

TDR risk management report

2023

Introduction

In 2012, TDR institutionalized the process of risk management across the Programme. Since then, risks have been proactively identified, prioritized, analysed and mitigation plans have been put in place. Risks, as well as progress on mitigation plans, are monitored several times a year and a progress report is presented to TDR's governing bodies annually. New risks are identified and reviewed as necessary. In 2014, the World Health Organization (WHO) introduced risk management across the Organization. TDR's risk management activities have therefore also been embedded and reported in the Organization's system and TDR is part of WHO's risk registry, where risks and actions are constantly monitored.

TDR's risk management brings together the culture, processes and tools required to effectively identify and manage potential adverse situations, as well as opportunities, in order to strengthen the Programme's efficiency and position.

Embedding effective risk management as a Programme-wide system enables TDR to systematically identify, prioritize, analyse and treat risks related to its corporate work. This helps to:

- anticipate future events: enhance planning to reduce unwanted surprises, possibly turning risks into opportunities;
- facilitate prioritization and inform decision-making, ensuring proper attention is given to high-risk/vulnerable areas; and
- identify cost-efficient value-adding measures to address the root cause of risks, thus reducing failures, delays and budget overruns.

Risk management within TDR is implemented at Programme, expected result (ER) and project levels. This report presents the Programme-level risks. The ER and project level risks are recorded and addressed at their respective levels.

To further qualify risk severity, alongside the existing risk status and risk trend, since 2022 the report includes risk scoring, where impact and likelihood are being estimated on a scale from 1 (lowest) to 5 (highest). This also responds to a recommendation from the Seventh External Review of the Programme.

In the current report, the term "Significant Risk" has been replaced by "Programme-level Risk" to avoid confusion with the term "Significant Risk" used by WHO, which has a distinct meaning and implications in terms of escalation to senior management via the WHO Risk Registry.

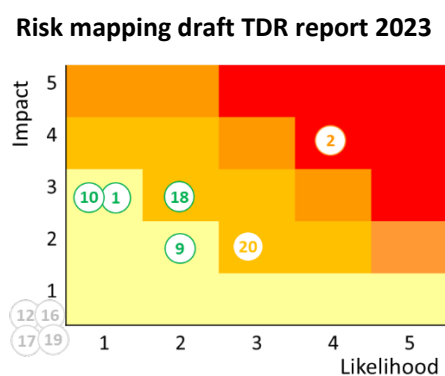
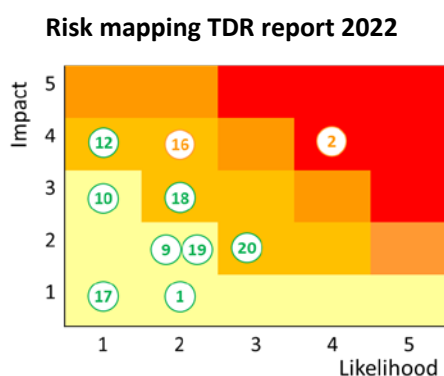
Some elements have been key in introducing risk management practices in TDR, ensuring a continuous process that is sustained. These include: (i) development of a culture of risk management across the Programme; (ii) training of staff in risk management; and (iii) implementation of all risk management steps.

Progress overview

Risks are monitored as part of the internal TDR progress review process, in alignment with the TDR Performance Framework. Discussions occur within relevant teams, scientific working groups, at management and staff meetings, as well as with the Scientific and Technical Advisory Committee (STAC), the Standing Committee and the Joint Coordinating Board (JCB).

At the end of 2023, there were ten active TDR Programme-level risks, of which the following four are proposed to be closed,

- Risk 12 (Impact of WHO transformation) as funding is addressed in Risk 2 (Income level) and the risk to TDR's independence is no longer relevant.
- Risk 16 (Impact of WHO staff mobility policy) as the WHO policy published in July 2023 explicitly excludes special programmes such as TDR, this risk is no longer relevant.
- Risk 17 (TDR 2018–2023 strategy implementation) is no longer relevant.
- Risk 19 (Anticipating global health emergencies) as this was added to specifically address the implementation challenges related to the COVID-19 pandemic, this risk is no longer relevant.



Progress on risk mitigation is as follows:

Risk 1	Portfolio alignment with strategy and proposed direction	
Risk 2	Income level	
Risk 9	Communication of TDR's unique value and contribution	
Risk 10	Translation of research results into policy and practice	
Risk 12	Impact of WHO transformation on WHO Special Programmes	
Risk 16	Impact of WHO staff mobility policy on TDR operations	
Risk 17	TDR 2018–2023 strategy implementation	
Risk 18	TDR's visibility within collaborations and partnerships	
Risk 19	Anticipating global health emergency events	
Risk 20	Timely replacement of key personnel	



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Some minor issues



Major issues

For the ten Programme-level risks that were open at the end of 2023, ten action items have been added to address:

- Risk 1 (Portfolio alignment with TDR strategy),
- Risk 2 (TDR income),
- Risk 9 (Communication of TDRs unique value),
- Risk 18 (TDR's visibility within collaboration and partnerships),
- Risk 20 (Replacement of TDR key personnel).

Of these ten new actions, seven were planned and three were on track at the end of 2023.

Overall, of the thirty-six action items monitored in 2023

- eighteen were on track,
- eleven were completed of which seven addressing risks proposed for closure,
- seven were planned,
- no action was delayed.

Ten risks were closed between 2013 and 2021 (see Annex 1) and four additional risks are proposed for closure at the end of 2023.



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Progress on risk mitigation and related actions

Table 1 below lists all key actions identified to mitigate TDR's Programme-level risks, including an update on their status. In addition, it includes a risk trend (stable, increased or decreased) to signal the direction in which the risk level moved compared to the previous report.

Table 1: Progress status on TDR Programme level risks mitigation

Risk title and related mitigation actions		Status	Risk trend
Risk 1	If TDR’s portfolio is not kept aligned with its strategy, there is a risk that TDR will not be able to meet its commitments, resulting in a loss of credibility with stakeholders.		Stable
	Risk scoring: Probability 1 - Impact 3		
	TDR’s new strategy for 2024–2029 was developed after a wide consultation with internal and external stakeholders, considering the recommendations from TDR’s governing bodies and feedback from the Seventh External Review of the Programme. The strategy was approved along with the 2024–2025 TDR Programme Budget and Workplan by the Joint Coordinating Board in June 2023. TDR staff and management are actively engaged in monitoring how the activities fully align with the new strategy and notably, how they contribute to building country resilience to four important global health challenges affecting infectious diseases of poverty, using a One Health approach. TDR’s Portfolio alignment is also monitored on a regular basis by the Scientific Working Groups and the Scientific and Technical Advisory Committee. Risk owner: John Reeder		
	1.1 Launch TDR 2012–2017 strategy.	Completed	
	1.2 Implement TDR reorganization.	Completed	
	1.3 Develop TDR budget and workplans for 2014–2015 and 2016–2017 with clear prioritization.	Completed	
	1.4 Operationalize the strategy (implementation and monitoring of the TDR workplan, financial recovery plan, R&D transition plan, management plan and risk management plans).	On track	
	1.5 Organize regular review of progress of TDR activities looking at technical and financial aspects (portfolio reviews, weekly unit heads’ meetings, monthly staff meetings).	On track	
	1.6 Develop a ONE TDR culture (retreats, working groups, staff meetings, staff development, etc.)	On track	
	1.7 Launch 2018–2023 strategy.	Completed	
	1.8 Align TDR’s structure with 2018–2023 strategy.	Completed	



Risk title and related mitigation actions		Status	Risk trend
	1.9 Develop and get STAC & JCB endorsement on the 2018–2019 Programme Budget and Workplan.	Completed	
	1.10 Develop and get STAC & JCB endorsement of the 2020–2021 Programme Budget and Workplan.	Completed	
	1.11 Develop and get STAC & JCB endorsement of the 2022–2023 Programme Budget and Workplan.	Completed	
	1.12 Launch 2024–2029 strategy.	On track	
	1.13 Develop and get STAC and JCB endorsement on the 2024–2025 Programme Budget and Workplan.	Completed	
	1.14 Initiate internal thematic groups to monitor TDR’s focus on global health challenges affecting infectious diseases of poverty and the use of a One Health approach across projects.	On track	
	1.15 Structure the work of SWGs to address the four global health challenges identified in the new strategy and the use of a One Health approach.	Planned	
	1.16 Adjust annual and results reports to highlight progress made against the four global health challenges identified in the new strategy.	Planned	
Risk 2	If donor contributions decrease as a result of changes in donor policies / priorities, or WHO changing their fundraising model, or adverse exchange rates, there is a risk that TDR’s income level is not sustained, resulting in an inability to deliver on planned activities.		Stable
	Risk scoring: Probability 4 - Impact 4		
	A contingency plan that was developed to manage this risk in 2024–2025 did not need to be implemented as additional funding was identified before the end of 2023. However, most of these additional funding sources are not expected to occur again, raising the risk for significantly reduced income levels for the 2026–2027 biennium. In November 2023, the Standing Committee agreed to increase the proportion of Designated Funding (DF) moving forward with the 2026–2027 budget scenario levels. They reiterated the value of this approach in the current challenging context to assist in addressing the four global health challenges as outlined in the strategy and to support additional fundraising. Thus, TDRs focus on fundraising will have to be further emphasised and involve all staff. Risk owner: Garry Aslanyan		
	2.1 Contact new donors in order to broaden the donor base and have more donors become major contributors.	On track	
	2.2 Make particular efforts to retain contribution levels of TDR’s main donors (including regular visits to key donors).	On track	



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Risk title and related mitigation actions		Status	Risk trend
	2.3 Improve communication and reporting on outcomes and deliverables, demonstrate value for money, relevance and ability to perform.	On track	
	2.4 Develop and implement sustainable fundraising strategy and practices.	Completed	
	2.5 Establish and/or strengthen connections with fundraising networks.	On track	
	2.6 Monitor closely income forecast (considering exchange rates, conflicts, post-pandemic economic situation, other).	On track	
	2.7 Develop contingency plans for 2018–2019 budget and workplan and gather increased support from undesignated funds donors.	Completed	
	2.8 Use conservative estimates when forecasting income for 2020–2021, 2022–2023 and 2024–2025.	Completed	
	2.9 Develop contingency plans for 2022–2023 revised planned costs and implement the plan in the event other funding is not identified by January 2022.	Completed	
	2.10 Explore ways to increase the proportion of designated funding (DF) in the budget from new sources for activities fully aligned with TDR strategy.	On track	
	2.11 Develop contingency plans for 2024–2025 revised planned costs and implement the plan in the event other funding is not identified by January 2024.	Completed	
	2.12 Develop a TDR investment case and standard validated modules to facilitate fundraising by governing bodies and the secretariat.	On track	
	2.13 Create a fundraising operations process to ensure speedy development and approval of concept proposals.	Planned	
Risk 9	If TDR is not able to clearly articulate and communicate its unique value and contribution to global health there is a risk that it becomes less attractive to funders and partners, and as a result will not be able to provide a meaningful contribution.		Stable
	Risk scoring: Probability 2 – Impact 2		
	Communication plan is being implemented. Annual reports are being published highlighting TDR’s main achievements within a year. Documentation from the communications team informed the development of the 2024-2029 TDR strategy. Risk owner: Makiko Kitamura		
	9.1 Update communications policies and ensure that all staff are aware of them and have access to them.	Completed	



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Risk title and related mitigation actions		Status	Risk trend	
	9.2	Identify M&E framework elements and tangible outputs and outcomes for annual/biennial report.	Completed	
	9.3	Investigate the impact of expanded news stories and videos to increase time on website.	Completed	
	9.4	Identify a vendor to work with to develop a baseline TDR perception audit and the process for ongoing monitoring of this.	Completed	
	9.5	Analyse the findings from the TDR stakeholder survey.	Completed	
	9.6	Develop an updated TDR communications plan based on the stakeholder survey and analysis.	Completed	
	9.7	Analyse the necessary tasks needed coming out of the TDR stakeholder survey and assign responsibility across TDR.	Completed	
	9.8	Initiate a new round of communication training to staff following reorganization.	Completed	
	9.9	Implement the TDR communications plan.	Completed	
	9.10	Develop the TDR Global to track grantees careers, map expertise and foster collaborations.	Completed	
	9.11	Monitor communication effectiveness and implement novel measures to improve reach-out and impact.	On track	
	9.12	Promote and raise awareness of new strategy among stakeholders.	On track	
	9.13	Clearly articulate the relevance of the Global Health Challenges identified in TDR’s new strategy, aligning with specific donor funding priorities.	Planned	
	9.14	Celebrate 50 years of TDR achievements throughout 2024. Create communications products that can be leveraged across TDR’s network in 2024 and beyond to show the value of long-term support to TDR programmes.	On track	
	Risk 10	If TDR is not able to engage communities, researchers and policymakers into innovative approaches in research and knowledge management, there is risk of a lack of appropriate and timely translation of research evidence to inform policy and practice, resulting in reduced health impact and loss of credibility.		
Risk scoring: Probability 1 - Impact 3				
	Implementation of the 2024–2025 workplan will include actions to provide methods, tools and training to improve uptake and impact of research findings. Risk owner: Robert Terry			



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Risk title and related mitigation actions		Status	Risk trend
	10.1 Ensure that all TDR projects have a strategy to enhance uptake of research outputs.	Completed	
	10.2 Develop and implement further activities to enable the translation and communication of research findings in support of evidence informed policy and decision making.	On track	
	10.3 Creation of a Research Policy Manager position in TDR's new structure.	Completed	
Risk 12	If WHO transformation leads to a change in the funding model of WHO or affects TDR's independence, this may put pressure on donors to shift their contributions from TDR to WHO, which will negatively impact TDR's finances.		Proposed for closure
	Risk scoring: Probability NA - Impact NA		
	With the WHO transformation initiative, there was a risk that TDR, like other special programmes and partnerships, would suffer from a change in WHO's funding model. The external audit of TDR in 2018 resulted in a recommendation to take the lead on TDR resource mobilization to oversee our interest in funding our operations and not rely on WHO CRM unit alone to redesign the fundraising process. WHO placed TDR along with HRP in a special budget line dedicated to special programmes, outside WHO's base budget, to acknowledge our special status. Director TDR was also appointed, with JCB agreement, as Director of the Research for Health Department in the Science Division. A clear separation of the roles, as well as a higher profile for TDR, in discussing research agendas were expected. Five years into the WHO transformation, there is no demonstrable negative change on TDR's independence, and TDR's funding is addressed in Risk 2. Risk owner: Michael Mihut		
	12.1 Discuss on a regular basis with the Assistant Director-General Office, WHO management and TDR Standing Committee.	Completed	
	12.2 Liaise with other Special Programmes and partnerships as relevant.	Completed	
	12.3 Develop a back-up plan for possible financial implications of the change in the calculation of administrative charges.	Completed	
	12.4 Develop a back-up plan for potential impact on TDR income following WHO possibly changing its funding model.	Cancelled	
	12.5 Address the recommendation of the external auditors and keep sending a representative to the CRM meetings until mechanisms are established to gradually harmonize and integrate the resource mobilization activities of TDR in the redesigned corporate resource mobilization process.	Completed	



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	12.6 The appointment of Director TDR as Director of Research for Health department will represent savings on TDR’s budget, as the two roles and their funding are kept separate.	Completed	
	12.7 Any potential conflicts of interest due to the Director’s dual role are resolved as they arise. Specific attention will be paid to ensure that the Research for Health and TDR budgets and workplans are kept separate.	Completed	
	12.8 The arrangement is evaluated at JCB’s 43rd meeting in June 2020.	Completed	
Risk 16	If WHO applies its staff mobility policy indiscriminately to TDR, there is a risk that unique skills and expertise will be lost and replaced with generic qualifications, which will negatively impact on TDR’s operations.		Proposed for closure
	Risk scoring: Probability NA - Impact NA		
	As the WHO policy published in July 2023 explicitly excludes special programmes such as TDR, this risk is no longer relevant. Risk owner: Michael Mihut		
	16.1 Liaise with WHO management, follow the development of this policy and, if appropriate, develop scenarios and their implications.	Completed	
	16.2 Coordinate with HRP to provide the chairs of TDR and HRP boards with up-to-date information, allowing them to engage in a discussion with WHO’s Director-General to request an exemption.	Completed	
Risk 17	If TDR's strategy for 2018–2023 does not leverage on existing TDR successes and the added value of the Programme, there is a risk that the strategy does not appear relevant to the stakeholders and does not serve TDR's mission.		Proposed for closure
	Risk scoring: Probability NA - Impact NA		
	This risk can now be closed as the TDR strategy 2018–2023 has been successfully implemented. TDR’s new strategy for 2024–2029 was developed with a wide consultation of internal and external stakeholders, notably considering the recommendations from TDR’s governing bodies and feedback from the Seventh External Review of the Programme. Now that the new strategy has been approved by the Joint Coordinating Board, TDR’s portfolio alignment to it will be addressed in Risk 1. Risk owner: John Reeder		
	17.1 Effectively learn and benefit from TDR’s 6 th External Review.	Completed	



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Risk title and related mitigation actions		Status	Risk trend
	17.2 Effectively consult with stakeholders when developing the next six year strategy 2018–2023.	Completed	
	17.3 Monitor the operationalization of the strategy	Completed	
	17.4 The Seventh External Review of the Programme to provide an objective assessment on strategy implementation, and insights for the next strategy 2024–2029	Completed	
	17.5 Develop a new strategy 2024–2029 through broad stakeholder consultation and with input from the Seventh External Review of the Programme.	Completed	
Risk 18	If TDR lacks visibility within collaborations and partnerships, there is a risk that its strategic interests are not addressed, which may lead to poor implementation of joint projects and poor visibility of TDR’s contribution.		Stable
	Risk scoring: Probability 2 - Impact 3		
	Partnership criteria have been clearly included in TDR’s strategy. Fulfilment of these criteria has been included in each expected result’s strategic plan and is monitored and reported. This is used for existing collaborations and partnerships as well as for new opportunities. Work to harmonize the way this is addressed across all work areas has been completed. Risk owner: Garry Aslanyan		
	18.1 Effective implementation of TDR partnership criteria with all new and existing collaborations and partnerships.	Completed	
	18.2 Ensure agreed upon plans are developed with partners of all collaborations and partnerships.	On track	
	18.3 Identify a TDR common approach to ensure proposed partnerships are discussed with the relevant TDR staff from the initial stages.	Planned	
Risk 19	If global health emergencies occur, there is a risk that TDR activities cannot be implemented as planned, and funds cannot be fundraised adequately, resulting in poor Programme funding and performance.		Proposed for closure
	Risk scoring: Probability NA – Impact NA		
	Global health emergencies were identified as a risk to implementation, affecting not only implementation directly, but also potentially TDR’s ability to fundraise successfully during such events. During the COVID-19 pandemic, TDR was able to adjust its operating model to continue successful implementation. This risk is no longer relevant as it was added to specifically address the implementation challenges related to the COVID-19 pandemic. Risk owner: Garry Aslanyan		



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Risk title and related mitigation actions		Status	Risk trend
	19.1 When travel is heavily affected, shift to online meetings for activity coordination and governance meetings when possible.	Completed	
	19.2 Accelerate and expand the role of distance learning for TDR training courses and other training activities.	Completed	
	19.3 Adjust activity plans accordingly and communicate early to key stakeholders any impact the event may potentially have on timely delivery of results.	Completed	
	19.4 Remain in contact with the Programme’s donors through available communications to get an early understanding of the potential impact on TDR funding.	Completed	
	19.5 Survey and assess the impact that distance learning has had on TDR trainees during 2020–2022.	Completed	
Risk 20	If the pool of TDR’s senior management and key personnel is depleted without proper transfer of knowledge, there is a risk that the capacity for implementation decreases and institutional memory is lost, resulting in poor Programme performance.		Increased
	Risk scoring: Probability 3 – Impact 2		
	The period 2024–2025 concentrates a series of retirements, including TDR’s Director as well as senior managers and key personnel due to WHO’s age limit rules. These can put at risk TDR’s performance if personnel are not replaced timely and an effective transition plan is not implemented. Risk owner: Michael Mihut		
	20.1 A TDR succession planning policy and process to be developed, with a succession plan put into place.	Completed	
	20.2 Supervisors to identify retirement dates and organize handover and recruitment in a systematic and timely manner to ensure smooth transition according to succession planning policy.	On Track	
	20.3 Recruitment plan for retiring Director to be implemented by TDR governance.	Planned	
	20.4 Develop an orientation plan for the new Director, including internal and external stakeholders	Planned	



Fully mitigated and closed out



Fully controlled



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Major issues

Annex 1 – Fully closed out risks

Six significant risks identified have been fully addressed and closed out (2013–2016):

Risk 3	TDR's governance structure inappropriate to the needs and size of the Programme	✓
Risk 4	Roles and responsibilities of co-sponsors not clearly defined	✓
Risk 5	TDR's transition to the 2012–2017 strategy not successfully managed	✓
Risk 6	Financial instability due to weak financial management processes/policies	✓
Risk 7	Missed opportunities of learning from experience (including governing bodies advice and analysis of processes)	✓
Risk 8	Information and project management systems	✓
Risk 11	Process for selection of TDR's grantees and monitoring of their work not adequate anymore	✓
Risk 13	Implementation of TDR strategy 2012–2017 and workplan not effective	✓
Risk 14	WHO budget ceiling is set low for TDR 2014–2015 biennium budget approved by JCB	✓
Risk 15	World Health Assembly requested TDR to consider hosting a pooled funding mechanism for R&D for neglected diseases to be operational by 2016	✓

Table 2: Risks fully closed out

Risk title and related mitigation actions		Status	Risk trend
Risk 3	TDR's governance structure inappropriate to the needs and size of the Programme	✓	Not applicable
	3.1 Implement JCB decisions on TDR governance.	Completed	
	3.2 Amend the MOU, following recommendations of JCB.	Completed	
	3.3 Endorsement of the revised MOU by the TDR Co-sponsors.	Completed	
	3.4 Notify the changes to the WHO Regional Offices and the STAC.	Completed	
	3.5 Develop standard operating procedures for TDR Standing Committee and STAC.	Completed	
	3.6 Review process for the management of the governing bodies and simplify then when possible.	Completed	



Risk title and related mitigation actions		Status	Risk trend
Risk 4	Roles and responsibilities of co-sponsors not clearly defined	✓	Not applicable
	4.1 Strengthen TDR's bilateral relations with all of its co-sponsors and further explore operational collaboration.	Completed	
	4.2 Meet and share 2012–2017 strategy with co-sponsors.	Completed	
Risk 5	TDR's transition to the 2012–2017 strategy not successfully managed	✓	Not applicable
	5.1 Effectively implement financial recovery plan.	Completed	
	5.2 Develop and implement the transition plan for existing pharmaceutical product R&D projects.	Completed	
	5.3 Support unmatched staff and carefully manage changes at TDR.	Completed	
Risk 6	Financial instability due to weak financial management processes/policies	✓	Not applicable
	6.1 Optimize the use of WHO's Global Management System (GSM) for TDR financial management.	Completed	
	6.2 Establish realistic and results based budgeting processes and systems with clear prioritization criteria and processes.	Completed	
	6.3 Develop and implement systematic financial monitoring processes and systems (at programme, team and project levels).	Completed	
	6.4 Manage new designated funds in separate awards.	Completed	
	6.5 Develop a new policy for management of designated funds.	Completed	
	6.6 Develop a costing model and policy.	Completed	
	6.7 Develop TDR workplans 2014–2015 and 2016–2017 based on detailed planning of activities, resources and timelines.	Completed	
	6.8 Establish a system to continue maintaining and improving as relevant financial management processes and systems.	Completed	
	6.9 Develop financial working capital to enhance cash management and flexibility in case of unexpected events (e.g. fluctuation in exchange rate).	Completed	



Fully mitigated and closed out



Fully controlled



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Major issues

Risk title and related mitigation actions		Status	Risk trend
Risk 7	Missed opportunities of learning from experience (including governing bodies advice and analysis of processes)	✓	Not applicable
	7.1 Conduct an extensive review/optimization of all TDR specific administrative processes.	Completed	
	7.2 Optimize/test financial management processes and systems.	Completed	
	7.3 Further enhance and document TDR management processes after the TDR reorganization (including portfolio monitoring and evaluation).	Completed	
	7.4 Establish a system to ensure systematic review of all processes and implementation of agreed improvements.	Completed	
	7.5 Continue presenting systematically to TDR's governing bodies reports on the implementation of their recommendations.	On track	
	7.6 Place status and progress of implementation of recommendations on the TDR shared drive accessible to all staff.	Completed	
Risk 8	If there is no improvement in WHO's IT systems in terms of project management, there is a risk of poor control of TDR information, resulting in delays, poor analysis and impacting monitoring and reporting of TDR activities	✓	Not applicable
	<p>System requirements for eTDR, the new project and grant management system, were developed in consultation with TDR staff and WHO's IT department. A call for interest was launched and six firms responded with applications. The selection and negotiation took place in 2019. Contracting was postponed to early 2020, in answer to a formal WHO IMT request. In the meantime, temporary solutions are being used. eTDR was developed and implemented jointly with WHO IMT, the vendor (Deloitte) and a consulting firm (Novel-T). All staff have now access to the system, and it is being used to manage the portfolio, calls for proposals and projects.</p> <p>Risk owner: Michael Mihut</p>		
	8.1 Build a solid case to request permission from WHO management to link CONNECT to the next version of WHO management system in 2013.	Completed	
	8.2 Go, no go decision from WHO to move forward.	Completed	
	8.3 Identify alternative options to TIMS and CONNECT in order to manage TDR information and grants management system.	Completed	
	8.4 TDR developing a new IT system for portfolio and project management, to address the requirements that are not met by WHO systems (eTDR)	Completed	



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Risk title and related mitigation actions		Status	Risk trend
Risk 11	Process for selection of TDR's grantees and monitoring of their work no longer adequate	✓	Closed out
	Forms and templates for grant proposal review, for progress reporting and final reporting are being revised. In the strategic planning of TDR expected results and projects, and in the templates used for external proposals, there is a section on risk management, which is reviewed as part of the project review.		
	11.1 Develop standard operating procedures for portfolio prioritization.	Completed	
	11.2 Review/improve TDR forms for grant applications, progress and final reports.	Completed	
	11.3 Develop standard operating procedures for the operationalization of Scientific Working Group.	Completed	
	11.4 Introduce a requirement to include a risk management component in each proposal/contract to be supported.	Completed	
Risk 13	TDR strategy and workplan not effectively implemented	✓	Closed out
	This risk can now be closed as the TDR strategy 2012–2017 has been successfully implemented.		
	13.1 Conduct a workshop for all TDR staff on project management.	Completed	
	13.2 Develop a detailed operational plan with activities, timelines and resources for each TDR project.	Completed	
	13.3 Conduct training sessions in financial management for each team and identify a project management assistant to support team leaders in planning, monitoring and reporting the work of the team.	Completed	
	13.4 Closely monitor implementation at all levels of the Programme and take action as necessary.	Completed	
Risk 14	WHO budget ceiling is set low for TDR 2014–2015 biennium budget approved by JCB	✓	Not applicable
	14.1 Discuss with HTM/ADGO the possibility of increasing TDR's budget ceiling in order to match implementation as relevant.	Completed	



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Risk title and related mitigation actions		Status	Risk trend
Risk 15	World Health Assembly's request that TDR consider hosting a pooled funding mechanism for R&D for neglected diseases negatively impacts the Programme's operations	✓	Closed out
	This risk should now be closed as the WHA no longer plans to establish a Global R&D Fund. The JCB's oversight and advice on this helped to maintain the key role that TDR played in technical support to the process.		
	15.1 Ensure TDR has a role in the implementation of the Member State selected demonstration projects to ensure learning from this process informs future R&D pooled fund.	Completed	
	15.2 Ensure planning includes TDR governing bodies and other stakeholders, to have a clear understanding of how it fits and complements TDR Strategy.	Completed	
	15.3 Ensure timely communication with TDR core funders in order to continue to provide undesignated funding to TDR while supporting the R&D pooled fund.	Completed	
	15.4 Ensure WHA through WHO continues to be in charge of raising and replenishing funds for the R&D pooled fund.	Completed	

