# TDR Expected Results
## Strategic Plans 2024–2025 and Progress 2022–2023

# Global Engagement

## Contents

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

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

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

**Start date:** · · 01/01/2009 · · · · · **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: No**


## 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

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## ER Objectives

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

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## Biennium Budget

**Biennium:** 2024-2025

## Low and Hight Budget Scenario

| | Low Budget Scenario | High Budget Scenario |
|---|---|---|
| **Undesignated funds** | USD  0 | USD 150000 |
| **Designated funds** | USD 300000 | USD 300000 |
| **Total** | USD 300000 | USD 450000 |

## Planned Budget

3

| | |
|---|---|
| Undesignated funds | USD 0 |
| Designated funds | USD 300000 |
| Total | USD 300000 |

Biennium:                    2022-2023

## Low and Hight Budget Scenario

| | Low Budget Scenario | High Budget Scenario |
|---|---|---|
| Undesignated funds | USD  0 | USD 150000 |
| Designated funds | USD 300000 | USD 300000 |
| Total | USD 300000 | USD 450000 |

## Planned Budget

| | |
|---|---|
| Undesignated funds | USD 160000 |
| Designated funds | USD 291000 |
| Total | USD 451000 |

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## ER Biennium Risks

**Biennium:**                    2024-2025

**ERRisk - 0317:**        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

**Biennium:**                    2024-2025

**ERRisk - 0316:**        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

**Biennium:**                    2022-2023

**ERRisk - 0243:**        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:**                    2022-2023

**ERRisk - 0242:**        Requires intense and proactive TDR staff time and effort for the success of ESSENCE

**Actions To Mitigate Risk:**  Staff are available and time allocated

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**Mitigation Status:**    On Track

**Biennium:**    2022-2023

**ERRisk - 0241:**    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

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## ER Biennium Outputs

**Biennium:**    2022-2023

**EROutp-0294:**    Two harmonized principles, policies, practices introduced and adapted by funding agencies and LMIC researchers/research institutions

**Output Indicator:**    2 tools and reports have been used to inform policy and/or practice of global/regional stakeholders or major funding agencies

**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.

**Biennium:**    2022-2023

**EROutp-0296:**    40 LMIC researchers trained in good practice fields

**Output Indicator:**    LMIC capacity in key areas such as research management, M&E and other will be strengthened in close collaboration with funding agencies

**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.

**Biennium:**    2022-2023

**EROutp-0297:**    TDR activities use ESSENCE documents as reference

**Output Indicator:**    Case examples of TDR's research, RCS and KM activities benefit and are shaped by global health research and global health agenda.

**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.

**Biennium:**    2024-2025

**EROutp-0387:**    Two harmonized principles, policies, practices introduced and adapted by funding agencies and LMIC researchers/research institutions

**Output Indicator:** 2 tools and reports have been used to inform policy and/or practice of global/regional stakeholders or major funding agencies

**Output Target Date:** 31/12/2025

**Output Progress Status:**

**Output Progress Description:**


**Biennium:** 2022-2023

**EROutp-0295:** One pilot country initiates dialogue between funding agencies and researchers/research institutions

**Output Indicator:** Funding agencies will continue to engage in annual policy dialogue between each other and with LMIC institutions and pilot countries

**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

**EROutp-0389:** 40 LMIC researchers trained in good practice fields (60 researchers for US$50M scenario)

**Output Indicator:** LMIC capacity in key areas such as research management, M&E and other will be strengthened in close collaboration with funding agencies

**Output Target Date:** 31/12/2025

**Output Progress Status:**

**Output Progress Description:**


**Biennium:** 2024-2025

**EROutp-0388:** One pilot country initiates dialogue between funding agencies and researchers/research institutions

**Output Indicator:** Funding agencies will continue to engage in annual policy dialogue between each other and with LMIC institutions and pilot countries

**Output Target Date:** 31/12/2025

**Output Progress Status:**

**Output Progress Description:**


**Biennium:** 2024-2025

**EROutp-0390:** TDR activities use ESSENCE documents as reference

**Output Indicator:** Case examples of TDR's research, RCS and KM activities benefit and are shaped by global health research and global health agenda.

**Output Target Date:** 31/12/2025

**Output Progress Status:**

**Output Progress Description:**

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ER Biennium Outcomes

**Biennium:**     2022-2023

**EROutc-0069:**     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

**EROutc-0120:**     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 :**

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# Expected Result: 2.3.3

## Title: TDR Global - the community of former trainees, grantees and experts

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

| | | | |
|---|---|---|---|
| **ER type:** | Continuing | **Funding type:** | UD |
| **Start date:** | 01/01/2020 | **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: No**

## 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

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|---|---|
| **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. |

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## ER Objectives

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

**ERObj-0043** : 2. Map specific expertise

**ERObj-0044** : 3. Enhance collaborations, including current and former grantees, trainees and expert advisers, with a focus on equity

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## Biennium Budget

**Biennium:** 2022-2023

## Low and Hight Budget Scenario

|  | Low Budget Scenario | High Budget Scenario |
|---|---|---|
| Undesignated funds | USD  300000 | USD 500000 |
| Designated funds | USD 0 | USD 0 |
| Total | USD 300000 | USD 500000 |

## Planned Budget

| Undesignated funds | USD 402000 |
|---|---|
| Designated funds | USD 0 |
| Total | USD 402000 |

**Biennium:**           2024-2025

## Low and Hight Budget Scenario

|  | Low Budget Scenario | High Budget Scenario |
|---|---|---|
| Undesignated funds | USD  300000 | USD 500000 |
| Designated funds | USD 0 | USD 0 |
| Total | USD 300000 | USD 500000 |

## Planned Budget

| Undesignated funds | USD 300000 |
|---|---|
| Designated funds | USD 0 |
| Total | USD 300000 |

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## ER Biennium Risks

**Biennium:**           2024-2025

**ERRisk - 0296:**        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

**Biennium:**           2024-2025

**ERRisk - 0295:**        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)

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**Mitigation Status:**            Planning phase


**Biennium:**                    2024-2025

**ERRisk - 0294:**        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


**Biennium:**                    2022-2023

**ERRisk - 0248:**        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


**Biennium:**                    2022-2023

**ERRisk - 0246:**        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


**Biennium:**                    2022-2023

**ERRisk - 0249:**        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:**                    2022-2023

**ERRisk - 0247:**        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


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ER Biennium Outputs

**Biennium:**        2024-2025

**EROutp-0365:**        Surveys / crowdsourcing tools collect ideas and prioritize them for action by the TDR Global community (one in 40 million scenario, two in 50 million scenario)

**Output Indicator:**            Surveys / crowdsourcing that gather and prioritize ideas from trainees, grantees and experts to support mentorship and themes of interest for the community

**Output Target Date:**    31/12/2025

**Output Progress Status:**

**Output Progress Description:**


**Biennium:**         2022-2023

**EROutp-0303:**    Being able to do more activities with the same resources as compared to the previous biennium

**Output Indicator:**         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 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.


**Biennium:**         2022-2023

**EROutp-0301:**    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 Indicator:**         Community engagement activities are implemented in line with the Community Engagement Strategy, using effective tools piloted in 2017-2019.

**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).


**Biennium:**         2024-2025

**EROutp-0364:**    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 (3 for 40 million scenario, 6 for 50 million scenario)

**Output Indicator:**         Community engagement activities are implemented in support of TDR research and capacity strengthening activities

**Output Target Date:**    31/12/2025

**Output Progress Status:**

**Output Progress Description:**


**Biennium:**         2024-2025

**EROutp-0366:**    Soft review conducted and report submitted to responsible officer, with recommendations on improving alignment and value for money to the Programme

**Output Indicator:**         A streamlined TDR Global aligned with the needs of supporting TDR's new strategy 2024-2029

**Output Target Date:**    31/12/2024

**Output Progress Status:**

**Output Progress Description:**

**Biennium:**      2022-2023

**EROutp-0302:**      Surveys / crowdsourcing tools collect ideas and prioritize them for action by the TDR Global community

**Output Indicator:**      Surveys / crowdsourcing that gather and prioritize ideas from trainees, grantees and experts to support mentorship and themes of interest for the 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:**      2022-2023

**EROutp-0300:**      Analytics module in Elements and Discovery module implemented

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

**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.

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### ER Biennium Outcomes

**Biennium:**      2024-2025

**EROutc-0106:**      2. Identifying desired capacity in a field and a geographical region is facilitated (internally and externally)

**Progress made towards outcome** :


**Biennium:**      2022-2023

**EROutc-0071:**      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


**Biennium:**      2022-2023

**EROutc-0072:**      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.


**Biennium:**      2022-2023

**EROutc-0073:**      3. New collaborations, networks and partnerships that include former or current TDR grantees, trainees and expert advisors are created

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**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

**EROutc-0105:** 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** :

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# 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:** | 01/01/2018 | **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: No**

## 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. |

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## ER Objectives

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

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

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## Biennium Budget

**Biennium:**                    2024-2025

## Low and Hight Budget Scenario

|  | Low Budget Scenario | High Budget Scenario |
|---|---|---|
| **Undesignated funds** | USD  1000000 | USD 1350000 |
| **Designated funds** | USD 100000 | USD 200000 |
| **Total** | USD 1100000 | USD 1550000 |

## Planned Budget

| | |
|---|---|
| Undesignated funds | USD 1000000 |
| Designated funds | USD 100000 |
| Total | USD 1100000 |

**Biennium:** 2022-2023

### Low and Hight Budget Scenario

| | Low Budget Scenario | High Budget Scenario |
|---|---|---|
| Undesignated funds | USD 1000000 | USD 1350000 |
| Designated funds | USD 100000 | USD 200000 |
| Total | USD 1100000 | USD 1550000 |

### Planned Budget

| | |
|---|---|
| Undesignated funds | USD 1000000 |
| Designated funds | USD 0 |
| Total | USD 1000000 |

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### ER Biennium Risks

**Biennium:** 2022-2023

**ERRisk - 0244:** 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

**Biennium:** 2024-2025

**ERRisk - 0315:** 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

**Biennium:** 2024-2025

**ERRisk - 0314:** 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

**Biennium:** 2022-2023

17

**ERRisk - 0245:**     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

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### ER Biennium Outputs

**Biennium:**       2022-2023

**EROutp-0299:**    Evidence of collaboration frameworks effectiveness based on successful joint projects and activities

**Output Indicator:**          Functional collaboration frameworks with at least 5 regional offices established

**Output Target Date:**     31/12/2023

**Output Progress Status:**   On Track

**Output Progress Description:**


**Biennium:**       2022-2023

**EROutp-0298:**    Small grants calls launched, projects selected and funded

**Output Indicator:**          Small Grants schemes operationalized in at least 5 regional offices

**Output Target Date:**     31/12/2023

**Output Progress Status:**   On Track

**Output Progress Description:**


**Biennium:**       2024-2025

**EROutp-0385:**    Impact Grants calls launched, projects selected and funded in at least 5 regional offices (40M scenario: 40 grants funded; 50M scenario: 60 grants funded)

**Output Indicator:**          Impact Grants schemes operationalized in at least 5 regional offices

**Output Target Date:**     31/12/2025

**Output Progress Status:**

**Output Progress Description:**


**Biennium:**       2024-2025

**EROutp-0386:**    Evidence of collaboration frameworks effectiveness based on successful joint projects and activities

**Output Indicator:**          Functional collaboration frameworks with at least 5 regional offices established

**Output Target Date:**     31/12/2025

**Output Progress Status:**

**Output Progress Description:**

## ER Biennium Outcomes

**Biennium:** 2022-2023

**EROutc-0070:** 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

**EROutc-0119:** Research capacity will be enhanced and research will generate region specific evidence and solutions for priority public health issues

**Progress made towards outcome :**

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# Expected Result: 2.2.1

## Title: Knowledge Management, shaping the research agenda

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

| | | | |
|---|---|---|---|
| **ER type:** | Continuing | **Funding type:** | UD |
| **Start date:** | 01/01/2018 | **End date:** | 31/12/2025 |
| **ER status:** | On Track | **Comment:** | Publication outputs to be completed before December 2025 |
| **WHO region:** | Global | | |

**Partners:**     WHO technical programmes in AMR, HIV, Migrant Health
Country Offices
Duke University, USA
Policy Cures Research, Australia
Polygeia, UK
Digital Sciences, UK

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

**Review mechanism:**     Scientific working group

**ER manager:**     Robert Fraser Terry
**Team:**     John Reeder; Elisabetta Dessi; Science Division Working Group (24)
**Number of people working on projects:**     10

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

## 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: | 30/09/2025 |

## 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. |

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## ER Objectives

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

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## Biennium Budget

**Biennium:** 2022-2023

## Low and Hight Budget Scenario

| | Low Budget Scenario | High Budget Scenario |
| --- | --- | --- |
| **Undesignated funds** | USD  100000 | USD 100000 |
| **Designated funds** | USD 750000 | USD 950000 |
| **Total** | USD 850000 | USD 1050000 |

## Planned Budget

| | |
| --- | --- |
| **Undesignated funds** | USD 50000 |
| **Designated funds** | USD 35000 |

| | |
|---|---|
| Total | USD 85000 |

**Biennium:** 2024-2025

### Low and Hight Budget Scenario

| | Low Budget Scenario | High Budget Scenario |
|---|---|---|
| Undesignated funds | USD 100000 | USD 100000 |
| Designated funds | USD 100000 | USD 100000 |
| Total | USD 200000 | USD 200000 |

### Planned Budget

| | |
|---|---|
| Undesignated funds | USD 100000 |
| Designated funds | USD 100000 |
| Total | USD 200000 |

......................................................................................................................................................................

### ER Biennium Risks

**Biennium:** 2022-2023

**ERRisk - 0073:** 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

**Biennium:** 2022-2023

**ERRisk - 0021:** 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

**Biennium:** 2024-2025

**ERRisk - 0320:** Failing to follow good practice - failure to clearly define the need for such priority setting processes

**Actions To Mitigate Risk:** Engagement with stakeholders - feedback from donors e.g. ESSENCE group. adhere to WHO good practice guide.

**Mitigation Status:** On Track

**Biennium:** 2022-2023

**ERRisk - 0235:** 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

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### ER Biennium Outputs

**Biennium:** 2024-2025

**EROutp-0399:** I report published and/or resource established

**Output Indicator:** Update the TDRexplorer resource that provides a search portal to analyse TDR supported research from 2009 onwards

**Output Target Date:** 30/09/2025

**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.

**Biennium:** 2024-2025

**EROutp-0397:** 2 reports published and/or resource established

**Output Indicator:** One research priority setting exercise supported per biennium

**Output Target Date:** 30/09/2025

**Output Progress Status:** On Track

**Output Progress Description:**

**Biennium:** 2022-2023

**EROutp-0335:** I report published and/or resource established

**Output Indicator:** Update the TDRexplorer resource that provides a search portal to analyse TDR supported research from 2009 onwards

**Output Target Date:** 01/08/2024

**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.

**Biennium:** 2024-2025

**EROutp-0398:** One support activity provided

**Output Indicator:** Provide technical support on request through regional offices to Member States engaged in health research

23

**Output Target Date:** 30/09/2025

**Output Progress Status:** On Track

**Output Progress Description:**

**Biennium:** 2022-2023

**EROutp-0332:** Report published and verified by COHRED

**Output Indicator:** Update the Research Fairness Initiative assessment for TDR

**Output Target Date:** 01/06/2023

**Output Progress Status:** Cancelled

**Output Progress Description:** Update cancelled in 2023 due to the host organization, COHRED, ceasing to function. It is unclear how the RFI could now be updated.

Update in 2021 delayed due to suspension of interns who would undertake the background research

**Biennium:** 2022-2023

**EROutp-0333:** Report published and/or resource established

**Output Indicator:** One research priority setting exercise supported per biennium

**Output Target Date:** 30/09/2023

**Output Progress Status:** Completed

**Output Progress Description:** TDR provided technical support to three global research priority setting exercises.

• A one health priority research agenda for antimicrobial resistance in partnership with the Food and Agriculture Organization of the United Nations (FAO), the United Nations Environment Programme (UNEP), the WHO AMR Division and the World Organisation for Animal Health (WOAH, founded as OIE)). Published July 2023.

• Global research agenda for antimicrobial resistance in human health in partnership with the WHO AMR Division. Summary Published June 2023. (Check new link when full report done December 2023).

• WHO's Global Research Agenda on Health and Migration: Driving research and strengthening knowledge translation into policy and practice. In partnership with the International Organization for Migration (IOM), the United Nations High Commission for Refugees (UNHCR) and the WHO Migrant Health unit. This included a moderating a consultation event at the Third Global Consultation on the health of Refugees and Migrants, Rabat Morocco. Published October 2023 (TBC)

**Biennium:** 2022-2023

**EROutp-0334:** One support activity provided

**Output Indicator:** Provide technical support on request through regional offices to Member States engaged in health research

**Output Target Date:** 30/09/2023

**Output Progress Status:** On Track

**Output Progress Description:**

**ER Biennium Outcomes**

**Biennium:**       2022-2023

**EROutc-0065:**       (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** :  Completed - context shifted to COVID-19

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# Expected Result: 2.2.2

## Title: Capacity strengthening to bring research evidence into policy

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

| | | | |
|---|---|---|---|
| **ER type:** | Continuing | **Funding type:** | UD and DF |
| **Start date:** | 01/01/2018 | **End date:** | 31/12/2025 |
| **ER status:** | On Track | **Comment:** | |
| **WHO region:** | Global | | |

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

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

**Review mechanism:** Scientific working group

**ER manager:** Robert Fraser Terry

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

**Number of people working on projects:** 100

**FENSA clearance obtained for all Non-State Actors?** Yes

**Justification for no FENSA clearance:** No

## 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:** | 30/09/2025 |

## 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. TDR will also develop and implement a training course to enable researchers to communicate research findings to decision makers to improve the uptake and potential impact of the evidence to change behaviour and policy |
| **Approach to ensure quality:** | Use of scientific working group and expert peer review. Review through research of the impact of the communication tools. |

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## ER Objectives

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

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

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## Biennium Budget

**Biennium:** 2022-2023

### Low and Hight Budget Scenario

| | Low Budget Scenario | High Budget Scenario |
|---|---|---|
| **Undesignated funds** | USD  100000 | USD 100000 |

| | | |
|---|---|---|
| Designated funds | USD 150000 | USD 150000 |
| Total | USD 250000 | USD 250000 |

### Planned Budget

| | |
|---|---|
| Undesignated funds | USD 150000 |
| Designated funds | USD 0 |
| Total | USD 150000 |

**Biennium:**            2024-2025

### Low and Hight Budget Scenario

| | Low Budget Scenario | High Budget Scenario |
|---|---|---|
| Undesignated funds | USD  100000 | USD 100000 |
| Designated funds | USD 150000 | USD 150000 |
| Total | USD 250000 | USD 250000 |

### Planned Budget

| | |
|---|---|
| Undesignated funds | USD 100000 |
| Designated funds | USD 150000 |
| Total | USD 250000 |

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### ER Biennium Risks

**Biennium:**            2022-2023

**ERRisk - 0240:**       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:**           Completed

**Biennium:**            2024-2025

**ERRisk - 0322:**       Resistance to data sharing from within the research community

**Actions To Mitigate Risk:** Implement good practice as set out in WHO guide.  Develop good governance mechanisms to ensure equitable access in line with FAIR principles. Work across WHO particularly with Science Division.

**Mitigation Status:**           On Track

**Biennium:**            2024-2025

**ERRisk - 0321:**       Lack of take up of the recommendations from reports/briefs by policy makers and programme managers.

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**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. Undertake evaluation/research to generate evidence on what communication methods work best, when and why

**Mitigation Status:**          On Track


**Biennium:**                    2022-2023

**ERRisk - 0239:**       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


**Biennium:**                    2022-2023

**ERRisk - 0238:**       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


**Biennium:**                    2022-2023

**ERRisk - 0213:**       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


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## ER Biennium Outputs

**Biennium:**        2024-2025

**EROutp-0394:**       - At least 10 evidence to policy activities undertaken and relevant reports published before 30 September 2025

**Output Indicator**:          Support for researchers within LMICs to develop evidence to policy activities, attend conferences or undertake evidence synthesis.

**Output Target Date:**      30/09/2025

**Output Progress Status:**   On Track

**Output Progress Description:**



**Biennium:**        2022-2023

**EROutp-0292:**       - At least 10 evidence to policy activities undertaken and relevant reports published before 30 September 2025

**Output Indicator**:          Support for researchers within LMICs to develop evidence to policy activities, attend conferences or undertake evidence synthesis.

**Output Target Date:**      30/09/2023

**Output Progress Status:**   Completed

**Output Progress Description:** ▫ TDR ran two rounds of the communications module for SORT IT resulting in 22 evidence briefs. TDR ran three other SORT IT training courses which will generate evidence briefs in 2024. One training on data sharing was provided and a book chapter on data sharing in pandemics was published

**Biennium:** 2022-2023

**EROutp-0338:** Use of ORCID ID, application of the TDR open access policy, number of papers in the TDR Gateway

**Output Indicator:** Application and use of knowledge management tools to improve the dissemination and mapping of TDR supported research

**Output Target Date:** 30/09/2023

**Output Progress Status:** Completed

**Output Progress Description:**

**Biennium:** 2024-2025

**EROutp-0395:** Development and use of data sharing platforms in the TDR target diseases

**Output Indicator:** Data sharing: 1. support for capacity building; and 2. implement WHO guidance.

**Output Target Date:** 30/09/2025

**Output Progress Status:** On Track

**Output Progress Description:**

**Biennium:** 2024-2025

**EROutp-0396:** Creation of at least 10  policy briefs, presentations to enable evidence uptake and inform policy and decision-making

**Output Indicator:** Embed knowledge management and evidence for decision-making into the SORT IT AMR programme

**Output Target Date:** 30/09/2025

**Output Progress Status:** On Track

**Output Progress Description:**

**Biennium:** 2022-2023

**EROutp-0336:** Creation of policy briefs, presentations to enable evidence uptake and inform policy and decision-making

**Output Indicator:** Embed knowledge management and evidence for decision-making into the SORT IT AMR programme

**Output Target Date:** 30/12/2022

**Output Progress Status:** Completed

**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.

**Biennium:** 2022-2023

**EROutp-0293:** Development and use of data sharing platforms in the TDR target diseases

**Output Indicator:** Data sharing: 1. support for capacity building; and 2. development of policy

**Output Target Date:** 30/09/2023

**Output Progress Status:** Completed

**Output Progress Description:** Guidance produced and support for data sharing platforms

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## ER Biennium Outcomes

**Biennium:** 2022-2023

**EROutc-0068:** KM training opportunities will be provided through workshops, online materials and support for TDR researchers in the areas of:

- Open innovation and new models of collaboration

  - Data management and sharing

  - Research dissemination and maximizing research uptake

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

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

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

**Progress made towards outcome** :
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## ER Country Links

| **Country:** | Ghana | **WHO Region :** | AFRO | **World Bank : Income Group** | Lower middle income |
|---|---|---|---|---|---|
| **Country:** | Uganda | **WHO Region :** | AFRO | **World Bank : Income Group** | Low income |
| **Country:** | Sierra Leone | **WHO Region :** | AFRO | **World Bank : Income Group** | Low income |
| **Country:** | Myanmar | **WHO Region :** | SEARO | **World Bank : Income Group** | Lower middle income |

| **Country:** | Nepal | **WHO Region :** | SEARO | **World Bank :**<br>**Income Group** | Low income |
| **Country:** | Ecuador | **WHO Region :** | AMRO | **World Bank :**<br>**Income Group** | Upper middle income |
| **Country:** | Colombia | **WHO Region :** | AMRO | **World Bank :**<br>**Income Group** | Upper middle income |

# Expected Result: 1.3.5

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

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

| | | | |
|---|---|---|---|
| **ER type:** | Continuing | **Funding type:** | UD and DF |
| **Start date:** | 01/01/2014 | **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, Mariam Otmani, Cathrine Thorstensen, and staff across TDR as relevant

**Number of people working on projects:** 65

**FENSA clearance obtained for all Non-State Actors?** Yes

**Justification for no FENSA clearance: No**

## 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 |

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| | |
|---|---|
| **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 aims 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. |

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### ER Objectives

**ERObj-0024** : Promote and mainstream social innovation research, with an intersectional gender and social justice lens, in LMICs to accelerate UHC

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

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### Biennium Budget

**Biennium:** 2022-2023

#### Low and Hight Budget Scenario

| | Low Budget Scenario | High Budget Scenario |
|---|---|---|
| **Undesignated funds** | USD  150000 | USD 400000 |
| **Designated funds** | USD 300000 | USD 800000 |
| **Total** | USD 450000 | USD 1200000 |

#### Planned Budget

| | |
|---|---|
| **Undesignated funds** | USD 307000 |
| **Designated funds** | USD 800000 |
| **Total** | USD 1107000 |

**Biennium:** 2024-2025

#### Low and Hight Budget Scenario

| | Low Budget Scenario | High Budget Scenario |
|---|---|---|
| **Undesignated funds** | USD  150000 | USD 400000 |
| **Designated funds** | USD 350000 | USD 500000 |
| **Total** | USD 500000 | USD 900000 |

#### Planned Budget

35

| | |
|---|---|
| Undesignated funds | USD 150000 |
| Designated funds | USD 350000 |
| Total | USD 500000 |

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## ER Biennium Risks

**Biennium:** 2022-2023

**ERRisk - 0208:** 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

**ERRisk - 0293:** Need for enhanced coherence, synergy and sustainability.

**Actions To Mitigate Risk:** Nurture SIHI Secretariat partnership development and fundraising activities.

**Mitigation Status:** Planning phase

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## ER Biennium Outputs

**Biennium:** 2024-2025

**EROutp-0361:** At least ten related social innovation research studies conducted with innovators (15 for 50 million scenario)

**Output Indicator:** Social innovation research to (i) demonstrate impact on UHC, (ii) enhance innovations sustainability, and (iii) embed gender-transformative approach

**Output Target Date:** 31/12/2025

**Output Progress Status:**

**Output Progress Description:**

**Biennium:** 2022-2023

**EROutp-0251:** 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 Indicator:** Growing number of operational SIHI country hubs

**Output Target Date:** 31/12/2023

**Output Progress Status:** Completed

**Output Progress Description:** 13 SIHI hubs are operational across the globe and form a network coordinated by the SIHI Secretariat.

**Biennium:** 2022-2023

**EROutp-0250:** SIHI branding reinforced throughout the expansion of SIHI network and new collaborations established

**Output Indicator:** Functioning SIHI Secretariat to coordinate the SIHI partner network efforts and SIHI global communications.

**Output Target Date:** 31/12/2023

**Output Progress Status:** Completed

**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 facilitated effectively the bi-monthly SIHI hub meetings, organized monthly open SIHI talks and organized the SIHI Global event in 2023 in Cape Town.

**Biennium:** 2024-2025

**EROutp-0363:** At least four new hubs / formal partnerships established (eight for 50 million scenarios)

**Output Indicator:** A growing country-lead network

**Output Target Date:** 31/12/2025

**Output Progress Status:**

**Output Progress Description:**

**Biennium:** 2024-2025

**EROutp-0362:** At least five hubs have mainstreamed social innovation in their curriculum, institution or country (ten for 50 million scenario)

**Output Indicator:** Social innovation mainstreamed by hubs in country and research institution systems

**Output Target Date:** 31/12/2025

**Output Progress Status:**

**Output Progress Description:**

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ER Biennium Outcomes

**Biennium:** 2024-2025

**EROutc-0104:** Mainstreaming social innovation research, with an intersectional gender and social justice lens, in LMICs to accelerate UHC

**Progress made towards outcome** :

**Biennium:** 2022-2023

37

**EROutc-0052:**   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.

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### ER Country Links

| Country: | Colombia | WHO Region : | AMRO | World Bank : Income Group | Upper middle income |
|---|---|---|---|---|---|
| Country: | South Africa | WHO Region : | AFRO | World Bank : Income Group | Upper middle income |
| Country: | Uganda | WHO Region : | AFRO | World Bank : Income Group | Low income |
| Country: | Ghana | WHO Region : | AFRO | World Bank : Income Group | Lower middle income |
| Country: | Nigeria | WHO Region : | AFRO | World Bank : Income Group | Lower middle income |
| Country: | Honduras | WHO Region : | AMRO | World Bank : Income Group | Lower middle income |
| Country: | Sweden | WHO Region : | EURO | World Bank : Income Group | High income |
| Country: | Rwanda | WHO Region : | AFRO | World Bank : Income Group | Low income |
| Country: | India | WHO Region : | SEARO | World Bank : Income Group | Lower middle income |
| Country: | Indonesia | WHO Region : | SEARO | World Bank : Income Group | Upper middle income |
| Country: | Philippines | WHO Region : | WPRO | World Bank : Income Group | Lower middle income |
| Country: | China | WHO Region : | WPRO | World Bank : Income Group | Upper middle income |
| Country: | Malawi | WHO Region : | AFRO | World Bank : Income Group | Low income |

## 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:** | 01/01/2022 | **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: No**

### 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 assess 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.

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## ER Objectives

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

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

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## Biennium Budget

**Biennium:**                2022-2023

### Low and Hight Budget Scenario

|  | Low Budget Scenario | High Budget Scenario |
| --- | --- | --- |
| **Undesignated funds** | USD  100000 | USD 220000 |
| **Designated funds** | USD 0 | USD 0 |
| **Total** | USD 100000 | USD 220000 |

### Planned Budget

| | |
| --- | --- |
| **Undesignated funds** | USD 100000 |
| **Designated funds** | USD 0 |
| **Total** | USD 100000 |

**Biennium:**                2024-2025

### Low and Hight Budget Scenario

|  | Low Budget Scenario | High Budget Scenario |
| --- | --- | --- |
| **Undesignated funds** | USD  250000 | USD 350000 |
| **Designated funds** | USD 250000 | USD 250000 |
| **Total** | USD 500000 | USD 600000 |

### Planned Budget

| | |
| --- | --- |
| **Undesignated funds** | USD 250000 |
| **Designated funds** | USD 250000 |
| **Total** | USD 500000 |

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## ER Biennium Risks

**Biennium:**                2024-2025

**ERRisk - 0297:**        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

**Biennium:** 2022-2023

**ERRisk - 0251:** 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

**ERRisk - 0298:** 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

**Biennium:** 2022-2023

**ERRisk - 0250:** 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

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## ER Biennium Outputs

**Biennium:** 2022-2023

**EROutp-0340:** Lessons learnt published

**Output Indicator:** Evidence from ten studies on community engagement generated

**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

**EROutp-0367:** Pilot project for good practices in implementation research generates preliminary findings (one for 40 million scenario, two for 50 million scenario)

**Output Indicator:** Evidence from applying good practices in community engagement for implementation research that were identified through the community engagement call

**Output Target Date:** 31/12/2025

**Output Progress Status:**

**Output Progress Description:**

43

**Biennium:** 2024-2025

**EROutp-0368:** At least ten research ethics committees in key countries in Africa have their capacity strengthened (plus ten in Asia for the 50 million scenario)

**Output Indicator:** Capacity strengthening activities for research ethics based on lessons learned from the mapping exercise

**Output Target Date:** 31/12/2025

**Output Progress Status:**

**Output Progress Description:**


**Biennium:** 2022-2023

**EROutp-0309:** Secretariat capacity strengthened in 1 network (2 in higher budget scenario)

**Output Indicator:** Support for network secretariat

**Output Target Date:** 31/12/2023

**Output Progress Status:** On Hold

**Output Progress Description:** Planning phase


**Biennium:** 2022-2023

**EROutp-0308:** 1 policy brief (2 in higher budget scenario)

**Output Indicator:** Policy briefs and papers on key issues

**Output Target Date:** 31/12/2023

**Output Progress Status:** Delayed

**Output Progress Description:** Planning phase


**Biennium:** 2022-2023

**EROutp-0307:** 1 policy panel debate (2 in high budget scenario)

**Output Indicator:** Policy dialogues, debates and panels

**Output Target Date:** 31/12/2023

**Output Progress Status:** Delayed

**Output Progress Description:** Planning phase


**Biennium:** 2024-2025

**EROutp-0369:** At least two global and regional partners adopting and promoting good practices in community engagement and research ethics (three in the 50 million scenario)

**Output Indicator:** Good practices in community engagement and research ethics promoted through global and regional networks

**Output Target Date:** 31/12/2025

**Output Progress Status:**

**Output Progress Description:**

**Biennium:** 2022-2023

**EROutp-0305:** Report approved

**Output Indicator:** Mapping of research ethics initiatives in Africa, identifying successes, lessons learnt and existing gaps

**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.

**Biennium:** 2022-2023

**EROutp-0306:** Two survey conducted (five in higher budget scenario)

**Output Indicator:** Institutional audits (surveys) to strengthen local capacity and collect lessons learned

**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.

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## ER Biennium Outcomes

**Biennium:** 2022-2023

**EROutc-0076:** 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.

**Biennium:** 2024-2025

**EROutc-0107:** 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 :**

**Biennium:** 2024-2025

45

**EROutc-0108:**   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** :

**Biennium:**   2022-2023

**EROutc-0074:**   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:**   2022-2023

**EROutc-0075:**   Trained experts mentor, collaborate and volunteer to advance the research ethics in their country and region

**Progress made towards outcome** :   Not started yet