TDR For research on diseases of poverty

UNICEF • UNDP • World Bank • WHO

Annual Report 2024

Global engagement

Contents

Introduction 2

Objectives 2

Key achievements for the strategic priority area in 2024 2

Summary progress description for 2024 3

Progress description in 2024 and plans for 2026–2027 9

1.3.5: Advancing social innovation in health care delivery in LMICs through research, capacity strengthening and advocacy: 9

2.1.1.2: Impact grants for WHO regional priorities 18

2.2.1: Knowledge Management, shaping the research agenda 21

2.3.1: Collaborative networks and Global Health Initiatives (GHIs) 26

2.3.3: TDR Global - the community of former trainees, grantees and experts 29

2.3.4: Effective engagement in gender and equity 34

2.3.5: Community Engagement and Ethics 37

Budget and financial implementation 42

Projects and activities funded 44

TDR funding in 2024 55

Annex 1. Publications list 56

Introduction

An essential part of TDR's work is to engage with the global health community to promote and facilitate the role of research for development and to advocate for the use of high-quality evidence to inform policy. TDR is at the interface between research and health care delivery. Embedded within the United Nations family through its co-sponsors (UNICEF, UNDP, the World Bank and WHO), this unique position allows TDR to create a bridge from local communities to the World Health Assembly to enable the broadest possible scope of dialogue and debate across the spectrum of health research – from priority setting to evidence-based policy-making at local, national, regional and global levels.

This global engagement includes collaboration with WHO regional offices, shaping the global health research agenda, leading a collaborative network on research funding, promoting and supporting research on community-based social innovations for health, and leveraging a global network of scientists and experts who have been associated with TDR.
With the role out of the new strategy, brainstorm with the goal of finding simple, plain language description of what this area of the strategy represents, and why it is a necessary part of TDR activities. The activities of Global Engagement are looking at the processes of *how we do research for health and with which partners*, developing new methods and innovating to improve the impact of the TDR approach. We do this by working with our partners, funders and TDR networks, engaging stakeholders at different levels from communities to decision makers. The aim is to be on the cutting edge of innovation in research management so that TDR programmes are effective, equitable and build local research solutions to improve global health.

Objectives

- TDR's approach to Global Engagement is to develop and employ strategies, frameworks, tools and platforms in the following areas:
- Engagement of key global stakeholders, TDR co-sponsors, WHO regional and country offices, and WHO control and research programmes;
- Creation of the TDR Global community and promotion of innovative tools for mentorship and collaboration;
- Advancement of community-engaged social innovation in health care delivery in support of universal health coverage (UHC) in low- and middle-income countries (LMICs), through research, capacity and advocacy;
- Development of research policy to identify new approaches to support and finance research, and undertake knowledge management activities to improve the efficiency and maximize the impact of research for health;
- Development and promotion of models of data sharing and open publications that support and promote research activities in LMICs;
- Support the ESSENCE on Health Research initiative by working with stakeholders and funders of research to develop and promote best practices in research management, standard methodologies, implementation research (IR) and approaches to monitoring and evaluation (M&E) of impact; and
- Effectively engage in gender and equity research and capacity strengthening.

Key achievements for the strategic priority area in 2024

- Social innovation training has been embedded in the hubs' institutions in China, Colombia, Philippines, Rwanda, and South Africa. Plans have been developed to do the same in all other hubs. This included embedding gender transformative approaches to social innovation research conducted in the hubs.
- TDR collaboration with the WHO Regional Offices continues to be robust and multifaceted. Impact grant calls developed and implemented in all of the regions and over 20 impact grant studies supported
- TDR effectively engages with WHO and other partners to create a research agenda, including Knowledge Translation, NTDs as part of the NTD Roadmap 2030 and Traditional, Complementary and Integrated Medicine
- Global Health Matters podcast reaches greater audiences in its season 4 and is recognized as one of the top podcasts in global health, with 14 episodes produced each year
- TDR Global initiated mobilization activities in each region, one completed in Ethiopia node
- Engagement to support TDR RTCs in their efforts to run the IR MOOC on gender is ongoing, as well as collaborations with HRP and WHO on gender and equity.

Summary progress description for 2024

There has been steady progress from the beginning of this year in the area of global engagement. All expected results have made progress and demonstrated early results. As it is the first year of the new strategy, more coherence has been brought to the work of various part of global engagement strategic area.

Expected Results – Global engagement

Expected results and deliverables	*Indicators and targets*
1.3.5 Advancing social innovation in health care delivery in LMICs through research, capacity strengthening and advocacy: i) Social innovation research to demonstrate impact on universal health coverage, enhance innovations sustainability and embed a gender-transformative approach; ii) Social innovation mainstreamed by hubs in country and research institution systems; iii) A growing country-lead network.	By the end of 2025: - At least ten related social innovation research studies conducted with innovators (15 for the US$ 50 million scenario). - At least five hubs have mainstreamed social innovation in their curriculum, institution or country (10 for the US$ 50 million scenario). - At least eight new hubs / formal partnerships established. ***Progress made:*** - Gender transformative approach has been *effectively embedded in social innovation research studies respectively in Colombia, Philippines and Uganda. Research to enhance social innovation sustainability have been conducted in China (1 study), Colombia (2 studies), Indonesia (1 study), Philippines (1 study).* - *Social innovation training has been embedded in the hubs' institutions in China, Colombia, Philippines, Rwanda, and South Africa. Plans have been developed to do the same in all other hubs.* - *SIHI Philippines has established new formal partnerships (i) the NIH in the Philippines (establishment of the Programme of Social Innovation and Entrepreneurship in Health), (ii) the St. Luke's Medical Center Health Equity and Research Foundation (with Memorandum of Understanding), and (iii) with The Global Health Network (Memorandum of Understanding). Partnership between SIHI LAC and the University of San Sebastian in Chile began in 2024. New south-north partnerships have also been developed with universities in the global north (Duke University, University of Melbourne, University of North Carolina).*

Expected Results – Global engagement

Expected results and deliverables	*Indicators and targets*
2.1.1.2 Impact grants for WHO regional priorities: i) Impact grants operationalized in at least five WHO regional offices; ii) Functional collaboration frameworks with at least five regional offices established.	By the end of 2025: - Impact Grant calls launched, projects selected and funded in at least five regional offices (US$ 40 million scenario: 40 grants funded; US$ 50 million scenario: 60 grants funded). - Evidence of collaboration frameworks' effectiveness based on successful joint projects and activities. ***Progress made:*** *20 impact grants were selected and funded*
2.2.1 Shaping the research agenda: i) One research priority setting exercise supported per biennium; ii) Provide technical support on request through regional offices to WHO Member States engaged in health research; iii) Update the TDR explorer resource that provides a search portal to analyse TDR supported research from 2009 onwards.	By 30 September 2025: - Two reports published and/or resource established. - One support activity provided. - Report published and/or resource established. ***Progress made:*** *- Technical support is being provided in three areas working to create a research agenda: Knowledge Translation, NTDs as part of the NTD Roadmap 2030 and Traditional, Complementary and Integrated Medicine.* *- Four analyses have been commissioned to analyze funding and publication data in the four global health challenges of the TDR Strategy 2024-29*
2.2.2 Capacity strengthening to bring research evidence into policy: i) Support for researchers within LMICs to develop evidence to policy activities, attend conferences or undertake evidence synthesis; ii) Data sharing: 1. support for capacity building and 2. implement WHO guidance; iii) Embed knowledge management and evidence for decision-making into the SORT IT–AMR programme.	By 30 September 2025: - At least 10 evidence-to-policy activities undertaken and relevant reports published. - Development and use of data sharing platforms in the TDR target diseases. - Creation of at least 10 policy briefs, presentations to enable evidence uptake and inform policy- and decision-making. ***Progress made:*** - *The communication of research findings module has been implemented in 3 SORT IT courses in 2024 resulting in the generation of 22 evidence briefs. A short workshop given to MPh students at Institute of Tropical Medicine, Antwerp. TDR has contributed a chapter on research and data sharing during health*

Expected Results – Global engagement	
Expected results and deliverables	*Indicators and targets*
	emergencies to a new open access eBook entitled Principles and practice of emergency research response. This work aligns with TDR's new strategic priority area of epidemics and outbreaks.
2.3.1 Collaborative networks (ESSENCE on Health Research) and engagement with global health initiatives: i) TDR's activities benefit and are shaped by global health research and global health agenda; ii) Tools and reports are used to inform policy and/or practice of global/regional stakeholders or major funding agencies; iii) Funding agencies engage in annual policy dialogue between each other and with LMIC institutions and pilot countries; iv) LMIC capacity in areas such as research management, M&E are strengthened in close collaboration with funding agencies.	By the end of 2025: - TDR activities use ESSENCE documents as reference. - Two harmonized principles, policies, practices introduced and adapted by funding agencies and LMIC researchers/research institutions. - One pilot country initiates dialogue between funding agencies and researchers/research institutions. - 40 LMIC researchers trained in good practice fields (60 researchers for the US$ 50 million scenario). **Progress made:** - New good practice guide drafted in 2024 focused on implementation research - Over 10 episodes of Global Health Matters podcast released

Expected Results – Global engagement

Expected results and deliverables	*Indicators and targets*
2.3.3 TDR Global - the community of former trainees, grantees and experts: i) Community engagement activities are implemented in support of TDR research and capacity strengthening activities; ii) Surveys / crowdsourcing that gather and prioritize ideas from trainees, grantees and experts to support mentorship and themes of interest for the community; iii) A streamlined TDR Global aligned with the needs of supporting TDR's new strategy 2024–2029.	By the end of 2024: - Soft review conducted and report submitted with recommendations on improving alignment and value for money to the Programme. By the end of 2025: - Three thematic and region/country-based mobilization activities engaging the TDR Global community are taking place and TDR projects are supported (six for the US$ 50 million scenario). - One survey/crowdsourcing tool to collect and prioritize ideas for action by the TDR Global community (two for the US$ 50 million scenario). ***Progress made:*** - High-level review ongoing, reported conclusions in Q4 2024. Final report expected Q1 2025. - One mobilization activity completed in each regional node and in the Ethiopia node; focused on TDR Global Health Challenges and 50 years anniversary. - Survey on career progress conducted, results show great appreciation for TDR support, especially LMIC and new generation of researchers. - Women in Science compendium, second edition expanded has been published and disseminated. - Survey on collecting ideas for moving forward conducted and results are informing the high-level review of TDR Global.
2.3.4 Effective incorporation of intersectional gender analysis in research and training on infectious diseases: i) Global engagement activities to support TDR's gender research strategy and strengthen collaborations/networks across TDR and partners to operationalize and address intersectionality related dimensions of infectious diseases of poverty.	By the end of 2025, - Three TDR projects and collaborative initiatives incorporate a gender and intersectionality approach (five for the US$ 50 million scenario). ***Progress made:*** - *The SIHI and gender research network continues to strengthen their capacity to*

Expected Results – Global engagement	
Expected results and deliverables	*Indicators and targets*
	incorporate an intersectional gender lens in social innovation and a special issue with BMJ Innovations is under preparation. The TDR led initiative to develop a guidance to incorporate an intersectional gender lens in Ethics Review Committee evaluations is ongoing with large engagement of TDR, WHO and external partners. Engagement with the RTC in Ghana to support other RTCs in their efforts to run the IR MOOC on gender is ongoing, as well as collaborations with HRP and WHO on gender and equity.
2.3.5 Community engagement and ethics: i) Evidence from applying good practices in community engagement for implementation research identified through the community engagement call; ii) Capacity strengthening activities for research ethics based on lessons learned from the mapping exercise; iii) Good practices in community engagement and research ethics promoted through global and regional networks.	By the end of 2025: - One pilot project for good practices in implementation research generates preliminary findings (two for the US$ 50 million scenario). - At least ten research ethics committees in key countries in Africa have their capacity strengthened (plus ten in Asia for the US$ 50 million scenario). - At least two global and regional partners adopting and promoting good practices in community engagement and research ethics (three for the US$ 50 million scenario). **Progress made:** - Workplan to support the Africa and Asia networks improve practices of hundreds of ethics research committees in their regions - Good practices from community engagement studies being drafted for publication – to inform further TDR research. - Fundraising aligned with TDR global health challenges projects

Progress description in 2024 and plans for 2026–2027

Below is the update from each expected result and progress made in 2024 so far. The diveristy and reach of this work shall not be underestimated. With small amouts of funds, we were able to cover a very broad spektrum of activities that enable, synergize and bring together various part of overall TDR's strategy. There are several innovative and unite results that are demonstrating TDR's continious role and global reach as an advocate, leader and supporter of research.

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

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.

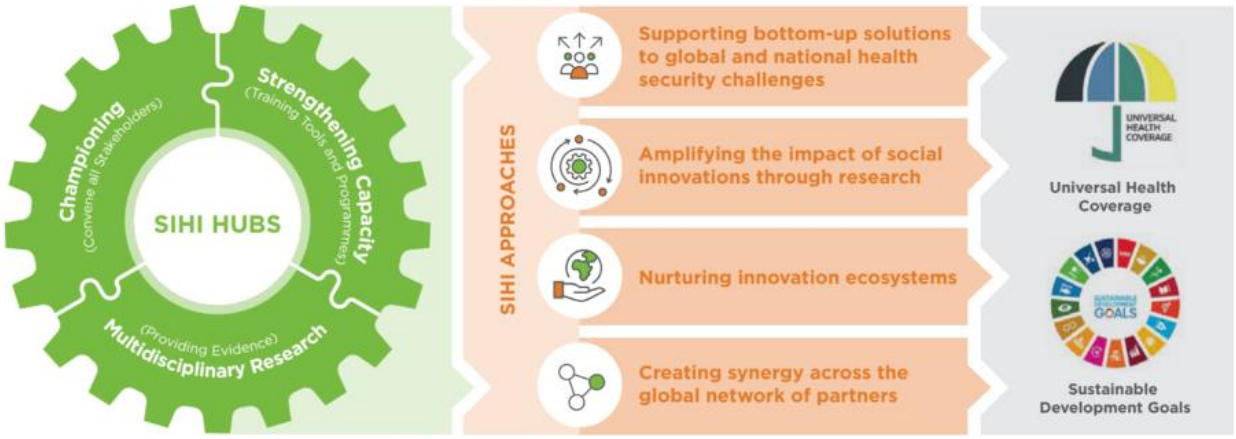
Design and methodology:

The Social Innovation in Health Initiative (SIHI) is a vibrant global network dedicated to accelerating universal health coverage through social innovation, community engagement, and social justice in low- and middle-income countries. Since its inception in 2014, the SIHI Network has continuously expanded, bringing together a diverse group of passionate individuals, organizations, and institutions who share a common goal.

SIHI vision is to catalyse research in low- and middle-income countries (LMICs) to foster and advance community-engaged social innovations that have the power to transform healthcare delivery systems and accelerate universal health coverage.

2024 marks SIHI's 10-year milestone, see SIHI Celebrating Ten Years video. The network has been expanding to engage LMICs and establish SIHI country hubs in research institutions to advance community-engaged social innovation through research, capacity strengthening and advocacy. Thirteen SIHI hubs are operational in Africa (Ghana , Malawi, Nigeria, Rwanda, South Africa, Uganda), Asia (China, India, Indonesia, Philippines), Latin and Central America (Colombia, Honduras) and in Europe (Sweden). Efforts are coordinated by the SIHI Secretariat based in the Philippines. SIHI also collaborates with a growing number of contributing partners, at local, national and global levels including all health care delivery stakeholders. These are featured on the SIHI website partnership page. SIHI's impact chain is reflected in Figure 1 below.

Figure 1: SIHI Theory of change to reach social impact



Progress in the current year

Outcomes

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

Progress:

SIHI 2024 main achievements

Institutionalizing Social Innovation in Health

The University of the Philippines Manila's National Institutes of Health has taken a bold step in institutionalizing social innovation by launching a Social Innovation and Entrepreneurship in Health programme. This transformative initiative marks a significant milestone, transitioning SIHI's work from a hub-based model into a formal university programme. By embedding social innovation into the core of one of the nation's leading health institutions, this programme ensures that innovative

health solutions will continue to be developed and sustained through academic research and training.

Empowering Innovators Across Borders

SIHI continues to grow its impact with the expansion of its Fellowship Programmes. This year, 24 new fellows joined through the SIHI Uganda Fellowship, while a second cohort of the SIHI Global Fellowship Programme, led by SIHI China and supported by all hubs, nurtures more innovators ready to make a difference in global health.

Bridging Social and Tech Innovation for Heart Health

The Heart4Health Hackathon in India brought together 25 teams of creative minds to tackle critical cardiology issues. These innovators developed impactful solutions to improve patient care, clinical reporting, and cardiac rehabilitation, demonstrating how tech and social innovation can transform healthcare.

A New Blueprint for Community-Driven Health SIHI published a new resource, "Participatory Health Research and Action: A Practical Guide on Designathons."

This guide advances the goals of the Alma-Ata Declaration by empowering communities to participate in the planning of health services, ensuring that health innovation is driven by the people it serves.

Championing Health Equity in Latin America and the Caribbean SIHI LAC, in collaboration with PAHO, created the case compendium "Social Innovation in Health: Lessons for Moving Towards Equity."

This collection showcases the transformative power of community-driven health innovations and collaboration in the Latin America and Caribbean region, underscoring the vital role of local solutions in achieving health equity.

2024 progress on SIHI expected outcomes

In 2024, the Social Innovation in Health Initiative (SIHI), coordinated by the SIHI Secretariat in the Philippines, continued to drive transformative changes across multiple countries. By fostering innovation through research, building partnerships, and empowering communities, SIHI made notable strides.

Below are some of the most significant achievements from the past year.

Institutionalizing Social Innovation: Creating a Sustainable Legacy

Through University Programmes In 2024, SIHI laid the foundation for transformative innovations in health by formalizing its efforts through university programmes. The Philippines Hub celebrated the launch of the Programme on Social Innovation and Entrepreneurship in Health at the University of the Philippines Manila's National Institutes of Health. This initiative aims to serve as the country's leading catalyst for research and capacity-building in health innovation, integrating social innovation into healthcare systems. In Malawi Kamuzu University established the SIHI Malawi hub in the newly formed department of innovation and research.

Pioneering collaborations

Powering health solutions through partnerships and research collaboration is at the core of SIHI's mission, and 2024 witnessed significant partnerships. In Nigeria, SIHI worked closely with the Federal

Ministry of Science, Technology, and Innovation to disseminate results from case study research on maternal and newborn healthcare initiatives. By connecting innovators with government agencies, SIHI ensures that innovative solutions are not only developed but also adopted on a larger scale. In Malawi, the hub supported the establishment of the Impact Health Catalyst Project, a collaborative effort between Kamuzu University of Health Sciences and the University of Melbourne. This project aims to strengthen health equity by connecting students, researchers, and innovators across a university-wide network to co-create impactful solutions to health challenges. The hub is currently collaborating with the National Commission of Science and Technology (NCST) to leverage the newly developed Innovations Portal. SIHI Indonesia supported selected social innovations through implementation research funded by the TDR Small Grant Award and research on intersectional gender analysis. SIHI Latin America and Caribbean (LAC) entered a new partnership with the National Institute of Health of Colombia. This consortium, funded by the Colombian National Royalties System, aims to develop innovative, participatory strategies for preventing and controlling cardiovascular and infectious diseases in rural areas. SIHI Uganda also held the 5th National Social Innovation Stakeholders' Workshop in Kampala in May, as well as a regional dissemination workshop in the Luwero District. These events provided unique platforms for interdisciplinary and intersectoral collaboration, bringing together representatives from government, academic institutions, innovators, and the private sector.

Empowering Innovators:

Building Skills for Social Impact SIHI has made remarkable progress in capacity-building, nurturing a new generation of social innovators ready to tackle global health challenges. In collaboration with the Swedish Embassy, the Uganda Social Innovation Fellowship Programme successfully equipped 24 innovators with the skills necessary to create lasting change. Participants gained expertise in project management, research methods, social entrepreneurship, and environmental impact assessment through a six-month distance learning programme. The Heart4Health Hackathon in India brought together 25 teams of creative minds to develop solutions for critical cardiology issues. Over an intensive weekend, participants proposed innovations aimed at improving patient care, clinical reporting, and cardiac rehabilitation. Meanwhile, SIHI's Global Fellowship Programmeme, now in its second cohort, was led by SIHI China in collaboration with SIHI hubs worldwide. They co-created a series of interactive workshops, training over 500 participants from low- and middle-income countries. Through tailored grant-writing (grant-a-thons) and design-thinking sessions, SIHI fostered a vibrant ecosystem of innovators equipped with the skills and knowledge to drive change in their communities. Across the various hubs, more than 450 individuals have been trained in different aspects of social innovation in health and research. These activities underscore SIHI's commitment to empowering individuals as agents of change within their communities.

Harnessing Crowdsourced Innovation: SIHI's approach to social innovation thrives on collective intelligence.

In Uganda, a recent call for innovative solutions in sexual and reproductive health concluded with the selection of top ideas for further development. Similarly, Nigeria?s National Crowdsourcing Call identified three promising social innovations addressing maternal and newborn health, which are now set for dissemination and broader adoption.

Knowledge Sharing: A Global Platform for Innovation

SIHI China led global efforts to develop a Social Innovation in Health Core Competencies Framework, which maps the knowledge and skills required for social innovation and guides future training development. Additionally, they spearheaded the publication of a new guide on Participatory Health Research and Action: A Practical Guide on Designathons. In Latin America and the Caribbean, the LAC Hub, in collaboration with the Pan American Health Organization (PAHO), produced a digital compendium featuring 17 exemplary social innovation initiatives. This resource showcases how communities are addressing health inequities, improving access to care, and enhancing quality of life for vulnerable populations. In the Philippines, SIHI launched InnovEx, an online platform dedicated to accelerating social innovations in health. The platform aims to positively impact the Philippine health system through collaboration and knowledge exchange. The Bayang Malusog (Healthy Nation) Exchange Group became the first community of practice established on the platform. Throughout the year, SIHI Talks, hosted by the SIHI Secretariat in the Philippines, continued to convene SIHI partners and potential collaborators worldwide. Notable talks in 2024 included SIHI Sweden's session on "Paving the Way for Integration and Health in Europe Through Social Innovation," SIHI Philippines? showcase of InnovEx, and SIHI Indonesia's discussion on "Practical Strategies from Implementation Research for Social Innovation."

Looking Ahead: A Future Powered by Social Innovation SIHI continues to push the boundaries of health innovation.

From empowering communities to fostering powerful collaborations that leverage both local and global expertise, SIHI is paving the way for a healthier, more equitable world.

Through its hubs and extensive networks, SIHI demonstrates the transformative power of social innovation in addressing pressing health challenges, one solution at a time. SIHI Strategic priorities 2024-2029 have been discussed with stakeholders. SIHI will enhance community engagement and resilience and promote social justice.

Building upon the last ten-year achievements, SIHI commits to:

1. Address global and national health security challenges, including public health emergencies, climate impacts on health, and antimicrobial resistance.

2. Prioritize innovative financing & partnerships to nurture innovation ecosystems and enhance innovation impact

Outputs

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

Progress: Gender transformative approach has been effectively embedded in social innovation research studies respectively in Colombia, Philippines and Uganda. Research to enhance social

innovation sustainability have been conducted in China (1 study), Colombia (2 studies), Indonesia (1 study), Philippines (1 study).

Social innovation mainstreamed by hubs in country and research institution systems

Progress: Social innovation training has been embedded in the hubs' institutions in China, Colombia, Philippines, Rwanda, and South Africa. Plans have been developed to do the same in all other hubs.

A growing country-lead network

Progress: SIHI Philippines have established new formal partnerships (i) the NIH in the Philippines (establishment of the Programme of Social Innovation and Entrepreneurship in Health), (ii) the St. Luke's Medical Center Health Equity and Research Foundation (with Memorandum of Understanding), and (iii) with The Global Health Network (Memorandum of Understanding). Partnership between SIHI LAC and the University of San Sebastian in Chile began in 2024. New South-North partnerships have also been developed with universities in the global north (Duke University, University of Melbourne, University of North Carolina).

10-year achievements:

Figures 2a and 2b: SIHI key achievements 2014-2023

2a - Amplifying impact of innovations:

2b - Nurturing innovation ecosystems:

Remaining risks and challenges

Need for enhanced coherence, synergy and sustainability.

Actions to mitigate risk: To address this risk, TDR's effort focus to nurture SIHI Secretariat partnership development and fundraising activities. Foster innovative financing models.

Status: On Track

Contributions towards TDR key performance indicators

Partnerships and collaborations:

CIDEIM (Colombia), Derbi Foundation (India), Fondation Merieux (France), Health Innovation Exchange (Switzerland), Karolinska Institute (Sweden), London School of Hygiene and Tropical Medicine (UK), MAD (Sweden), Makerere University (Uganda), Nnamdi Azikiwe University (Nigeria), PAHO, Schwab Foundation (Switzerland), SESH (China), SWEDESD (Sweden), Universidad Nacional Autónoma de Honduras (Honduras), University of Cape Town (South Africa), University of Ghana (Ghana), University of Malawi, University of the Philippines Manila, University of Rwanda (Rwanda), Upsala University.

Complementary roles: TDR's focus is on fostering research on social innovation. The hubs' role is as interface between researchers, community /innovators and government / policymakers

Estimated leverage created by this ER:

Estimated leverage amount: (US$): ***1.2 million***

Number of people working on projects: 65

Gender aspects and vulnerable populations:

Social innovations provide solutions to enhance health care delivery, engage communities and reach vulnerable populations. The Social Innovation in Health Initiative (SIHI) focuses on the needs of countries in the global south and fostering their leadership in advancing social innovation in health and in enhancing their impact. 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. Research studies were conducted in the SIHI research hubs in Latin America and the Caribbean, Philippines and Uganda to test the "TDR intersectional gender research strategy". Further studies are ongoing to embed the intersectional gender research in social innovations in health.

Training:

The SIHI network has engaged more than a thousand innovators and students in short courses and MOOC on social innovation. Twenty-four innovators and two students took long courses.

Strengthened institutions and/or networks:

Strengthening the SIHI network has been a focus of SIHI efforts, especially embedding social innovation in organizations and country systems through partnerships. See progress described in the Outputs section.

Strengthened institutions and/or networks:

Strengthening the SIHI network has been a focus of SIHI efforts, especially embedding social innovation in organizations and country systems through partnerships. See progress described in the Outputs section.

Peer review publications:

1. Ai W, Xie Y, Lu H, et al. Synergistic interaction between pay-it-forward incentives and recreational drug use on hepatitis B virus and hepatitis C virus testing among men who have sex with men in China. Sex Transm Infect. 2024 Jun 11:sextrans-2024-056150. doi: 10.1136/sextrans-2024-056150IF: 3.6 Q2 . Epub ahead of print. PMID: 38862237.

2. Davis A, Kpokiri E, Li C, et al. Using crowdsourcing at an academic conference to develop STI testing messaging for public dissemination. Sex Transm Infect. 2024 Feb 19;100(2):110-112. doi: 10.1136/sextrans-2023-056002. PMID: 38071540; PMCID: PMC10935589.

3. Khazaee-Pool, M., Pashaei, T., Zarghani, M., & Ponnet, K. (2024). Role of social innovations in health in the prevention and control of infectious diseases: a scoping review [Review]. INFECTIOUS DISEASES OF POVERTY, 13(1), Article 87. https://doi.org/10.1186/s40249-024-01253-w

4. Kpokiri, E. E., del Pilar-Labarda, M., & Tucker, J. D. (2024). Social innovation for resilient health systems. In Resilient Health (pp. 63-69). Academic Press.

5. Kpokiri, E., Mcdonald, K., Abraha, Y., Osorio, L., Nath, T., Talavera-Urdanivia, V.,…Tucker, J. (2024). Health research mentorship in low-income and middle-income countries: a global qualitative evidence synthesis of data from a crowdsourcing open call and scoping review [Article]. BMJ GLOBAL HEALTH, 9(1), Article e011166. https://doi.org/10.1136/bmjgh-2022-011166

6. Kpokiri EE, Wapmuk AE, Obiezu-Umeh C, et al. A designathon to co-create HPV screening and vaccination approaches for mothers and daughters in Nigeria: findings from a community-led

participatory event. BMC Infect Dis. 2024 Jun 20;24(1):606. doi: 10.1186/s12879-024-09479-7. PMID: 38902607; PMCID: PMC11188243.

7. Marley, G., Dako-Gyeke, P., Nepal, P., Rajgopal, R., Koko, E., Chen, E., ... & Sylvia, S. (2024). Collective Intelligence–Based Participatory COVID-19 Surveillance in Accra, Ghana: Pilot Mixed Methods Study. JMIR infodemiology, 4(1), e50125.

8. Ongkeko Jr., MSc, RN AM, Tiangco, MD, MPH PMP, Mier-Alpaño, MD, MPM JD, Cruz, MD, MPH JRB, Awitan, DSD WP, Escauso, EdD JG, Coro II AM, Amazigo, PhD UV, Halpaap, PharmD, MPH BM, del Pilar-Labarda, MD, DrSD M. Incorporating Praxis into Community Engagement- Self Monitoring: A Case Study on Applied Social Innovation in Rural Philippines. Acta Med Philipp [Internet]. 2024Jul.31

9. Tan RKJ, Shan W, Hummel E, et al. Youth engagement and social innovation in health in low-and-middle-income countries: Analysis of a global youth crowdsourcing open call. PLOS Glob Public Health. 2024 Jul 18;4(7):e0003394. doi: 10.1371/journal.pgph.0003394. PMID: 39024302; PMCID: PMC11257312.

10. Tao Y, Tan RKJ, Wohlfarth M, et al. Social innovation in health training to engage researchers in resource-limited settings: process description and evaluation. Health Promot Int. 2024 Apr 1;39(2):daae025. doi: 10.1093/heapro/daae025. PMID: 38501311.

11. Tieosapjaroen W, Chen E, Ritchwood T, et al. Designathons in health research: a global systematic review. BMJ Glob Health. 2024 Mar 7;9(3):e013961. doi: 10.1136/bmjgh-2023-013961. PMID: 38453248; PMCID: PMC10921519.

12. Tucker JD, Chikwari CD, Tang W, et al. A Conference Designathon to Spark Innovation: Actionable Ideas to Enhance Sexually Transmitted Disease Control. Sex Transm Dis. 2024 Jul 1;51(7):e31-e35. doi: 10.1097/OLQ.0000000000001965IF: 2.4 Q3 . Epub 2024 Mar 6. PMID: 38465975; PMCID: PMC11184286.

13. Yusha Tao, Rayner Kay Jin Tan, Megan Wohlfarth, Emmanuel Ahumuza, Ogechukwu Benedicta Aribodor, Jose Rene Bagani Cruz, Marvinson See Fajardo, Malida Magista, Gifty Marley, Jana Deborah Mier-Alpaño, Uchenna Chukwunonso Ogwaluonye, Kathleen Agudelo Paipilla, Charlotte Pana Scott, Allan Ulitin, Elizabeth Chen, Dan Wu, Phyllis Awor, Weiming Tang, Meredith Labarda, Joseph D Tucker, Social innovation in health training to engage researchers in resource-limited settings: process description and evaluation, Health Promotion International, Volume 39, Issue 2, April 2024, daae025, https://doi.org/10.1093/heapro/daae025

Results dissemination and uptake:

Advocacy through convening the various stakeholders at global and national levels, showcasing and championing the power of social innovation through rigorous research; Engagement of low- and middle-income country stakeholders in leading the Social Innovation in Health Initiative and its collaborative research. Continuous nurturing of new social innovation champions through the SIHI fellow programmes at national and global levels.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

2.1.1.2: Impact grants for WHO regional priorities

The following sections will have to be added manually in the annual report by the ER manager:

- training
- strengthened institutions and/or networks
- plans for 2026–2027 (to be added in January)

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.

Progress in the current year

Outcomes

Research capacity will be enhanced and research will generate region specific evidence and solutions for priority public health issues

Progress: in the last 5 years, the impact grants scheme supported research in 52 WHO partner countries. Over 150 projects and some still in progress, studying many aspects of tropical disease prevention and control. We are undertaking a review of the projects and research results and resources produced by the project teams which will be available by the end of 2024.

Outputs

Impact Grants schemes operationalized in at least 5 regional offices

Progress: In 2024, several new calls were issued, including in the European, Eastern Mediterranean regions. The calls are under review and will be ready by the end of 2024. They focused on diverse topics, including aligning with the new TDR strategy and global challenges. The calls issued in 2023 in Western Pacific and South-East Asia regions resulted in 21 grants focused on NTDs, TB and other areas of interest in the region. It is anticipated that all projects will complete their implementation before the end of 2024. The call in Americas region in 2024 resulted in 6 grants of multidisciplinary nature, most of them will commence their work in 2023 and 2024, although only 4 of them were finalized due to others having administrative and contract issues.
The review of impact grants launched in 2020 concluded with a report and subsequent dissemination of impact via the TDR stakeholders network. As a result of the review, a selection of ten impact grant stories are being shared via TDR's social media channels allowing for broader understanding and engagement. During 2022–2023, one such story in a month or every two months is being shared. Below is one example, focused on how impact grants support understanding the complexities behind antimicrobial resistance is presented.

Functional collaboration frameworks with at least 5 regional offices established

Progress: WHO regional office collaboration is key to TDR's successful outreach, policy and other type of relationships with the entire Organization. As one of TDR's co-sponsors and executing agency, TDR's close and productive collaboration is indispensable for the successful achievement of its goals. The formal collaboration process has helped strengthen that collaboration in recent years. The impact grans help to maintain the functional collaboration and the over framework of relationship. All of regions are constantly involved with TDR's work, including, in 2024 input and support to the development of the new strategy and its dissemination to regions and countries. The relationship between TDR and WHO Regions is at its all-time high is extremely fruitful.

Remaining risks and challenges

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

Status: On Track

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. We

also continuously visiting the ROs to keep in touch, engage them in the work of TDR and continue proving technical and administrative support.

Status: On Track

Contributions towards TDR key performance indicators

Partnerships and collaborations:

All six WHO regional offices, country offices and institutions in countries as appropriate. HRP, AHPSR, PAHO, EDCTP

Complimentary roles: Each RO has huge network of staff in the regional and country offices that take on review, priority setting and dissemination of the result from each of the call and from each of the grant. This makes TDR's work reach every single region and country.

Estimated leverage created by this ER:

Estimated leverage amount: (US$):

Number of people working on projects: 21

Gender aspects and vulnerable populations:

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.

Training:

Workshops and support to grantees is offered where possible and where the Regional office of WHO or TDR RTC are able to support. In 2024, we have plans to organize an IR capacity strengthening workshop with grantees in EMRO. Details to come.

Strengthened institutions and/or networks:

As each impact grant call is done in collaboration with WHO Regional Office, this is an opportunity for collaboration and mutual exposure to how support for research, training and regional engagement supports key research priorities. This results in an improved research support culture in each of the regions. In addition, in carse of EURO, the impact grants are administrated by TDR''s RTC in the region, further strengthening its capacity.

TDR to enable publication of results from small grants in each region and bring this to RSG, Regional ACHRs and others, as appropriate

Results dissemination and uptake:

All impact 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

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

2.2.1: Knowledge Management, shaping the research agenda

The following sections will have to be added manually in the annual report by the ER manager:

- training
- strengthened institutions and/or networks
- plans for 2026–2027 (to be added in January)

Rationale:

Continuous identification of research and research capacity needs is key to inform stakeholders' strategies (HTM, WHO RO, funding agencies, countries). This applies to the TDR 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:

There are two approaches. The first relates to to the identification of priorities directly related to TDR and involve the coordination of working groups focussed on the four global health challenges that impact infectious diseases of poverty (epidemics, control and elimination, climate change, resistance to treatment and control agents). These are supplemented with evidence-based reports looking at the shape of available funding and the pattern of published research. TDR also provides technical advice to departments undertaking research priority setting exercises using the WHO guidance that was developed with TDR leadership. Our involvement in these global exercises also allows TDR to make the case for inclusion of implementation research in these agenda,

Progress in the current year

Outcomes

Research priorities are aligned with country needs. Implementation research is highlighted as an appropriate tools in these research strategies

Progress:

Research mapping allows TDR to understand where it fits in the research landscape, spot trends and work to address gaps in knowledge where they are identified.

Prgress:

Outputs

One research priority setting exercise supported per biennium

Progress: Currently technical support is being provided to three research priority setting exercises: NTDs in support of the 2030 Roadmap, Traditional Medicine and Knowledge Translation. Publication of the final reports will be during 2025

Provide technical support on request through regional offices to Member States engaged in health research

Progress: On Track

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

Progress: TDRexplorer 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. An update has been provided to Digitial Sciences and a new platform and updated user portal will be published before the end of 2024.

TDR also contributes to the working group of the Pandemic PACT which tracks funding for disease outbreaks and pandemic events.

Funding and publication analysis on the four global health challenges in the TDR Strategy 2024 – 2029

Progress: Four reports analyzing data from the Dimensions database (https://www.dimensions.ai/) to analyze the publications and identify the funders of research in the four global health challenges: Outbreaks, Elimination of NTDs, climate and health and resistance to treatment and control as they relate to infectious diseases of poverty. These reports will provide baseline data in support of the implementation of the strategy.

Remaining risks and challenges

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.

Status: On Track

Contributions towards TDR key performance indicators

Partnerships and collaborations:

Estimated leverage created by this ER:

Estimated leverage amount: (US$):

Gender aspects and vulnerable populations:

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.

Improving coherence of global research funding: Pandemic PACT. Norton, Alice et al. The Lancet, Volume 403, Issue 10433, 1233

2.2.2: Capacity strengthening to bring research evidence into policy

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. but there are fewer resources established for implementation research. Therefore, in consultation with a working group of experts TDR has designed and implemented 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. This is now a module on the SORT IT programme but has also been adapted to present to MPh students or for groups of TDR-supported researchers outside of SORT IT.

Progress in the current year

Outcomes

KM training opportunities were 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.

Outputs

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

Progress: In this biennium TDR will partner with the Evidence Informed Policy unit, Science Division to develop tools and approaches to institutionalize knowledge translation activities into ministries of health. This is a project funded by the Geneva-based funding group the Geneva Science-Policy Interface as part of their Geneva Science-Policy Interface. As part of its knowledge management function TDR provided stipends to enable the active participation at the summit for a number of practitioners from low and middle income countries. Ten stipends were awarded and this included Professor Valentine III Dones from the University of Santo Tomas, Philippines, Joanne Khabsa, Senior Research Assistant and AUB GRADE Center coordinator, the American University of Beirut, Dr Doris Ottie-Boakye from the University of Ghana-Legon and Ashima Mohan, the Campbell South Asia Director of strategic communication and policy in India.

Professor Dones spoke at three panels, including a plenary debate arguing against the motion that AI has the potential to fully replace humans in evidence synthesis – they won the debate 60% to 40%. Joanne Khabsa spoke on the importance of integrating contextual factors into guideline recommendations. Her study group have develop tools to assess the different sources of evidence to estimate the impact of cost, acceptability and feasibility on implementing a new set of interventions. Dr Ottie-Boakye chaired a session on bridging global evidence for local impact in low- and middle-income countries and Ashima Mohan ran a workshop on applying knowledge translation typologies to identify the best approaches for effectively communicating guideline recommendations.

TDR's Rob Terry also spoke about the impact of the new TDR training module, how to communicate research findings, this is an addition to the structured operational research we support (SORT IT). Plans are already underway to convert this module to an online course to add to TDR's suite of training resources with the video recordings completed at the studios in the École Polytechnique Fédérale de Lausanne. This online version of the training will go live in the first half of 2025.

There is one note of concern however. While 10 stipends were awarded two participants from Ethiopia and one from Nigeria were unable to attend as they could not obtain a visa for the Czech Republic. It is a common occurrence that holding global conferences in Europe and North America actually presents a major barrier and limits career development opportunities for participants from Low- and middle-income countries due to these visa issues.

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

Progress: Technical support is provided to TDR-funded researchers on request. A SORT IT course was dedicated to data reuse capacity building by supporting research utilizing data contained in the Infectious Diseases Data Observatory for Ebola and ISARIC for Covid-19 data. This also contributes to the global health challenge on emergencies and outbreaks - 9 papers are undergoing peer review on the TDR Gateway (September 2024).

Embed knowledge management and evidence for decision-making into the SORT IT AMR programme

Progress: The communication of research findings module has been developed and successfully implemented in more than 8 different SORT IT courses, 3 of which were undertaken in 2024. The training has also been given outside of the SORT IT programme to other TDRs researchers working on seasonal malaria and in Ethiopia and Guinea working on NTDs See: https://tdr.who.int/activities/sort-it-operational-research-and-training/neglected-tropical-diseases-

bridging-the-research-gap-in-ethiopia-for-universal-health-coverage. A short workshop was given to MPh students at Institute of Tropical Medicine, Antwerp.

Principles and practice of emergency research response

Progress: Completed TDR contributed a chapter on research and data sharing during health emergencies to a new open access eBook entitled Principles and practice of emergency research response. This work aligns with TDR's new strategic priority area of epidemics and outbreaks.

The textbook, through learning modules, elucidates standards, guidelines, and practical considerations to improve future research response. The intended audience includes medical and public health students as well as practitioners in the field.

"I believe researchers must be on the frontlines of any outbreak," writes Bill Gates in the book's foreward. "It is the only way we can effectively identify, track, and stop a novel disease when it enters the human population."

TDR and WHO's Health Ethics and Governance Unit collaborated on the book's seventh chapter, which explores various aspects of data sharing, including mechanisms and legal frameworks for sharing research data. https://tdr.who.int/newsroom/news/item/09-09-2024-new-publication-principles-and-practice-of-emergency-research-response

Remaining risks and challenges

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

Status: On Track

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.

Status: On Track

Contributions towards TDR key performance indicators

Partnerships and collaborations:

Estimated leverage created by this ER:

Estimated leverage amount: (US$): ***$60,000 match with ICP***

Gender aspects and vulnerable populations:

Ensure policy brief development is undertaken with gender balance as one of the elements. Use the TDR gender tool for guidance.

Training:

Communication of research findings

SORT IT: AFRO 8 men 1 woman

Other TDR trainees: AFRO 31 men 12 women; EMRO 10 women

ITM MPH students: EURO 1 man 1 women AFRO 9 men 2 women SEARO 1 man AMRO 1 man

Strengthened institutions and/or networks:

Effective communication of the research findings completes the research cycle and, as a minimum ensures awareness of the findings and where appropriate, changes to behaviour and practice.

Publications

Terry, R.F., Littler, K. (2024). 7 Research, Sample, and Data Sharing During Outbreaks, Pandemics, and Beyond. In: Sorenson, R.A. (eds) Principles and Practice of Emergency Research Response. Springer, Cham. https://doi.org/10.1007/978-3-031-48408-7_9

Copies of the Evidence briefs and Lightning presentation videos produced by the participants of the TDR communication of research findings training are available here: https://tdr.who.int/activities/sort-it-operational-research-and-training/communicating-research-findings

Results dissemination and 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.

Citation, surveys, tracking changes in funding patterns, changes in clinical intervention approaches. Impact on national policy esp. AMR SORT IT

2.3.1: Collaborative networks and Global Health Initiatives (GHIs)

The following sections will have to be added manually in the annual report by the ER manager:

- training
- strengthened institutions and/or networks
- plans for 2026–2027 (to be added in January)

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.

Progress in the current year

Outcomes

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: ESSENCE members include some of the top funders of health research around the world. These include health research funding agencies, international health institutions, government research agencies, development agencies, philanthropists and multilateral initiatives. In 2024, ESSENCE has engaged several new member agencies, including the United Republic of Tanzania Commission for Science and Technology (COSTECH), the India Alliance on Research and the network of mental health global funders. A policy dialogue at the annual Southern African Research and Innovation Management Association (SARIMA) conference engaged African health research funding agencies and identified strategic directions for potential collaboration.

Outputs

Case examples of TDR?s research, RCS and KM activities benefit and are shaped by global health research and global health agenda.

Progress:

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

Progress:

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

Progress:

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

Progress: The good practice document/guide focused on research capacity strengthening was finalized in collaboration with LSTM in 2023, and in 2024 we organized two webinars for partners and funders to further review how the good practices could be used. Similarly, the good practice document focused on equitable partnerships developed with UKCDR continues to be of use and interest to funders, research institutions and others. It was presented at 3 separate occasions to audiences, with particular focus on how equitable partnership is grounded in good research management practices, which could be supported by funders. And of course, the good practice documents on research costing and investing in implementation research were widely disseminated via various networks, conferences and webinars.
The Global Health Matters podcast produced 7 episodes in 2024 so far, with scheduled episodes for the rest of the year. The episodes always include LMIC guests and the numbers of downloads, currently at 75K continue to grow. There is continued increase in social media engagement with TDR accounts due to the podcast, which allows TDR to be sharing all its work to much broader audiences.

Remaining risks and challenges

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. Plans are under way to organize the annual meeting in Feb 2025, which will include wide range of stakeholders from LMICs.

Status: On Track

Requires intense and proactive TDR staff time and effort for the success of ESSENCE

Actions to mitigate risk: Staff are available and time allocated

Status: Planning phase

Contributions towards TDR key performance indicators

Partnerships and collaborations:

Major international donors and funders of research and research capacity strengthening

Complimentary roles: In ESSENCE, the roles of each funder and contribution area complementary.

Estimated leverage created by this ER:

ESSENCE member funders are supporting several of the project by directly funding activities/consultancies.

Estimated leverage amount: (US$): 200,000

Number of people working on projects: 15

Gender aspects and vulnerable populations:

Gender, geographic equity and vulnerable populations are considered in the shaping and helping to shape funding agency policies through ESSENCE.

Strengthened institutions and/or networks:

Publications (N.B. the field in eTDR currently called "Publication Plan" will be renamed "Publications"):

At least one good practice document is published each year

Results dissemination and 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.

Good practice documents are used by the agencies and policies are changed

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

Rationale:

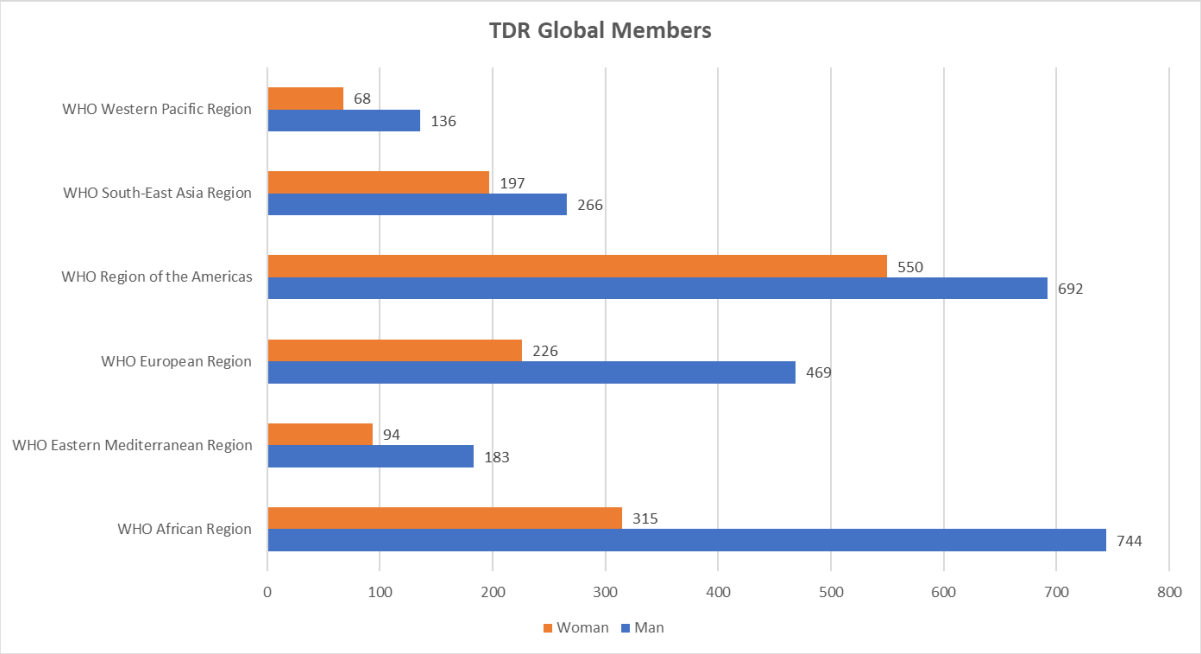
Over its 50-year history, TDR has built and supported a vast pool of human resources to address infectious diseases of poverty through research and training. This is the TDR Global community. The goal of the TDR Global initiative is to harness this global community in engendering new and expanded collaborations 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 champions, etc.).

Tools, such as the Discovery platform or the HERMES institutional mentorship guide, were created and refined 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. The regional approach in Africa, Asia and the Americas is completed by country-level activities.

At present, the TDR Global community is made up of 3990 active members with valid email addresses. The graph below represents the split by WHO region and gender.



Progress in the current year

Outcomes

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: The Community Engagement Strategy of TDR Global guides its initiatives. Following the external review in Q4 2024, lessons and ideas from members and stakeholders will help revise the strategy, including collaboration with other TDR initiatives. In 2024, the decentralized approach through regional nodes (Africa, Asia, Latin America) continued to support new member integration and foster collaboration. While global calls offer higher capacity, local nodes ensure diversity, inclusion, and a stronger footprint through proximity in geography, language, and time zones. Since 2024, new members have joined from all three strategic priority areas.

2. Identifying desired capacity in a field and a geographical region is facilitated (internally and externally)

Progress: We are mapping our membership by region, country, gender, and utilize these data to engage members through the local nodes. We are looking to build over the next year and a half communities of practice linked to existing networks, e.g. research ethics, social innovation, and create further opportunities for collaboration and mentorship in these fields. The career impact survey generated further information regarding capacity that TDR helped build in each region, as well as documenting additional success stories that illustrate the return on investment for capacity strengthening and research grants.

Outputs

Community engagement activities are implemented in support of TDR research and capacity strengthening activities

Progress: Activities at global and regional levels included managing membership, organizing events for TDR's 50th anniversary, publishing an expanded edition of the Women in Science compendium, and facilitating mentorship collaboration. We monitored progress of HERMES guide pilots with finalists and other institutions, collecting feedback to inform its next revision. This includes insights from TDR partner institutions in research capacity strengthening. Lessons from finalists of the Focus on Equity call, testing gender and age equity in mentorship, will also contribute to the HERMES guide revision in collaboration with the Gender and Intersectionality area. We aim to release the updated guide in Q1-Q2 2025.

The Ethiopia country node at AHRI celebrated TDR's anniversary with 76 participants, including past and present TDR fellows, who shared their experiences of TDR's impact. Dr. Dilnesaw Yehualaw highlighted TDR's role in developing Jimma University's Tropical and Infectious Disease Research Center. TDR Director Dr. John Reeder noted the longstanding relationship between TDR and AHRI, with key figures such as Dr. Tore Godal and Dr. Abraham Aseffa contributing to both organizations' growth. Collaborative work on mentorship and intersectional gender research was also presented.[1]

TDR's 50th anniversary photo contest in 2023 saw numerous submissions in three categories. Finalists were selected by an expert panel, and winning photos were showcased during 2024 anniversary activities. Regional nodes selected researchers to attend the McGill Summer Institutes in Global Health, with participants sharing their learnings through local mentorship activities. New members were added from recent grants in research and global engagement.

The second, expanded edition of the TDR Women in Science compendium[2], was published. Four new profiles of recognized women scientists that worked with TDR were added to the existing fifteen profiles, which have been updated with new information. The revision strengthens the geographical and linguistic diversity aspects. The compendium was launched at a TDR Global event in Geneva, with numerous testimonies from scientists profiled (live or recorded

[1] See more details in the event report: https://tdr.who.int/docs/librariesprovider10/meeting-reports/technical-reprt-tdr-50-year-anniversary-celebration-at-addis-ababa.pdf?sfvrsn=22f0601a_3
[2] See https://tdr.who.int/publications/i/item/9789240100039

videos)[3] and a select panel discussion that proposed solutions to support women have careers in science.

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

Progress: In July-August, a career survey of TDR Global members was conducted, to elicit their views on the importance of the support historically received from TDR. The 190 survey respondents came from 58 countries in all WHO regions. The geographical and gender representation reflects the composition of the TDR Global membership. Over 75% considered TDR's support very important or crucial to their careers, and this proportion was even higher in respondents from LMICs and in the younger generation. Two thirds of respondents offer to provide success stories, career anecdotes on their impact, or be profiled on the TDR website. The final results will be communicated publicly and will contribute to the objective of TDR Global that is to provide evidence on the impact of the Special Programme on the careers of people it works with. 95% of the respondents are still working in their country of nationality, which shows how TDR capacity building approaches keep the talent in their countries and regions.

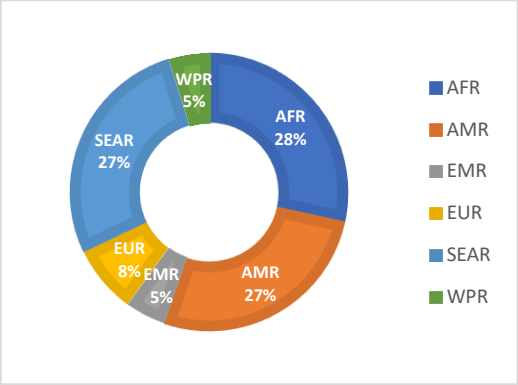


Figure 1 – WHO region of nationality of survey respondents

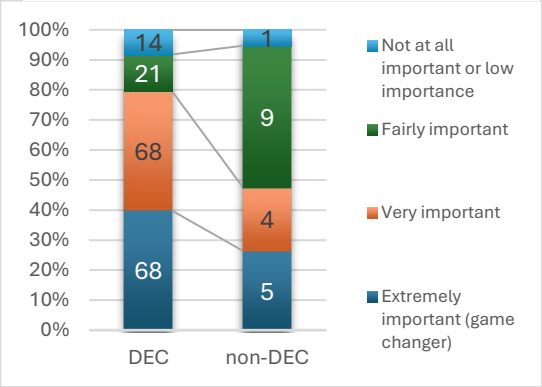


Figure 2 - How survey respondents consider the importance of TDR's contribution to their career

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

Progress: The external review of TDR Global took place in Q2-Q4 2024, led by an independent working group of four experts. They reviewed documentation on the initiative's strategy and operations, conducted a survey with members for feedback, and interviewed over a dozen key stakeholders. The group presented their findings, and a report is being prepared. This report will inform an update of the Community Engagement Strategy, aligning it with the TDR Strategy 2024-2029 and adapting it to the current stage of the initiative.

Remaining risks and challenges

A platform requiring extensive human resources may affect its sustainability, especially in situations of limited resources

[3] See https://www.youtube.com/watch?v=KgG9JOtWFKU

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

Status: On Track

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)

Status: On Track

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.

Status: On Track

Contributions towards TDR key performance indicators

Partnerships and collaborations:

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).

Complementary roles: Local nodes provide expertise and direct contact with people in the field, in their language, and they take over significant workload from TDR staff

Estimated leverage created by this ER:

Leverage includes technical support from partners and implementers, including the three regional nodes, the Ethiopia node, SESH (China/UK/US), infrastructure and communications support, communications support, meeting organization co-funding, non-funded p

Estimated leverage amount: (US$): 150,000

Number of people working on projects: 25

Gender aspects and vulnerable populations:

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.

Training: nothing to report

Strengthened institutions and/or networks: nothing to report

Publications (N.B. the field in eTDR currently called "Publication Plan" will be renamed "Publications"):

HERMES II - Second edition of the guide supporting institutional mentorship and on how to focus on equity for marginalized groups and minorities TDR Women in Science II - revised to add four new profiles and updates previous profiles - improved language and geographical diversity Scientific paper: Kpokiri EE, McDonald K, Abraha YG, et al. Health research mentorship in low-income and middle-income countries: a global qualitative evidence synthesis of data from a crowdsourcing open call and scoping review. BMJ Glob Health 2024;9:e011166. doi:10.1136/bmjgh-2022-011166 Video diaries of TDR Global members: https://www.youtube.com/watch?v=nKXpeXTY9Pc&t=9s

Results dissemination and 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.

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.

2.3.4: Effective engagement in gender and equity

The following sections will have to be added manually in the annual report by the ER manager:

- training
- strengthened institutions and/or networks
- plans for 2026–2027 (to be added in January)

Rationale:

Great progress has been made towards combatting infectious diseases of poverty. However, considerable public health challenges remain, including gender and intersecting inequalities that affect health conditions associated with infectious diseases. ER 2.3.4 draws on ER 1.3.12 and builds synergies with it to focus on gender intersecting inequalities that influence differentials in vulnerability to, and the impact of, particular health conditions associated with infectious diseases in low- and middle-income countries. This expected result recognizes that gender norms, roles and relations influence peoples susceptibility to different health conditions and they also have a bearing on peoples access to and uptake of health services, and on the health outcomes they experience throughout the life-course. It also acknowledges that WHO has recently recognized that it is important to be sensitive to different identities that do not necessarily fit into binary male or female sex categories. In this context, delivery and access to prevention and control approaches and products to prevent and control infectious diseases should not be one-size-fits all but instead should benefit from approaches

that take into account the complex interaction of several social stratifiers, and their influence in health outcomes. There is growing recognition that gender roles, gender identity, gender relations, apart from institutionalized gender inequality influence the way in which an implementation strategy works (e.g. for whom, how and why). There is also emerging evidence that programmes may operate differently within and across sexes, gender identities and other intersectional characteristics under different circumstances and contexts. Research should inform implementation strategies to avoid ignoring gender-related dynamics that influence if and how an implementation strategy works. Therefore scientists, including those focusing on research for implementation, would benefit from adequately considering sex and gender intersecting social dimensions within their research programmes, by strengthening both the practice and science of implementation, and by contributing to improved health outcomes and reduction of gender and health inequalities.

Design and methodology:

This ER is designed to support research teams in their efforts to conduct community based health research incorporating an intersectional gender lens within infectious diseases of poverty using concrete qualitative and quantitative research methodologies. It also aims at promoting an inclusive research agenda and inform policy through global engagement initiatives that strengthen an intersectional gender approach in health research. All the research activities are aligned to the TDR?s strategy on intersectional gender research which focuses on strengthening research capacities on intersectional gender analysis in research on infectious diseases, generating evidence on gender intersecting inequalities in access to health services, supporting intersectional gender analysis in research for implementation and promoting an inclusive infectious disease research agenda. TDR?s toolkit on intersectional gender analysis in research on infectious diseases of poverty is often used as a reference during the study design process. This ER also focuses on work done in collaboration with other departments in WHO (HRP, RCS) and in partnerships with external agencies globally.

Progress in the current year

Outcomes

Continue strengthening global engagement initiatives to promote and foster an intersectional gender lens in infectious disease research and research capacity strengthening

Progress: The SIHI and gender research projects that were initiated during the previous biennium have been completed. Primary objectives shared by all include: a) better understand and explore gender dimensions and its intersecting social stratifiers at the community level, wherein social innovations operate b) generate evidence-based lessons that be used for research capacity strengthening and for policy recommendations c) to disseminate, promote and advocate for an inclusive research agenda Philippines SIHI hub: They conducted research on two social innovations in health projects adopting an intersectional gender lens to understand how gender and intersecting social stratifiers interplayed within social innovations in health at community level. They also strengthened capacities through gender responsive learning based on social innovation research and gender research findings. The Philippines SIHI hub developed a learning module entitled Applying an Intersectional Gender Lens on Social Innovations in Health comprising of three learning units. The first unit talks about social innovation in health, and the second unit gives an overview of gender, gender dimensions, intersectionality and intersectional gender analysis. In the third unit, the intersectional gender lens is applied to analyzing social innovations in health. The objective is to teach about the transformative potential of adopting an intersectional gender lens to social

innovations in health. SIHI Colombia Their objective was to understand the role of indigenous and black women in their community health, its intersection with other social stratifiers, and the barriers for their participation in health programs and to understand how an intersectional gender lens influenced, helped or improved participation in social innovations in health initiatives. SIHI Uganda explored the gendered dimensions of social innovations in health at community level t through in-depth interviews with innovators and some beneficiaries of previously identified social innovation health projects and generated knowledge on what works in local contexts to address health inequities of different population subgroups. .

A special issue with BMJ Innovations is under preparation to cover the SIHI and gender projects implementation phase. The TDR led initiative to develop a guidance to incorporate an intersectional gender lens in Ethics Review Committee evaluations is ongoing with large engagement of TDR, WHO and external partners. Engagement with the RTC in Ghana to support other RTCs in their efforts to run the IR MOOC on gender is ongoing, as well as collaborations with HRP and WHO on gender and equity.

The activities in this ER are for 24/25 biennium and beyond.

Outputs

Global engagement activities to support TDR?s gender research strategy and strengthened collaborations and networks across TDR and partners to operationalize and address intersectionality related dimensions of infectious diseases of poverty

Progress: Planning stage, output for 24/25 biennium and beyond. By end of 2025, 3 TDR projects or collaborative initiatives incorporate a gender and intersectional approach (5 under 50M scenario).

Remaining risks and challenges

Weak interdisciplinary collaborations globally. Global Funding trends leaning towards pandemic response and climatic emergencies

Actions to mitigate risk: Continue to foster interdisciplinary collaborations. Ensuring fundraising efforts comprise clear linkages between infectious diseases, pandemics and environmental health challenges, with an intersectional gender lens.

Status: On Track

Contributions towards TDR key performance indicators

Partnerships and collaborations:

TDR Co-sponsors, HRP, WHO gender team, RTCS, SIHI hubs and research teams in Philippines, Uganda and Colombia.

Complimentary roles: The complementary roles of the partners have been established.

Estimated leverage created by this ER:

Estimated leverage amount: (US$): ***150,000***

Number of people working on projects: 16

Gender aspects and vulnerable populations:

Sex parity and geographic diversity will be ensured when establishing external review panels, convening meetings of experts, issuing contracts, and in general within all of our collaborations.

Training:

Strengthened institutions and/or networks:

Publications (N.B. the field in eTDR currently called "Publication Plan" will be renamed "Publications"):

A total of 9 manuscripts have been submitted to BMJ Innovations and are currently under review. A digital dissemination platform is being developed and will be functional once all the manuscripts are published. This platform will also host videos and other resources related to this ER. The link to this preliminary platform is https://website-76bd6578.hcr.aur.mybluehost.me/

Results dissemination and uptake:

Continuous engagement with various ministries, policy makers, relevant stakeholders (civil societies, local communities, academia, non- governmental organisations), SIHI networks and public health services at all stages of the research cycle/ project implementation.

Consultative meetings/ dissemination workshops with ministry officials, including MoH, health departments and relevant stakeholders (civil societies, local communities, academia, non-governmental organisations) and existing SIHI networks.

2.3.5: Community Engagement and Ethics

The following sections will have to be added manually in the annual report by the ER manager:

Rationale:

This Expected Results links two important areas where TDR has been a champion: research ethics and community engagement. Because there can be no research without ethics, and no ethics without community engagement, TDR has been a leader, with large scale projects in eco-bio-social research in

Asia and Latin-America, HMM and HMM+, community-based interventions (iCCM), 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 institutional review boards in disease endemic countries. Activities under this expected result are done jointly 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 link with other projects in TDR (research, capacity strengthening, gender, regional engagement), the WHO ethics unit, and with external partners to maximize the impact and make use of synergies and efficiencies. 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. 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 survey of the ERCs in Africa and Asia to identify gaps and challenges (and potential solutions) due to the COVID-19 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. Further collaborations of PABIN and SIDCER with global and regional partners are building momentum and providing good leverage for TDR funding. Recent opportunities include exploring the topic of how ERCs in countries address Artificial Intelligence (AI), what challenges they encounter, solutions that can be envisaged.

Design and methodology:

In 2022-2023, TDR funded ten projects in LMICs to map good practices in community engagement, implementation research, social innovation, research ethics, and gender equity in research. These projects, drawing on various TDR work areas, generated evidence on current practices, identified gaps, and provided actionable recommendations for stakeholders and communities of practice. Based on these results, an analysis was conducted to maximize the impact of the evidence, recommend effective dissemination strategies, and explore opportunities for scaling up and replicating best practices, if further funding became available. TDR also worked with the IMP unit to seek additional funding for studying innovative ways to engage local communities in leishmaniasis elimination research. Results will be analyzed for potential scale-up, replication, and policy recommendations.

On research ethics, working with the existing regional networks in Africa and Asia (PABIN and SIDCER/FERCAP), we promoted the dissemination of good practices including through SIDCER and TDR courses managed by the RCS unit and the regional partners. It is expected to develop capacity for managing research ethics through recognition systems; train-the-trainers opportunities; and enhancing partnership and collaboration between ethics networks through a community of practice facilitated by TDR Global. We explored 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.

Progress in the current year

Outcomes

Policies at sub-national at national level improved through the evidence provided on good practices for community engagement to research and social innovation

Progress: At least three countries already improved their policies and/or practices and more are on the way to do so, based on evidence and new knowledge from the ten projects that studied good practices for community engagement in implementation research and social innovation.

Delayed

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: The work to strengthen institutional capacity is in progress and will address with priority weaknesses identified in the 2023 survey. The focus of the work will include improving practices for engaging the community in research oversight, training and assessing a number of research ethics committees in Africa and Asia, and addressing AI impact on research ethics. A community of practice is explored, based on TDR Global, to offer ERC members a sounding board for questions and novel approaches.

On track

Outputs

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

Progress: In 2022, a crosscutting initiative in TDR funded ten projects that mapped good practices in place for community engagement to implementation research and social innovation across ten LMICs. Following the December 2023 hybrid workshop that brought together the ten Principal Investigators and their teams, a working group was set up to draft a joint publication, summarizing and discussing the most relevant lessons learnt. The work on drafting this scientific paper is advancing and we expect it published in Q2 2025. In addition, each project has or is publishing the results of their work, leading to around two dozen papers containing new evidence and knowledge, as well as training materials. The working group reached the conclusion that there was sufficient good quality material that could inform a practical good practice guide for engaging communities in implementation research and social innovation. The work on drafting such a practical guide under TDR's aegis has been initiated, as we expect is to be published in 2025.

Delayed

Capacity strengthening activities for research ethics based on lessons learned from the mapping exercise

Progress: We have developed a work plan with the Pan African Bioethics Initiative (PABIN) hosted by AHRI (Ethiopia), to have the network gradually and organically expanded. New ethics research committees from institutions that are link to TDR networks, such as the sub-regional TB research networks and the VL network will be invited to join, be assessed and trained. This work will be done by surveyors from African institutions supported by the SIDCER network capacity strengthening unit.

As a starting point, thirty ERCs in Africa and Asia have been assessed, utilizing both the SIDCER framework and the WHO benchmarking tool. The results of this survey identified areas that need to be strengthened, one of them being the meaningful engagement with communities locally. A second aspect flagged was the need to map the way committees work in relation to AI in research. Both these aspects are being discussed as part of the work plan that TDR will support to further strengthen the capacity of ethics review committees in Africa and Asia.

On track

Good practices in community engagement and research ethics promoted through global and regional networks

Progress: Once the lessons learnt, the evidence and new knowledge from the ten country-led projects is published, this will be utilized to inform TDR and partner institutions practices on engaging communities to research and innovation.

Delayed

Remaining risks and challenges

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.

Status: On Track

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

Status: On Track

Contributions towards TDR key performance indicators

Partnerships and collaborations:

SIDCER, PABIN, FERCAP networks have been strengthened, and linked to WHO Ethics Unit for further collaborations.

Complementary roles: Ethics: utilizing existing research ethics networks (SIDCER/FERCAP, PABIN) amplifies reach and impact. Community engagement: local institutions are closer to communities and knowledgeable of their customs and rules.

Estimated leverage created by this ER:

The small amount of funding from TDR leads to enormous leverage from other donors, including members institutions that contribute to the same networks.

Estimated leverage amount: (US$): 1,000,000

Number of people working on projects: 15

Gender aspects and vulnerable populations:

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.

Training: Trained 100 members of ethics committees through sessions at the FERCAP Annual Conference and through on-the-job ethics survey work.

Strengthened institutions and/or networks: Facilitated one-day seminar at WHO HQ for 15 Asian fellows members of ethics committees.

Publications (N.B. the field in eTDR currently called "Publication Plan" will be renamed "Publications"):

Karbwang J, Torres CE, Navarro AM et al. The readiness of the Asian research ethics committees in responding to the COVID-19 pandemic: A multi-country survey. F1000Research 2024, 13:19 (https://doi.org/10.12688/f1000research.143138.1)

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 and a good practice practical guide will be developed.

Results dissemination and 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.

Budget and financial implementation

Table X. Approved Programme Budget 2024–2025 and funds utilized

Expected result	Global engagement	2024-2025 $40m scenario			2024-2025 $50m scenario			2024-2025 Revised planned costs at Jan 2025			2024-2025 Implementation at 31 December 2024		
		UD	DF	Total	UD	DF	Total	UD	DF	Total	UD	DF	Total
1.3.5	Research on social innovation to enhance healthcare delivery	150 000	350 000	500 000	400 000	550 000	950 000	150 000	495 000	645 000	133 995	250 745	384 740
2.1.1.2	Regional office collaboration and impact grants for regional priorities	1 000 000	100 000	1 100 000	1 350 000	200 000	1 550 000	840 000	100 000	940 000	420 656	0	420 656
2.2.1	Shaping the research agenda	100 000	100 000	200 000	100 000	100 000	200 000	50 000	100 000	150 000	24 374	0	24 374
2.2.2	Capacity strengthening to bring research evidence into policy	100 000	150 000	250 000	100 000	150 000	250 000	150 000	150 000	300 000	88 115	0	88 115
2.3.1	Collaborative networks & engagement with global health initiatives (including ESSENCE)	0	300 000	300 000	150 000	300 000	450 000	310 000	522 000	832 000	145 890	218 409	364 299
2.3.3	TDR Global - the community of former trainees, grantees and experts	300 000	0	300 000	500 000	0	500 000	300 000	0	300 000	214 275	0	214 275
2.3.4	Intersectional gender analysis in research and training	100 000	100 000	200 000	250 000	100 000	350 000	100 000	100 000	200 000	85 704	0	85 704
2.3.5	Community engagement and ethics	250 000	250 000	500 000	350 000	250 000	600 000	250 000	250 000	500 000	108 345	0	108 345
	Total	**2 000 000**	**1 350 000**	**3 350 000**	**3 200 000**	**1 650 000**	**4 850 000**	**2 150 000**	**1 717 000**	**3 867 000**	**1 221 353**	**469 154**	**1 690 508**

Table X. Proposed Programme Budget 2026–2027

Expected result	Global engagement	2026-2027					
		$40m scenario			$50m scenario		
		UD	DF	Total	UD	DF	Total
1.3.5	Research on social innovation to enhance healthcare delivery	140 000	400 000	540 000	380 000	600 000	980 000
2.1.1.2	Regional office collaboration and impact grants for regional priorities	860 000	200 000	1 060 000	1 250 000	200 000	1 450 000
2.2.1	Shaping the research agenda	85 000	115 000	200 000	100 000	115 000	215 000
2.2.2	Capacity strengthening to bring research evidence into policy	85 000	150 000	235 000	100 000	150 000	250 000
2.3.1	Collaborative networks & engagement with global health initiatives (including ESSENCE)	0	300 000	300 000	130 000	300 000	430 000
2.3.3	TDR Global - the community of former trainees, grantees and experts	240 000	50 000	290 000	400 000	50 000	450 000
2.3.4	Intersectional gender analysis in research and training	90 000	100 000	190 000	240 000	100 000	340 000
2.3.5	Community engagement and ethics	200 000	285 000	485 000	300 000	385 000	685 000
	Total	**1 700 000**	**1 600 000**	**3 300 000**	**2 900 000**	**1 900 000**	**4 800 000**

Projects and activities funded

Project ID	Principal investigator	Supplier name (Institution)	Project title	Funding in US$	Disease or research topic / Global health challenges	Countries involved
P22-00840	Philip John Dooner	F1000 RESEARCH LTD	Payment invoice for article in TDR Gateway - The readiness of the Asian research ethics committees in responding to the COVID 19 pandemic: A multi-country survey	1,390	Not Disease-Specific	United Kingdom
P23-00909	Ninsiima Lesley Rose	MAKERERE UNIVERSITY SCHOOL OF PUBLIC HEALTH	Climate variability effect on designing and implementation of malaria control programmes in uganda: a case of yumbe district in westnile region.	2,965	Climate change's impact on health; Malaria	Uganda
P23-00910	Fatima Amponsah Fordjour	KNUST, COLLEGE OF SCIENCE	Consequences of neglect of population at risk in Schistosomiasis mass drug administration on female genital schistosomiasis in the Tolon district of Ghana	14,950	Control and elimination of diseases of poverty	Ghana
P23-00911	NGOZI IDEMILI ARONU	COLLEGE OF MEDICINE,UNIVERSITY OF NIGERIA (UNN)	Integrating Palliative Care of HIV Positive Women in Primary Health Centres in Nigeria (The INTERWOVEN Study)	3,000	Control and elimination of diseases of poverty; STDs	Nigeria
P23-00912	Dagimawie Abate	ARBA MINCH UNIVERSITY COLLABORATIVE RESEARCH AND TRAINING CENTER FOR NEGLECTED TROPICAL	Decentralized diagnosis of Cutaneous Leishmaniasis and other skin NTDs in Ethiopia (Decent-CL)	3,000	Control and elimination of diseases of poverty; Cutaneous leishmaniasis	Ethiopia

		DISEASES (AMU CRTC - NTD)				
P23-00913	Kwame Shanaube	ZAMBART GROUP ACCOUNT	Screening for common mental health disorders and piloting of a digital mental health tool among adolescents and young people living with HIV in Zambia	3,000	Control and elimination of diseases of poverty; STDs; Other	Zambia
P23-00914	Dum-Buo Nnamdi Dum-Bung	CENTRE FOR RESEARCH IN INFECTIOUS DISEASES	Rapid Assessment of Malaria burden using a mobile phone-based SMS tool by Community Health Workers in a context of humanitarian crisis in the North-West Region of Cameroon	2,990	Epidemics and outbreaks; Control and elimination of diseases of poverty; Malaria	Cameroon
P23-00915	Samuel Mbugua	MOUNT KENYA UNIVERSITY	Strengthening malaria vector control through building confidence in the utilization of Malaria ceiling nets in the Lake Victoria basin in Kenya	9,000	Control and elimination of diseases of poverty; Malaria	Kenya
P23-00916	Oswald Djihinto	OSWALD YEDJINNAVENAN DJIHINTO	Nanoparticle-mediated RNA interference for targeted larval control in the major malaria vector Anopheles gambiae.	2,999	Control and elimination of diseases of poverty; Climate change's impact on health; Malaria; Vector-borne diseases	Benin
P23-00917	Thoko Kapalamula	NATURAL RESOURCES COLLEGE	Tuberculosis and HIV infection among refugees and their surrounding local communities at Dzaleka refugee camp in Dowa district, Malawi: A study on the distribution and associated socio-behavioral factors.”	2,965	Control and elimination of diseases of poverty; STDs; Tuberculosis	Malawi
P23-00920	Debora Kajeguka	KILIMANJARO CHRISTIAN MEDICAL UNIVERSITY COLLEGE	Exploring the Risk of Zoonotic Arboviral Diseases and Opportunity for Control in Rural and urban North Tanzania Using a One Health Approach.	2,980	Control and elimination of diseases of poverty; Climate change's impact on health; One Health	Tanzania, United Republic of
P23-00984	Edwards Gibbs	UNIVERSITY OF OXFORD	Structured Operational and Training Initiative (SORT IT) on emerging infectious diseases using data stored	30,713	Ebola	Kenya

			on the Infectious Diseases Data Observatory (IDDO). Phase II			
P23-01038	Simon Westby	PAPUA NEW GUINEA INSTITUTE OF MEDICAL RESEARCH	The objective of the TSA is to conduct a study on skin neglected tropical diseases in Papua New Guinea	14,986	Control and elimination of diseases of poverty; Not Disease-Specific	Papua New Guinea
P23-01039	Tao Nguyen	INSTITUTE OF GENOME RESEARCH, VIETNAM ACADEMY OF SCIENCE AND TECHNOLOGY	The objective of the TSA is to conduct a study on snakebite envenomation in North Viet Nam	15,000	Control and elimination of diseases of poverty; One Health; Other	Viet Nam
P23-01040	Bolor Bold	NATIONAL CENTER FOR ZOONOTIC DISEASES	The objective of the TSA is to conduct a study on cystic echinococcosis in Mongolia	14,198	Control and elimination of diseases of poverty; One Health	Mongolia
P23-01041	Jose Rene Bagani Cruz	FOUNDATION FOR THE ADVANCEMENT OF CLINICAL EPIDEMIOLOGY, INC. (FACE)	The objective of the TSA is to conduct a study on skin neglected tropical diseases in the Philippines	15,004	Control and elimination of diseases of poverty; Other	Philippines
P23-01042	Cheng Wang	DERMATOLOGY HOSPITAL OF SOUTHERN MEDICAL UNIVERSITY	Awareness and willingness to accept doxycycline prophylaxis among men who have sex with men in China: A cross-sectional study	15,000	Control and elimination of diseases of poverty; STDs	China
P23-01043	Kenneth Samaco	TLF SEXUALITY, HEALTH AND RIGHTS EDUCATORS COLLECTIVE, INC.	To conduct a study on TB preventive therapy among key populations in Cebu City, Philippines to explore the critical factors affecting coverage of Tuberculosis Preventive Therapy (TPT) Men who have Sex with Men (MSM), Transgender Women (TGW)	14,250	Control and elimination of diseases of poverty; STDs; Tuberculosis	Philippines
P23-01044	Chea Huch	NATIONAL CENTER FOR PARASITOLOGY, ENTOMOLOGY AND MALARIA CONTROL	The objective of the TSA is to conduct a study on malaria in Cambodia	15,000	Control and elimination of diseases of poverty; Malaria	Cambodia
P23-01045	Sherwin Galit	RESEARCH INSTITUTE FOR TROPICAL MEDICINE (RITM)	The objective of the TSA is to conduct a study on malaria in the Philippines	15,000	Resistance to treatment and control agents; Malaria	Philippines

P23-01047	Wendy Williams	VANUATU GOVERNMENT DEVELOPMENT FUND	The objective of the TSA is to conduct a pilot study to evaluate the feasibility and acceptability of electronic notification of confirmed cases of infectious diseases in Vanuatu.	14,553	Control and elimination of diseases of poverty; One Health; Not Disease-Specific; Other	Vanuatu
P23-01091	Obadiah George	COGNOSCO CONSULTING INC.	TDR Podcast Specialist (technology) Season 4. Second contract of the project.	11,032	Not Disease-Specific	Canada
P23-01171	Paul Sockol	DIGITAL SCIENCE & RESEARCH SOLUTIONS INC	TDR Global Hosting, maintenance, update, upgrade and license for the Elements technology for years 2024 and 2025 including Discovery module.	122,862	Not Disease-Specific	United States
P23-01172	Noah Fongwen	FONGWEN, DOCTOR NOAH TAKAH	Transition of TDR Global coordination of regional decentralization	14,620	Not Disease-Specific	United Kingdom
P23-01179	Beatrice Halpaap	HALPAAP,DOCTOR BEATRICE M.M.**S070705	Enhancing SIHI network sustainability.	64,800	Not Disease-Specific	France
P23-01180	Lisanne Rose Hopkin	HOPKIN, MS LISANNE ROSE	To assist TDR in various activities of the Secretariat and the ESSENCE workplan for the remainder of 2024.	33,000	Not Disease-Specific	Switzerland
P23-01181	Mihai Marian Simion	SIMION, MR MIHAI MARIAN	Measurement of TDR performance KPIs in 2023 related to: gender equity, socioeconomic equity, open access publications, contracts and grants, publications alignment with TDR strategy 2024-2029, and vulnerable populations	20,000	Not Disease-Specific	France
P23-01183	Paul Jensen	ETALIA LLC	Leveraging Global Health Matter guest insights to reach the next level of external engagement and promotion - Season 4	20,000	Not Disease-Specific	United States
P24-01187	Phyllis Awor	MAKERERE UNIVERSITY SCHOOL OF PUBLIC HEALTH	Contract covering activities in year 2024 on the Proposal " Research partnership for Social Innovation in Health in Africa - SIHI Uganda, Ghana,	10,010	Control and elimination of diseases of poverty; Not Disease-Specific	Ghana; Nigeria; Uganda

			Nigeria partnership in 2024 and 2025". UGANDA.			
P24-01189	Lindi Van Niekerk	CHEMBE COLLABORATIVE LLC	TDR Global Health Matters production and dissemination Season 4.	92,650	Not Disease-Specific	United States
P24-01192	Uchenna Ogwaluonye Chukwunonso	NNAMDI AZIKIWE UNIVERSITY AWKA ANAMBRA STATE NIGERIA	Contract covering activities in year 2024 on the Proposal " Research partnership for Social Innovation in Health in Africa - SIHI Uganda, Ghana, Nigeria partnership in 2024 and 2025" – SI Hub Nigeria	10,000	Control and elimination of diseases of poverty; Not Disease-Specific	Nigeria
P24-01193	[Phyllis Dako-Gyeke	SCHOOL OF PUBLIC HEALTH MAIN ACCOUNT	Contract covering activities in year 2024 on the Proposal " Research partnership for Social Innovation in Health in Africa - SIHI Uganda, Ghana, Nigeria partnership in 2024 and 2025". GHANA.	9,845	Control and elimination of diseases of poverty; Not Disease-Specific	Ghana
P24-01196	Maria Isabel Echavarrias Mejia	CIDEIM	Contract for activities in 2024 related to the project: Social Innovation for Health: Strengthening Capacity and Collaboration across LAC Institutions. Year 2024-25	25,774	Not Disease-Specific	Colombia
P24-01198	Anna Fan	SESH GLOBAL LLC	Contract related to activities in 2024 for the project: Social Innovation in Health: Competency Mapping, Capacity Building, and Crowdsourcing Evaluation. 2024-2025	15,000	One Health; Not Disease-Specific	China
P24-01201	Abigail Ruth B. Mier	MIER, MS ABIGAIL RUTH BANISA	Support TDR with the implementation of its Intersectional gender research strategy - 2024	20,000	Not Disease-Specific	Philippines
P24-01206	Ashley McKimm	BMJ PUBLISHING GROUP LTD	An intersectional gender lens into Social Innovation in Health Initiative – Special Collection for BMJ Innovations.	0	Control and elimination of diseases of poverty	United Kingdom

P24-01206	Ashley McKimm	BMJ PUBLISHING GROUP LTD	An intersectional gender lens into Social Innovation in Health Initiative – Special Collection for BMJ Innovations.	33,842	Control and elimination of diseases of poverty	United Kingdom
P24-01207	Alejandra Chamorro	CIDEIM	TDR Global Mobilization Initiative for the Americas 2024-2025	39,996	Not Disease-Specific	Colombia
P24-01208	Franklin Glozah	UNIVERSITY OF GHANA	TDR Global community engagement in Africa 2024-2025	40,002	Not Disease-Specific	Ghana
P24-01212	Vaibhav Agavane	WORLD HEALTH PARTNERS	Tuberculosis (TB) remains a leading cause of death in India. efforts to provide free standardized diagnosis and treatment through the National Tuberculosis Elimination Program (NTEP), the financial burden on TB patients persists.	14,924	Control and elimination of diseases of poverty; Tuberculosis	India
P24-01213	Tanveer Rehman	INDIAN COUNCIL OF MEDICAL RESEARCH	Accelerating Elimination of Lymphatic Filariasis in Odisha, an Endemic State of India: Adaptation and Evaluation of a Multicomponent Intervention Strategy for Enhancing MDA Coverage and Drug Compliance	14,911	Control and elimination of diseases of poverty; Resistance to treatment and control agents; Lymphatic filariasis	India
P24-01214	Asha Wijegunawardana	RAJARATA UNIVERSITY OF SRI LANKA	Evaluating the usefulness of citizen scientists' in leishmaniasis control program using morphological and molecular vector and parasite surveillance.	15,000	Control and elimination of diseases of poverty; Visceral leishmaniasis	Sri Lanka
P24-01215	Malida Magista	FACULTY OF MEDICINE, PUBLIC HEALTH, AND NURSING UNIVERSITAS GADJAH MADA	Enhancing the Health Promotion and Early Detection Capabilities of Community-based Health Program to Strengthen the Resilience of Marginalized Communities Against Infectious Diseases in Yogyakarta, Indonesia	14,999	Control and elimination of diseases of poverty; Not Disease-Specific; Other	Indonesia
P24-01216	Suparat Phuanukoonnon	MAHIDOL UNIVERSITY	Effectiveness of school-based training on larval control in household using a mobile application among secondary	15,028	Control and elimination of diseases of poverty;	Thailand

			Ischool students in high risk of dengue areas in Thailand		Climate change's impact on health; Dengue	
P24-01218	Md Mahfuzur Rahman	INTERACTIVE R&D BANGLADESH	Evaluating Ambulatory Care for Drug-Resistant Tuberculosis in Bangladesh: A Mixed-Methods Study	14,810	Control and elimination of diseases of poverty; Resistance to treatment and control agents; Tuberculosis	Bangladesh
P24-01220	Ivan Pradipta	KS FAKULTAS FARMASI UNPAD (BIDANG PENELITIAN)	Engaging community pharmacy in tuberculosis detection (ENHANCE): a systematic and structured implementation study in Indonesia	15,796	Control and elimination of diseases of poverty; Tuberculosis	Indonesia
P24-01221	Zinia Thajudeen Nujum	KERALA UNIVERSITY OF HEALTH SCIENCES	Implementation of Integrated Bite Case Management (IBCM) as part of a one health program for Rabies at Primary health care level in Kerala: Costeffectiveness, challenges and solutions	14,851	Control and elimination of diseases of poverty	India
P24-01222	Meredith del Pilar-Labarda	UNIVERSITY OF THE PHILIPPINES MANILA	Supporting the Network for Social Innovation in Health in the Philippines, Indonesia and India. Year 2024. SIHI Philippines Hub	42,876	Not Disease-Specific	Philippines
P24-01224	Valsa Shah	VSC-ECONOMICS LTD	Provide a health economics component to enhance TDR's draft investment case..	24,000	Epidemics and outbreaks; Control and elimination of diseases of poverty; Climate change's impact on health; Resistance to treatment and control agents; Not Disease-Specific	United Kingdom
P24-01225	Eneyi Kpokiri	SESH GLOBAL LLC	Organization of parallel session on Gender Equity and Inclusivity in Research Mentorship during the Women Lift Global Health Conference.	12,000	Not Disease-Specific	China

P24-01231	Meredith del Pilar-Labarda	UNIVERSITY OF THE PHILIPPINES MANILA	Promoting Sustainability and Institutionalization through innovative partnerships and resource mobilization. Year 2024. SIHI Secretariat.	55,007	Epidemics and outbreaks; Control and elimination of diseases of poverty; Not Disease-Specific	Philippines
P24-01246	Yodi Mahendradhata	KERJASAMA PENELITIAN PUSAT KEDOKTERAN TROPIS FK UGM	TDR Global Regional node promoting and supporting the TDR Global Community across Asia - 2024-2025	39,883	Control and elimination of diseases of poverty; Not Disease-Specific	Indonesia
P24-01248		F1000 RESEARCH LTD	Emergency preparedness and health systems strengthening to tackle Ebola and Emerging Infections in West and Central Africa – A Structured Operational Research Initiative. PUBLISHING Services	3,000	Not Disease-Specific	United Kingdom
P24-01262	Paul Sockol	DIGITAL SCIENCE & RESEARCH SOLUTIONS INC	Map and analyse the outputs of research supported by and /or associated with TDR. Map and analyse research grants and outputs in the Dimensions database related to the new TDR strategy 2024-29.	16,159	Epidemics and outbreaks; Control and elimination of diseases of poverty; Climate change's impact on health; Resistance to treatment and control agents; Not Disease-Specific	United States
P24-01263	Jamie Guth	GLOBAL HEALTH CONNECTIONS LLC	Project manager to develop online training material for a TDR module on communicating research findings.	15,000	Not Disease-Specific	United States
P24-01271	Nelisha Naidoo	SOUTHERN AFRICAN RESEARCH & INNOVATION MANAGEMENT ASSOCIATION (SARIMA)	Coordination of administrative processes and delegates participation to the annual SARIMA Conference.	49,617	Not Disease-Specific	South Africa
P24-01285	Nelisha Naidoo	SOUTHERN AFRICAN RESEARCH & INNOVATION	Grant LOA: Building the profession of Research Manangement through the Professional Recognition of Research Managers III - Scaling up the IPRC	100,319	Epidemics and outbreaks; Control and elimination of diseases of poverty; Climate	South Africa

		MANAGEMENT ASSOCIATION (SARIMA)	Professional Recognition Programme for Research Management. Year. 2024-2025		change's impact on health; Resistance to treatment and control agents; One Health; Not Disease-Specific	
P24-01289	Elaine Fletcher	GLOBAL POLICY REPORTING ASSOCIATION	Global Health Matters series – collaboration for the cross hosting, featuring and promotion of 14 TDR Global Health Matters Podcasts Season 4	21,886	Not Disease-Specific; Other	Switzerland
P24-01292	Sabrina Kharmissa	COCHRANE COLLABORATION	To undertake selection and administration of funds to support candidates from low- and middle-income countries to attend the Global Evidence Summit taking place on 10 - 13 September 2024.	22,500	Not Disease-Specific	United Kingdom
P24-01294	E. C. Lyaya	EASTERN AFRICA RESEARCH AND INNOVATION MANAGEMNT ASSOCIATION (EARIMA)	Coordination of administrative processes and delegates participation to the annual EARIMA Conference with the theme of the conference “African Perspectives on Research and Innovation Management”	27,476	Epidemics and outbreaks; Control and elimination of diseases of poverty; Climate change's impact on health; Resistance to treatment and control agents; One Health; Not Disease-Specific	Tanzania, United Republic of
P24-01316	Don P. Mathanga	KAMUZU UNIVERSITY OF HEALTH SCIENCES	Transforming Healthcare Systems through Social Innovation and Impact Assessment in Malawi and Rwanda. Year 2024	20,000	Climate change's impact on health; Not Disease-Specific	Malawi
P24-01327	Alemseged Abdissa Lencho	ARMAUER HANSEN RESEARCH INSTITUTE	Organization of Conference “50 years of Impact on Transforming Global Health” to celebrate TDR 50th anniversary, Addis Ababa, Ethiopia.	10,002	One Health; Not Disease-Specific	Ethiopia
P24-01332	Mihai Marian Simion	SIMION, MR MIHAI MARIAN	Survey TDR Global members to analyse career progression over time	10,000	Not Disease-Specific	France

			and TDR' s impact on members' careers.			
P24-01338	Daniel James Quartus Allen	ALLEN, MR DANIEL JAMES QUARTUS	Proofreading of "Women in Science (second edition)"	679	Not Disease-Specific	United Kingdom
P24-01388	Zarina Khamitova	KHAMITOVA, MS ZARINA	Administrator, TDR Small Grants Scheme in the WHO European Region - 2024-25	12,600	Not Disease-Specific	Kazakhstan
P24-01393	Ahmadou Gaye	GAYE,MR AHMADOU **TRL204510	Translation from English to French of the document "Women in Science" compendium, second edition.	556	Not Disease-Specific	Senegal
P24-01394	Patricia Marianne Guadalupe Bourdelle Cazals Kirsch	BOURDELLE CAZALS KIRSCH, MS PATRICIA MARIANNE GUADALUPE	Translation from English to Spanish of the document "Women in Science" compendium, second edition.	299	Not Disease-Specific	Mexico
P24-01421	Russell Holley	ARTIFEX CREATIVE WEBNET LTD - ACW	Design services for the development of a TDR online training course.	13,924	Not Disease-Specific	United Kingdom
P24-01427	Jamie Guth	GLOBAL HEALTH CONNECTIONS LLC	Knowledge management services for delivery of communication of research findingstraining module 4 SORT IT.	2,500	Not Disease-Specific	United States
P24-01432	Joe Tucker	SESH GLOBAL LLC	Increasing Gender Equity in Research Mentorship: A HERMES Revision	24,000	Not Disease-Specific	China
P24-01437	Deena Shrestha	CENTER FOR HEALTH AND DISEASE STUDIES - NEPAL	This research project is focused on identifying LF hotspots and implementing treatment programs, addressing existing method limitations. The study aims to confirm these hotspots, evaluate the specificity of diagnostics, and compare differen	14,877	Lymphatic filariasis	Nepal
P24-01439	Tina Fourie	BECAUSE STORIES	SIHI Network: Communications Support and Blueprint Development 2024-25	30,852	Not Disease-Specific	South Africa
P24-01441	Mihai Marian Simion	SIMION, MR MIHAI MARIAN	TDR Global Communities of practice: mapping members expertise in line with TDR strategic themes	11,250	Not Disease-Specific	France

P24-01445	Juntra Laothavorn Karbwang	SIDCER-FERCAP FOUNDATION	Developing Capacity in Ethical Review through SIDCER Network	46,000	Not Disease-Specific	Thailand
P24-01456	Alemseged Abdissa Lencho	ARMAUER HANSEN RESEARCH INSTITUTE	Revitalizing the Pan-African Bioethics Initiative (PABIN) with support from the TDR Strategic Initiative for Developing Capacity for Ethical Review (SIDCER) Program.	49,990	Not Disease-Specific	Ethiopia

TDR funding in 2024

CONTRIBUTOR	
Core contributors	**Amount (US$)**
Belgium	681 044
Germany	426 894
India	55 000
Japan [1]	50 000
Luxembourg	1 185 379
Malaysia	25 000
Mexico	10 000
Nigeria [1]	200 000
Norway	277 367
Panama	7 000
Spain [1]	105 042
Sweden	2 408 196
Switzerland	2 035 928
Thailand	40 772
World Health Organization [2]	900 000
Subtotal	**8 407 622**
Contributors providing project-specific funding	**Amount (US$)**
Centers for Disease Control and Prevention (CDC), United States of America [3]	294 945
Expertise France	277 043
Gates Foundation	1 538 499
Luxembourg	413 341
Sweden	199 587
United Nations Development Programme (UNDP)	480 000
United States Agency for International Development (USAID) [3]	1 479 499
Subtotal	**4 682 914**
Total contributions	**13 090 536**

1. The contribution from the Governments of Japan and Spain, and the Government of the Federal Republic of Nigeria for the year 2024 will be reported in the certified financial statement in 2025 due to the timing of its receipt.
2. The contribution from the World Health Organization reflects one year of contributions for the biennium 2024-2025.The certified financial report will reflect 2 years.
3. The contributions from the Government of the United States of America reflect legally binding agreements in place. In January 2025, the Government of the United States of America froze these grants preventing further expenditures. There is significant risk for partial or total loss of these contributions. The reduction will be reflected in the year that the decision is finalized.

TDR acknowledges that funds received as core funding from the Governments of Germany and Norway and Sida (Sweden) enable the Programme to conduct its work in intervention and implementation research, research capacity strengthening and knowledge management, which aligns with the scope of the EDCTP programme supported by the European Union.

Annex 1. Publications list