

JCB48 BRIEFING SESSION

John Reeder, Director TDR



### What is TDR?

The Special Programme for Research and Training in Tropical Diseases (TDR) is hosted by the World Health Organization (WHO) and is cosponsored by the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the World Bank and WHO.

TDR's organizational arrangement as a United Nations-based Programme, engaging with a wide variety of stakeholders, puts it in a unique position to play a pivotal role as a catalyst, facilitator and advisor in the global health research debate.



# What is the purpose of TDR?

### **Vision**

The health and well-being of people burdened by infectious diseases of poverty is improved through research and innovation.

### **Mission**

To support effective and innovative global health research, through strengthening the research capacity of disease-affected countries, and promoting the translation of evidence into interventions that reduce the burden of infectious diseases and build resilience in the most vulnerable populations.



# **A Little Bit of History**

Established in 1974 with "the two interdependent objectives of developing improved tools for the control of tropical diseases and strengthening the research capability of affected countries themselves"





# 50 years of research making an impact







1975

1995

2005

2022

# MEDICINES, DIAGNOSTICS AND VECTOR CONTROL

- Multi-drug therapy for leprosy
- Mefloquin, Mefloquine plus sulphadoxine-pyrimethamine, bednets for malaria
- Ivermectin for onchocerciasis
- Leishmaniasis direct agglutination diagnostic test
- Insecticide-impregnated tsetse fly traps for sleeping sickness

# COMMUNITY AND SOCIAL RESEARCH

- Community-led approach to onchocerciasis annual mass treatment
- Home management of malaria by community healthcare workers
- New social research methodologies

# ACCESS FOR THE MOST VULNERABLE

- Supporting research for implementation of innovative products, tools and strategies
- Strengthening capacity to conduct implementation research
- Accelerating UHC through innovative and inclusive approaches (e.g. new gender research strategy, Social Innovation in Health Initiative)

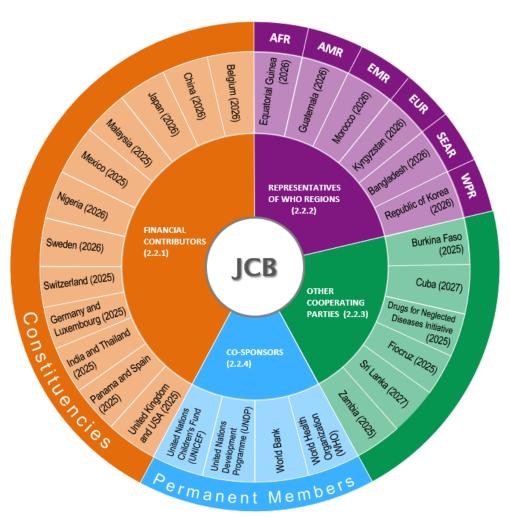


### **TDR Governance**

- Established as a co-sponsored programme following resolutions at the World Health Assembly in 1974, 1975, 1976 and 1977 on the need for a special programme for research and training on tropical diseases.
- Formal establishment came in the form of a Memorandum of Understanding in 1978
- TDR is co-sponsored by UNICEF, UNDP, the World Bank and WHO.
- TDR operates under the legal framework of WHO, which acts as its executing agency.
  TDR staff are WHO employees.
- TDR's governance allows the Special Programme to operate within the broad framework of intergovernmental and interagency cooperation and participation.



# TDR governance: Joint Coordinating Board membership (as of 1 January 2025)



#### 28 MEMBERS

- 12 representatives from the governments contributing to TDR's resources.
- 6 government representatives selected by the WHO Regional Committees from among those countries directly affected by the diseases dealt with by the TDR.
- 6 members, designated by the JCB itself, from among the remaining Cooperating Parties, which may include nongovernmental organizations.





Chair Dr Sunil De Alwis, Sri Lanka



Vice-chair Dr Daniel Eibach, Germany



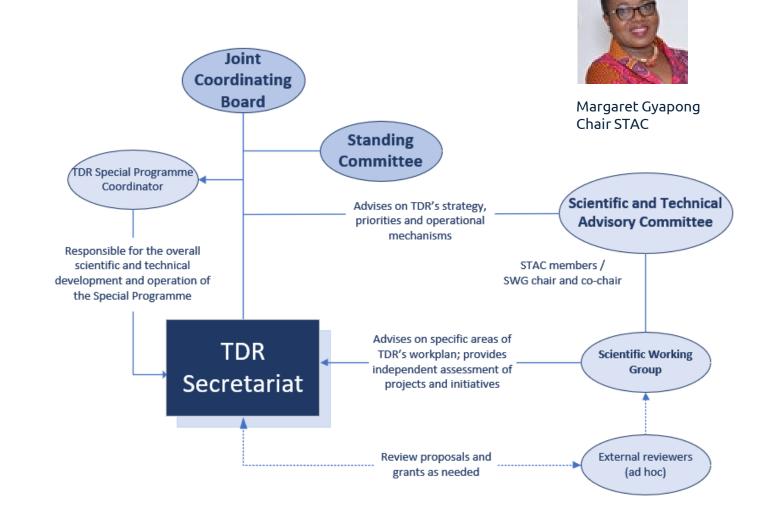
# **TDR** governance



Sylvie Briand WHO Chief Scientist / TDR Special Programme Coordinator



John Reeder Director TDR





# STAC

#### Membership

See previous slide

#### **Main functions:**

- Review/approve TDR's planning and execution.
- Approve plans of action, budget and financing.
- Review progress reports towards achievement of objectives.
- Endorse STAC membership.

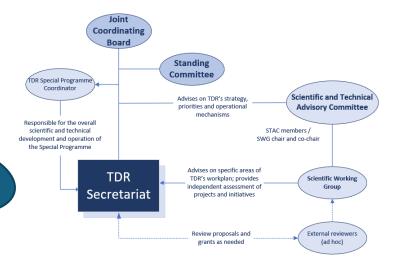
# SC

#### Membership

 Co-sponsors, JCB Chair and Vice-Chair, two JCB reps (resource contributor and DEC), Chair STAC.

#### Main functions:

- Make proposals to the JCB for financing of TDR.
- Approve re-allocation of resources.
- Review particular aspects of TDR and present findings and recommendations to the JCB.



Refer to the TDR MOU for more information.

#### Membership

15 experts with diverse technical expertise
 Main functions:

- Review dimensions of the Programme from a scientific and technical standpoint.
- Review/advise on the portfolio scope, prioritization and balance across various functions, etc.
- Examine the interface between TDR and WHO departments.
- Examine SWG advice and input.

### SWG

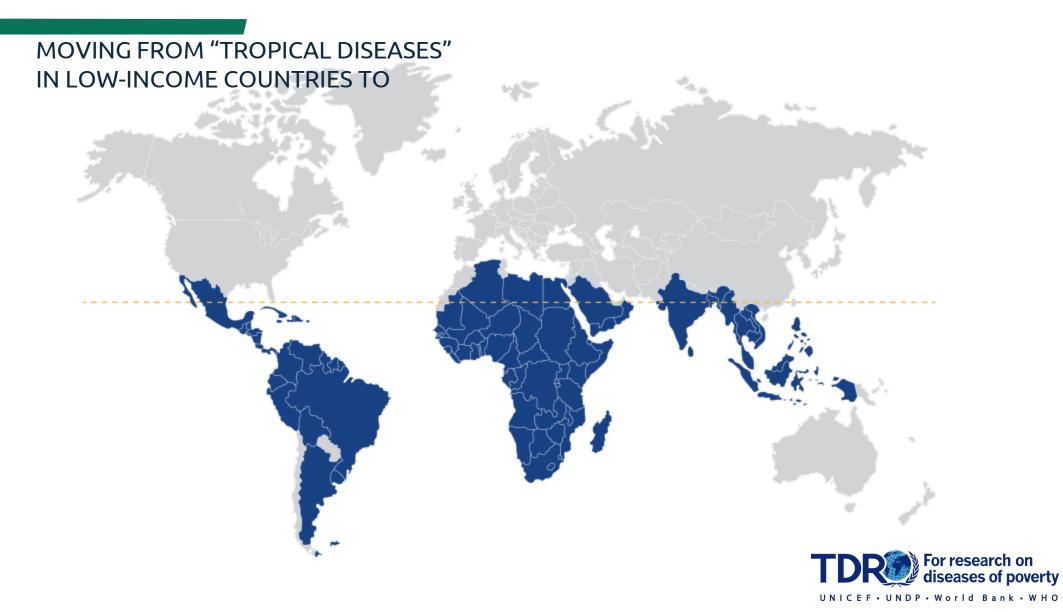
#### Membership

Experts with diverse technical expertise
 Main functions:

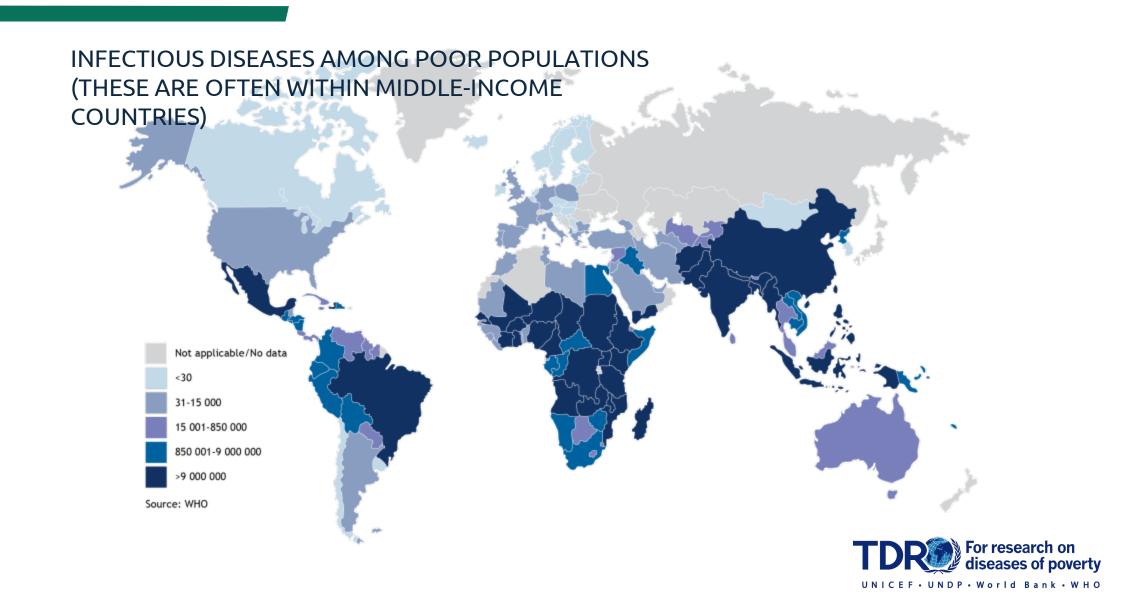
- Review/prioritize proposed activities.
- · Screen/select projects.
- · Recommend funding.
- Follow-up progress/evaluation of results.

Detailed standard operating procedures for running the SWG and other external scientific/ technical reviews of TDR projects are available on our website.

# THE NTD MAP IS CHANGING

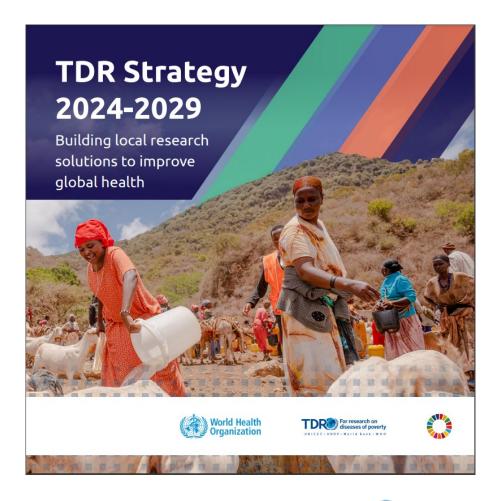


# THE NTD MAP IS CHANGING



# **TDR Strategy 2024-2029**

New strategy outlines TDR's support for country-led implementation research to improve the health and well-being of people burdened by infectious diseases of poverty.





### Strategic approaches to addressing global health challenges

### Research support

Supporting and facilitating country-led implementation research to improve access to quality health interventions.

### Research training

Strengthening the capacity of people, institutions and societies to produce research evidence that is useful for reducing the burden of infectious diseases of poverty.

### Global engagement

Engagement and collaboration with the wider global health effort to promote and facilitate the role of research for development.



# The impact pathway











Evidence to improve impact of health interventions

Stronger

research

capacity

Implementation of interventions that reduce the burden of infectious diseases of poverty



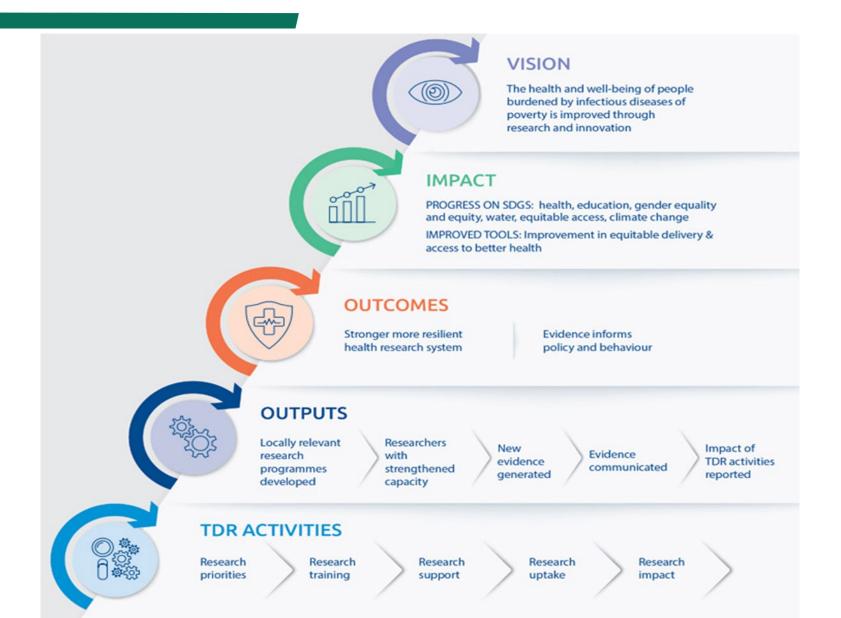








# Our theory of change





# The WHO-HQ Structure

IOAC

GPMB

**JEHTE** 

#### Departmental organizational structure Accountability Strategy, Research, DIRECTOR Office of Chief Evidence and Quality **GENERAL** Scientist Office of Chef de for Health TDR Ethics, Risk and Dr Sylvie Briand Cabinet DAN Alliance for Health Dr Razia Pendse LEG Policy & Systems Business Health Promotion, Health Research Health Emergency IOS / Evaluation Operations and Disease Prevention Systems Preparedness & Compliance & Control Response Mr Raul Thomas Partnerships & Dr Yukiko Nakatani Dr Jeremy Farrar Dr Chikwe Ihekweazu Resource Mobilization Environment, Urban Governance, Financing, & EMA Planning, Budget, Grant Health Emergency health, Climate change, Economics, integrated management Migration & One Health Preparedness Service delivery; PHC, Communications UHC-hub Health Emergency Health Promotion, Human Resources GRE/PRS Social Determinants Intelligence & Surveillance (Career & Performance WHO Academy, Health (Berlin) Management, DEI) Workforce and Nursing GBS Nutrition & Food Safety Health Emergency Alert Prequalification and Financial Management Polio Eradication & Response Operations HIV, Hepatitis, Regulation of medicines STI & TB and health products Information Epidemic & Pandemic Management and Malaria & Neglected Management Policy & standards for Technology (BI) Tropical Diseases medicines and health products Occupational Health & Humanitarian & Disaster Maternal, Newborn, Data, Digital health, AI, Safety (op.support Management Adolescent &child Health Metrics, analytics, services, security & health; Aging, Sexual & ICD & Delivery for SHW) Reproductive Health, Impact HRP Supply Chain Antimicrobial Resistance (management of Global Immunization, Vaccines Service Center) & Biologicals Global Centre for Trad Hosted partnerships, Medicine Networks and Secretariat Non-Communicable Diseases & Mental FCTC PMNCH Unitaid Health, UNIATE

Offices attached to DGO: Ombudsperson & Mediation, GBA, Transformation Implementation & Change / UN80, CSS, WUN.

UNICEF . UNDP . World Bank . W H O

Bold: Semi-autonomous global technical centers.

### **WHO Science Division**

- TDR director reports to the Chief Scientist
- One department:
  - Strategy, Research, Evidence and Quality for Health
- Two research entities based at WHO:
  - o TDR
  - AHPSR



Sylvie Briand WHO Chief Scientist / TDR Special Programme Coordinator



# Who funds us?

TDR has been able to continue its strong performance due to long-term, consistent funding from core donors – large and small – with additional support from project-specific funders. We would like to thank all donors and provide recognition here to TDR's funders in the last 5 years, listed in order of level of contributions.

























































The full list of all TDR contributors is available online: https://tdr.who.int/about-us/our-donors



