

Report of the 36th Meeting of the TDR Scientific and Technical Advisory Committee – STAC36

Geneva, 25-27 March 2014

I. Introduction

The thirty-sixth 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 WHO headquarters in Geneva from 25 to 27 March 2014. The meeting was chaired by Professor Mario-Henry Rodriguez-Lopez and attended by all STAC members, except Professors Pedro Alonso, Frank Nyonator and John Gyapong, who sent their apologies. The Chair of the Joint Coordinating Board (JCB), Dr Sue Kinn, together with representatives of departments at WHO headquarters and TDR, also attended the meeting.

II. Summary of Proceedings

AGENDA ITEM 1 – Introductions, adoption of the agenda and role of STAC

1. Welcome/opening

Key messages

- Dr Hiroki Nakatani, Assistant Director-General, HIV/AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases (HTM) Cluster and TDR Special Programme Coordinator, opened the meeting. In his welcome remarks, Dr Nakatani acknowledged the distinguished members of STAC and their significant contribution to the work of TDR. He noted TDR's efforts for closer collaborations and synergies with HTM's global disease control programmes and the WHO regional offices as TDR implements its new strategy through an evidence-based approach to global health. He gave his wishes for a productive meeting.

2. Introductions and adoption of the agenda

Professor Mario-Henry Rodriguez-Lopez, Chair of STAC36, initiated the introduction of STAC members, the Chair of JCB and other participants, including WHO headquarters and TDR staff. Chair STAC reminded STAC members of their role: to advise on planning and implementation, to review the processes related to governance, and to give guidance and prioritization within TDR. Proposed adoption of the draft agenda. Dr Florencia Luna was appointed Rapporteur for STAC36.

Decision:

- The proposed agenda for STAC36 was adopted without change.
- Dr Florencia Luna was appointed Rapporteur for STAC36.

AGENDA ITEM 2 - Message from Chair, TDR Joint Coordinating Board (JCB)*Key messages*

- Dr Sue Kinn reported on the important decisions made during JCB36 (Geneva, 17-18 June 2013) which included the adoption of TDR's biennial budget, approval of the revisions to the TDR Memorandum of Understanding and endorsement of the 2013 Revision of TDR's Performance Assessment Framework.
- The JCB accepted the recommendations from STAC35, which included TDR's operations budget and workplan for 2014-2015, feedback on how to best utilize TDR's alumni and existing networks, linking with WHO disease control programmes and national health programmes on the use of the Strategic Development Fund and keeping the 50% aspirational target related to gender equity.
- JCB recommended increasing the focus on gender equity by enlisting more women on advisory committees and working groups and by training a higher proportion of women researchers.
- JCB recommended that the Secretariat anticipate the potential effect and risk that the current WHO review of special programmes and partnerships may have on TDR's budget and technical focus.
- JCB recommended that the Secretariat develop standard operating procedures for prioritization and selection of projects and areas of activities by STAC and scientific working groups.
- JCB established a sub-committee to look into how involvement in the CEWG (Consultative Expert Working Group on Research & Development: Financing and Coordination) process will have an impact on TDR. The concept note developed by the sub-committee was shared electronically with JCB membership.
- JCB requested the Secretariat to simplify processes for governance.
- Overall, JCB was pleased with the progress achieved by TDR.

AGENDA ITEM 3 – Follow-up on STAC recommendations 2013

- A summary of the STAC35 recommendations was presented by Chair STAC.
- STAC35 evaluation and improvement: STAC appreciated meeting travel/accommodation and organization, relevant items and issues covered, recommendations were constructive and reflect the discussions; STAC suggested a briefing for new members, better clarity of what is expected from STAC, shorter presentations and longer technical discussions; TDR responded with the following: enhanced pre-meeting organization and preparations for STAC36.
- TDR had implemented a number of recommendations from STAC35 through the following actions: systematic approach to increased engagement with professionals in national programmes and health services (e.g. SORT IT [Structured Operational Research and Training Initiative] and Impact Grants); establishment of an internal working group for mainstreaming gender throughout TDR activities; coordinated management of risks within TDR; operationalization of strategic engagement with global health research and global health initiatives; enhanced working relationships with WHO headquarters control programmes and all six WHO regional offices (teleconferences and face-to-face meetings, small grants scheme); introduced research ethics

training components into the Regional Training Centre (RTC) workplans; built on existing networks (e.g. MIM [Multilateral Initiative on Malaria], ESSENCE [Enhancing Support for Strengthening the Effectiveness of National Capacity Efforts] and the African Network on Vector Resistance to insecticides [ANVR]) to enhance south-south collaborations and to engage TDR past grantees in TDR's current activities; designed a process for identifying and selecting activities under the Strategic Development Fund; established a small working group to address gender equity in research and in TDR's review committees; and established processes for the implementation of the Strategic Development Fund.

Issues

- STAC members requested further clarification on: designated vs undesignated funding, gender parity in research projects (how many women are leading research projects), SWGs (scientific working groups), look at the network of experts aside from the network of alumni, additional information on the details of TDR's collaboration with WHO departments (control programmes) and regional offices. The response was that all of these items would be discussed in further detail during the course of the meeting.
- Issues raised during the discussion were:
 - Related to gender equity (raised by several STAC members) – How to strengthen the capacity of women researchers (innovative approaches to enable women to compete for grants); to look deeper into the prioritization mechanism and how it can be used to address gender equity. There was a suggestion to address the root causes of gender inequity in countries through training; to develop programmes that will encourage women leadership and participation in research. Director TDR referred to RCS training grants as one way to address gender equity in research;
 - Related to ethics in research – It was argued that what was mentioned in the follow-up to STAC recommendations is not sufficient; there is a need to focus on training in the area of health research, specifically on capacity building for ethics committees;
 - Related to partnerships and collaborations – It was suggested to explore further the interrelations with gender, equity, ethics and training;
 - Related to engagement with professionals in national control programmes – The need for solutions on how to address the 'tension' between health professionals and academic researchers was mentioned; and how to enhance synergies between control programme management and research (within WHO and in DECs);
 - Related to operationalizing global leadership of TDR – It was suggested to do more in this area through leveraging the potential role of researchers/institutions that TDR has previously invested in and to encourage south-south collaboration and training.

Recommendations:

- Rec 1. STAC recommended that TDR continue to implement all STAC35 recommendations.*
- Rec 2. STAC strongly recommended that TDR explore mechanisms to address gender and equity issues through the Strategic Development Fund.*
- Rec 3. STAC recommended that TDR continue to work towards capacity building for ethics in implementation research.*

AGENDA ITEM 4 - Director's Report

Key messages

Professor John Reeder, Director TDR:

- acknowledged with thanks all financial contributors who provided support to TDR in 2013
- referred to the One TDR model and TDR's repositioning in health research and stressed its vision of making an impact through research towards reducing the global burden of infectious diseases of poverty and improving health in vulnerable populations
- explained that the TDR strategy is now fully operational
- mentioned that the best practices in financial and project management processes were introduced and that a Staff Development Strategy had been put in place in support of staff career development
- mentioned that TDR was once again in a strong financial position
- mentioned some achievements in 2013, particularly:
 - Intervention and Implementation Research (IIR) –transitioning of R&D and clinical trials was largely completed; rectal artesunate was transferred for pre-qualification and registration; evidence was generated to support policy in leishmaniasis, schistosomiasis, tuberculosis and malaria; and expanded programme for research capacity has been embedded in country programmes (SORT-IT)
 - Research on Vectors, Environment and Society (VES) – research portfolio completed on the development of new and improved vector control methods and strategies; community-based vector control research on dengue and Chagas disease substantiated the need for ecosystem-specific approaches; research initiative addressing population health vulnerabilities to vector-borne diseases in the context of climate change launched and implemented in Africa; and research initiative on community access to health interventions advanced in Africa
 - Research Capacity Strengthening (RCS) – 26 grants were approved for the first IMPACT grant call; post-graduate and post-doctoral grants were launched; the UNDP/PATH/TDR (United Nations Development Programme/Programme for Appropriate Technologies for Health/TDR) Access and delivery project was started; the implementation research toolkit was completed and piloted; 13 fellows were trained in 2013 through the Career Development Fellowships Programme (CDF); the regional small grants were launched; and regional training centres were reinvigorated
 - Knowledge Management (KM) – the thematic working groups were completed and technical reports published; and the ESSENCE document on improved research costing for LMIC institutions was published
- Looking forward (activities for 2014-15) on:
 - IIR – to produce and disseminate dengue outbreak response mode plan from retrospective study of alarm signals; to validate markers of ivermectin response; to further test interventions for case detection and vector control of VL (visceral leishmaniasis) in the Indian subcontinent); and further expansion of SORT-IT
 - VES – to implement multi-country research in Africa to evaluate the impact of insecticide resistance mechanisms on malaria control failure; to conduct implementation research for scale-up of community-based dengue control interventions in Latin America; to advance research and capacity building for the initiative on climate change impact on vector-borne diseases in Africa; and to roll out the research initiative on social enterprise innovation
 - RCS – to initiate a new round of Impact Grants; the renewal of CDF grants and continuation of the scheme; to initiate more post-graduate and post-doctoral fellowships; and to establish a new regional training centre in Africa

- KM – to integrate the new WHO policy (2014) on open access within TDR procedures; to define IR (implementation research) using bibliometrics and key word filters; to undertake the review of knowledge management practices across WHO; and to integrate research priority setting with standard work as part of the R&D (research and development) Observatory
- In relation to the financial outlook, it was explained that: the financial recovery plan for 2012-2013 was successfully implemented; a working capital of US\$ 8 million has been established for sound financial management as per WHO rules; there is now a realistic and conservative income forecast (US\$ 57.2 million forecast for 2014-2015); over 80% of funds are allocated to operations; and enhanced financial management processes and systems are in place (e.g. full use of WHO system, real-time monitoring, specific awards for new designated funds, risk management)
- Regarding equity, it was stressed that this is a core value for TDR operations:
 - that social, economic and gender equity are routinely measured across TDR's performance indicators and TDR is committed to mainstreaming gender, equity and human rights to help narrow the gender gap in health research
 - that as a follow-up to a recommendation of STAC35, TDR has established an internal working group on gender and developed a concept note, in addition a set of focused activities has been developed for consideration for funding through the Strategic Development Fund
 - that other TDR actions included: awareness raising and communications on gender gaps in health research; TDR has almost reached gender parity on scientific advisory committees and working groups; preliminary discussions have taken place with HRP (the UNDP / UNFPA / WHO / World Bank Special Programme of Research, Development and Research Training in Human Reproduction) for joint activities in gender-responsive and human rights-based research
- Regarding enhanced governance, it was pointed out that:
 - there is now a simplification of procedures, a reduction in the number of members and a decrease in costs for the JCB meetings
 - STAC has reduced the number of members, with the regional representative meeting being held separately from the STAC meeting
 - there is an ongoing deeper discussion on roles and collaborations with the Standing Committee and particularly with the co-sponsors
 - a new prioritization model and the establishment of scientific working groups (SWGs) will be discussed during STAC36
- The Strategic Development Fund was explained:
 - as a strategic operation reserve to enable TDR to initiate and leverage further funding of projects
 - It will support research activities recommended by STAC or an SWG to cover strategic gaps in the portfolio; to support areas that are cross cutting (research policy, ethics or gender); to address areas that have the opportunity to leverage funding from other sources; to address areas that develop collaboration with other WHO departments and in areas that will allow the development of new partnerships or ways of working with TDR.
 - Regarding partnerships and collaboration, it was mentioned that there was a continued enrichment of relationships with WHO HQ control programmes. There was special mention of ANDI (African Network for Drugs and Diagnostics Innovation), which is now transitioning to UNOPS (United Nations Office for Project Services) in Addis, Ethiopia.

Comments:

- Regarding the TDR Strategic Development Fund, TDR will safeguard that it will be used for strategic programmes and that innovation will be a focus.

Decision:

- STAC accepted the Director's Report.

AGENDA ITEM 5 – Programme performance overview

Preliminary financial report for 2012-2013, Progress made against TDR key performance indicators and Progress on the implementation of TDR risk management plan – presented by Dr Beatrice Halpaap, TDR Portfolio and Programme Manager

Key messages:

- Preliminary financial report for 2012-2013
 - TDR recovery plan 2012-2013 has been successfully implemented (increased programme efficiency) with some of the US\$ 53.4 million planned costs (undesignated funds) further optimized, thus allowing the Programme to initiate the IMPACT and small grants schemes during Q4 2013; all funds needed to reimburse the WHO advances have been set aside and payments processed.
 - A realistic and conservative approach to income forecast was developed; income is carefully monitored through real-time tracking.
 - TDR started the 2014-2015 biennium in a sound financial position; savings made have allowed TDR to establish a 'working capital' that is expected to enhance financial management and to cover any liabilities in case of financial difficulties.
 - The income forecast for 2014-2015 (as of 28 February 2014) was estimated at US\$ 57.2 million (US\$ 41.4 in undesignated funds and US\$ 15.8 million in designated funds).
 - The revised financial management at TDR has been tested and has contributed to streamlined operations; over 80% of funds went to operations.
- Progress made against TDR key performance indicators
 - In 2013, TDR experienced a positive transformation, resulting in a new portfolio consisting of innovative expected results, progress on indicators reflecting gender and socio-economic equity and an improved financial position for TDR.
 - TDR portfolio management processes and tools have been reviewed and enhanced; now includes clear guidance on the definition of strategic directions and prioritization within TDR.
 - The recovery plan 2012-2013 was implemented successfully. All projects in transition were completed; an innovative portfolio for 2014-2015, which focuses on implementation and operational research, capacity strengthening, knowledge management and research on vectors, environment and society, has been developed.
 - Several new tools, solutions and strategies that were generated in recent years have been adopted by countries to reduce the burden of disease.
 - An innovative grants scheme (IMPACT grants) supports 16 projects from LMICS (low and middle income countries) to build capacity for research.
 - One hundred and twenty (120) peer-reviewed publications received TDR support; 75% of contracts and grants went to DEC's (disease endemic countries)
 - Women represent 42% of TDR's advisory committees and working groups

- Progress on the implementation of TDR's risk management plan
 - Four out of eleven identified significant risks have been fully mitigated. These risks were related to the 2012-2013 recovery plan and transition period (TDR's governance structure inappropriate to the needs and size of the Programme; TDR's transition to the new strategy not successfully managed; financial instability due to weak financial management processes/policies; and missed opportunities of learning from experience, including those related to governing bodies advice and analysis of processes).
 - Three significant risks were expected to be fully mitigated. These include: roles and responsibilities of co-sponsors not clearly defined; TDR information management systems no longer adequate; and process for the selection of TDR's grantees and monitoring of their work.
 - Four significant risks related to Programme-wide ongoing issues were being closely monitored. These include: TDR's portfolio not kept streamlined with its strategy and proposed direction; TDR's income level not sustained; poor communication of TDR's unique value and contribution; and research results not translated to policy and practice.
 - Two additional risks were added to the list, namely: the impact of WHO's reform on WHO special programmes (identified by JCB) and implementation of TDR strategy and 2014-2015 workplan not effective (identified by Secretariat). Both risks are being closely followed up through a mitigation plan.

Discussion points and questions:

- Preliminary financial report for 2012-2013
 - Perceived need to see financial projections into the future beyond 2013; how the portfolio budget is aligned with projected expenditures; how the remaining designated funding (DF) has implications on long-term financial planning.
 - There is a need to break down the financial implementation, especially with more transparency on undesignated (UD funds), so that STAC can comment in this area.
 - The budget for personnel (40% in 2012-13) is perceived as high.
- Progress made against TDR key performance indicators
 - There is a need for indicators, especially beyond the transition phase, that reflect targets (output vs impact, short term vs long term).
 - It should be recognized that gender issues are complex and go beyond gender parity (gender balance).
 - There is a need to recognize opportunities for capacity building through south-south partnerships.
 - The importance of training on research ethics was underscored.
 - There is a need to present the achievements in the key performance indicators beyond the numbers achieved and to extend the analysis to the quality.
 - There is a need to present more details on publication authorship and more analysis on which countries/institutions are first authors.
- Progress on the implementation of TDR's risk management plan
 - Appreciation for the new policy on risk management (both at the programme and project level) implemented by TDR.
 - Clarification was requested on how the WHO Reform may have an impact on TDR.
 - WHO reforms are being put in place in response to the global crisis and changing landscape. This may have particular implications on partnerships and special programmes (including TDR) and there is a need to put working capital to address risks associated with administrative charges to WHO.

Decisions:

- STAC congratulated TDR on the comprehensive reports and impressive recovery during the transition period.
- STAC endorsed the three documents presented:
 1. Preliminary financial report 2012-2013
 2. 2013 TDR results report, Annex: List of TDR funded research articles
 3. TDR risk management report, 2013

AGENDA ITEM 6 - Report on technical progress in 2013 and planned 2014-2015 activities implementation

Key messages

- Intervention and Implementation Research (IIR) – Dr Piero Olliaro, IIR Team Leader
- The following achievements were enumerated: a) for the dengue outbreak response - systematic review completed, model contingency plan developed with countries, retrospective analysis of alarm signal for outbreaks designed and implemented; b) for the work beyond ivermectin response markers - infrastructure capacity built in Ghana, Cameroon, further genetic evidence for defining parasite population structure, new insight from Moxi Ph3 study on IVM inter-subject variability of response taking into consideration the need to change criteria used to assess 'suboptimal response'; c) in the area of evidence and innovation - evidence generated from systematic reviews & meta-analyses in support of WHO guidelines for malaria, schistosomiasis; innovation promoted thru open-source research; fostering new products; d) in the area of VL elimination in Indian subcontinent - studies were completed that generated evidence for policy and research policy interface; and, e) for SORT-IT - 10 programmes completed with 118 research studies/trainees in 43 countries.
- The following continuing and new activities planned for 2014-2015 were presented: a) for the dengue outbreak response - publication and dissemination, adapt model plan to stakeholders, discuss and disseminate validated alarm signals, prospective study to test contingency plan, cost analysis of early response benefits and stakeholder involvement; b) for the work beyond ivermectin response markers - personnel capacity building in Ghana and Cameroon, validate putative markers of response and pop structure, model response to IVM using individual subject data, incorporate genetic / pop structure data into transmission models, utilize pop structure data for definition of transmission zones; c) in the area of evidence and innovation - expand evidence-based generation; d) for the work on VL elimination in Indian subcontinent - compare actual practice of “focal” spraying + limited ACD with “blanket” + fever camps in Bangladesh, test cost and feasibility of deploying mobile response teams in low endemic areas of Nepal, and test under real life conditions alternative vector control methods [wall lining] in India and Bangladesh; and e) for SORT-IT - move from "courses" to "programmes", include more people and from more countries, at least 8 new programmes to start in 2014, include more diseases and public health issues to be addressed, undertake more complex research/training, and assess impact.
- Vectors, Environment and Society (VES) – Dr Yeya Toure, VES Team Leader
 - Achievements and progress were presented on: a) vector control methods and strategies – research portfolio completed and results published; tsetse fly control methods improved in nine African countries; improved methods for packaging integrated malaria vector control approaches in Cameroon, Kenya and Mali; demonstrated the efficacy of targeted and integrated dengue vector control interventions in Brazil, Guatemala, Mexico, Thailand and Viet Nam and developed vector control methods for preventing re-infestation against Chagas in Argentina, Bolivia, Brazil, Colombia, Panama and Paraguay; developed, together with FNIH, the guidance framework for testing efficacy and safety of GM mosquitoes for dengue and malaria control and for addressing the ethical, social, cultural and regulatory issues; completed, with the International Glossina

Genome Initiative consortium, the *Glossina morsitans* genome sequencing); b) for community based vector control - made significant progress in community-based dengue and Chagas disease vector control research in Latin America and the Caribbean; c) in the area of environmental and climate change impact on vector-borne diseases - ongoing research initiative through five multi-country projects in Botswana, Côte d'Ivoire, Kenya, Mauritania, South Africa, Tanzania and Zimbabwe, addressing vulnerability to HAT, malaria, RVF and schistosomiasis by increasing resilience under climate change conditions; and d) for enhanced access to control interventions - strengthening of primary health care through better informed community-based management of severe fever in Burkina Faso, Malawi, Nigeria and Uganda; evidence on incentives for community health workers and case studies in DR Congo, Ghana, Senegal, Uganda and Zimbabwe; integrated community case management strategy of malaria and pneumonia in Burkina Faso, Ghana and Uganda; knowledge generation and management through systematic reviews on integrated community-based interventions.

- The continuing and new activities planned for 2014-2015 were also presented. These include: assessment of insecticide resistance mechanisms in malaria vectors and their impact on control failure in Africa; research on improved community access to health interventions in Africa; and social entrepreneurship for the prevention and control of infectious diseases of poverty.
- Research Capability Strengthening and Knowledge Management (RCS-KM) –
Professor John Reeder, acting Coordinator for RCS-KM
 - The achievements presented include the following: Impact grants, training grants, UNDP-TDR-PATH access and delivery partnership, implementation research toolkit, career development fellowships, strengthening regional activities and networks, ESSENCE network for funders and donors in health research with a focus on research management; joint TDR-EDCTP (European & Developing Countries Clinical Trials Partnership) fellowship programme.
 - Small grants with regional offices on implementation research were presented: AFRO (WHO Region(al Office) for Africa) - 8 grants awarded from 6 countries in 2013; EMRO (Regional office for the Eastern Mediterranean) - selection of applications in progress, to be finalised by 2nd quarter/2014; PAHO (Pan American Health Organization - selection of applications in progress, to be finalised by 2nd quarter/2014; SEARO (Regional Office in South East Asia) - to be launched in 2nd quarter/2014.
 - Regional training centres: to promote good health research practices, including research ethics and implementation research.
 - Research priorities report: publication on priorities for tuberculosis research and research priorities for the environment, agriculture and infectious diseases of poverty.
 - New WHO open access policy integrates with TDR procedures; definition of implementation research using bibliometrics and key word filters; review of knowledge management practices across WHO undertaken; research priority setting – integrating with standards work as part of the R&D Observatory.

Comments and discussion points:

- Intervention and Implementation Research (IIR)
 - STAC congratulated the IIR team for its achievements; the quality of research achievements reflects good team effort in IIR.
 - STAC noted the impressive achievements with SORT IT and clarified that it includes training on research ethics.
 - STAC requested more clarity on emerging public health issues in IIR that will be addressed in 2014-2015, i.e. to work closely with control programmes and identify opportunities for intervention research.
 - Encouraged integration of activities in implementation and intervention.

- Needed to reinforce TDR's role for management of research for translation of research into policy.
- Noted the converging projects with IIR and VES which demonstrate some joint activities of the two units.
- STAC would like IIR to ensure that key outcomes will move along the whole range of innovation, policy and access.
- STAC noted the need for mechanisms to be put in place for a sustainable way of assessing impact, recognizing the fact that impact takes years to be achieved.
- Vectors, Environment and Society (VES)
 - STAC congratulated VES for the impressive achievements in 2013 and encouraged the continuous future direction that addresses bio-social-environmental dimensions of the research.
 - Clarity regarding recommendations of the ad hoc SWGs was requested, particularly how they feed into the VES workplans. Clarity was presented on the role of the SWGs to advise on how to improve the review processes and recommend activities planned for 2016-17, which is subject to later approval by STAC.
 - STAC recommended exploring options for better sharing of research resources (including web-based platforms) that could be used by stakeholders beyond immediate TDR partners.
 - Clarity on the emerging field of social enterprise was requested.
- Research Capability Strengthening and Knowledge Management (RCS-KM)
 - STAC congratulated RCS-KM for the significant achievements and TDR's perseverance in the area of capacity building.
 - STAC commented on 'blind spots', i.e. the need to increase engagement of non-Anglophone countries, women researchers and to address research gaps.
 - Supported the direction in partnership which RCS-KM has taken to implement capacity building activities.
 - Reiterated the need to address the root causes of gender equity in research.
 - STAC underscored the need for continuous engagement with TDR alumni and their potential to contribute significantly to the work of TDR.
 - STAC suggested revisiting the proposal submission forms and develop templates that address output relative to opportunity (taking into consideration prospective applications that may come from ethics groups, marginalized groups, etc.).

Decisions:

- STAC noted the impressive progress made in the area of research and capacity building.
- STAC endorsed the TDR Research Report (for IIR and VES) as well as the Research Capacity Strengthening and Knowledge Management Report for 2013.

Recommendations:

- Rec 4. STAC recommended that TDR continue to facilitate engagement of control programmes and researchers in TDR supported activities.*
- Rec 5. STAC recommended exploring options for better sharing of research resources (including web-based platforms) that could be used by stakeholders beyond immediate TDR partners.*

AGENDA ITEM 8 – Partnerships and collaborations

Focus on partnerships and collaborations in the new strategy: WHO HQ, WHO regional offices, TDR regional training centres, other global health initiatives – presented by Dr Garry Aslanyan, Mr Robert Terry and Dr Pascal Launois

Key messages

The following updates were presented:

- WHO HQ
 - Innovative financing for R&D - CEWG follow-up (for innovative financing for R&D) and WHO global health R&D Observatory
 - TDR staff are participating in WHO committees (membership in committees for ethics review and guidelines review);
 - TDR staff are serving as technical advisers (Family, Women's and Children's Health/ Public Health, Environmental and Social Determinants (WHO/PHE) / Interventions for Healthy Environments; PHE also serve as an observer on the VES SWG; for the HIV department, TDR provides methodological advice in setting implementation research priorities for the delivery of antiretrovirals.
 - The WHO Global Malaria Programme (GMP) and NTD/VEM (Neglected Tropical Diseases/Vector Ecology and Management) - TDR research in support of the roadmap for implementation of the global plan for resistance management of malaria vectors in Benin, Mali and Nigeria; collaboration with VEM for preparations leading up to World Health Day 2014 (Theme: Vector-borne diseases); participation in the WHO consultation on fabric strength testing of mosquito nets; GMP and NTD/VEM serve as observers in meetings of the VES SWG.
 - WHO NTD - participation in the working group on capacity building for NTD control and identifying common RCS activities;
 - WHO Special Programme HRP - TDR and HRP are working together to develop the new CONNECT system to track research and capacity building investments.
- WHO regional offices
 - Initiated re-engagement through correspondence from Director TDR to each Regional Director.
 - Started bi-monthly teleconferences with all regional offices and held an annual meeting of the regional focal points in December 2013.
 - Small grants scheme restarted on implementation research for regional priorities (AFR, AMR and EMR); commencement of small grants in other regions (EUR, SEAR and WPR) is planned.
- TDR Regional Training Centres (RTC)
 - Decentralization to regional training centres; regional dissemination.
 - Four centres selected in AMR, EUR, SEAR and WPR (for expertise in research project management, social sciences and implementation research, bioethics, GCP/GCLP [Good Clinical Practice and Good Clinical and Laboratory Practice] and scientific writing, respectively); selection for AFR and EMR in 2014-15.
 - TDR Skill Building Courses – GCP/GCLP, Good Health Research Practice, Effective Project Planning and Evaluation, IR Tool Kit.
 - RTC network on good health research practice

- Other Global Health Initiatives

- EDCTP - Jointly worked to harmonize fellowship programmes (CDF) for LMIC scientists and clinicians approved by both partners.
- African Programme for Onchocerciasis Control (APOC) - TDR staff participate in the Technical Consultative Committee; management of TDR projects related to APOC objectives (moxidectin and molecular markers of parasite response to ivermectin) and facilitation of a legal agreement between WHO and the manufacturer for at cost provision of diagnostic tools for detection of *O. volvulus* infection; participation in a workshop for APOC countries on evaluation of the progress of onchocerciasis control towards elimination.
- Interagency Task Team on Sustainable Procurement in the Health Sector – participation in the Global Consultation on Environmentally Healthy Procurement in the Health sector and PHE follow-up meetings. Agencies participating include: WHO, UNDP, UNICEF, UNFPA, UNEP and UNOPs with the objective of establishing UN agency procurement practices which reduce the impact of health care on the environment and promote manufacturing practices with reduced impact on human health.
- AFRO PHE (Protection of the Human Environment) - TDR participation in Clim-Health Africa, a consortium of several major institutions in support of the Global Framework for Climate Services; TDR support for the African Network on Vector Resistance to insecticides (ANVR).
- Partnerships with funders:
 - International Development Research Centre (IDRC), Canada – financial
 - and technical partnership for the TDR-IDRC eco-bio-social research initiative on climate change (also includes collaboration with WHO PHE, the International Research Institute for Climate and Society [IRI] and the Earth Institute at Columbia University, New York, USA).
- African National Malaria Control Programmes (NMCPs) - research capacity building through multi-country research projects addressing vector-borne diseases in the context of climate change and insecticide resistance.
- TB Union and MSF – SORT-IT programme.
- COHRED (Council on Health Research and Development) and DNDi (Drugs for Neglected Diseases initiative) - Both in official relations with WHO; TDR lead designated unit; workplans have been developed for 2014-15 collaboration;
- WHO Implementation Research Platform (IRP) - collaboration on development of tools such as the IR Guide and IR Toolkit; a workplan is being developed for 2014-15 collaboration; includes AHPSR (Alliance for Health Policy and Systems Research), HRP, MCA (Maternal, Newborn, Child and Adolescent Health) and PMNCH (Partnership for Maternal, Newborn & Child Health).
- The IR toolkit is designed to build capacity in implementation research. This type of research is conducted within routine systems and real life settings, removed from the controlled settings associated with other types of scientific research, with a view to scaling up interventions as well as improving access to and delivery interventions and strategies in the health system. The toolkits comprise of six core modules focussed on identifying bottlenecks and barriers, engaging stakeholders, formulating appropriate research questions, data collection, disseminating findings as well as monitoring and evaluation. It is available as a workbook with a facilitator's guide and slides for teaching.

Comments/Discussion Points

- WHO HQ

- TDR was not directly involved in the selection of the CEWG demonstration projects. The selection was a WHO-led Member States driven process.

- The proposed database of research projects (Observatory) for WHO will be used mainly for tracing and monitoring of research. The database can also be useful for collaboration and engagement between various stakeholders (including funders).
- WHO regional offices
 - The small grants are focused on regional research needs and priorities.
- TDR Regional Training Centres
 - The RTCs undertake capacity building and training through online modules as well as face-to-face workshops.
 - A call for a new RTC in the African region will be announced soon. This RTC will focus on capacity building in the area of project management, scientific writing, ethics in research and the use of the IR toolkit.
 - RTCs collaborate with national ethics committees.
 - The RTC's engagement goes beyond TDR. They are open for collaboration with other institutions (e.g. through the train-the-trainer model).
 - For 2014, re-engagement of the RTCs is planned to discuss synergies with other existing networks in the regions.

Recommendation:

Rec 6. STAC recommended closer links between the RTCs, WHO ROs and other institutions (higher education) and existing networks.

AGENDA ITEM 9 – Feedback from Chairs of ad hoc committees

Key messages:

- Ad hoc committee for Vectors, Environment and Society (VES) – presented by Professor Mario-Henry Rodriguez-Lopez, Chair of the ad hoc committee, with input from Dr Florencia Luna
 - Committee members got acquainted with the scope of the projects for review - information/documents should be available and distributed to members well in advance of the meeting.
 - Presented a modus operandi for meetings – online engagement and face-to-face meeting.
 - Highlighted the importance of having STAC members to also sit on the committee; provides an important link between the SWGs and STAC.
- Ad hoc committee for Intervention and Implementation Research (IIR) – Dr Ana Rabello, Chair of the ad hoc committee, with input from Dr Rosanna Peeling
 - Important to have expertise not only in the technical aspects (the science involved in the work) but also in project management (monitoring and evaluation) and strategic direction.
 - There was not enough time to discuss details of the projects (differentiating projects in transition and the new projects to be implemented and linking them to the funds available); there is a need to find the best way to work with VES, RCS-KM, RTCs, etc.
 - Expressed concern that so many projects are managed within a small team.

Discussion Points:

- Suggest considering having an overlap of the VES and IIR committees during the face-to-face meeting to discuss/brainstorm on common activities

AGENDA ITEM 10 – STAC working mechanisms, including confirmation of TORs for the STAC and scientific working groups and portfolio prioritization processes

Presented by Professor John Reeder, Director TDR

Key messages:

- Presentation on:
 - Enhanced STAC terms of reference
 - New TORs of scientific working groups
 - New document on prioritization mechanism – prioritization and review steps in TDR’s budget and workplan cycle (focused discussion on the consultations on priorities and expected results, setting of budget levels and drafting and prioritization of the expected results – leading to establishing new initiatives)

Discussion points:

- The discussion was guided by the following questions:
 - Do the enhanced STAC terms of reference cover all key aspects?
 - Do the SWG terms of reference adequately represent the role of these new committees?
 - Is the relationship between STAC, the SWGs and the Secretariat clear?
 - Does the prioritization mechanisms document clearly identify all of the steps, including the role of the Secretariat, SWGs, STAC, Standing Committee and JCB?
- Duration of the position of the STAC Chair; suggest overlap between outgoing and incoming Chair in one meeting.
- Ensure that the composition of STAC reflects the organizational needs through technical expertise, gender and geographical representation.
- A STAC member may remain a member of an SWG once their term on STAC ends, however the SWG Chair must be a current STAC member.
- Reword the document on ad hoc committees - add the possibility of co-opting a member onto an SWG rather than setting up a full ad hoc committee; SWG recommends to Director TDR the need for an ad hoc group (not a committee) and the need for co-opted members.
- Clarification on the role of the Standing Committee in TDR governance.

Decision:

- STAC endorsed the documents (TORs for STAC/SWG and prioritization mechanisms) with the suggested revisions.

AGENDA ITEM 12 - Draft recommendations by STAC36

The draft recommendations were presented by Dr Florencia Luna, STAC36 rapporteur, discussed and agreed in the plenary session, with input from all STAC members present.

AGENDA ITEM 13 - Date and place of STAC37

Decision:

- STAC36 agreed that the thirty-seventh meeting of the STAC (STAC37) will take place in Geneva from 17-19 March 2015.

III. STAC36 summary of decisions and final recommendations

1. Final recommendations

- Rec 1. STAC recommended that TDR continue to implement all STAC35 recommendations.*
- Rec 2. STAC strongly recommended that TDR explore mechanisms to address gender and equity issues through the Strategic Development Fund.*
- Rec 3. STAC recommended that TDR continue to work towards capacity building for ethics in implementation research.*
- Rec 4. STAC recommended that TDR continue to facilitate engagement of control programmes and researchers in TDR supported activities.*
- Rec 5. STAC recommended exploring options for better sharing of research resources (including web-based platforms) that could be used by stakeholders beyond immediate TDR partners.*
- Rec 6. STAC recommended closer links between the RTCs, WHO ROs and other institutions (higher education) and existing networks.*

2. Decisions

- The proposed agenda for STAC36 was adopted without change.
- Dr Florencia Luna was appointed Rapporteur for STAC36.
- STAC accepted the Director's Report.
- STAC congratulated TDR on the comprehensive reports and impressive recovery during the transition period.
- STAC endorsed the 2013 TDR results report which covers the Preliminary financial report (2012-2013), Progress made against TDR key performance indicators and Progress on implementation of the TDR risk management plan.
- STAC congratulated TDR on the comprehensive reports and impressive recovery during the transition period.
- STAC endorsed the three documents presented:
 1. Preliminary financial report 2012-2013
 2. 2013 TDR results report, Annex: List of TDR funded research articles
 3. TDR risk management report, 2013
- STAC noted the impressive progress made in the area of research and capacity building.
- STAC endorsed the TDR Research Report (for IIR and VES) as well as the Research Capacity Strengthening and Knowledge Management Report for 2013.
- STAC endorsed the documents (TORs for STAC/SWG and Prioritization Mechanism) with the suggested revisions.
- STAC36 agreed that the thirty-seventh meeting of the STAC (STAC37) will take place in Geneva from 17-19 March 2015.

Thirty-sixth Meeting of the Scientific and Technical Advisory Committee (STAC36)

Geneva, 25-27 March 2014

Annotated Agenda

STAC briefing: D46031 (D/UNAIDS Building)

Plenary Sessions – main building: Salle D; In-Camera: Salle D (7th Floor)

Reception: D Building cafeteria

Tuesday, 25 March (15:00-17:30)		
Room D46031, D/UNAIDS Building (4 th floor)		
From 15:00	Coffee and refreshments will be served outside D46031	
15:30-17:30	Information briefing for STAC members on TDR and STAC	
FROM 17:30 - STAC RECEPTION IN THE D BUILDING CAFETERIA		

Wednesday, 26 March (09:30-17:00) Salle D, Main Building (7 th floor)				
Time	Item	Topic	Action	Reference documents
09:30		Welcome/opening Dr Hiroki Nakatani, Assistant Director-General, HIV/AIDS, TB, Malaria and Neglected Tropical Diseases (HTM) Cluster		
09:45-10:00	1.	Introductions, adoption of the agenda and role of STAC Professor Mario-Henry Rodriguez-Lopez, Chair, STAC	Information	Draft STAC36 agenda TDR/STAC36/14.1 TDR/STAC36/14.1a/rev1 Membership of the STAC TDR/JCB(36)/13.15/Rev3
10:00-10:15	2.	Message from Dr Sue Kinn , Chair, TDR Joint Coordinating Board (JCB)	Information	Report of JCB36 TDR/JCB36/13.3
10:15-10:45	3.	Follow-up on STAC recommendations 2013 Chair, STAC	Information	Report of STAC35 TDR/STAC35/13.3 Follow-up on STAC recommendations TDR/STAC36/14.4 Results of the STAC 35 meeting evaluation

Wednesday, 26 March (09:30-17:00) - continued Salle D, Main Building (7th floor)				
<i>Time</i>	<i>Item</i>	<i>Topic</i>	<i>Action</i>	<i>Reference documents</i>
10:45-11:00	Coffee break			
11:00-11:30	4.	Director's Report <i>Professor John Reeder</i>	Information	TDR Strategic Development Fund <i>TDR/STAC36/14.13</i>
11:30-12:15	5.	Programme performance overview <i>Dr Beatrice Halpaap</i> - Preliminary financial report for 2012-2013 - Progress made against TDR Key Performance Indicators - Progress on the implementation of TDR risk management plan 20 minute presentation followed by 25 minutes discussion	Endorsement	Preliminary financial report 2012-2013 <i>TDR/STAC36/14.5</i> 2013 TDR results report, Annex: List of TDR funded research articles TDR risk management report, 2013 <i>TDR/STAC36/14.7</i>
12:15-13:45	Lunch break			
13:45-15:15	6.	Report on technical progress in 2013 and planned 2014-2015 activities implementation - IIR <i>Dr Piero Olliaro</i> 20 minute presentation followed by 25 minutes discussion - VES <i>Dr Yeya Touré</i> 20 minute presentation followed by 25 minutes discussion	Recommendation(s)	TDR Portfolio of Expected Results for 2014-2015 <i>TDR/STAC36/14.3</i> TDR Research Report <i>TDR/STAC36/14.9</i> Report of the Feb 2014 IIR ad hoc group Report of the Feb 2014 VES ad hoc group
15:15-15:45	Coffee break			
15:45-16:30	6.	Report on technical progress in 2013 and planned 2014-2015 activities implementation - continued - RCS/KM <i>Professor John Reeder</i> 20 minute presentation followed by 25 minutes discussion	Recommendation(s)	TDR RCS/KM report <i>TDR/STAC36/14.10</i>
16:30-17:00	7.	Summary recommendations of the day		
FROM 18:30 - STAC INFORMAL DINNER AT THE MONTBRILLANT HOTEL				

Thursday, 27 March (09:00-15:00) Salle D, Main Building (7th floor)				
<i>Time</i>	<i>Item</i>	<i>Topic</i>	<i>Action</i>	<i>Reference documents</i>
09:00-09:45	8.	Partnerships and collaborations <i>Dr Garry Aslanyan/ Mr Robert Terry/ Dr Pascal Launois</i> <ul style="list-style-type: none"> ○ WHO HQ ○ WHO Regional Offices ○ TDR Regional Training Centres ○ Other Global Health Initiatives 20 minute collective presentation followed by 25 minutes discussion	Information	
09:45-10:30	9.	Feedback from Chairs of ad hoc committees <i>Professor Mario-Henry Rodriguez-Lopez</i> <i>Dr Ana Rabello</i>	Information	
10:30-11:00	Coffee break			
11:00-11:45	10.	STAC working mechanisms, including confirmation of TORs for the STAC and scientific working groups and portfolio prioritization processes <i>Professor John Reeder</i>	Decision	TDR's scientific and technical advisory groups: Draft TORS <i>TDR/STAC36/14.11</i> Portfolio prioritization model <i>TDR/STAC36/14.12</i>
11:45-12:30	Lunch break			

Lunchtime Seminar (12:30-13:30) Salle D TDR implementation research toolkit launch and presentation <i>Open to all WHO staff</i>				
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<i>Time</i>	<i>Item</i>	<i>Topic</i>	<i>Action</i>	<i>Reference documents</i>
13:30-14:15	11.	In camera session with Director TDR STAC closed discussion on issues requiring special attention.		
14:15-14:35	12.	Draft recommendations by STAC36		
14:35-14:40	13.	Date and place of STAC37		
14:40-15:00	14.	Any other business		

LIST OF PARTICIPANTS

STAC Members

Professor Pedro Luis ALONSO FERNANDEZ *, Director, Barcelona Center for International Health Research (CRESIB), Barcelona, Spain

Dr Graeme BILBE, Research and Development Director, Drugs for Neglected Diseases initiative (DNDi), Geneva, Switzerland

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Dr Ikram GUIZANI, Head, Programme on Applied Molecular Epidemiology and Experimental Pathology to Infectious Diseases, Institut Pasteur de Tunis, Ministry of Health, Tunis-Belvedere, Tunisia

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Dr Ananda Rajitha (Raj) WICKREMASINGHE, Dean of the Faculty of Medicine & Professor of Public Health, Faculty of Medicine, Ragama, Sri Lanka

Professor Xiao-Nong ZHOU, Director, National Institute of Parasitic Diseases, Chinese Center for Disease Control and Prevention, Shanghai, People's Republic of China

* Unable to attend

Other participants

JCB Chair

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COHRED - Council on Health Research for Development (Incorporating the Global Forum for Health Research)

Mrs Kathelene WEISS, Director of Development, The COHRED Group, Geneva

WHO Headquarters Staff

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Dr Dirk ELGELS, Coordinator, Control of Neglected Tropical Diseases (HTM/NTD)

Dr Ulrich FRUTH, Representing Immunization, Vaccines and Biologicals (FWC/IVB)

Dr Christian LIENHARDT, Representing Global TB Programme (HTM/MTB)

Dr Zafar MIRZA, Director, Public Health, Innovation and Intellectual Property (IER/PHI)

Dr Fatoumata NAFO-TRAORE, Director, Roll Back Malaria Partnership (RBM)

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