023

Output Progress Status	On Track
Output Progress Description	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.
Output Description	**Update the Research Fairness Initiative assessment for TDR**
Output Indicator	Report published and verified by COHRED
Output Target Date	1/6/2023
Output Progress Status	On Track
Output Progress Description	Update in 2021 delayed due to suspension of internes who would undertake the background research
Output Description	**Provide technical support on request through regional offices to Member States engaged in health research**
Output Indicator	One support activity provided
Output Target Date	30/09/2023
Output Progress Status	On Track
Output Progress Description	
Output Description	**One research priority setting exercise supported per biennium**
Output Indicator	Report published and/or resource established
Output Target Date	30/09/2023
Output Progress Status	On Track
Output Progress Description	

ER Biennium Outcomes

Biennium	**2022-2023**
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.
Progress made towards outcome	

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:	1/1/2018	**End date:**	31/12/2023
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 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:	30/09/2023

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

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

Biennium	2022-2023
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
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

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
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	

ER Biennium Outputs

Biennium	2022-2023
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
Output Target Date	30/09/2023
Output Progress Status	On Track
Output Progress Description	
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
Output Target Date	30/12/2022
Output Progress Status	On Track
Output 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.
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
Output Target Date	30/09/2023
Output Progress Status	On Track
Output Progress Description	
Output Description	**Support for researchers within LMICs to develop evidence to policy activities, attend conferences or undertake evidence synthesis.**
Output Indicator	
Output Target Date	30/09/2023
Output Progress Status	On Track
Output Progress Description	

Biennium	2022-2023
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 r

Progress made towards outcome

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: 1/1/2009   **End date:**   31/12/2025

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 responsibiities 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:	31/12/2023

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

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

Biennium	2022-2023
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
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

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
Biennium	**2024-2025**
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
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

ER Biennium Outputs

Biennium	**2022-2023**
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
Output Target Date	31/12/2023
Output Progress Status	On Track
Output Progress Description	Various webinars and sessions have been organized for dissemination of good practices.
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
Output Target Date	31/12/2023
Output Progress Status	On Track
Output Progress Description	Implementation research good practice document is used by TDR in its IR projects.
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
Output Target Date	31/12/2023
Output Progress Status	On Track
Output Progress Description	Two documents, focused on implementation research and research costing have been completed. There is a dissemination plan for each in place.
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
Output Target Date	31/12/2023
Output Progress Status	On Track

Output Progress Description	Annual interaction continued. A mechanism, called ESSENCE Mechanism to review investments of funding agencies in research capacity strengthening has been established.
Biennium	**2024-2025**
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
Output Target Date	31/12/2025
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
Output Target Date	31/12/2025
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
Output Target Date	31/12/2025
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
Output Target Date	31/12/2025

ER Biennium Outcomes

Biennium	**2022-2023**
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	
Biennium	**2024-2025**
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	

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:	1/1/2020	**End date:**	31/12/2025
ER status:	On Track	**Comment:**	
WHO region:	Global		

Partners: CIDEIM (reg. node for Latin-America), University of Ghana (reg. node for Africa), Yogyakarta University (reg. node for Asia), Armauer Hansen Research Institute (Ethiopia), Univ. of North Carolina at Chapel Hill (USA), LSHTM (UK), SESH (China).

Diseases: Not Disease-Specific

Review mechanism: Ad hoc external review group consisting of former TDR grantees, trainees and experts, meeting via teleconference quarterly.

ER manager: Mihai MIHUT

Team: Elisabetta Dessi, Mary Maier, Makiko Kitamura, Abraham Aseffa, Mariam Otmani, Mahnaz Vahedi

Number of people working on projects: 25

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:	Yes	Making TDR visible in countries and regions through former trainees and grantees

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. We tested over ten different tools for engagement, and we 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 alignment in support of TDR research and capacity strengthening activities at country level, to provide better sustainability to these initiatives and to foster ideas for collaboration and mentorship.

Up-take/Use Indicator: Institutions and researchers are utilizing the TDR Global community to identify talent and build collaborations in areas of interest; TDR Global members' careers are advancing.

Gender and geographic equity:	The advisory group is made up of three women and one man. 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 institutionalizing research mentorship and on how to focus on equity for marginalized groups and minorities.
Up-take/use indicator target date:	31/12/2021

Sustainable Development Goals

Good Health and Well-being; Gender Equality; 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.). Tools, such as the Discovery platform, were 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 review group is reviewing the plans, the activities and the implementation of the TDR Global project.

ER Objectives

1. Tracking the careers of current and former grantees, trainees and expert advisers

2. Map specific expertise

3. Enhance collaborations, including current and former grantees, trainees and expert advisers, with a focus on equity

ER Biennium Risks

Biennium	2022-2023
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	Completed
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

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
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	Delayed
Biennium	**2024-2025**
Risk Description	**A platform requiring extensive human resources may affect its sustainability, especially in situations of limited resources**
Actions To Mitigate Risk	Identify resources that can work on this project in an efficient manner (e.g. RTCs, universities, other) and prepare contingency plan
Mitigation Status	Planning phase
Risk Description	**Decentralizing TDR Global to regional training centres may affect its sustainability and quality and decouple it from TDR activities that TDR Global should be supporting**
Actions To Mitigate Risk	1. Conduct a review of TDR Global with the aim of identifying options for moving forward. 2. Until then, decentralize functions that can be done locally (user management, local activities)
Mitigation Status	Planning phase
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

ER Biennium Outputs

Biennium	**2022-2023**
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
Output Target Date	31/12/2022
Output Progress Status	Completed
Output Progress Description	Discovery module implemented in 2022 and being used by thousands of users to search for experts and collaborations.
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
Output Target Date	31/12/2022
Output Progress Status	On Track
Output Progress Description	Regional nodes (all three) and country nodes in Ethiopia and USA played a fundamental role in the development of the Institutional Mentorship Guide (HERMES).

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
Output Target Date	31/12/2021
Output Progress Status	On Track
Output Progress Description	A review of the working model is required to inform the most suitable model for TDR Global, the areas that can be decentralized and what should continue to be done by the secretariat.
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
Output Target Date	31/12/2023
Output Progress Status	On Track
Output Progress Description	The first round of crowsourcing ideas informed the development of the HERMES guide, while the second round will focus on how to foster mentorship for minority and marginalized groups
Biennium	**2024-2025**
Output Description	**Community engagement activities are implemented in support of TDR research and capacity strengthening activities**
Output Indicator	Thematic mobilization activities as well as region or country-based mobilization activities that engage the TDR Global community are taking place and TDR projects are supported
Output Target Date	31/12/2025
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
Output Target Date	31/12/2025
Output Description	**A streamlined TDR Global aligned with the needs of supporting TDR's new strategy 2024-2029**
Output Indicator	Soft review to be conducted and report submitted to responsible officer, with recommendations on improving alignment and value for money to the Programme
Output Target Date	31/12/2024

ER Biennium Outcomes

Biennium	**2022-2023**
Outcome description	**1. The impact of TDR grants on the careers of its grantees, trainees and expert advisors can be adequately assessed**
Progress made towards outcome	To be reported in 2023 - survey to be conducted by the RCS unit
Outcome description	**2. Identifying desired capacity in a field and a geographical region is facilitated**
Progress made towards outcome	The Discovery module is being used by thousands of external users to identify desired expertise and opportunities for collaboration.
Outcome description	**3. New collaborations, networks and partnerships that include former or current TDR grantees, trainees and expert advisors are created**

Progress made towards outcome	The institutional mentorship guide (HERMES) starts being used by institutions in LMICs. Further work will be undertaken to understand the best ways to support equity in mentorship, through these pilots.
Biennium	**2024-2025**
Outcome description	**1. TDR research and capacity strengthening activities are supported by the TDR Global network at country level and trainees are integrated to the network to benefit from career and collaboration opportunities**
Progress made towards outcome	
Outcome description	2. Identifying desired capacity in a field and a geographical region is facilitated (internally and externally)
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: 1/1/2020   **End date:**   31/12/2023

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?   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:	No	see table above
Roles complimentary:	No	A booklet for the role and responsibilities of each partner developed .
Coordination transparent:	No	Common decision making process developed
Visibility:	No	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:	30/11/2023

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

1. Design and improve engagement strategies to promote gender-responsive health interventions

2. Foster and contribute to gender-responsive research for implementation, evidence, policy and practice

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

4. 2024/2025 Continue development of engagement strategies and synergies within WHO and beyond to strengthen research capacities, generate evidence and strengthen implementation research outcomes that incorporate an intersectional gender approach

ER Biennium Risks

Biennium	**2022-2023**
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
Biennium	**2024-2025**
Risk Description	**Weak interdisciplinary collaborations globally. Global Funding trends leaning towards pandemic response and climatic emergencies**
Actions To Mitigate Risk	Continue to foster interdisciplinary collaborations. Ensuring fundraising efforts comprise clear linkages between infectious diseases, pandemics and environmental health challenges, with an intersectional gender lens.
Mitigation Status	Planning phase

ER Biennium Outputs

Biennium	**2022-2023**
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
Output Target Date	29/12/2023
Output Progress Status	On Track
Output Progress Description	Several activities are ongoing, including the social innovation and gender research projects, and collaborations with WHO partners.
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
Output Target Date	29/12/2023
Output Progress Status	On Track
Output Progress Description	Ongoing collaborations with partners such as HRP on track. SIHI hubs develop and implement gender sensitive projects in Latin America, the Philippines and Uganda.
Biennium	**2024-2025**
Output Description	**Global engagement activities to support TDR?s gender research strategy and strengthened collaborations and networks across TDR and partners to operationalize and address intersectionality related dimensions of infectious diseases of poverty**
Output Indicator	Number of TDR projects and collaborative initiatives that incorporated a gender and intersectionality approach
Output Target Date	31/12/2026
Output Progress Status	
Output Progress Description	Planning stage, output for 24/25 biennium and beyond.

ER Biennium Outcomes

Biennium	**2024-2025**
Outcome description	**Continue strengthening global engagement initiatives to promote and foster an intersectional gender lens in infectious disease research and research capacity strengthening**
Progress made towards outcome	For 24/25 biennium and beyond. In planning stages.

Expected Result: 2.3.5
Title: Community Engagement and Ethics

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

ER type:	Continuing	**Funding type:**	UD and DF
Start date:	1/1/2022	**End date:**	31/12/2025
ER status:	On Track	**Comment:**	
WHO region:	Global		

Partners: SIDCER, PABIN, FERCAP, EDCTP, DNDi, AVAREF, ESSENCE

Diseases: Not Disease-Specific

Review mechanism: Joint ad hoc external working group for Community Engagement, Gender, Social Innovation and Ethics; Global Engagement SWG review mechanism

ER manager: Mihai MIHUT

Team: Abraham Aseffa, Elisabetta Dessi, Cathrine Thorstensen

Number of people working on projects: 55

FENSA clearance obtained for all Non-State Actors? Yes

Justification for no FENSA clearance:

TDR partnership criteria

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

TDR partnership criteria indicators

Objectives aligned:	Yes	Institutions in regions wish to improve their ways of engaging communities to research. TDR is using some of the training materials to improve our own (RCS).
Roles complimentary:	Yes	Research, mapping and evaluation activities at national, sub-regional or regional level are best conducted by local institutions and researchers. TDR's role is to coordinate globally the dissemination of the evidence and lessons learnt.
Coordination transparent:	No	
Visibility:	Yes	TDR's visibility is in each joint publication published as a result of the work conducted in countries.

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:	31/12/2025

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 (including WHO Regional Office for Africa) 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 review group 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

1. Test novel, effective solutions for local community engagement in research for implementation, and disseminate the new knowledge

2. Advance the research ethics capacity in countries and create a community of trained experts that can support institutional needs

ER Biennium Risks

Biennium	2022-2023
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	On Track
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	On Track
Biennium	2024-2025
Risk Description	**Duplication of efforts with other stakeholders**
Actions To Mitigate Risk	Consultation and harmonization of efforts with WHO ethics unit, WHO regional offices and existing networks to use TDR strengths on underserved gaps/niche.

Mitigation Status	On Track
Risk Description	**Potential slow engagement with some countries and partners due to slow down in research as a result of post-pandemic impact**
Actions To Mitigate Risk	Using existing networks and infrastructures to reach out; planning longer timeframe for activities; choose partners that have a footprint in the respective countries
Mitigation Status	On Track

ER Biennium Outputs

Biennium	**2022-2023**
Output Description	**Policy dialogues, debates and panels**
Output Indicator	1 policy panel debate (2 in high budget scenario)
Output Target Date	31/12/2023
Output Progress Status	Delayed
Output Progress Description	Planning phase
Output Description	**Support for network secretariat**
Output Indicator	Secretariat capacity strengthened in 1 network (2 in higher budget scenario)
Output Target Date	31/12/2023
Output Progress Status	On Hold
Output Progress Description	Planning phase
Output Description	**Mapping of research ethics initiatives in Africa, identifying successes, lessons learnt and existing gaps**
Output Indicator	Report approved
Output Target Date	31/12/2023
Output Progress Status	On Track
Output Progress Description	Due to limited human resources, this was initiated late. We are in discussions with AFRO Regional Office and WHO ethics unit to conduct a joint work of mapping ERC capacity and the initiatives that are strengthening research ethics in Africa, identify gaps and opportunities and propose solutions.
Output Description	**Policy briefs and papers on key issues**
Output Indicator	1 policy brief (2 in higher budget scenario)
Output Target Date	31/12/2023
Output Progress Status	Delayed
Output Progress Description	Planning phase
Output Description	**Institutional audits (surveys) to strengthen local capacity and collect lessons learned**
Output Indicator	Two survey conducted (five in higher budget scenario)
Output Target Date	31/12/2023
Output Progress Status	Delayed
Output Progress Description	Due to lack in human resources in 2022 this has been delayed to 2023.
Output Description	**Evidence from ten studies on community engagement generated**
Output Indicator	Lessons learnt published

Output Target Date	31/10/2023
Output Progress Status	On Track
Output Progress Description	Each of the ten projects are publishing their evidence, and we will work with them on a joint publication, possibly a practical guide on good practices for community engagement.

Biennium	**2024-2025**
Output Description	**Good practices in community engagement and research ethics promoted through global and regional networks**
Output Indicator	At least two global and regional partners adopting and promoting good practices in community engagement and research ethics
Output Target Date	31/12/2025
Output Description	**Capacity strengthening activities for research ethics based on lessons learned from the mapping exercise**
Output Indicator	At least ten research ethics committees in key countries in Africa have their capacity strengthened
Output Target Date	31/12/2025
Output Description	**Evidence from applying good practices in community engagement for implementation research that were identified through the community engagement call**
Output Indicator	Pilot project for good practices in implementation research generates preliminary findings
Output Target Date	31/12/2025

ER Biennium Outcomes

Biennium	**2022-2023**
Outcome description	**Strengthened regional networks in Africa (and Latin-America - higher budget scenario)**
Progress made towards outcome	PABIN network is readying a publication on the impact of COVID-19 pandemic on ERCs in Africa - with input from 98 respondents from 16 countries.
Outcome description	**Trained experts mentor, collaborate and volunteer to advance the research ethics in their country and region**
Progress made towards outcome	Not started yet
Outcome description	**Institutions in countries show improved capacity for ethics oversight, and they have access to a pool of experts for technical support**
Progress made towards outcome	A mapping exercise of research ethics capacities in Africa and of capacity strengthening initiatives will be conducted in 2023, jointly with WHO ethics unit and with WHO Regional Office for Africa.
Biennium	**2024-2025**
Outcome description	**Policies at sub-national at national level improved through the evidence provided on good practices for community engagement to research and social innovation**
Progress made towards outcome	
Outcome description	**Institutions in countries show improved capacity for ethics oversight, and they have access to a pool of experts for technical support, through collaboration between TDR and external partners**
Progress made towards outcome	