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

Research Capacity Strengthening

Expected Result: 2.1.2
Title: Targeted research training grants in low- and middle-income countries

Strategic Work Area: Research capacity strengthening   **Workstream:**

ER type:	Continuing	**Funding type:**	UD and DF
Start date:	1/1/2022	**End date:**	31/12/2023
ER status:	On Track	**Comment:**	Additional students enrolled with effective and efficient implementation of extra UD and DF that became available on the second year of the biennium.

WHO region: Global

Partners: The ten universities supporting the scheme,

Directorate for Development Cooperation and Humanitarian Affairs (Ministry of Foreign and European Affairs) of the Government of Luxembourg, and Germany?s Deutsche Gesellschaft für Technische Zusammenarbeit

Diseases: Chagas; COVID-19; Cutaneous leishmaniasis; Dengue; Lymphatic filariasis; Malaria; Neglected Tropical Diseases; Onchocerciasis; Schistosomiasis; Tuberculosis; Trypanosomiasis; Vector-borne diseases; Visceral leishmaniasis

Review mechanism: M&E reports, RCS Scientific Working Group (annual base), CRE/DAN

ER manager: Mahnaz VAHEDI

Team: Mahnaz Vahedi & Christina Donagher

Number of people working on projects: 50

FENSA clearance obtained for all Non-State Actors?   Yes

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

TDR partnership criteria

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

TDR partnership criteria indicators

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

Objectives and results chain

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

Gender and geographic equity:	All trainees will be from LMICs. Applications received in languages other than English are given equal opportunity. We encourage gender and geographical equity to be taken into account in the selection of candidates without compromising the quality of the application. We reached our gender equity target. As of September 2022, 426 students received TDR scholarship with almost equal number of men and women and one transgender student. Of the eight PhD students, one is a woman. We recently selected new universities for the 2nd phase of the scheme. This includes Indian Institute of Health Management, Jaipur, India and 2 French speaking universities namely University of Science Techniques and Technology Mali, University of Cheikh Anta Diop, Senegal.
Publication plan:	Fellows are encouraged to publish at least one peer reviewed article; TDR supports publication in Open Access journals; earliest publications expected by mid to end 2023
Up-take/use indicator target date:	31/12/2023

Sustainable Development Goals

No Poverty; Quality Education; Gender Equality; Reduced Inequality

Concept and approach

Rationale:	Human resources for health research is often accorded low priority as a component of human resources for health in general. A critical mass of indigenous health researchers is necessary for meaningful engagement of DECs in research agenda setting and conduct of research related to their own priority health issues. Early career grants: TDR has a tried and tested approach to identifying potential DEC researchers through support for postgraduate research degrees. While in the past, the field of study has been largely unrestricted, early career grants to be awarded in 2022-2023 will focus on disciplines highly relevant to research for implementation (for example Epidemiology, Biostatistics, Medical Sociology, Anthropology and Health Economics and Policy). In addition, it will seek to address inequities in health research capacity in LMICs and facilitate mentorship and research support. The proposed career grants will enhance the capacity of recipients to: - appreciate core competencies of research for implementation in planning and managing health research programmes (when applicable); - communicate research results effectively to inform policy and practice; and - widen their professional network at national and international level. Through the TDR Global platform, this scheme will proactively engage TDR alumni and co-sponsors as facilitators/mentors.
Design and methodology:	There are open calls for applications from individuals with confirmed registration/admission to a recognized training institution in an LMIC. TDR is committed to Equality, Diversity and Inclusivity in science. Applicants are encouraged to apply irrespective of gender identity, sexual orientation, ethnicity, religious, cultural and social backgrounds, or (dis)ability status.
Approach to ensure quality:	Annual technical progress reports from each university is reviewed by the responsible manager and RCS Scientific Working Group; Annual M&E report from each university is reviewed by the responsible manager; All articles will be published in peer reviewed open access journals.

ER Objectives

Train early career leading to master's degree

ER Biennium Risks

Biennium	2022-2023
Risk Description	**Some grantees from LMICs are likely to work on other SDG related goals which are beyond infectious diseases of poverty, thus reducing the number of research for implementaion in infectious diseases of poverty.**
Actions To Mitigate Risk	Provide linkages with WHO regional offices, TDR supported regional training centres and other TDR funded projects
Mitigation Status	On Track

Risk Description	Competition from similar, well-funded initiatives
Actions To Mitigate Risk	Seek to identify a specific niche and complementarity/collaborative approaches with such initiatives; promote the concept and value of targeted training in research for implementation
Mitigation Status	On Track
Risk Description	**Lack of transparency or inadequacy in selection of students resulting in inequity, lack of diversity and admission of low quality students; inadequate quality training offered by some of the selected universities**
Actions To Mitigate Risk	As a sponsor, TDR will provide input in students? final selection and provide regular oversight of the scheme. Subsequently TDR, in in consultation with the scientific working group, will make appropriate decisions on how best to optimize the scheme.
Mitigation Status	On Track
Risk Description	**Allocating inadequate resources to sustain the scheme resulting in discontinuation of the scheme with premature termination for the students**
Actions To Mitigate Risk	Sufficient undesignated funds earmarked for the scheme; looking for designated funds to scale up the scheme
Mitigation Status	On Track
Risk Description	**The COVID-19 pandemic in 2020 posed a particular challenge to the delivery of MPH training across seven universities. It was challenging to transfer the face to face teaching materials to virtual training.**
Actions To Mitigate Risk	1. Contingency plan was developed and implementation was closely monitored. 2. Promoting virtual learning provided the opportunity to plan for strengthening their capacities in working together in developing online IR course materials across seven universities. Because of travel restriction, students are unable to do field work for their thesis. We encouraged students to use secondary data for their thesis.
Mitigation Status	On Track
Risk Description	**TDR is planning to move to the second phase of the scheme by opening competition and selecting new universities to join the scheme during COVID-19 pandemic. This may have impact on the selection and review process.**
Actions To Mitigate Risk	Considering travel restriction all review process and provision of trainings and quality assurance must be done remotely.
Mitigation Status	Completed
Biennium	**2024-2025**
Risk Description	**Allocating inadequate resources to sustain the scheme resulting in discontinuation of the scheme with premature termination for the students**
Actions To Mitigate Risk	Sufficient undesignated funds earmarked for the scheme; looking for designated funds to scale up the scheme
Mitigation Status	On Track
Risk Description	**Some grantees from LMICs are likely to work on other SDG related goals which are beyond infectious diseases of poverty, thus reducing the number of research for implementaion in infectious diseases of poverty.**
Actions To Mitigate Risk	Provide linkages with WHO regional offices, TDR supported regional training centres and other TDR funded projects
Mitigation Status	Planning phase

Biennium	**2022-2023**
Output Description	**Early career trainees completed their degrees in their home countries or within their region**
Output Indicator	Under 40 M: Approximately 50 trainees enrolled or completed their master's trainings; Under 50M: Approximately. 100 trainees enrolled or completed their master's trainings.
Output Target Date	31/12/2023
Output Progress Status	On Track
Output Progress Description	
Output Description	**A global network (intra-inter-regional) of TDR supported scientists in IR developed**
Output Indicator	Using virtual platform such as IR COONECT will enable to share lessons learned, improving communications and collaborations amongst seven universities in different regions
Output Target Date	31/12/2023
Output Progress Status	On Track
Output Progress Description	

Biennium	**2024-2025**
Output Description	**A global network (intra-inter-regional) of TDR supported scientists in IR developed**
Output Indicator	Using virtual platform such as IR COONECT will enable to share lessons learned, improving communications and collaborations amongst seven universities in different regions
Output Target Date	31/12/2025
Output Description	**Early career trainees completed their degrees in their home countries or within their region**
Output Indicator	Under 4Under 40 M: Approximately 50 trainees enrolled or completed their master's trainings; Under 50M: Approximately. 100 trainees enrolled or completed their master's trainings.
Output Target Date	31/12/2025

ER Biennium Outcomes

Biennium	2022-2023
Outcome description	**Increased capacity for scientists to contribute to public health priority setting, research, programme implementation and training in countries with low research capacity.**
Progress made towards outcome	As the Scheme's first phase (2015-2021) comes to an end, the process of selection of universities to participate in the second phase (2022-2026) started with a call for applications from 22 March -10 May 2021. A total of 20 applications submitted and 19 of them were eligible. Each application was reviewed by one member of the Scientific Working Group (SWG) and one external reviewer. Each application was scored from 1 (lowest score) to 5 (highest score) for the following criteria: University?s profile; implementation research expertise; staff experience in teaching IR; sustainability and proposal relevance and feasibility. Following a three day virtual meeting held in June 2021, the adhoc scientific review committee proposed names of universities to be selected for the second phase of the scheme. Director TDR made the final decision which was endorsed by the RCS scientific working group during the annaual meeting on Nov 2021.
	TDR invited all reviewers to a virtual selection committee meeting to present and discuss their findings for final scoring. Three virtual meetings were arranged on 24 and 25 June to review all applications and the final meeting on 29 June 2021 aimed at reviewing and finalising the scores.
	The following universities are selected for the second phase of the scheme:
	- Universidad de Antioquia, Colombia

- University of Sciences, Techniques and Technologies of Bamako, Mali (for consideration to add another French speaking university if further funding becomes available)

- University of Ghana, Ghana

- Indian Institute of Health Management Research (IIHMR), Jaipur, India

- Institut de Santé et Développement, Université Cheikh Anta Diop, Sénégal

- University of the Witwatersrand, South Africa

- BRAC, Bangladesh

- Univesity of Gadja Mada, Indonesia

Biennium	**2024-2025**
Outcome description	**Increased capacity for scientists to contribute to public health priority setting, research, programme implementation and training in countries with low research capacity.**
Progress made towards outcome	All universities in the second phase of the scheme are now operational.

Expected Result: 2.1.4

Title: Advanced training in Clinical Product Development (Clinical Research and Development Fellowship grants) and the 2023 Clinical Research leadership (CRL) scheme

Strategic Work Area: Research capacity strengthening   **Workstream:**

ER type:	Continuing	**Funding type:**	UD and DF
Start date:	1/1/2022	**End date:**	31/12/2023
ER status:	On Track	**Comment:**	18 CRDF placed in 9 Training Partner Organizations (TPOs) during the 2020-2022 period. already 6 CRDF in their home institution to install their re-entry plan. There will be some saving and TDR is currently discussing with teh Gates Foundation NCE.

WHO region: Global

Partners: IFPMA; pharmaceutical companies; Product Development Partnerships (PDPs); public research institutions.

Diseases: Not Disease-Specific

Review mechanism: External review to identify relevance, effectiveness, efficiency and outcomes of the programme with the goal to assist recommendations and future decision-making; annual review by TDR RCS Scientific Working Group members; internal management evaluation

ER manager: Mahnaz VAHEDI

Team: Mahnaz Vahedi, Najoua Kachouri

Number of people working on projects: 3

FENSA clearance obtained for all Non-State Actors? No

Justification for no FENSA clearance: Individual fellowship

TDR partnership criteria

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

TDR partnership criteria indicators

Objectives aligned:	Yes	To develop leaders in clinical research in Low and Middle-Income Countries
Roles complimentary:	Yes	EDCTP has the similar fellowship scheme but works only in sub saharan Africa and TDR works worldwide
Coordination transparent:	Yes	identifiaction of training partners and fellows through call for applications.
Visibility:	Yes	fellowship entirely completed (including re-integration plan) for 18 CRDF 40 CRL trained.

Objectives and results chain

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

Publication plan:	A manuscript on the results of the 2018 CRDF evaluation is now published
Up-take/use indicator target date:	31/12/2023

Sustainable Development Goals

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

Concept and approach

Rationale:	An increasing number of new products for infectious diseases of poverty are in the pipeline of product development organizations. However, engagement of LMICs in the process has been limited due to a lack of expertise. Scaling up of the CDF programme to clinical product development in partnership with EDCTP that develops a similar project is in line with the RCS strategy to develop individual and institutional capacity in clinical research.
Design and methodology:	1. Identification of potential training Partner organizations (TPOs) (pharmaceutical companies, PDPs, research institutions) 2. Selection of fellows based on clear criteria (e.g. gender, geographical distribution and needs). 3. Training in response to the needs at TPOs. 4. Reintegration in home country after completion of the scheme by developing a specific re-entry grant (avoiding brain drain). 5. Developing an alumni community though regular meetings/seminars and an online platform.
Approach to ensure quality:	Selection of partners trough IFPMA (an NGO recognized by WHO) with no direct approach with the pharmaceutical companies; selection of fellows by both TDR and partners by using a clear selection criteria (inclusion/exclusion criteria-review committee); competitive open calls; clear roles & responsibilities for fellows, home and host institutions and TDR; letter of award regularly reviewed by committee and LEGAL unit in WHO; regular progress reports (six and 12 months during the training and 12 months after the training); random validation (15%) of the information concerning expertise obtained from grantee done by website manager; feedback from both partners and fellows on the efficiency of the programme.

ER Objectives

Develop R&D leadership in low- and middle-income countries for control of infectious diseases of poverty through targeted research and development training in priority health issues by:

1. increasing the critical mass of highly skilled scientists in R&D in low- and middle-income countries; and

2. provide a dedicated platform and online community for alumni.

ER Biennium Risks

Biennium	2022-2023
Risk Description	**Insufficient interest of clinical product development partners as training partners**
Actions To Mitigate Risk	Adequate communication with pharma companies through IFPMA; proactive approach to identify new partners outside existing pharmaceutical companies
Mitigation Status	On Track
Risk Description	**Geographical distribution biased to AFRO due to EDCTP Partnership which focus only on subsaharian countries**
Actions To Mitigate Risk	Distribute call for apllications trough the WHO RO/CO and TDR networks outside Africa and through social media.
Mitigation Status	On Track
Risk Description	**Insufficient funds to cover all the training needs.**
Actions To Mitigate Risk	Develop a multi funder model by adding new funding partners; develop a partnership with more financial involvement of host partners.

Mitigation Status	On Track
Biennium	**2024-2025**
Risk Description	**Insufficient funds to cover all the training needs.**
Actions To Mitigate Risk	Develop a multi funder model by adding new funding partners; develop a partnership with more financial involvement of host partners.
Mitigation Status	Planning phase
Risk Description	**Geographical distribution biased to AFRO due to the earlier EDCTP Partnership which focus only on sub-Saharan countries.**
Actions To Mitigate Risk	Distribute call for apllications trough the WHO RO/CO and TDR networks outside Africa and through social media.
Mitigation Status	Planning phase

ER Biennium Outputs

Biennium	**2022-2023**
Output Description	**R&D skills gained during the training implemented in the home institution through a re-entry grant**
Output Indicator	70% of home institutions involved in national or international R&D projects
Output Target Date	25/03/2023
Output Progress Status	On Track
Output Progress Description	All home institutions are involved in the re-entry grants activities .
Output Description	**Mapping training programmes which address clinical research team core competencies**
Output Indicator	A compendium of training programmes developed
Output Target Date	25/03/2021
Output Progress Status	Cancelled
Output Progress Description	My understanding that development of this compendium was cancelled by previous manager.
Output Description	**Highly skilled health research leaders in LMICs**
Output Indicator	20 fellows trained
Output Target Date	25/03/2023
Output Progress Status	On Track
Output Progress Description	
Biennium	**2024-2025**
Output Description	**Highly skilled health research leaders in LMICs**
Output Indicator	20 fellows trained
Output Target Date	25/03/2025
Output Description	**R&D skills gained during the training implemented in the home institution through a re-entry grant**
Output Indicator	70% of home institutions involved in national or international R&D projects

| Output Target Date | 31/12/2025 |
| Output Progress Status | On Track |

ER Biennium Outcomes

Biennium	**2022-2023**
Outcome description	**Highly skilled trainees (for drugs, vaccines and diagnostics) in LMICs leads clinical trials in their country/region.**
Progress made towards outcome	
Biennium	**2024-2025**
Outcome description	**Highly skilled trainees (for drugs, vaccines and diagnostics) in LMICs leads clinical trials in their country/region.**
Progress made towards outcome	

Expected Result: 2.1.6

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

Strategic Work Area: Research capacity strengthening   **Workstream:**

ER type:	Continuing	**Funding type:**	DF
Start date:	1/4/2020	**End date:**	31/03/2023
ER status:	On Track	**Comment:**	Despite the delay occasioned by COVID-19 pandemic, the main activity (workshop) planned for March 2023 has since been rescheduled and adapted to a virtual format delivery. Development of a module on gender considerations in IR is ongoing.

WHO region: Global

Partners: UNDP and PATH

Diseases: Malaria; Neglected Tropical Diseases; Tuberculosis

Review mechanism: Annual reports reviewed by the scientific working group and UNDP

ER manager: Edward Mberu KAMAU

Team: RCS - Edward Kamau, Christina Donagher; IMP - Abraham Aseffa, Ekua Johnson

Number of people working on projects: 125

FENSA clearance obtained for all Non-State Actors? Yes

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

TDR partnership criteria

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

TDR partnership criteria indicators

Objectives aligned:	Yes	Distinct objectives but contributing to the same project goal
Roles complimentary:	Yes	Ensure roles are complementary in the focus country by holding consensus and follow up meetings.
Coordination transparent:	Yes	ADP joint review and planning and updated activity workplans
Visibility:	Yes	TDR contributions highlighted at ADP events and technical reports. Impact stories shared among partners websites and appropriate social media platforms.

Objectives and results chain

Approach to ensure uptake:	Engagement of relevant national and regional stakeholders including implementers and communities from the planning stage
Up-take/Use Indicator:	Number of countries using implementation research resources/tools and project findings to improve access and delivery of health interventions

Gender and geographic equity:	Application of gender analysis and regional representation for all activities under this ER. The Intersectional gender lens toolkit developed by TDR. TDR to updated the current online IR Toolkit with a module on intersectional gender lens for the development and implementation of IR projects.
Publication plan:	Country reports or featured impact stories and scientific articles published in peer-reviewed journals and on open access platforms, e.g. TDR Gateway.
Up-take/use indicator target date:	31/03/2023

Sustainable Development Goals

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

Concept and approach

Rationale:	Health and human development are interrelated. Diseases, inadequate access to health technologies (medicines, vaccines, diagnostics and devices) and poor implementation of health policies and strategies impact human development. Targeting tuberculosis, malaria and neglected tropical diseases for elimination in the context of the Sustainable Development Goals adopted by the global community underscores the importance of this relationship. The optimum introduction (including access, delivery and usage) of new or proven (validated) interventions (treatment, policies, strategies, etc.) is critical for achieving good health outcomes and ultimately improvement of the health and wellbeing of populations. This however is often not the case due to implementation obstacles and barriers. These barriers are often related to failure to properly identify and contextualize regional, country or community specific characteristics and put in place actions to address them in real time or prior to deployment. Failure to address these impediments before large scale deployment of a new technology may result in considerable costs to the health system as well as loss of confidence in the technology by the target population. The importance of research in identifying solutions and options for overcoming implementation obstacles, barriers and bottlenecks (problems), in health systems and programmes is now widely recognized. A posteriori, these problems may be anchored in the factors related to the local community, national, regional, or health system contexts among others. There remains, however, limited understanding of the process of conducting research for implementation as distinct from other research domain. In the past 10 years, TDR has put in place a number of initiatives to raise awareness and knowledge on IR, especially in LMICs.
Design and methodology:	1. Establishment of a pool of resource persons drawn from TDR RTCs, IR toolkit development team, TDR Global, implementers and academia. 2) Consultation with in-country stakeholders to identify priorities areas of need. 3) A structured capacity building programme from training to actual implementation of research projects. 4) Provision of small grants to conduct pilot demonstration IR projects.
Approach to ensure quality:	1) Countries and teams to participate in the programme will be identified and selected based on defined criteria by the Access and Delivery Partnership. 2) Regular monitoring of implementation of the programme by TDR staff and consultants. 3) Progress technical and annual reports reviewed by RCS SWG. 4) Publication in peer-reviewed, open access journals.

ER Objectives

1. Uptake and use of TDR IR online and multilingual training resources in ADP focus countries and beyond.

2. Capacity for implementation research in ADP focus countries through targeted training of research teams.

3. Application of IR to optimize access and delivery of heath interventions, including heath technologies and innovations in ADP focus countries.

4. Establish south-south collaborations among and beyond ADP focus countries

ER Biennium Risks

Biennium	2022-2023
Risk Description	Inadequate utilization of IR project findings at country level

Actions To Mitigate Risk	Targeted selection of partners, robust training of research teams prior to implementation and regular monitoring
Mitigation Status	On Track
Risk Description	**IR projects not aligned properly with ADP objectives.**
Actions To Mitigate Risk	Early involvement of ADP stakeholders in project inception and implementation
Mitigation Status	On Track
Risk Description	**Political and security issues hinder the implementation of planned activities.**
Actions To Mitigate Risk	Monitor and respond to emerging political and security situations at country and regional level.
Mitigation Status	On Track
Biennium	**2024-2025**
Risk Description	**Inadequate utilization of IR project findings at country or program level.**
Actions To Mitigate Risk	Targeted selection of partners, robust training of research teams prior to implementation, collaboration with disease programs and WCO and undertaking regular monitoring.
Mitigation Status	Planning phase
Risk Description	**IR projects not aligned properly with ADP objectives and approaches.**
Actions To Mitigate Risk	Early involvement and engagement of ADP stakeholders and country disease programs in project inception, implementation, dissemination and utilization of research findings
Mitigation Status	Planning phase
Risk Description	**Political and security issues hinder the implementation of planned activities.**
Actions To Mitigate Risk	Monitor and respond to emerging political and security situations at country and regional level.
Mitigation Status	Planning phase

ER Biennium Outputs

Biennium	**2022-2023**
Output Description	**ADP focus countries adopt and use TDR online IR resources**
Output Indicator	Number of TDR IR resources used by countries
Output Target Date	31/12/2023
Output Progress Status	On Track
Output Progress Description	Countries identified and engagement initiated.
Output Description	**Research teams in ADP focus countries use IR to optimize and scale up priority health interventions.**
Output Indicator	Number of health interventions utilizing findings from IR projects.
Output Target Date	31/12/2023
Output Progress Status	On Track
Output Progress Description	Monitor, document and evaluate the utilization and impact of research findings from the demonstration projects by the IR teams.
Output Description	**Research teams in ADP focus countries trained to develop and implement IR projects.**
Output Indicator	Number and quality of IR projects implemented by partners in countries

Output Target Date	31/12/2023
Output Progress Status	On Track
Output Progress Description	Pilot demonstration IR projects funded as part of the training and mentorship grant in Ghana and Malawi.

Biennium	**2024-2025**
Output Description	**IR teams in ADP focus countries able to provide training for other countries to develop and implement IR projects.**
Output Indicator	Number and quality of IR projects implemented by disease programs in countries
Output Target Date	31/03/2025
Output Progress Status	On Hold
Output Progress Description	Monitor, document and evaluate the utilization and impact of research findings from the demonstration projects conducted by the IR teams.
Output Description	**ADP focus countries adopt and scale up the use TDR online IR resources**
Output Indicator	Number of TDR IR resources used by disease programs in countries
Output Target Date	31/03/2025
Output Progress Status	On Hold
Output Progress Description	Focus countries identified and engagement on priority IR areas initiated, including integrated projects and One Health approach.

ER Biennium Outcomes

Biennium	**2022-2023**
Outcome description	**ADP focus countries develop of update their national NTD plan in line with the WHO NTD roadmap 2021-2030**
Progress made towards outcome	Indonesia and Tanzania have aligned their national NTD or disease plan with the WHO NTD roadmap 2021-2030.
Outcome description	**ADP focus countries routinely identify and address factors that impede the effective access and delivery of health interventions.**
Progress made towards outcome	Through the comprehensive IR training and mentorship support, IR teams in Ghana and Malawi have developed demonstration project proposals that will be funded for implementation on a pilot basis.
Biennium	**2024-2025**
Outcome description	**ADP focus countries routinely identify and address factors that impede the effective access and delivery of integrated health interventions.**
Progress made towards outcome	Review and planning
Outcome description	**ADP focus countries develop and update their national NTD plans for integrated services delivery in line with WHO NTD roadmap 2021-2030**
Progress made towards outcome	Review and planning

Expected Result: 2.1.7
Title: Strengthening OR capacity in Global Fund supported programmes

Strategic Work Area: Research capacity strengthening   **Workstream:**

ER type:	New	**Funding type:**	UD
Start date:	1/1/2022	**End date:**	31/12/2023
ER status:	On Track	**Comment:**	Ongoing
WHO region:	Global		
Partners:	Disease programs and GF		
Diseases:	Malaria; Tuberculosis		

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

ER manager: Edward Mberu KAMAU

Team: Edward Mberu Kamau and Donagher Christina

Number of people working on projects: 50

FENSA clearance obtained for all Non-State Actors? Yes

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

TDR partnership criteria

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

TDR partnership criteria indicators

Objectives aligned:	Yes	Established SORT IT smart objectives while contributing to the operational research agenda of GF supported programs at country level.
Roles complimentary:	Yes	Ensure clear and complementary roles are supported by disease programs.
Coordination transparent:	Yes	Annual global calendar to ensure availability of SORT IT facilitators. Matching GF grant end date with technical support to include OR components in the new GF applications or reprogramed grants.
Visibility:	Yes	TDR and partners technical and financial contributions highlighted in reports, publications and policy briefs. Impact assessment and stories posted in websites and shared in appropriated social media platforms.

Objectives and results chain

Approach to ensure uptake:	Early engagement of relevant stakeholders including implementers and affected communities from the planning stage.
Up-take/Use Indicator:	Number of GF supported programs using OR findings to improve program performance.
Gender and geographic equity:	Application of gender and geographic analysis to all activities under this ER,, including disaggregated data reporting complimented by the intersectional gender analysis toolkit and strategy developed by TDR.

Publication plan:	SORT IT articles and policy briefs published in open access, peer reviewed journals or in suitable platforms, e.g. TDR Gateway.
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:	Three of the most devastating communicable diseases in human history, HIV/AIDS, tuberculosis (TB) and malaria, are being fought by affected low- and middle-income countries with the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), aiming at eventually ending the epidemics. The Global Fund disburses more than USD 4 billion a year to support disease control programs in more than 100 countries, resulting in an estimated 32 million of lives saved. It is the largest multilateral investor in health systems playing a leading role in global health by its contribution to financing the pathways towards universal health coverage in beneficiary countries. The Global Fund?s approach is multidimensional, shaping the global markets for medicines and technologies, increasing the resilience and sustainability of global health systems and strengthening human resources for health while promoting the rights and gender equality of the affected communities. OR that is designed to increase both implementation efficiency and effectiveness provides evidence on elements that either enhance or impede the performance of interventions and therefore can support programme managers and policy makers in optimizing and scaling up activities while ensuring value for GF grants. The expected result aims to build sustainable OR capacity within programmes to support the development of OR agenda, implementation of OR projects using routine data, publication of peer reviewed articles, generation of practice and policy briefs and strengthening of research capacity.
Design and methodology:	Designing and conducting Operational Research (OR) locally contributes to finding solutions in the local context for problems associated with infectious diseases of poverty. Despite this potential benefit and previous efforts and advocacy for OR from different stakeholders (including TDR), OR is not always routinely incorporated in control activities funded by the Global Fund (GF). However, due to considerable variations from one country to another and between programmes with regards to the needs, demands, absorption capacity and funding, structured OR activities have remained very low. There is an urgent need to provide specific technical support to programmes receiving GF grants in developing OR agendas, integrating them in national strategic plans and GF applications while prioritizing human and technical research capacity to strengthen local OR capabilities in disease control programmes. In consultation with Structured Operational Research and Training Initiative (SORT IT) alumni based at country level and in close collaboration with other country stakeholders, RCS will provide technical assistance for the inclusion of OR component into national strategic plans and GF applications. The disease focus is malaria and tuberculosis as two of the priority diseases of poverty within the remit of current TDR strategy. The country-based SORT IT alumni will provide OR implementation support to funded programmes as part of GF grants (and therefore will not depend on TDR funds). The cyclical nature of GF applications ensures a continuous opportunity for programmes to undertake OR and for TDR to routinely avail technical support to countries renewing their GF grants. This situation augurs well with the establishment of a new ER with modest UD allocation that will leverage GF support and has potential to raise DF. Although the proposed project is intricately dependent on GF grants, the technical support activities are applicable to any other funding sources committed to OR at country level.
Approach to ensure quality:	1) National participants to be competitively selected or highly recommended by program managers. 2) Participant's projects to be endorsed by program managers. 3) SORT IT training teams to ensure adherence to established SOPs, including milestones and measurable targets. 4) Regular monitoring of progress and impact of the program by TDR staff and consultants. 5) Assessment of the impact on policy and practice of selected OR studies

ER Objectives

To create a critical mass of program personnel with OR skills and experience.

To support national disease programs receiving GF grants integrate OR in GF applications, their NSPs and reprogramed grants.

To ensure uptake and use of TDR OR and multilingual training resources by GF supported programs.

Biennium	**2022-2023**
Risk Description	**Risk 1: Research findings not implemented systematically by the program.**
Actions To Mitigate Risk	Mitigation actions: Research projects to be approved by programme managers and conducted by programme staff to ensure ownership of findings.
Mitigation Status	On Track
Risk Description	**Risk 2: Program evaluation not conducted regularly to demonstrate impact of research projects on programme performance.**
Actions To Mitigate Risk	Mitigation actions: GF grants to include OR impact evaluation funding.
Mitigation Status	On Track
Risk Description	**Risk 3: Overreliance on GF grants as the only source of OR support at country level.**
Actions To Mitigate Risk	Mitigation action: Programmes encouraged to share their regular impact evaluation of research findings on programme performance with partners as they seek alternative funding sources for OR activities.
Mitigation Status	On Track
Risk Description	**Risk 4: Political and security situations hinder implementation of planned training activities.**
Actions To Mitigate Risk	Close monitoring and response to emerging national and regional political and security situations.
Mitigation Status	On Track
Biennium	**2024-2025**
Risk Description	**Risk 1: Operational research findings not implemented systematically by the disease programs.**
Actions To Mitigate Risk	Mitigation actions: Operational research projects to be approved by programme managers and conducted by programme staff to ensure ownership of findings.
Mitigation Status	Planning phase
Risk Description	**Risk 2: Disease program evaluation and assessment not conducted regularly to demonstrate impact of operational research projects on programme performance.**
Actions To Mitigate Risk	Mitigation actions: GF applications and reprogramed grants to include OR impact evaluation funding.
Mitigation Status	Planning phase
Risk Description	Risk 3: Over dependance on GF grants as the only source of OR support at country level.
Actions To Mitigate Risk	Mitigation action: Disease programs encouraged to share their regular impact evaluation of operational research findings on program performance with all partners to advocate for alternative funding sources for OR activities.
Mitigation Status	Planning phase
Risk Description	**Risk 4: Political and security situations hinder implementation of planned training and research activities.**
Actions To Mitigate Risk	Close monitoring and response to emerging national and regional political and security situations.
Mitigation Status	Planning phase

Biennium	**2022-2023**
Output Description	**Programs supported to create critical OR capacity**

Output Indicator	Number of national programs with capacity to conduct and utilize OR findings.
Output Target Date	31/12/2023
Output Progress Status	On Track
Output Progress Description	All SORT IT courses will follow and implement established SOPs that include reporting and monitoring.
Output Description	**Program teams supported to incorporate OR in their NSPs or GF applications and trained to conduct SORT IT courses.**
Output Indicator	Number of national programs receiving GF support to conduct OR.
Output Target Date	31/12/2023
Output Progress Status	On Track
Output Progress Description	SORT IT alumni identified to provide technical support to programs while engaging with national OR stakeholders.
Output Description	**Number of OR projects completed in a funding cycle**
Output Indicator	Number of open access, peer-reviewed publications and policy briefs.
Output Target Date	31/12/2023
Output Progress Status	On Track
Output Progress Description	OR funding to include open access publication charges.
Output Description	**Framework for OR in GF supported programs co-published, translated and disseminated.**
Output Indicator	Availability of the electronic version of the Framework.
Output Target Date	31/12/2023
Output Progress Status	On Track
Output Progress Description	Awaiting a decision on co-publishing agreement between WHO and GFATM
Biennium	**2024-2025**
Output Description	**Framework for operational research in GF supported programs published, translated to French and disseminated.**
Output Indicator	Availability of a bilingual electronic version of the framework.
Output Target Date	31/12/2025
Output Progress Status	On Hold
Output Progress Description	Executive clearance in process.
Output Description	**Number of operational research projects completed in each funding cycle**
Output Indicator	Number of open access, peer-reviewed publications and policy/practice briefs.
Output Target Date	31/12/2025
Output Progress Status	On Hold
Output Progress Description	Operational research funding to include dissemination workshops and open access publication charges.
Output Description	**National programs supported to create critical mass of staff with operational research capabilities.**
Output Indicator	Number of national programs with capacity to plan, conduct and utilize operational research findings.

Output Target Date	31/12/2025
Output Progress Status	On Hold
Output Progress Description	All supported SORT IT courses will follow and implement all established SOPs that include milestones, targets, reporting and monitoring.
Output Description	**National program teams supported to incorporate operational research in their national strategic plans (NSPs), GF applications or reprogramed grants and trained to conduct SORT IT courses.**
Output Indicator	Number of national programs receiving GF support to conduct and evaluate operational research projects.
Output Target Date	31/12/2025
Output Progress Status	On Hold
Output Progress Description	National SORT IT alumni identified to provide comprehensive technical support to programs while engaging with all national operational research stakeholders.

ER Biennium Outcomes

Biennium	**2022-2023**
Outcome description	**Number of program staff dedicated to OR.**
Progress made towards outcome	SORT IT courses participants to be reported in line with established SOPs.
Outcome description	**Programs identify and address factors that impede the effective implementation of interventions.**
Progress made towards outcome	Engagement with country(ies) likely to undertake NSP review or submit new GF applications.
Outcome description	**Additional OR funding received from other sources.**
Progress made towards outcome	Self reporting (survey) and tracking of publication's funding acknowledgement.
Outcome description	**Availability of updated research agenda on priority issues affecting the program performance**
Progress made towards outcome	NSP documentation, program review and planning reports.
Biennium	**2024-2025**
Outcome description	**Number and gender of national program staff dedicated to operational research activities.**
Progress made towards outcome	All supported SORT IT courses participants to be reported in line with established SOPs.
Outcome description	**Additional operational research funding received from other sources.**
Progress made towards outcome	Self reporting (survey) and tracking of publication's funding and inkind contributions acknowledgement by supported programs.
Outcome description	**Availability of updated operational research agenda on priority issues affecting the national program performance.**
Progress made towards outcome	National strategic plan documentation, national program review and planning reports.
Outcome description	**National programs routinely identify and address factors that impede the effective implementation of interventions.**
Progress made towards outcome	Engagement with country(ies) likely to undertake NSP review, reprogram or submit new GF grant application.