

# TDR 2024 Performance Overview

## 48th Session of the TDR Joint Coordinating Board

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UNICEF/UNDP/World Bank/WHO Special Programme for Research and  
Training in Tropical Diseases



# Outline

2024 - 2025

2026 - 2027

## Related documents

- Draft TDR Results Report 2024
- Draft Risk Management Report 2024 and Outlook 2025

# TDR Performance Framework 2024 - 2029



# Outcomes 2024

Key performance indicators	Baseline (2023)	Target (2029)	Progress (contribution 2024)
1. Number and evidence when innovative knowledge or new/improved solutions/tools developed with TDR support are applied in disease endemic countries <sup>7</sup>	0	100	21
2. Number and evidence when tools and reports are used to inform policy and/or practice of global/regional stakeholders or major funding agencies	0	15	6

## Examples (see TDR Results Report 2024 for complete list):

- Moxidectin approved in Ghana for the treatment of onchocerciasis in adults and children aged 4 years and older.
- TB policy changes in the Dominican Republic, Ecuador, Kenya, Uganda, Zambia, Zimbabwe, and WHO Operational Handbook 2024 on TB updated. Includes: introduction of all-oral shorter MDR/RR-TB treatment regimens, contact investigation for TB cases (concept of 7-1-7), policy on TB-associated disability, etc.
- SORT IT research on AMR and One Health in Ghana evaluated in 2024 shows tangible impact on policy and practice: Cleaner waters: cutting bacterial contamination in seafood processing effluents, Saving newborns: enhancing sepsis care with better laboratory use in a teaching hospital, Keeping an eye on antibiotic prescriptions for eye infections, Hidden threat: antibiotic resistant Enterobacteriaceae in healthy pigs of greater Accra, etc.

# Outcomes 2024

Key performance indicators	Baseline (2023)	Target (2029)	Progress (contribution 2024)
3. Evidence demonstrating the benefits of research on gender, on equity or on vulnerable groups, including people with disabilities, used to inform policy and/or practice	N/A	N/A	Evidence provided

**Examples:**

- Evidence from Nepal assesses gender and equity considerations in key health related national policies and the Health Management Information System of National Tuberculosis Programme for more inclusive health systems.
- Intersectional gender analysis generates evidence from four health facilities in central Uganda that identifies challenges and bottlenecks in TB care and most at-risk population.

# Outputs 2024

Key performance indicators	Baseline (2023)	Target (2029)	Progress ( <i>contrib. 2024</i> )
4. Number and evidence of innovative knowledge, new/improved solutions or implementation strategies developed in response to requests from WHO control programmes and/or diseases endemic countries and engaging disease endemic country stakeholders	0	40	10
6. Number and evidence of disease endemic country institutions and networks demonstrating expanded scope of activities or increased funding from alternative sources, or that have influenced research agenda, policy, and practice, as a result or related to TDR support <sup>28</sup>	0	10	27

**See Results Report for complete list**

# Outputs and publications addressing global health challenges

Key performance indicators	Baseline (2023)	Target (2029)	Progress ( <i>contrib. 2024</i> )
5. Proportion of outputs (innovative knowledge, new/improved solutions, implementation strategies) and publications addressing at least one of the global health challenges outlined in the strategy <sup>28</sup>	>90%	>90%	Outputs: 100% Publications: 80%

- **Outputs: in 2024, all were aligned with at least one of the global health challenges outlined in TDR’s strategy.**
  - **3** primarily address climate change impact on health
  - **2** primarily address control and elimination of diseases of poverty
  - **1** output addressed epidemics and outbreaks
  - **4** outputs contribute to the capacity and leadership of disease endemic countries to address any of the challenges.
- **TDR-supported peer reviewed publications: 80% addressed at least one of the global health challenges.**



# TDR-supported peer reviewed publications: top-5

- **Applying 'timeliness' to the screening and prevention of TB in household contacts of pulmonary TB patients** <sup>(1)</sup>
  - ✓ IR conducted in India, Kenya and Pakistan on the adaptation of the 7-1-7 timeliness metrics to the TB context. Usually used in the context of outbreaks and pandemics, the metrics were adapted to improve the management of household contacts of people with TB. The uptake and speed of delivery of TB preventive therapy increased. The key findings featured in the 2024 WHO Operational Handbook on TB Preventive Therapy and influenced WHO policy.
- **Assessing capacity in surveillance and response, resource availability and readiness score for malaria elimination in four counties and their sub-counties; Kenya, 2023** <sup>(4)</sup>
  - ✓ Identified key implementation gaps hindering the roll out of malaria elimination policy/strategy in the selected counties. The "Not ready" findings provided a baseline status on which to measure progress and inform policy revision.
- **Disability, comorbidities and risk determinants at end of TB treatment in Kenya, Uganda, Zambia and Zimbabwe** <sup>(2)</sup>
  - ✓ Provided the WHO Global TB Programme with key new evidence, directly contributing to WHO policy on TB-associated disability.
- **Barriers to Applying Knowledge Gained Through an Implementation Research Massive Open Online Course: An Explanatory Qualitative Study** <sup>(5)</sup>
  - ✓ Important information on how to maximize benefit from MOOC context when building IR capacity on the pathway to health impact
- **Tuberculosis screening among cough suppressant buyers in pharmacies and drug outlets in Guinea: a cross-sectional study** <sup>(3)</sup>
  - ✓ Shows how the national TB programme of Guinea used research evidence to improve national practice for screening for TB by expanding screening among cough suppressant buyers in pharmacies and drug outlets outside of Conakry in regions where there are gaps in TB notification.

(1) Harries AD, et al. (2024) Applying 'timeliness' to the screening and prevention of TB in household contacts of pulmonary TB patients. *IJTLDP OPEN*. 2024;1(2):59–62. (2) Kenya, Uganda, Zambia, and Zimbabwe TB Disability Study Group (2024). Disability, comorbidities and risk determinants at end of TB treatment in Kenya, Uganda, Zambia and Zimbabwe. *IJTLDP open* (3) Magassouba, A. S., et al. (2024). Tuberculosis screening among cough suppressant buyers in pharmacies and drug outlets in Guinea: a cross-sectional study. *BMJ open respiratory research*, 11(1), e002334. (4) Kilonzo C. et al. (2024) Assessing capacity in surveillance and response, resource availability and readiness score for malaria elimination in four counties and their sub-counties; Kenya, 2023. *East African Medical Journal*.;101(3). (5) Penkunas, M. et al. (2024). Barriers to Applying Knowledge Gained Through an Implementation Research Massive Open Online Course: An Explanatory Qualitative Study. *INQUIRY-THE JOURNAL OF HEALTH CARE ORGANIZATION PROVISION AND FINANCING*, 61, Article 00469580241284916.

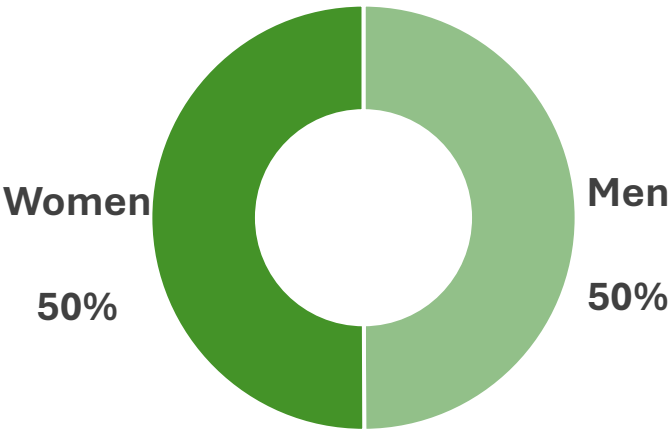


# Application of core values

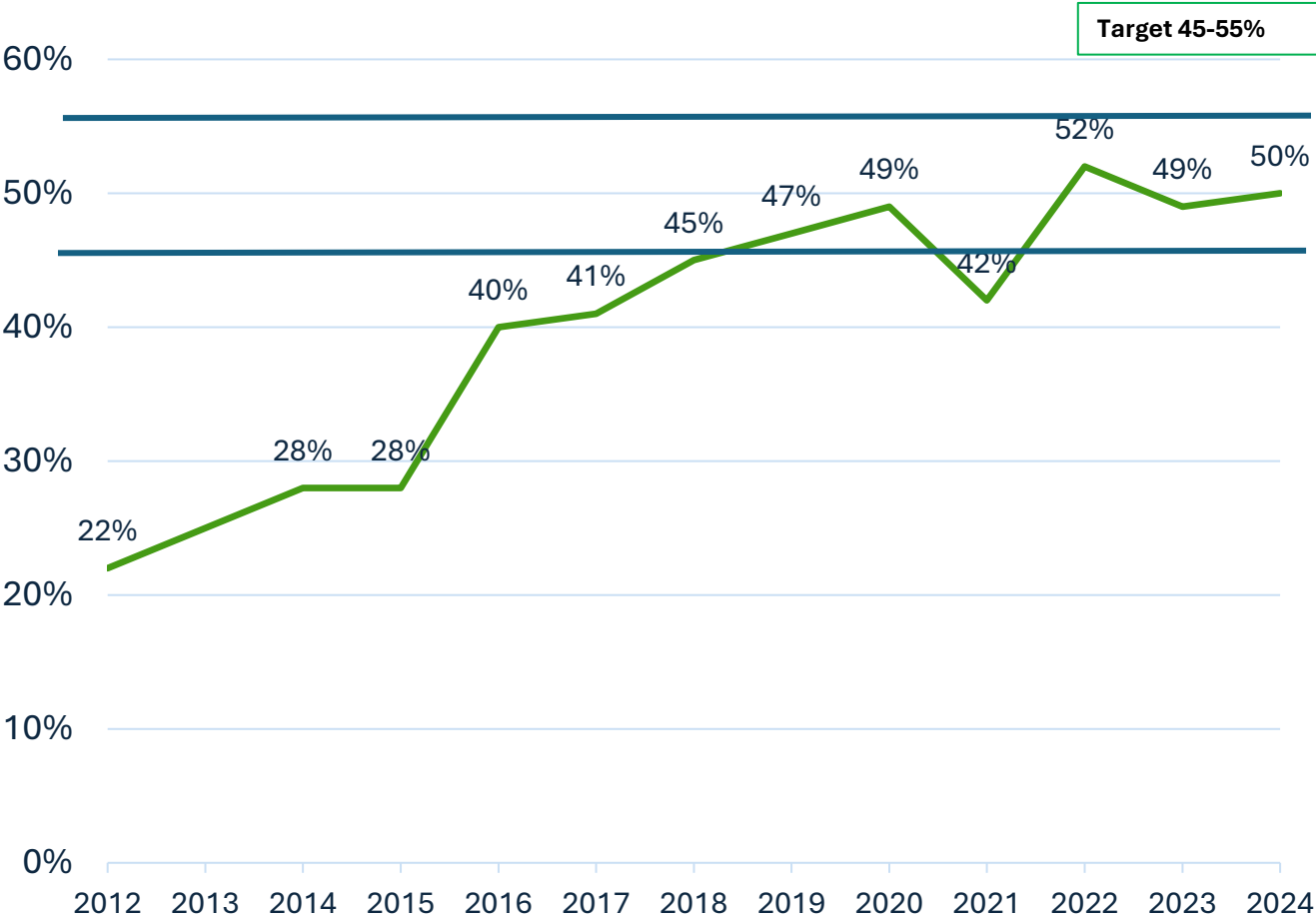
Key performance indicator (KPI)	Baseline (2023)	Status 2024	Target 2029
KPI 10. TDR grants/contracts awarded to institutions or individuals in disease endemic countries (% amount)	88%	66%	67-90%
KPI 11. Proportion of experts from DEC's on TDR external advisory committees	57%	60%	50-75%
KPI 12. Proportion of peer-reviewed publications supported by TDR with authors from DEC institutions (first author - FA, last author - LA, corresponding author - CA)	FA: 77% LA: 57% CA: 72%	FA: 72% LA: 58% CA: 67%	≥67%
KPI 14. Proportion of women among grantees/contract recipients (% total amount)	49%	50%	45-55%
KPI 15. Proportion of women on TDR external advisory committees	67%	71%	45-55%
KPI 16. Proportion of women authors of peer-reviewed publications supported by TDR (first author - FA, last author – LA, corresponding author - CA)	FA: 42% LA: 31% CA: 36%	FA: 44% LA: 42% CA: 37%	45-55%

# Gender equity in allocation of funding (grants and contracts)

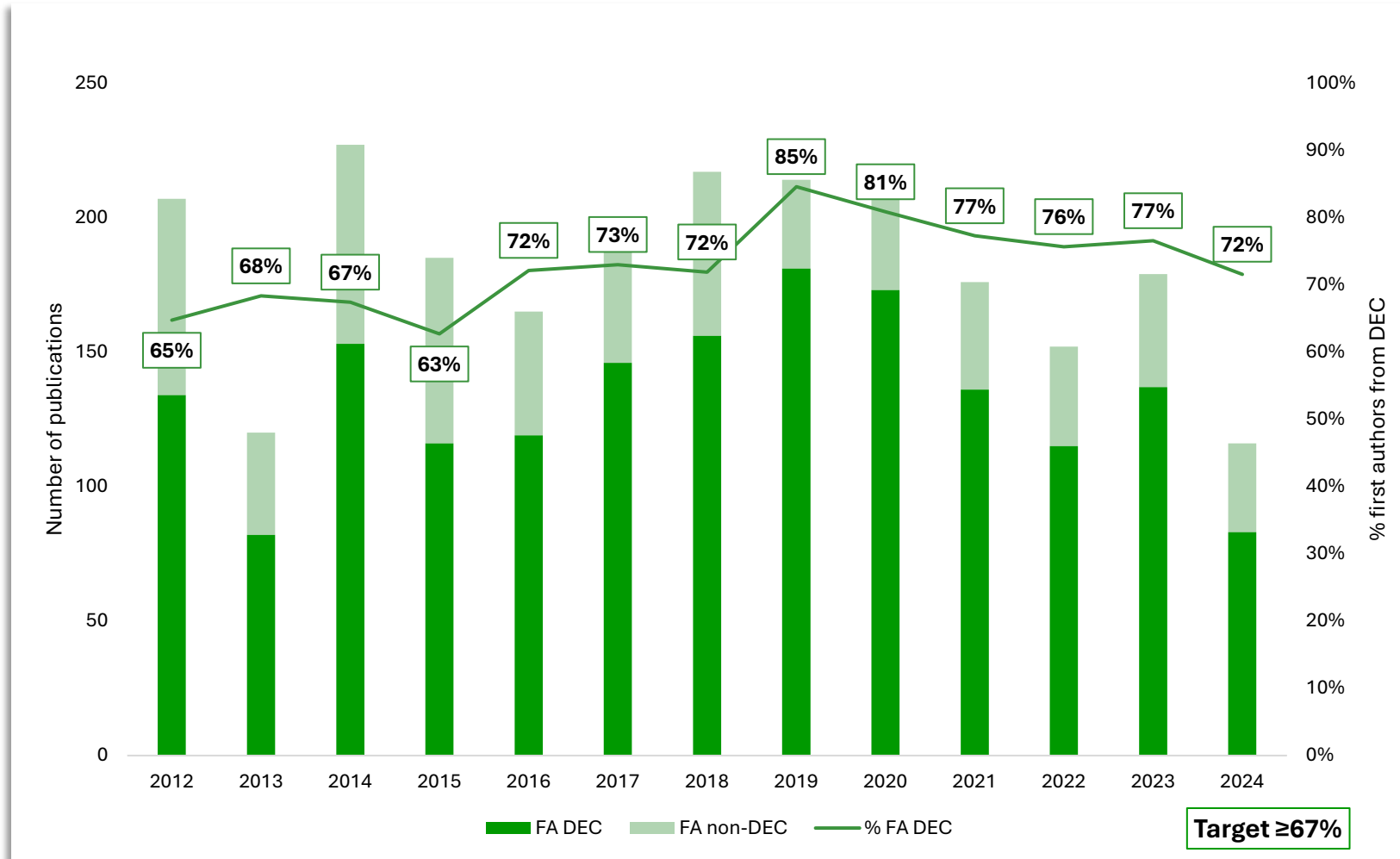
Proportion of TDR funding (grants and contracts) going to women PIs, 2012-2024



Proportion of funds allocated in 2024, by PI gender (% amount)

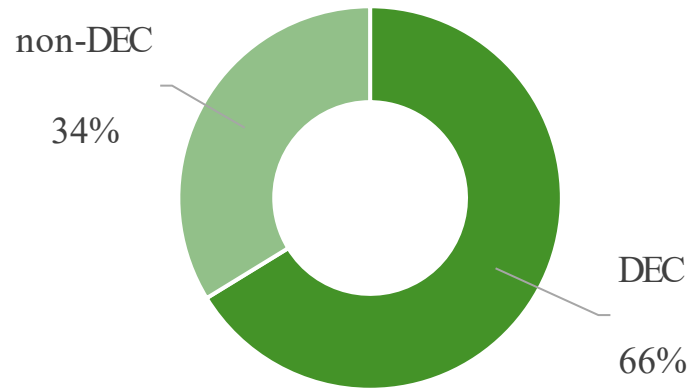


# Publications: first authors from disease endemic countries, 2012–2024

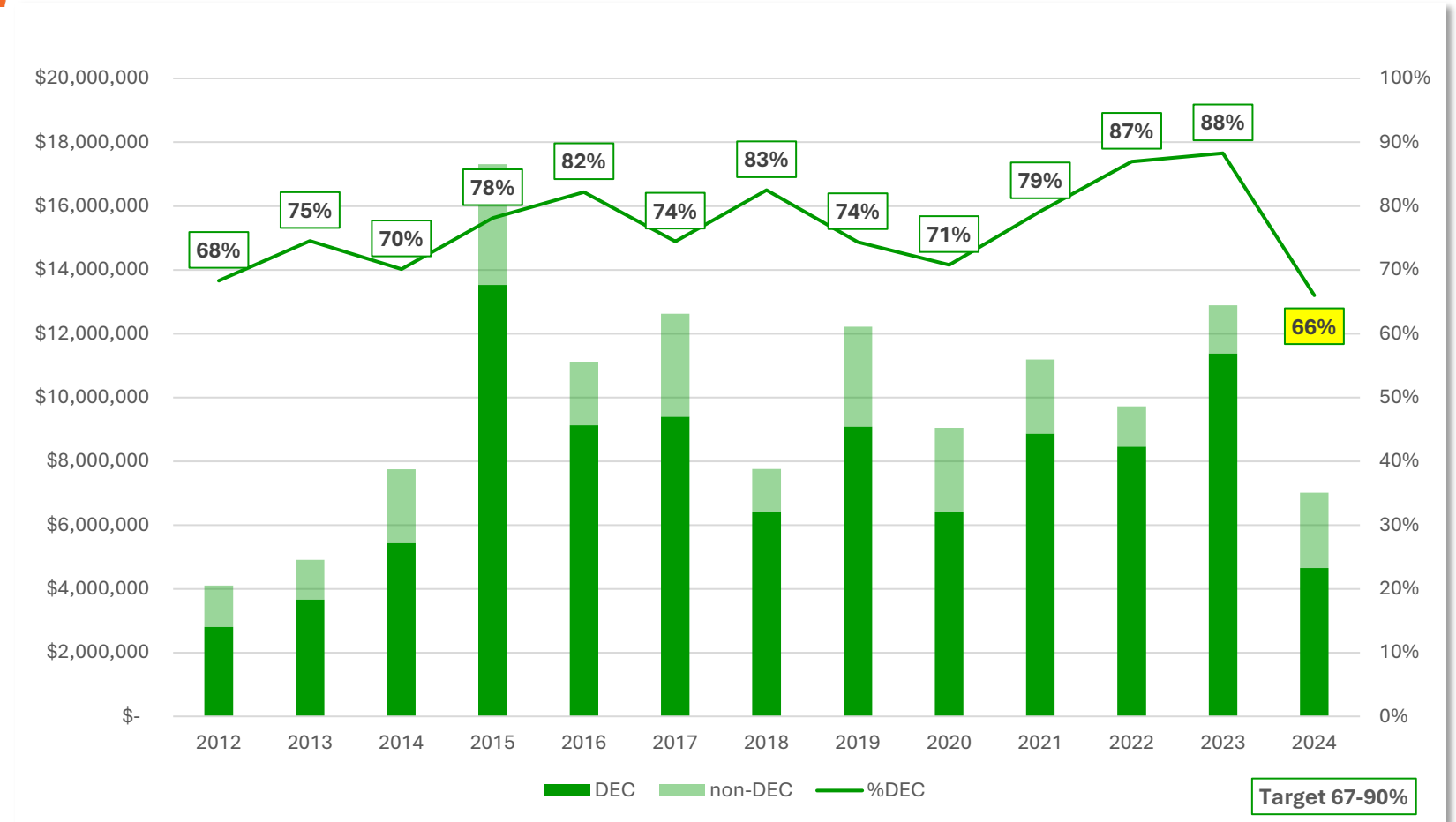


# Equity in allocation of funding: grants and contracts awarded to DEC

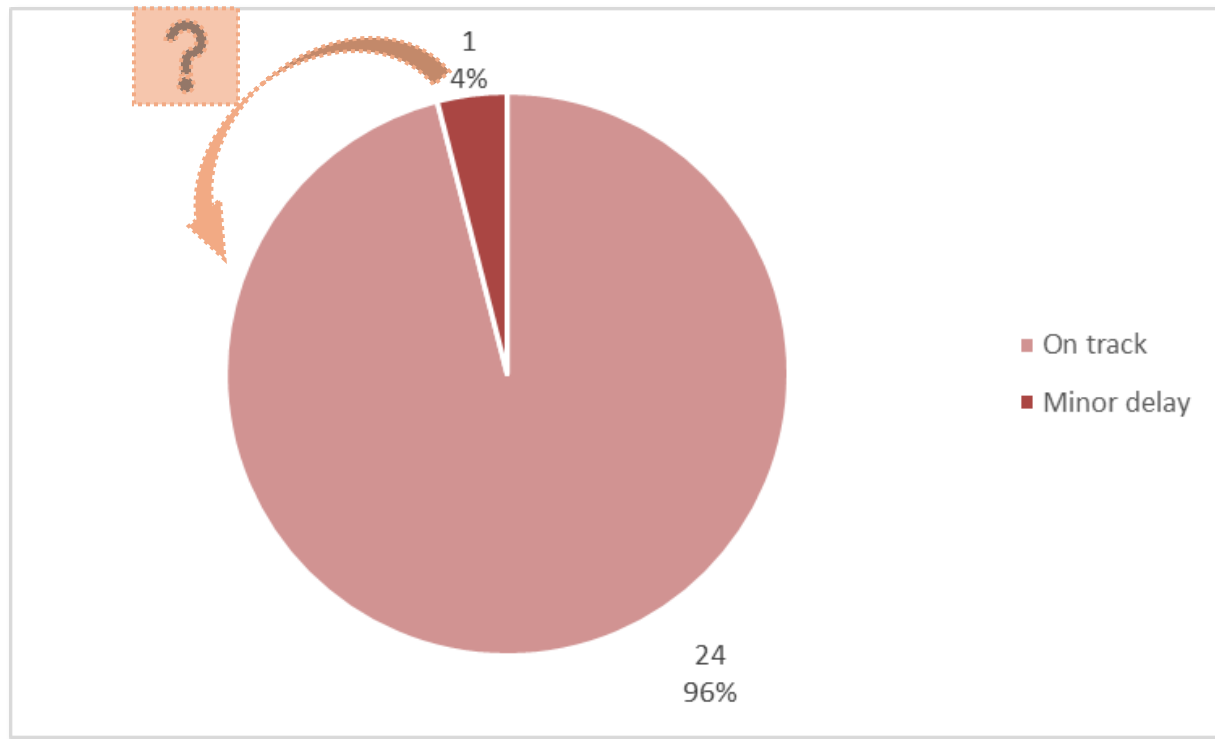
Proportion of funds allocated to disease endemic countries 2012-2024 (US\$ and % amount)



Proportion of funds allocated in 2024 to DECs (% amount)



# Status of TDR Expected Results - end 2024



Expecting additional delays in 2025 linked to WHO measures to address the financial situation

# Risk management update 2024-2025

Risk status change end April 2025 versus end December 2024	End May 2025	End December 2024
Risk 1: Portfolio alignment with TDR strategy		
Risk 2: TDR income		
Risk 9: Communication of TDRs unique value		
Risk 10: Appropriate and timely translation of research evidence to inform policy and practice		
Risk 12: Impact of WHO response to financial constraints on TDR		N/A
Risk 18: TDR's visibility within collaboration and partnerships		
Risk 20: Replacement of TDR key personnel.		

# Risk management action items: status as of end April 2025

## Two action items added and completed in 2024 to address risk 2, TDR income:

- Create a centralized database of potential donors, their strategy, topics of interest, geographic focus and contacts, train TDR staff on using it and institutionalize its use in the DF working group.
- Train all TDR staff on utilizing the WHO donor profiles database.

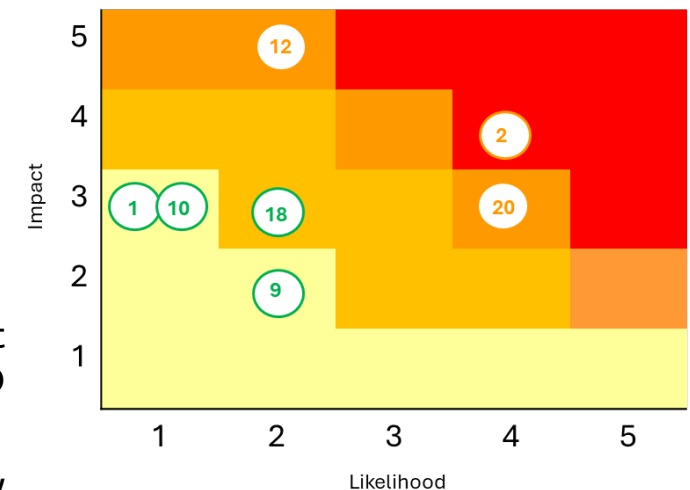
## Proposal to reopen risk 12 to address the impact of WHO response to financial constraints on TDR with four new action items:

- Liaise with other Special Programmes and partnerships
- Discuss on a regular basis with the Chief Scientist and other executive WHO management and ensure TDR governing bodies have an open communication line to WHO management,
- Request blanket exemption from WHO prioritization measures that unduly delay implementation of TDR's approved and independently funded workplan,
- Develop a back-up plan and possible options based on feedback from WHO.

## One new action in April 2025 to address risk 20, replacement of TDR's Director:

- Letter to the WHO Director General sent by Chair, JCB reminding of TDR's special Programme status.

Risk mapping end April 2025





# Lessons learnt

- Aligning indicators with the four TDR global health challenges: how to reflect crosscutting outputs
- Developing TDR's first Investment Case: more of these analyses are needed, and TDR to include from the outset in large research projects an end-of-project evaluation of the health and economic impact.
- Planning cautiously, forecasting conservatively for financial stability: uncertainty in the global situation is likely to continue.
- Appointment of the next Director: despite process started 18 months before and executed timely, decision delayed at WHO highest levels.

# Outline



2024 - 2025

2026 - 2027

# Moving forward

- Continue to implement the 2024-2029 Strategy
- Managing change, risks and opportunities
- Enhanced fundraising for TDR's global health challenges
- Conservative planning, stable finances

Contribute to TDR co-sponsors' strategic plans and results frameworks towards the Global Action Plan for implementing health related SDGs



# Joint Coordinating Board input

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- Review / endorse:
  - Draft TDR Results Report 2024
  - Draft Risk Management Report 2024 and Outlook 2025

# Thank you

**Programme Innovation and Management Unit**

Annabel Francois

Caroline Easter

Cathrine Thorstensen

Mary Maier

Michael Mihut

**And all TDR staff**

# Back-up slides

# TDR-supported publications: TDR staff as main authors

