Report of the 48th meeting of the TDR Scientific and Technical Advisory Committee 18–19 March 2026

STAC members who connected virtually

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Acronyms and abbreviations

AMR	antimicrobial resistance
COVID-19	coronavirus disease 2019
DEC	disease endemic country (low- or middle-income countries with a burden of disease)
DF	designated funding
EMRO	the WHO Eastern Mediterranean Regional Office
ER	expected result
ERC	ethics review committee
EWARS-csd	early warning and response system for climate-sensitive diseases
FGS	female genital schistosomiasis
GPW14	WHO's Fourteenth general programme of work
HRP	the Department of Sexual and Reproductive Health and Research, including the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme
IMP	TDR Research for Implementation unit
IR	implementation research
JCB	TDR Joint Coordinating Board
KPI	key performance indicator
LMICs	low- and middle-income countries
MOOC	massive open online course
NTD	neglected tropical disease
ODA	official development assistance
PDP	product development partnership
PMC	perennial malaria chemoprevention
RCS	TDR Research Capacity Strengthening unit
RTC	regional training centre
ShORRT	Short, all-Oral Regimens for Rifampicin-resistant Tuberculosis
SIHI	Social Innovation in Health Initiative
SORT IT	Structured Operational Research and Training Initiative
STAC	TDR Scientific and Technical Advisory Committee
SWG	TDR Scientific Working Group
TDR	UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases
UD	undesignated funding
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Introduction

The forty-eighth meeting of the Scientific and Technical Advisory Committee (STAC) of the UNICEF/ UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) took place at the World Health Organization's (WHO) headquarters in Geneva, on 18–19 March 2026. The meeting was chaired by Professor Margaret Gyapong and attended by STAC members, the TDR secretariat and other WHO staff (refer to the list of participants for a full list of attendees).

A virtual introductory meeting on TDR and the role and functions of STAC was held in Q3 2025. The session was available to members seeking orientation to the Programme, with attendance expected of new members and optional for all others.

The Committee held a closed private session with Director TDR. This session was attended by STAC members only and focused on matters requiring confidential discussion. No detailed record of the discussions is included in this report.

Summary of proceedings

1. Opening of the meeting

Dr Sylvie Briand was appointed WHO Chief Scientist in June 2025 and subsequently assumed the role of TDR Special Programme Coordinator. In her opening remarks, the importance of STAC's role in supporting TDR's mandate and strategic objectives was underscored, and TDR's central contribution to WHO's research agenda, particularly in implementation research, was highlighted, including its role as a model of UN-wide collaboration within the context of the UN80 Initiative.

Developments within WHO and their potential implications for TDR were being closely monitored. Through close collaboration with the TDR Standing Committee and the Chair of the Joint Coordinating Board (JCB), agreement was reached with the WHO Director-General on the appointment of a dedicated Director for TDR. Dr Marcus Lacerda was welcomed to this role.

The importance of high-quality research in advancing universal health coverage and informing policy under WHO's Fourteenth general programme of work (GPW14) was reaffirmed, with TDR, HRP and the Alliance for Health Policy and Systems Research recognized for their critical contributions.

The meeting was expected to provide technical guidance to inform decision-making by the TDR Standing Committee and the JCB, particularly in light of current financial and geopolitical challenges, and updates from WHO headquarters, regional and country offices and HRP were welcomed as essential for grounding global work in country and regional realities.

2. Update from WHO

– presented by Dr Sylvie Briand, WHO Chief Scientist and TDR Special Programme Coordinator

WHO has undergone significant restructuring, resulting in staff reductions across all levels of the Organization, partly through natural attrition and partly through organizational realignment. As part of this process, prioritization exercises were undertaken across divisions to align functions with the delivery of GPW14.

In parallel, the UN80 Initiative has sought to improve efficiency and clarify mandates across the UN system, particularly in the context of declining development funding. Within this framework, Member States have requested WHO to lead the definition of a global health architecture in collaboration with

partners, with TDR identified as a strong model for co-sponsored programmes and expected to play an important role.

The Science Division's four strategic objectives were outlined, and TDR's contributions across these areas, particularly through implementation research, capacity strengthening and country-level collaboration, were highlighted.

Rapid global change and emerging technologies, including artificial intelligence, were noted as reshaping the research landscape, underscoring the need to maintain high-quality research standards. Efforts to strengthen trust in science were also emphasized through the planned launch of the Together for Health Science movement, which aims to reconnect science with society, address vaccine hesitancy and reinforce evidence-based health policy and sustained investment in health research.

3. Statutory business

Following the opening remarks by the Chief Scientist, attendees were invited to introduce themselves. STAC members were welcomed, and their contributions to TDR were acknowledged. Members were reminded of their advisory responsibilities in planning, implementation and strategic prioritization, and a warm welcome was extended to new members, who were encouraged to engage actively as they became familiar with the group's work.

Appreciation was expressed to the Chief Scientist, the Standing Committee and the JCB for supporting the successful appointment of the new TDR Director, and to the TDR team for ensuring continuity during the transition. Secretariat staff were thanked for preparing comprehensive and well-aligned documentation, which facilitated effective discussion.

Director TDR reaffirmed the Programme's unique role in supporting countries affected by neglected diseases and acknowledged its long-standing contributions to research, capacity building and career development. The importance of STAC's advisory role was emphasized, particularly in relation to scientific quality, programme integration, visibility and fundraising. Feedback was requested on scientific soundness, cross-unit collaboration and fundraising strategies in a rapidly changing context.

Chair STAC then proposed the appointment of Professor Karen Barnes as Rapporteur of STAC48. STAC members unanimously endorsed Professor Barnes' appointment by acclamation.

The agenda was made available on SharePoint one month in advance of the meeting. STAC members were invited to submit any comments or objections regarding the agenda items. As no objections were raised, the agenda was formally adopted.

A call was issued to identify any potential conflicts of interest. While no conflicts were declared, Chair STAC encouraged any members with specific conflicts related to agenda items to disclose them accordingly.

Decisions:

- *Professor Karen Barnes was appointed Rapporteur of STAC48.*
- *The Agenda of STAC48 was adopted as proposed.*
- *Declarations of interests were accepted as presented to the Secretariat, with no conflicts foreseen.*

4. 2025 TDR Report and reflections on the evolving global health landscape

– presented by Dr Garry Aslanyan, TDR Partnerships and Global Engagement Manager

Key messages:

High-level highlights for 2025 were presented, reflecting the content of the Annual Report, which is released early each year once results are finalized and shared with current and prospective funders. The presentation provided an overview, with detailed project-level discussions scheduled subsequently.

TDR's work continues to be guided by a 6-year strategy, the current one approved by the JCB in June 2023 and implemented from 2024. Despite significant global changes since its development, the Strategy remains relevant, particularly in addressing global challenges such as climate change, disease control and elimination, epidemics and outbreaks, antimicrobial resistance and One Health.

The Programme's three strategic priority areas of supporting research, strengthening training and global engagement, are central to strengthening national research ecosystems and addressing implementation barriers. Emphasis was placed on generating evidence to inform adaptation, innovation and efficient use of limited national resources.

The 2025 Annual Report was presented as an outward facing accountability tool, complemented by strategic area reports and a Results Reports. Achievements included progress toward malaria elimination in Suriname, the tenth anniversary of the West African Regional Network for TB control and expansion of climate sensitive disease early warning systems in Thailand.

Implementation research informed pandemic preparedness in Nepal and antimicrobial resistance policy in Ghana. Capacity strengthening initiatives were in One Health, research communication, leadership and clinical research standards. Gender equity progress was reflected in women accounting for 50% of first authors on TDR supported publications in 2025.

Programme delivery continued despite organizational and financial constraints, with adaptive measures implemented to preserve financial stability. Key human resource transitions were noted, including leadership changes.

STAC members were invited to provide feedback on programme performance, strategic alignment and fundraising, to support continued adaptation to evolving country and regional priorities.

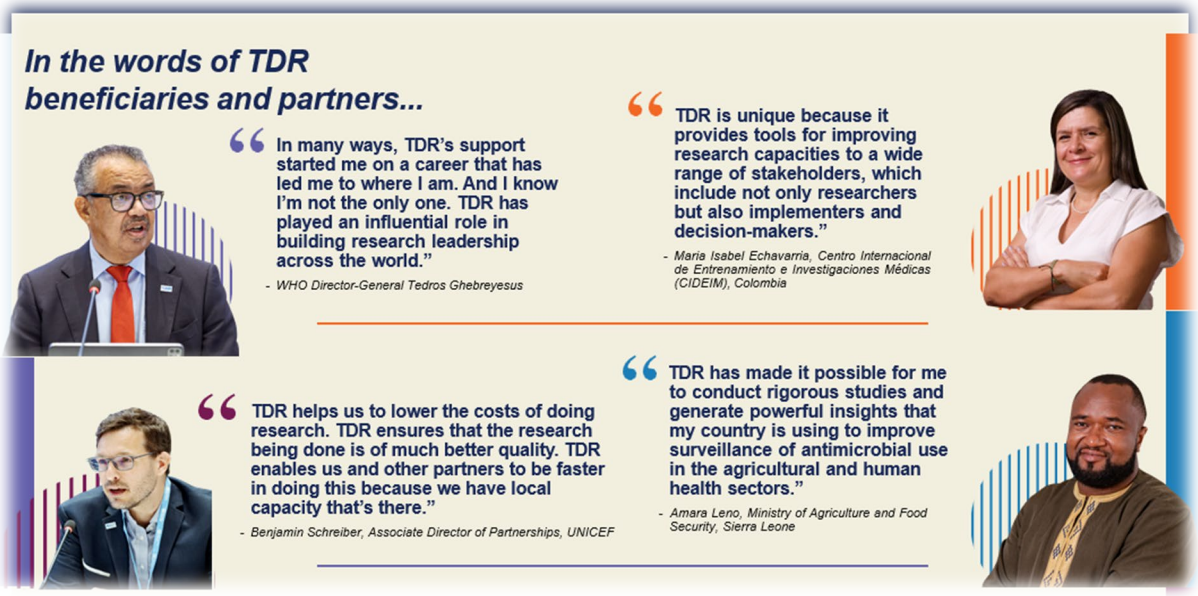


Fig. 1. What TDR beneficiaries and partners are saying.

Discussion points on the report:

- The communication of research findings was positively noted, and stronger integration of knowledge translation within training activities was recommended.
- Continuation of the Implementation Research Leadership Programme was welcomed. TDR's sustained engagement with capacity building beneficiaries was highlighted as a distinctive strength, supporting long term leadership development and demonstrable impact.
- The need for clearer geographic mapping and aggregate data on TDR activities was noted to support gap identification and dissemination. It was indicated that the TDR Explorer platform offers historical research data, despite recognized limitations.
- Emerging global health challenges were highlighted, including an expanded understanding of the planetary crisis (climate change, biodiversity loss and pollution). These issues will be addressed through ongoing work on climate change and One Health. The importance of capacity strengthening within global R&D frameworks was emphasized to support equitable implementation across diverse country contexts, with TDR's experience identified as a valuable contribution to partnerships supporting the Pandemic Agreement.
- The purpose and next steps of the draft Annual Report were clarified. The report is a high-level accountability and communication tool for funders, complemented by more detailed results and strategic reports. STAC input was encouraged to refine content, strengthen future reporting and support targeted fundraising by clearly articulating programme strengths and gaps identified through external review.

Discussion points on the STAC47 recommendations:

- The importance of thorough review of STAC background documentation was underscored as critical for effective engagement and informed input. Despite the volume of materials, the documentation was commended for supporting continuity during a challenging leadership transition, and the team's performance was acknowledged as instrumental in ensuring a smooth handover.
- Early engagement with product development partnerships (PDPs) was emphasized to ensure beneficiary needs are reflected in product design. Key concerns regarding paediatric praziquantel included tablet burden, acceptability and labelling constraints affecting mass drug administration and national approval, with strengthened collaboration encouraged to ensure implementation ready products.
- Ongoing engagement with PDPs was clarified, with early bilateral discussions under way and implementation research highlighted as a key added value. Alignment of mandates, collaborative approaches and joint engagement with funders were emphasized, alongside TDR's potential role in coordinating complementary product pipelines.
- The need to strengthen impact communication was highlighted to enhance visibility and fundraising in a competitive environment. Continued efforts to refine messaging and apply internal and external best practices were affirmed to better articulate and distinguish programme impact.

5. Programme performance overview and budget

Progress made against TDR key performance indicators and the preliminary financial report for 2024–2025 and outlook for 2026–2027

– presented by Dr Michael Mihut, Unit Head, TDR Programme Innovation and Management

Key messages:

An integrated overview of programme performance, progress against key performance indicators (KPIs) and financial implementation for 2024–2025 was presented, together with an outlook for the 2026–2027 biennium. The presentation reflected TDR's results-based management framework, guided by the 6-year strategy approved by the JCB in 2023 and implemented from 2024. Despite significant global shifts since its development, the Strategy remains relevant in planning, monitoring and reporting what we do and how we work (core values, management performance).

Fig. 2. Monitoring performance.

The Results Report was highlighted as a core accountability instrument, complemented by the introduction of impact stories demonstrating TDR's specific contributions to disease burden reduction and elimination efforts. An Investment Case was also published to illustrate a cost-efficient model for addressing infectious diseases of poverty and the value of donor support in strengthening disease control, research capacity and institutional development in low- and middle-income countries. Feedback was invited to inform further refinement of reporting content and presentation.

Outcome performance was assessed through three KPIs. In 2025, 47 instances of product utilization were recorded in disease endemic countries against a 6-year target of 100, indicating strong early progress. At regional and global levels, 14 of 15 utilization targets were achieved, suggesting that some targets may require upward revision. A qualitative outcome indicator described benefits related to gender, equity and vulnerable populations. Output level performance reflected the generation of innovative knowledge, development of new solutions and delivery of implementation strategies responsive to WHO and country needs.

Institutional and network strengthening was emphasized as a foundation for sustainability, with performance indicators tracking technical results and application of core values. Operations continued through country hubs and postgraduate training partnerships. Financial implementation reached 94% of revised planned costs by the end of the biennium, with adaptive measures mitigating funding constraints.

Looking ahead, the tighter global funding environment and evolving donor funding patterns have prompted TDR to explore a strengthened role in raising designated funds for implementation research projects, through joint programmes with country institutions. STAC guidance is sought on effective partnership models.

Discussion points:

- The emphasis on the proportion of women may need to be reconsidered in favour of a stronger focus on equity. While numerical indicators, such as the proportion of women among first authors or principal investigators, were recognised as useful surrogate indicators, they were considered insufficient to capture structural and contextual disadvantage. Equity was therefore framed more broadly, informed by gender and intersectionality analyses.
- In an environment of increasing uncertainty and rapid change, the importance of institutional foresight was highlighted. TDR was considered well positioned to reassess its strengths, comparative advantage and strategic role, given its long-standing contribution to mentorship and capacity strengthening. Concurrently, the shift towards direct, in country and bilateral funding was recognised as necessitating a reconfiguration of implementation approaches. TDR should explore a new role as a strategic and catalytic enabler, helping TDR Global alumni access country-level funding through joint projects with TDR, and embedding impact and results within national systems.
- Concerns were raised that impact narratives are frequently generic and insufficiently precise in articulating TDR's specific contributions. Statements implying that an important role was played were considered inadequate for communicating strategic value. Greater emphasis has therefore been placed on clearly documenting TDR's distinct catalytic functions, including alumni engagement, through the application of contribution analysis in the Investment Cases and other key publications.
- Clarification was provided regarding the decline in first authorship from LMICs, which was attributed partly to methodological and attribution challenges associated with capacity strengthening outputs. Publications arising from supported training activities are not always explicitly acknowledged as TDR funded, complicating attribution. Ongoing internal analysis is being undertaken to refine publication mapping and more accurately reflect long term capacity impacts (such as a postgraduate programme) while avoiding over attribution. Measures should include requesting these (indirect) trainees to acknowledge TDR support in their respective publications.
- Concerns were raised regarding publication practices when funders participate in protocol co-creation with countries. Following study completion, lead authorship has, in several instances, been sought or assumed by funders, and publication priorities have been preselected by them. This situation has been identified as a governance grey area. Clarification is required on the nature of funder involvement (funder versus protocol co-creator), the appropriate type of interaction and the criteria for authorship and publication decision-making. Further detailed discussion is ongoing.
- TDR's catalytic role in innovation was reaffirmed, particularly in early-stage support for local researchers and institutions. This role was characterised by targeted mentorship, organizational capacity assessment and facilitation of access to domestic and private sector funding. However, as some institutions mature, TDR could explore shifting away from those that are able to access major funding from other donors, and towards places where TDR's support is still very much needed. The inclusion of PDPs was welcomed, gaps in implementation research capacity were noted and continued adaptation of TDR's catalytic role was considered essential to sustaining relevance, impact and strategic coherence within existing resource constraints.

Decisions:

Draft versions of the following documents were endorsed:

- *Preliminary Financial report 2024–2025 and outlook 2026–2027*
- *2025 Results report*

6. Reports on technical progress in 2025 and planned activities for 2026–2027

(Full reports on all activities of each of the strategic priority areas can be found on the SharePoint.)

Research for Implementation (IMP)

– presented by Dr Christine Halleux, Unit Head IMP

Key messages:

Implementation research was presented as a core mechanism for generating evidence to address country level implementation gaps. Activities were described as country led, with priorities jointly defined with national control programmes and researchers to ensure alignment with country needs and WHO programme objectives. Alignment with the TDR strategy was reaffirmed, with a portfolio organized across 11 expected results aligned to the Global Health Challenges .

Progress in outbreak preparedness and climate sensitive disease control was reported through continued development of the Early Warning and Response System for climate sensitive diseases (EWARS-csd), which provides outbreak forecasts up to 12 weeks in advance. Piloting was expanded to 17 countries and additional diseases beyond dengue, including applications for malaria to inform seasonal malaria chemoprevention, with further scale up planned for 2026.

Capacity strengthening and evidence generation through the Structured Operational Research and Training Initiative (SORT IT) was reported as expanded. A new programme launched in Nepal in 2025 initiated four studies.

Evidence generation on innovative vector control was advanced through work on the sterile insect technique against Aedes mosquitoes, with releases initiated in French Polynesia and monitoring under way.

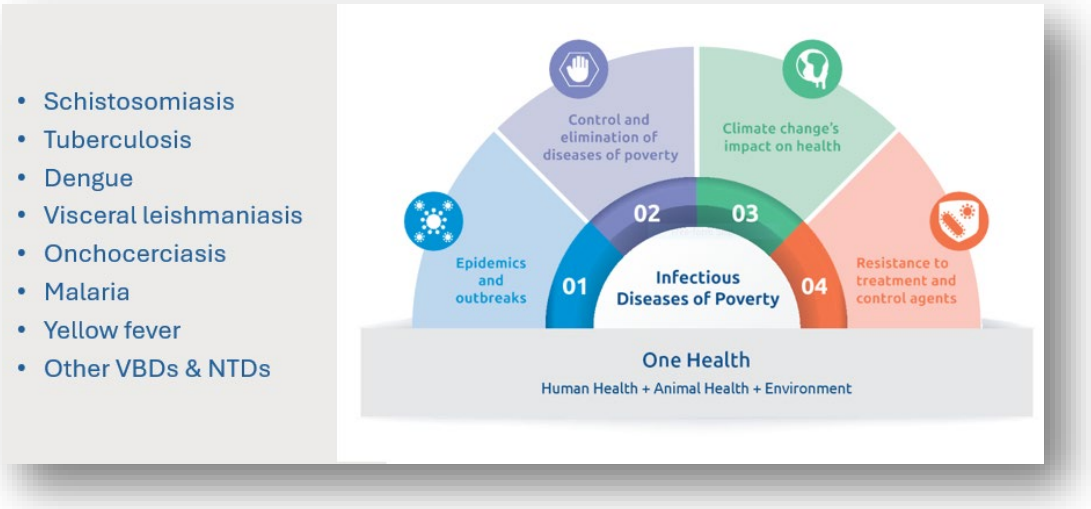


Fig. 3. Scope of work

Tuberculosis implementation research was strengthened through long standing national programme networks now covering 47 countries, with 30 projects ongoing. Several initiatives are currently ongoing, including continued implementation of ShORRT in 27 countries. New key research projects have been identified should funding become available, such as country preparation for the future TB vaccine and ~~support~~ country introduction of computer aided diagnostics for paediatric tuberculosis, as forthcoming WHO recommendations are expected.

Malaria work continued to prioritize research targeting intervention in children given the disease burden in that age group. TDR work focused on strategies to optimize seasonal malaria chemoprevention and support malaria vaccine introduction.

For neglected tropical diseases, implementation research supported access to new health technologies, including paediatric praziquantel rollout, moxidectin introduction and continued efforts for visceral leishmaniasis elimination.

Cross cutting work addressed climate change, antimicrobial resistance, gender and digitalisation. A new expected result on digital solutions for improved public health was introduced for 2026, informed by a scoping review.

Programme delivery in 2024–2025 was reported at 91%, and input was invited on strengthening donor focused communication and clarifying TDR's niche in digital solutions.

Discussion points:

- A key strategic advantage was identified in TDR's hosting within WHO, which enables direct access to WHO programmes and facilitates evidence generation in parallel with engagement of those responsible for guideline development. This positioning was recognized as creating opportunities for earlier translation of evidence into policy and was considered to warrant more systematic exploitation. In this context, strategic partnerships with product development organizations were highlighted as particularly important. Closer engagement was also viewed as a means of clarifying priorities and identifying areas where implementation research would add greatest value in supporting country uptake and effective use (e.g. for innovative vector control tools).
- Capacity developed to support malaria vaccine introduction was reported as being leveraged to inform preparation for tuberculosis vaccine introduction. Experience in country engagement, multi-partner coordination and cross programme collaboration beyond vertical delivery models was applied to strengthen readiness. Lessons from malaria vaccine deployment, including coordination with immunization, disease programmes and pharmacovigilance functions, were reported as being expected to have the potential to guide optimal introduction of future tuberculosis vaccine(s) across networks. Ongoing engagement with relevant WHO programmes was described as supporting alignment and integration of implementation research within broader public health interventions.
- Sterile insect technique activities were implemented in geographically restricted settings to assess whether reductions in mosquito density translate into reduced dengue transmission, using seroprevalence monitoring to determine public health impact. While no further funding is planned beyond 2026, implementation experience was expected to inform future programme-led research on innovative vector control tools.
- Urban greening and climate adaptation strategies were examined through a systems approach to support integration of vector control within environmental planning. In parallel, the Early Warning and Response System was developed as a flexible, integrated platform embedded within national surveillance systems to support modelling across multiple diseases.
- Funding allocation was reported as guided by structured prioritization processes aligned with the global health challenges and WHO priorities.
- Further engagement with Lusophone African countries was suggested to provide a foundation for more equitable inclusion in implementation research activities.

Research Capacity Strengthening (RCS)

– presented by Dr Anna Thorson, Unit Head RCS

Key messages:

Research capacity strengthening was reaffirmed as essential in light of persistent inequities in global health research funding and workforce distribution, which continue to constrain progress on infectious diseases of poverty and broader global health challenges. Despite longstanding investments, disparities in research capacity between high- and low-income settings were noted as having changed little over time. Capacity strengthening was therefore positioned as a catalytic intervention, creating positive ripple effects with wide dissemination and long-term positive impact to support more equitable research systems and improve translation of evidence into health impact.

Clinical research capacity is part of activities, including individual fellowships, while priority was placed on strengthening implementation research capacity as a means of supporting uptake of evidence-based tools within health systems and addressing gaps between intervention efficacy and population level impact. Evidence indicating that effectiveness is frequently lost during implementation was cited, reinforcing the need to strengthen analytical capacity to identify and address delivery bottlenecks across multiple actors and system levels, and along the full pathway from intervention to delivery and impact.

Activities were described as being delivered through a tiered approach encompassing both Institutional and individual learning and growth, together with access to research tools and ecosystems. Target audiences range from wide dissemination in broad and multidisciplinary groups thereby "democratizing research" to leadership development. Fellowships, structured training, operational research within the scope of the RCS-organized SORT IT and scalable digital, hybrid or in-person platforms were combined to support reach and sustainability, with attention given to geographic diversity and gender balance. Regional research training centres were highlighted as strengthening individual and institutional capacity through institutional mentoring within regional and sub-regional networks structured individual and community mentorship, train the trainer models and small learners' cohort approaches and grants that support practical application of implementation research skills across global health challenges.

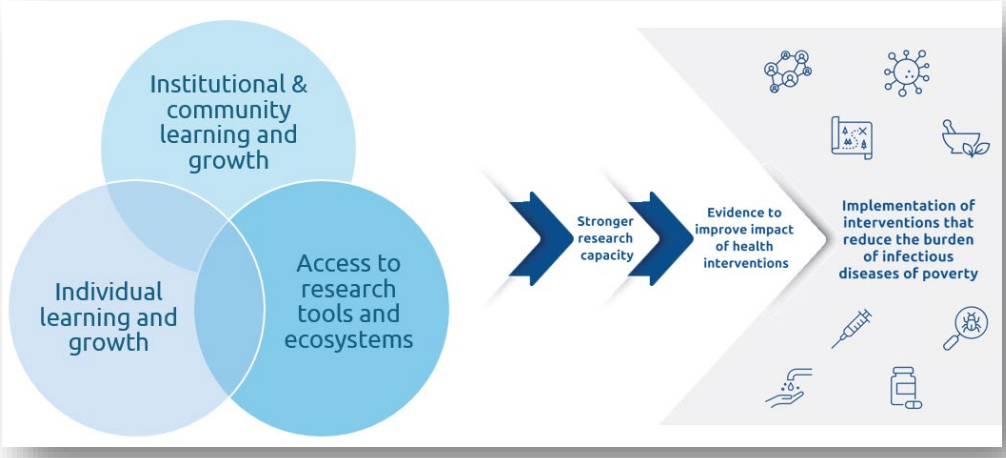


Fig. 4. Research Capacity Strengthening to impact global health challenges

Learning resources were reported as co-created with partners to enhance relevance and uptake. A structured global learning portfolio was anchored in the implementation research toolkit and expanded to cross cutting themes, with massive open online courses (MOOCs) extending reach and regional centres providing contextualisation and mentoring. The postgraduate training network was described as central to sustaining long term impact through alumni progression into leadership roles. Targeted

investment supporting expansion in Francophone West Africa has allowed focus in the sub-region across the regional training centre and its network, the postgraduate fellowships and SORT IT.

Implementation research leadership development was advanced through pilot programmes and refined fellowships. Delivery of research capacity strengthening activities reached 94% of the allocated budget in 2024–2025, with implementation mindful of geographical and gender equity. Future activities were described as aligned with strategic mandates and the global health challenges, with emerging tools, partnerships and digital innovations leveraged, and with a specific focus to address equitable research capacity strengthening to ensure support is directed to areas of greatest need.

Discussion points:

- Selection and prioritization of research capacity strengthening activities were described as being guided by open and competitive processes to ensure balanced coverage across implementation and capacity-building models. Individual applications across fellowships are assessed using merit-based criteria alongside geographic and gender considerations, reflecting the programme's mandate for equitable representation across countries and contexts. Institutional partners are similarly selected through competitive calls based on regional relevance and demonstrated capacity. Operational research initiatives apply differentiated funding and participation models, while regional training centres and alumni networks are leveraged to extend reach, strengthen representation and support regional leadership.
- Engagement in MOOCs has been strengthened through integration with academic programmes, provision of certification and potential funding opportunities with competitive learners' grants in select cohorts. Certification is awarded only upon successful completion of applied project components, reinforcing learning outcomes and accountability. These measures were described as contributing to stronger institutional linkages and improved progression from training to research participation and grant engagement, also addressing MOOC evaluations.
- Expansion of the implementation research toolkit into additional languages (beyond English, French and Spanish), with priority given to official United Nations languages, was suggested as a priority to enhance accessibility and global reach, although progress has been constrained by funding limitations. Translation efforts have been advanced through regional partnerships, supported by complementary multilingual online courses. Further expansion is being pursued through cost-efficient approaches, including digital translation tools and revised hosting arrangements, bringing the toolkit from the Access and Delivery Partnership platform to the TDR community.
- The Clinical Research Leadership fellowship programme was described as prioritizing in-person engagement to strengthen clinical trial competencies, peer exchange and long-term professional networks. Evidence indicates that most fellows return to roles within their regions, contributing to health systems and research institutions. Fellowship design is supported by seed funding linked to approved reintegration plans, enabling capacity strengthening within home institutions, while digital platforms are explored as complementary modalities.
- Beyond master's-level training, clinical development and IR leadership, greater attention must be directed to PhD trainees. Targeted support for PhD pathways is required to develop the next generation of IR leaders.
- Evaluation of research capacity strengthening can be conducted through structured assessments, recognizing that meaningful impact often materialises over extended time horizons. Monitoring data are routinely collected, while longer-term outcomes are tracked where feasible. Sustained funding remains challenging due to donor preference for short-term, measurable results, highlighting the need for continued advocacy, clearer articulation of long-term value and strategic engagement to support capacity-building investments.

Global Engagement

– presented by Dr Garry Aslanyan

Key messages:

Global engagement is coordinated through the Director's Office, with participation across all programme areas, and is integral to the achievement of TDR's mandate. Through engagement with global partners and stakeholders, cross cutting objectives are advanced in priority setting, funder coordination, research ethics, innovation, open science and translation of evidence into policy. These functions inform portfolio wide decision making and prioritization and are guided by the global health challenges underpinning the Strategy. External engagement was emphasised as essential for promoting equity, influencing funding practices and reinforcing shared standards across the research ecosystem.

A forward-looking approach was applied to maintain alignment with emerging global health needs and ensure continued relevance in rapidly evolving contexts. Activities were therefore designed not only to address current priorities but also to anticipate future demands, enabling flexibility and positioning implementation research to contribute to innovation and policy development. This approach was considered central to role clarity and sustained participation in global health discourse.

Priority setting processes led by WHO, including those related to knowledge translation, neglected tropical diseases and other thematic areas, were actively engaged to inform internal planning. Collaboration with WHO regional offices was described as enabling regional priorities to be reflected in implementation research calls, supporting elimination agendas and evidence gaps identified through routine monitoring. Calls were designed to respond directly to articulated needs, reducing duplication and improving policy relevance of generated evidence, particularly in outbreak and programme implementation contexts.

Global engagement was also reported as supporting capacity strengthening through impact grants combining evidence generation with professional development, particularly for early career researchers and country-based practitioners. Community engagement was prioritized through initiatives generating evidence on effective engagement strategies in surveillance, outbreak response and hard to reach populations.

Sustained investment in ethical research systems was supported through strengthening of ethics review networks and institutional structures. Parallel efforts addressed cross cutting themes, including intersectional gender, equitable partnerships and research management, recognized as a global public good underpinning institutional sustainability. Social innovation research was advanced through global networks and innovation hubs, while knowledge exchange was strengthened through communities of practice, open science initiatives and policy focused dissemination.

Future collaboration with WHO regional offices will be reviewed and adapted to ensure continued alignment with evolving global health needs.

Discussion points:

- Considerable progress was reported as having been achieved despite constrained human and financial resources. Persistent structural challenges, including the enduring 10/90 gap, were noted as underscoring the need for critical reassessment of positioning within the global health architecture and clearer articulation of strategic purpose. Implementation research was reaffirmed as essential, particularly in addressing the gap between intervention efficacy and real-world effectiveness. Overall, the breadth and quality of work undertaken to date were commended.

Fig. 5. Community engagement

- Open and responsible data sharing was promoted as the default approach, subject to national legal, ethical and confidentiality requirements. Safeguards are applied through anonymisation and controlled access mechanisms. Within a One Health framework, continued attention to emerging zoonotic risks linked to environmental change was considered necessary, supported by targeted, cross sectoral research and appropriate governance arrangements.
- Strengthening research ethics capacity was identified as a continuing priority, particularly at the level of national ethics review committees, where gaps persist in some settings. While tools and guidance for ethical implementation research, including French language resources, have been developed and disseminated, sustained support was considered necessary to reinforce committee capacity, interdisciplinarity and attention to equity and social science perspectives. Greater emphasis was also placed on strengthening translation of research into policy, including assessment of socioeconomic costs, feasibility and scalability, to support informed decision making beyond publication.
- Enhanced engagement with younger audiences was identified as a priority. Increased use of short form digital content and social media platforms was proposed to communicate impact, counter misinformation and showcase real world research outcomes. Potential approaches include brief video testimonials, youth-oriented science communication formats and expanded digital outreach, complemented by structured capacity building initiatives and more regular dissemination products.
- More systematic assessment of stakeholder engagement was identified as necessary to ensure alignment with strategic priorities, disease burden and progress towards the Sustainable Development Goals, particularly in high need contexts where engagement remains limited. Stronger integration between engagement, communication and funding strategies was considered essential to sustaining relevance, reach and impact. Continued attention to balanced thematic and geographic coverage, alongside improved alignment between budget structures and strategic objectives, was reaffirmed as a core strategic priority.

Decision:

- *STAC endorsed the reports on technical progress and planned activities of all strategic priority areas.*

7. Update from the Scientific Working Group

The update was presented by Professor Debra Jackson, Co-chair of the Scientific Working Group (SWG), also on behalf of Professor Vicente Y. Belizario, Jr, who was not present.

Key message:

Significant overlap was observed between the scope, discussions and recommendations of the Scientific Working Group and STAC, with similar presentations covering financing, engagement, knowledge management and research implementation. This convergence raises the need for clearer articulation of the purpose, added value and distinct role of scientific working groups, particularly in relation to STAC and other governance bodies. Future consideration should be given to whether deeper technical focus, clearer differentiation, or alternative mechanisms are required to ensure efficiency and strategic relevance, while maintaining targeted attention to identified research gaps and partnership linkages.

Discussion points:

- Chair STAC thanked Professor Jackson for her report and summary of the SWG meeting and acknowledged the hard work of the Scientific Working Group members.
- In response to observations on overlap, Scientific Working Groups were intended to focus on activity-level review, distinct from the broader strategic oversight of STAC. Further discussion on the role and operational arrangements of the Scientific Working Groups was scheduled under the subsequent agenda item.

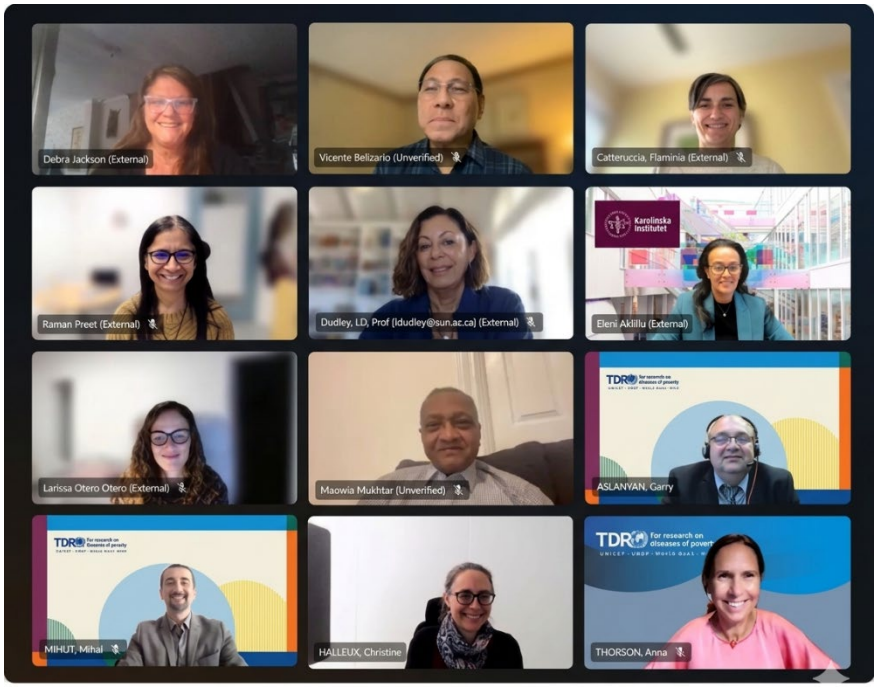


Fig. 6. SWG 2025 participants.

8. STAC and SWG governance

– presented by Dr Garry Aslanyan

Scientific Working Group arrangements in 2026

The respective roles of STAC and scientific working groups are defined within TDR's governance framework, as set out in the Memorandum of Understanding signed by the co-sponsoring agencies. Under this framework, STAC is mandated to provide independent scientific and technical advice to the Director, including review of programme content, scope and priorities. The Terms of Reference for STAC were derived directly from this mandate.

Provision is made within the governance arrangements for the establishment of scientific working groups to support specific strategies, as required. These groups are intended to operate at the activity level, including technical review of project proposals, support to selection and ranking processes, monitoring of progress and assessment of scientific and technical quality. The configuration of SWGs is strategy-specific and subject to change over time, while the overarching Memorandum of Understanding remains unchanged. Previous revisions reduced the number of working groups to avoid duplication.

Operating procedures for SWGs were developed to clarify roles, expertise requirements and alignment with overall governance structures, alongside continued provision for ad hoc review groups when needed. To minimize overlap, leadership of SWGs has been drawn from STAC membership. In light of feedback on role convergence and the conclusion of current terms, reappointments were deferred to allow incoming leadership, informed by advisory input, to determine future arrangements.

Discussion points:

- The original purpose of the SWGs was to provide in depth, activity level scientific review, particularly for proposal assessment and funding decisions, which is difficult to accommodate within the time and agenda constraints of STAC meetings. Increased convergence of presentations following the merger of meetings has limited opportunities for detailed technical discussion and reduced the added value of annual SWG meetings. Greater efficiency and impact have been observed through the use of ad hoc expert groups, including STAC members and external specialists, providing targeted scientific input throughout the year. Optimization of advisory arrangements was therefore encouraged, with emphasis on clarifying the distinction between strategic oversight and technical review, reducing duplication and minimising meeting burden and costs. Future arrangements should prioritise flexible, task driven access to expertise, ensure visibility and acknowledgement of technical contributions and enable leadership to determine the most effective model for integrating scientific, technical and strategic advice in support of programme delivery.
- It was noted that numerous suggestions and ideas had been raised. Further discussion was deferred to the Director to schedule. A clear delineation of duties was identified as necessary to ensure appropriate support is received from the Scientific Working Group and STAC. Responsibility for ensuring effective implementation was assigned to the Director.

STAC membership

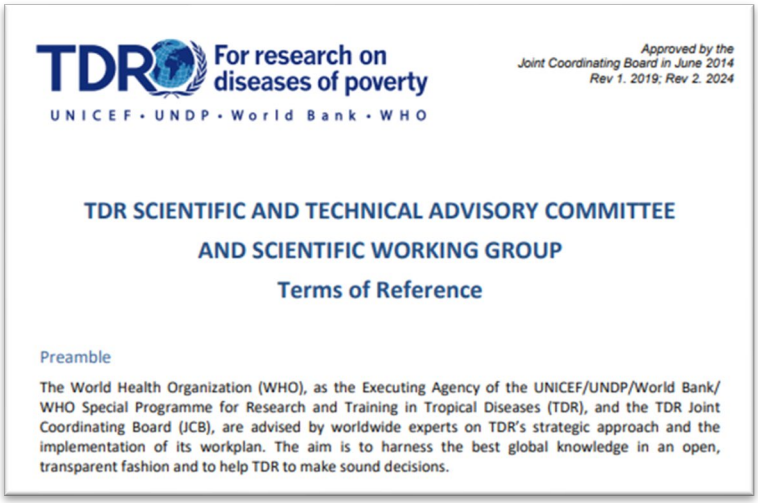
The composition, term length and rotation of membership are periodically reviewed in accordance with established procedures, with expertise sought across defined functional and cross-cutting areas aligned to the strategic global health challenges. Collective coverage is ensured through complementary expertise, including equity, gender, management and geographic diversity, so that advisory bodies reflect the contexts in which programmes operate.

Membership is confirmed by the JCB on the recommendation of the Director, following periodic calls supplemented by targeted outreach to address specific expertise or representational needs. Strong interest has been observed, and individuals not immediately selected are retained on a roster for future consideration to ensure flexibility and continuity in meeting evolving programme requirements.

Discussion points:

- Expertise mapping is maintained to ensure accurate representation of members' competencies, with provisions for updates where expertise has been misclassified or omitted. Areas of expertise are periodically reviewed to address identified gaps and to align advisory capacity with emerging strategic needs, including cross cutting domains such as One Health, equity and leadership, as well as balance across technical and programmatic perspectives.
- TDR's governance is distinguished by its multilateral structure, established through a World Health Assembly resolution and co sponsorship by WHO, UNICEF, UNDP and the World Bank. Decision making authority, including approval of strategy, programme, budget and appointment of leadership, is exercised through an independent Board rather than the World Health Assembly. This arrangement enables research focused governance, inclusion of non-State actors, and representation across WHO regions, while ensuring financial and operational independence from WHO programme budget processes. The co sponsorship model has been central to shaping strategy beyond a single sector health mandate and remains a defining feature of TDR's added value.

Click here to access the full document.



TDR For research on diseases of poverty

UNICEF • UNDP • World Bank • WHO

Approved by the Joint Coordinating Board in June 2014 Rev 1. 2019; Rev 2. 2024

TDR SCIENTIFIC AND TECHNICAL ADVISORY COMMITTEE AND SCIENTIFIC WORKING GROUP Terms of Reference

Preamble

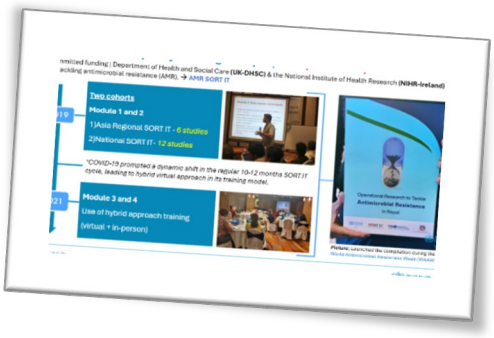
The World Health Organization (WHO), as the Executing Agency of the UNICEF/UNDP/World Bank/ WHO Special Programme for Research and Training in Tropical Diseases (TDR), and the TDR Joint Coordinating Board (JCB), are advised by worldwide experts on TDR's strategic approach and the implementation of its workplan. The aim is to harness the best global knowledge in an open, transparent fashion and to help TDR to make sound decisions.

9. TDR interface with WHO departments

– moderated by Dr Garry Aslanyan

The session on technical presentations highlighted collaboration between TDR and WHO departments, illustrating operational linkages and programme impact. Attention was given to WHO's role as co-sponsor and executing agency, with country-level examples demonstrating application of research to health emergencies and alignment with national priorities.

Dr Alisson Gocotano, Team Leader (WHO Health Emergencies) at the WHO Country Office for Nepal, presented on SORT IT in Nepal: Scaling capacity and transforming health emergencies.



Key messages:

An overview was presented of the implementation and impact of the SORT IT in Nepal, aligned with the principle of standing with science through evidence-based action and public trust building. The programme has been consistently anchored in a One Health approach, reflected across successive phases.

Implementation commenced in 2019 with a focus on antimicrobial resistance, supported through collaboration with TDR and external funding partners. Despite disruption caused by the COVID-19 pandemic, continuity was maintained through adaptive delivery, including transition from in-person to hybrid and virtual modalities. By 2021, multiple national and regional studies had been completed and published, establishing Nepal as the first country in the WHO South-East Asia Region to complete the full SORT IT programme.

Research activities were designed to address national priorities and systemic vulnerabilities across human and animal health sectors, informing improvements in clinical practice and regulatory oversight. In 2021, the SORT IT model was further applied to the COVID-19 response, generating evidence that informed reforms in surveillance, contact tracing, and workforce training, particularly in high-risk border areas.

Sustainability was strengthened through alumni-led research supported by small grants and peer mentorship, enabling translation of evidence into community-level action. An impact assessment conducted in 2023 demonstrated measurable improvements in antimicrobial use and clinical outcomes.

The programme has since transitioned to SORT IT 2.0, emphasizing multidisciplinary, team-based approaches focused on policy implementation and national scale-up within a pandemic preparedness framework. Overall, the Nepal experience demonstrates SORT IT as an adaptable capacity-building model with demonstrable policy and field-level impact.

Discussion points:

- Strong interest has been expressed by countries in this model, as it builds capacity across the full implementation cycle rather than focusing solely on individual researchers or principal investigators. Multidisciplinary teams have been convened, bringing together decision-makers, frontline health workers, data analysts, advocacy actors and, where feasible, community representatives. This inclusive approach ensures that evidence generation, policy application and implementation are addressed concurrently. By strengthening collective ownership and operational readiness, the model enhances the translation of research into policy and practice. Experience to date positions Nepal as a leading example, with potential for broader replication and scaled impact across other country contexts.

Dr Arshad Altaf, Technical Officer at the WHO Regional Office for the Eastern Mediterranean, presented on current regional strategies, collaboration with TDR and recent impact grants addressing key public health priorities.

Key messages:

Recent organizational changes within the WHO Eastern Mediterranean Regional Office (EMRO) were outlined, following completion of a regional reorganization and restructuring process, with full implementation expected by mid-2026. Departmental mergers have been completed and revised organizational arrangements have been operational since January 2026. Regional activities are aligned with GPW14, supported by a Regional Strategic Operational Plan and three flagship initiatives focused on health workforce, substance use and equitable access to medical products, serving as accelerators for GPW14 implementation.

A biennial regional research prioritization exercise was described, conducted in collaboration with technical departments and country offices using a structured consensus methodology. Outputs from this process informed the TDR Impact Grant calls, ensuring alignment with regional public health priorities. A substantial increase in proposal submissions was observed between cycles, with a rigorous multi-level review process applied and a consistent number of grants ultimately funded across participating countries.

Funded research addressed diverse priority areas, including malaria, tuberculosis, leishmaniasis, vaccine hesitancy, antimicrobial resistance, infection prevention and control, and climate-related health risks. Implementation research capacity was strengthened through close mentorship, regional training support and structured manuscript development, with over half of funded projects from previous cycles achieving peer-reviewed publication.

TDR Impact Grants were highlighted as an important complement to regional funding mechanisms, supporting health system strengthening during a period of global funding constraints. Continued collaboration with SORT IT and regional training centres has further reinforced research quality, policy relevance and regional capacity for implementation research.

Discussion points:

- Collaboration with regional offices was highlighted as a key mechanism for aligning TDR priorities with regional research needs and capacity strengthening efforts. Priority setting is informed through regional research prioritization processes, with calls for proposals designed to remain minimally prescriptive while ensuring alignment with TDR strategic objectives during review and selection.
- A substantial increase in demand for impact grants has been observed, placing pressure on review capacity and proposal quality, which remains a primary challenge. Rigorous multistage review processes are applied, with attention to scientific merit, feasibility, equity, gender balance and geographic representation, particularly for under-represented and fragile settings.
- Research management emphasizes close methodological support and a shift from final technical reports to draft manuscripts to strengthen publication and knowledge uptake. While peer reviewed publication is recognized as an important outcome, broader impact is assessed through evidence of changes in policy or practice at country level. Equity considerations, including language accessibility and targeted support for historically disadvantaged countries, are intentionally incorporated alongside competitive review to balance excellence with inclusion.

Dr Pascale Allotey, Director of the Department of Sexual and Reproductive Health and Research, including the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme (HRP), at WHO headquarters, presented current HRP strategies/activities and collaboration with TDR.

Key messages:

An overview was provided of HRP, presented as TDR's sister special programme within WHO. Both programmes were described as having been established through World Health Assembly resolutions, with independent governance and co-sponsorship arrangements that enable sustained research in complex and politically sensitive areas. Shared characteristics include joint oversight structures, scientific and technical advisory mechanisms, and a mandate to protect scientific integrity through evidence generation.

HRP's work was situated within a life-course and human-rights-based framework, addressing sexual, reproductive, maternal, newborn, child, adolescent, and ageing health. Synergies with TDR were highlighted in implementation research, research capacity strengthening, and support to low- and middle-income countries. Both programmes were noted to operate across the full research pipeline, from evidence generation to policy and practice, while navigating the balance between independence and integration within WHO.

Recent organizational restructuring within WHO was outlined, alongside a major reform of HRP's research capacity strengthening model following financial constraints. Drawing on approaches similar to those applied by TDR, the revised HRP model emphasizes a clear theory of change, institutional and programmatic capacity strengthening, and systematic embedding of capacity-building components within research grants. These shared approaches were highlighted as opportunities for continued alignment and mutual learning between the two special programmes.

Discussion points:

- Large-scale, systems-oriented research addressing social, political, and environmental determinants of women's health was highlighted, with particular attention to integration of climate considerations. A more strategic and evidence-driven approach to climate and sexual and reproductive health and rights has been adopted, moving beyond fragmented analyses toward clearer prioritization, coordinated resource mobilization, and mixed-methods research, supported through multilingual calls and embedded capacity-strengthening mechanisms.
- Strong thematic and operational complementarities with TDR were identified, particularly in poverty-related infectious diseases, implementation research, and research capacity strengthening. Opportunities for closer collaboration were noted in areas such as gender-related infectious diseases, climate-sensitive health risks, and district-level research models, with potential for joint prioritization and shared learning. Emphasis was placed on clarifying institutional mandates, reducing duplication, and focusing on areas where added value is greatest.
- Research capacity strengthening was reaffirmed as a core investment, with a shift toward more intentional, theory-driven models linking training, mentorship, and leadership development to defined outcomes. Equity considerations, including language, geographic representation, and support for historically under-represented settings, were integrated alongside competitive review. Greater engagement of co-sponsoring agencies in programme execution, particularly at country level, was identified as a priority to enhance impact, efficiency, and sustainability during a period of constrained resources.

Dr Daniel Ngamije Madandi, Director a.i. of the Malaria and Neglected Tropical Diseases Department at WHO headquarters, presented the new combined department's focus, strategies and plans, and potential alignment with TDR's activities.

Key messages:

An overview was provided of the evolving institutional environment of the Malaria and Neglected Tropical Diseases Department, recent organizational changes, and current and prospective areas of collaboration with TDR. Despite a challenging resource environment, the elimination and eradication of malaria and NTDs remain core aspirations, supported through agreed strategic approaches focused on innovation, evidence-based policy, and country impact.

Following recent restructuring, malaria and NTD functions were merged into a single department with a reduced workforce, prompting a shift toward prioritization of normative work, integrated planning, and targeted country support. Activities are now organized across two main units, addressing prevention, diagnosis, treatment, care, and strategic information for impact, with strong emphasis on implementation science and data-driven decision-making. Coordination of global drug deployment for NTD mass treatment remains a core function.

Close collaboration with TDR was highlighted across multiple areas, including development of diagnostics, optimization of treatments, implementation research, digital tools, vector control innovations, and support to guideline development. Joint work has contributed to norms and standards for diseases such as visceral leishmaniasis, onchocerciasis, human African trypanosomiasis, lymphatic filariasis, and schistosomiasis, as well as malaria vaccine introduction and optimization.

Future collaboration was identified in artificial intelligence applications, modelling of transmission dynamics, development of product profiles, and non-traditional trial methodologies for emerging interventions. Innovation and partnership with TDR were emphasized as essential to accelerating progress against malaria and NTDs.

Discussion points:

- Following the discontinuation of the Vector Control Advisory Group, continued engagement with developers of vector control tools is being maintained through existing policy advisory mechanisms, normative guidance, and collaboration with partners. While resource constraints have required streamlining of advisory structures, technical advice on product development and study design remains available, including through development of preferred product characteristics and integrated guideline development processes.
- Progress in skin-related neglected tropical diseases was highlighted, particularly the application of artificial intelligence-enabled diagnostic tools to support frontline health workers in low-resource settings. Ongoing country-level testing is informing the development of technical guidance to support broader implementation.
- Work is advancing on a consolidated research and development blueprint for neglected tropical diseases, with prioritization expected to support more efficient allocation of limited resources. Strong alignment was noted between malaria, NTDs, prequalification, and research functions, with emphasis on improved internal coordination to ensure coherent guidance to countries across the evidence-to-policy continuum.
- Opportunities for closer collaboration with TDR were identified, particularly in providing expert technical review for complex intervention trials, supporting innovation in vector control, and strengthening methodological guidance for non-traditional study designs. Enhanced internal coordination and cross-programme collaboration were recognized as critical to maximizing impact, reducing duplication, and delivering consistent, evidence-based messages to countries.

10. Date of STAC49

Decision:

- *Agreed that the forty-ninth meeting of STAC (STAC49) will take place at WHO headquarters in Geneva on Tuesday 16 and Wednesday, 17 March 2027.*

11. Recommendations of STAC48

– presented by the Rapporteur

Decision:

- *The draft recommendations were accepted as presented.*

12. Any other business

No additional items were raised.

Close of STAC48

Gratitude was extended to the Chair for her exemplary leadership during the meeting. Appreciation was also expressed to all participants for their constructive involvement, with special acknowledgment of the significant input provided by newly appointed STAC members.

Summary of decisions and final recommendations

Decisions:

1. Professor Karen Barnes was appointed Rapporteur of STAC48.
2. The Agenda of STAC48 was adopted as proposed.
3. Declarations of interests were accepted as presented to the Secretariat, with no conflicts foreseen.
4. Draft versions of the following documents were endorsed:
   - Preliminary Financial report 2024–2025 and outlook 2026–2027
   - 2025 Results report
5. Endorsed the reports on technical progress and planned activities of the three strategic priority areas.
6. Agreed that the forty-ninth meeting of STAC (STAC49) will take place at WHO headquarters in Geneva on Tuesday 16 and Wednesday, 17 March 2027.
7. The draft recommendations were accepted as presented.

STAC48:

- Thanked the **WHO Chief Scientist and TDR Special Programme Coordinator** Dr Sylvie Briand for joining the meeting and providing an update on developments at WHO since the last meeting.
- Congratulated **Dr Marcus Lacerda** on assuming the position of Director TDR, wishing him the best of success and reassured STAC's support. Thanked all members of TDR's governing bodies, Chair of JCB, co-sponsors and TDR interim leadership for facilitating a smooth period of transition.
- Welcomed the **2025 annual report** and congratulated TDR on the progress made and results achieved.
- Welcomed the increase in coherence across activities in various strategic areas of the current strategy.
- Requested to convene virtually in September 2026 for a brief update.

Recommendations:

1. Reiterated that, as a **model of UN collaboration**, and at a time when the UN is seeking greater efficiencies across its agencies, TDR is well positioned to dovetail with WHO and other co-sponsors to drive emphasis on not just efficacy but also effectiveness.
2. Recommended use **of TDR alumni and partners as advocates and champions**, while continuing their support in different roles and encouraging them to support each other. For example, connect with TDR alumni/advocates through TDR Global to elicit joint proposals for collaboration, where TDR would receive funding through the DEC to strengthen their capacity for implementation research and allow the local institution to access World Bank, Global Fund and other donor funds. Actively engage TDR alumni/advocates, particularly young people, using social media to disseminate TDR impact messages.

3. Recommended more focused communication of impact stories where TDR's contribution impacts on current global health challenges is well described, highlighting **TDR's unique added value** and emphasizing the catalytic role of TDR, using various channels and types of communication (short videos, podcasts, social media stories and others).
4. Recommended that future **Results reports** more visibly highlight the impact stories.
5. Recommended reviewing current geographic reach with the view of improving towards **more equitable and prioritized geographic focus**. Requested new options for using **maps** of activities and beneficiaries that are more interactive/integrated/layered across various activities, including in annual report.
6. Requested **strengthened engagement with PDPs** (e.g. IVCC, PATH, DNDi, MMV, etc.) to potentially have TDR become their implementation research partner, including joint fundraising to support their implementation research.
7. Requested to investigate the reason for the dip in the proportion of first/corresponding authors from **DECs**, if this remains the case after adding in the publications from the postgraduate scheme.
8. Recommended to further develop leaders in implementation research; attention should also be paid to addressing gaps at **PhD training level** in future.
9. Requested to strengthen **language inclusivity** to TDR resources and funding opportunities, with the view of enhancing engagement of Portuguese-, Spanish- and French-speaking countries.
10. Questioning whether there is a need for / role of the SWG in the future, recommended that this be **reviewed internally**, given:
    - Apparent duplication / repetition between annual STAC and (merged) SWG meetings currently is not considered optimal use of TDR staff and committee members' limited time and resources.
    - Specific, more in-depth scientific and technical input is needed throughout the year, e.g. review of calls, selection of grantees. This could perhaps be achieved by STAC sub-committees (e.g. one for each global health challenge in the Strategy), reactive (not standing) working groups, individual STAC members with relevant expertise, or ad hoc appointments.

Suggestions for future consideration:

- **Implementation research gaps** remain in products that TDR played a catalytic role in developing, for example, how best to optimize the uptake of paediatric praziquantel as this is currently limited by the high number of tablets per dose and regulatory approval being delayed as MDA not included in labelling.
- Build on current **integrated vector control** activities for broader learning and impact. For example, synthesize generalizable community and health system lessons from SIT implementation for other settings / interventions such as in mainland or Western Pacific region or for gene drive. Consider opportunities to embark on implementation research to drive access and uptake of spatial emanators.
- Given TDR's extensive experience in **multi-disciplinary and multi-sectoral** implementation research, it is well placed expedite for progress in **One Health** in terms of best practices for facilitating communication and systems thinking.
- In terms of a **digital health** niche for TDR, consider the potential role of an AI platform for Elimination. For example, AI-based diagnostics could complement / replace technicians and AI-based surveillance could help reach hard-to-reach areas such as swamps or conflict zones.

Annex 1. Annotated Agenda

Wednesday, 18 March (09:00–16:30)

Time	*Item*	*Topic*	*Action*	*Reference documents*
Anytime		***BADGE COLLECTION FROM MAIN WHO RECEPTION***		
09:00	**1.**	**Opening of the meeting** *Dr Sylvie Briand, WHO Chief Scientist / TDR Special Programme Coordinator* *Dr Marcus Lacerda, Director TDR*		
09:05	**2.**	**Update from WHO** *WHO Chief Scientist*	Information	
09:15	**3.**	**Statutory business** *Professor Margaret Gyapong, Chair STAC* 3.1 Appointment of the Rapporteur 3.2 Adoption of the Agenda 3.3 Declarations of interests	Decision	Annotated Agenda *TDR/STAC48/26.1a*
09:30	**4.**	**2025 TDR Report and reflections on the evolving global health landscape** *Dr Marcus Lacerda* *Dr Garry Aslanyan, TDR Partnerships and Global Engagement Manager* 30 min presentation followed by 20 min discussion **Follow-up on STAC47 recommendations** 10 min presentation and discussion	Information and endorsement Information	Draft TDR 2025 Annual report Report of STAC47 *TDR/STAC47/25.3* Follow-up on STAC47 recommendations *TDR/STAC48/26.4*
		STAC photo		
10:30–11:00		***Coffee break***		
11:00	**5.**	**Programme performance overview and budget** *Dr Michael Mihut, Unit Head, Programme Innovation and Management* 30 min presentation followed by 30 min discussion 5.1 Progress made against TDR key performance indicators 5.2 Preliminary financial report for 2024–2025 and outlook for 2026–2027	Review/ recommendations	Preliminary financial report for 2024– 2025 and outlook for 2026–2027 *TDR/STAC48/26.5* 2025 TDR Results Report *TDR/STAC48/26.6* **For information only:** Programme Budget and Workplan 2026–2027 Portfolio Prioritization Model
12:00–13:30		***Lunch break***		

Wednesday, 18 March (09:00–16:30) – continued

Time	*Item*	*Topic*	*Action*	*Reference documents*
13:30	**6.**	**Reports on technical progress in 2025 and planned activities for 2026–2027**	Information and recommendations	
		6.1 Research for Implementation (IMP) *Dr Christine Halleux, Unit Head IMP* 20 min presentation followed by 30 min discussion		IMP Expected Results Progress 2024–2025 and Strategic Plans for 2026–2027 *TDR/STAC48/26.8* IMP Annual Report 2025 *TDR/STAC48/26.9*
		6.2 Research Capacity Strengthening (RCS) *Dr Anna Thorson, Unit Head RCS* 20 min presentation followed by 30 min discussion		RCS Expected Results Progress 2024–2025 and Strategic Plans for 2026–2027 *TDR/STAC48/26.10* RCS Annual Report 2025 *TDR/STAC48/26.11*
15:10–15:40		***Coffee break***		
15:40		6.3 Global Engagement *Dr Garry Aslanyan* 20 min presentation followed by 30 min discussion	Recommendations	GE Expected Results Progress 2024–2025 and Strategic Plans for 2026–2027 *TDR/STAC48/26.12* Global Engagement Annual Report 2025 *TDR/STAC48/26.13*
16:30		**Close of Day 1.**		

FROM 19:00 – INFORMAL DINNER. La Romana, Rue de Vermont 37

Thursday, 19 March (09:30–16:00)

Time	*Item*	*Topic*	*Action*	*Reference documents*
09:30	**7.**	**Update from Co-chair of Scientific Working Group** *Professor Debra Jackson* 5 min presentation followed by discussion	Recommendations	SWG meeting report
09:45	**8.**	**STAC and SWG governance** *Dr Garry Aslanyan* ▪ STAC membership ▪ Scientific Working Group arrangements in 2026	Endorsement and recommendations	STAC membership and skills matrix 2025-2026 SOPs for Scientific Working Group Terms of Reference for TDR STAC and SWG members
10:30–11:00		***Coffee break***		

Thursday, 19 March (09:30–16:00) – continued				
Time	*Item*	*Topic*	*Action*	*Reference documents*
11:00	**9.**	**TDR interface with WHO departments** *Dr Garry Aslanyan will moderate this session.* ***Dr Alisson Gocotano*** *Team Leader (WHO Health Emergencies) at the WHO Country Office for Nepal,* will present on SORT IT in Nepal: Scaling capacity and transforming health emergencies. ***Dr Arshad Altaf*** *Technical Officer at the WHO Regional Office for the Eastern Mediterranean,* will present on current regional strategies, collaboration with TDR and recent impact grants addressing key public health priorities. ***Dr Pascale Allotey*** *Director of the Department of Sexual and Reproductive Health and Research, including the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme (HRP), at WHO headquarters,* will present current HRP strategies/activities and collaboration with TDR. ***Dr Daniel Ngamije Madandi*** *Director a.i. of the Malaria and Neglected Tropical Diseases Department at WHO headquarters,* will present the new combined department's focus, strategies and plans, and potential alignment with TDR's activities.	Information	
12:30–14:00		***Lunch break***		
14:00		**Closed session with Director TDR** STAC members only closed discussion with Director TDR on issues requiring special attention.	Recommendations	
15:30	**10.**	**Date and place of STAC49** 16 and 17 March 2027	Information	
15:35	**11.**	**Draft recommendations of STAC48** The rapporteur will present recommendations made during the meeting	Information	
15:50	**12.**	**Any other business**		
16:00		***Refreshments will be available outside the meeting room***		

Close of STAC48

Annex 2. List of participants

STAC Members

(Chair) Professor Margaret Gyapong

Medical Anthropologist, Centre for Health Policy and Implementation Research, Institute of Health Research, University of Health and Allied Sciences
Ho, Ghana

Professor Luchuo Engelbert Bain

Head of International Programs
African Population and Health Research Centre
Nairobi, Kenya

Professor Karen Barnes

Professor, Division of Clinical Pharmacology
Department of Medicine
University of Cape Town
Cape Town, South Africa

Dr Bassirou Bonfoh

Senior researcher, Director Afrique One
Centre Suisse de Recherches Scientifiques
Abidjan, Côte d'Ivoire

Dr Alex Eapen

Deputy Director
ICMR-National Institute of Malaria Research
Chennai, India

Dr Delfina Fernandes Hlashwayo

Faculty Member and Researcher
Department of Biological Sciences
Faculty of Sciences, Eduardo Mondlane University
Maputo, Mozambique

Professor Debra Jackson[1]

Takeda Chair in Global Child Health and Co-Director MARCH Centre
London School of Hygiene & Tropical Medicine
London, United Kingdom

Dr Yadlapalli Kusuma[1]

Professor, Centre for Community Medicine
All India Institute of Medical Sciences
New Delhi, India

Dr Thabi Maitin

Recent past - Division Manager, Research Capacity Development
South African Medical Research Council
Cape Town, South Africa

Dr Diogo Martins

Lead Adviser to the CEO Office
Wellcome Trust
London, United Kingdom

Dr Emelda Okiro

Head, Population Health Unit
KEMRI/Wellcome Trust Collaborative Programme
Nairobi, Kenya

Professor Leanne Robinson

Program Director, Health Security, Senior Principal Research Fellow, Group Leader, Vector-Borne Diseases and Tropical Public Health
Burnet Institute
Melbourne, Australia

Dr Kathrin Schuldt

Head LabGroup Infectious Disease Surveillance and Control
Bernhard Nocht Institute for Tropical Medicine
Hamburg, Germany

Professor David Soeiro Barbosa

Adjunct Professor
Federal University of Minas Gerais
Institute of Biological Sciences
Belo Horizonte, Brazil

Professor Andrea Winkler[2]

Co (joint)-Director
Center for Global Health, School of Medicine
Technical University of Munich
Munich, Germany

[1] Attended remotely.

[2] Not able to attend.

Other participants

WHO Headquarters Staff

Dr Pascal Allotey
Director, Sexual and Reproductive Health and Research

Dr Arshad Altaf
Technical Officer, WHO Regional Office for the Eastern Mediterranean

Dr Sylvie Briand
WHO Chief Scientist and TDR Special Programme Coordinator

Dr Alisson Gocotano
Team Leader (WHO Health Emergencies), WHO Country Office for Nepal

Dr Daniel Ngamije Madandi
Director a.i., Malaria and Neglected Tropical Diseases Department

Dr Vanessa Brizuela
Technical Officer, Sexual and Reproductive Health and Research

Special Programme staff

Director's Office

Dr Marcus Lacerda
Director

Dr Garry Aslanyan
Manager, Partnerships and Global Engagement

Ms Elisabetta Dessi

Ms Maki Kitamura

Dr Mariam Otmani Del Barrio

Ms Izabela Suder-Dayao

Dr Robert Terry

Programme Innovation and Management

Dr Mihai Mihut
Unit Head

Ms Caroline Easter

Ms Annabel Francois

Ms Mary Maier

Dr Cathrine Thorstensen

Research for Implementation

Dr Christine Halleux
Unit Head

Ms Ekua Johnson

Mr Abdul Masoudi

Dr Corinne Merle

Dr Vanessa Veronese

Ms Michelle Villasol-Salvador

Dr Rony Zachariah

Research Capacity Strengthening

Dr Anna Thorson
Unit Head

Ms Tina Donagher

Mr Daniel Hollies

Dr Eddy Kamau

Dr Mahnaz Vahedi

TDR Consultants

Ms Esther Adebayo-Abikoye

Dr Lieselotte Cnops

Dr Nolwenn Conan

Dr Elham Jaberi

Dr Pascal Launois

Dr Emmanuelle Papot

Dr Pruthu Thekkur Kalasappa

Dr Gildas Yahouedo

Report writer

Ms Christine Coze