Report of the 39th Meeting of the TDR Scientific and Technical Advisory Committee – STAC39

Geneva, 22-23 March 2017

Introduction

The thirty-ninth 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 on 22 and 23 March 2017. The meeting was chaired by Chair STAC, Professor Charles Mgone, and attended by STAC members, representatives of departments at WHO headquarters and the TDR secretariat (refer to the list of participants for a full list of attendees).

Summary of proceedings

Opening of the meeting

Key messages

Professor Charles Mgone, Chair STAC, called the meeting to order and requested Director TDR, Dr John Reeder, to formerly open STAC39. Dr Reeder welcomed STAC members and introduced the Assistant Director-General of the HIV/AIDS, Tuberculosis and Malaria (HTM) Cluster, and TDR Special Programme Coordinator, Dr Ren Minghui, to give opening remarks. Dr Ren acknowledged the significant contribution of STAC members to the work of TDR. He mentioned the continued collaboration between TDR and other departments in the HTM Cluster and gave his wishes for a productive meeting.

Dr Reeder highlighted the overall focus of the meeting on informing the scientific and technical priorities in preparing the work that will be done by the Programme in 2018-2019 and beyond.

All participants were invited to introduce themselves.
AGENDA ITEM 1 – Statutory business

Professor Mgone invited members to provide good scientific advice that can move TDR’s portfolio of projects forward. He reminded STAC members of their role: to advise on planning and implementation, and to give guidance on prioritization and strategy within TDR.

Professor Mgone proposed that Professor Maria Teresa Bejarano be appointed Rapporteur of STAC39. Professor Bejarano was appointed Rapporteur by acclamation.

A call was issued for any conflicts of interest. No conflicts were declared however Chair STAC invited any members who may have a specific conflict of interest for an agenda item to voice that accordingly.

Decisions:
- Professor Maria Teresa Bejarano was appointed Rapporteur of STAC39
- The Agenda of STAC39 was adopted as proposed
- Declarations of interests were accepted as presented to the Secretariat with no conflicts foreseen

AGENDA ITEM 2 – Director’s Report and follow-up on STAC38 recommendations, results of the 6th External Review and new Strategy development

Key messages

Dr Reeder’s presentation

- Acknowledged with thanks all financial contributors who provided support to TDR in 2016;
- Presented an overview of the follow-up on recommendations from previous STAC meetings;
- Presented highlights of research achievements and impact in 2016. These included research evidence that informs policies and practice in areas such as dengue outbreak preparedness, visceral leishmaniasis elimination, safety of vulnerable groups such as pregnant women, newborns and stigmatized groups, building resilience to climate change, social innovation for healthcare delivery, collaborative research on vector-borne diseases and emergence of resistance, etc.;
- Presented highlights of the capacity strengthening and global engagement achievements, such as open access platforms for tuberculosis and parasitic diseases, strengthening the capacity of ministries of health to conduct operational research, fostering regional collaboration on TB elimination in West-Africa, TDR’s numerous training grants awarded in 2016 through regionalized schemes, etc.;
- Presented the transition towards the 2018-2019 biennium and its workplan and budget, from the perspective of the portfolio of activities, with numerous activities continuing and evolving, and some new ones being added;
- Updated on budget implementation 2016-2017 as well as on the fundraising status and efforts being made to bring in more core funding and designated (specified) funds and confirmed that the revised 2016-17 workplan was effective in keeping in place all of the main planned activities.
- Updated on the progress made by TDR in mainstreaming equity in all activities; indicators measuring gender equality and socio-economic equity were at an all-time high in 2016;
• Mentioned that the process for the 2018-2023 strategy is being executed as planned and that many excellent comments and suggestions were received from the SWGs, STAC, JCB and other stakeholders;
• Gave a brief update on the R&D Fund managed by TDR at the request of the World Health Assembly and how it created further visibility for TDR; the demonstration projects are running well, however, further funding is less probable;
• Gave an update on TDR’s social innovation initiative done in collaboration with partners from South and North;
• Discussed the importance of TDR Global, the platform and community of TDR grantees and experts, which is intended to foster engagement and promote collaboration and networking. A survey of 117 former TDR grantees showed that 96% of them returned to their country of origin and 89% are still active in research. A high proportion, 80%, consider TDR’s role as very important in the development of their careers;
• Mentioned that TDR’s engagement with WHO departments in Geneva and the regions was fruitful, giving examples such as co-authorship of the WHO Global Vector Control Response, the first-ever joint calls for grants with the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) and the WHO Regional Office for the Americas (AMRO), strong collaboration with the regional offices through the small grants schemes and ongoing projects with several departments in WHO;
• Mentioned TDR’s engagement with the HTM cluster to promote the importance of continuing the commitment to control communicable diseases in the SDG era and the vital role of research in achieving the goals;
• Presented recent staff changes and thanked the three outgoing staff members (Jamie Guth, Andy Ramsay and Johannes Sommerfeld) for their important contribution to TDR’s success; and
• Reiterated the concerns of the JCB and the secretariat as well as of HRP regarding the way the specialized nature of the posts in TDR and HRP will likely be impacted by WHO’s compulsory mobility programme.

Discussion points:
• Welcomed the cross-disease aspect of some of the projects. The areas of focus for the coming period are less diseases-specific with more emphasis on country priorities as a way of helping countries get the novel, cross-cutting tools they need, regardless of the disease, e.g. vector control tools or open-access data sharing platforms.
• Regarding the budget for 2018-2019, two scenarios (US$ 40 million and US$ 50 million) were approved by JCB39 in 2016. Initially the US$ 40 million scenario will be implemented and, as funds become available, the US$ 50 million scenario will be implemented. Any additional funds beyond US$ 40 million will quickly translate to activities as the resources and infrastructure are already covered by the US$ 40 million budget. More fundraising is needed to achieve the US$ 40 million income, which is ongoing for both core and designated funds.
• The discussion around the Global R&D Fund highlighted that TDR defines its role in the context of its global engagement strategy, having it as a common platform to bring donors and implementers together. TDR is a global convener and facilitator, however, the future of the Fund will depend on the decision of and the funds raised by the World Health Assembly.
**Decision:**
- *STAC endorsed the Director’s report*

**Recommendation:**
- *STAC recommended that TDR continue to mitigate the risk related to the R&D Fund and continue to clarify its role as it relates to TDR’s strategy*

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**AGENDA ITEM 3 – Programme finance and performance overview**

**Preliminary financial report for 2016 and outlook for 2017-2019. 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:**

**Progress made against TDR key performance indicators**

- Dr Halpaap presented the progress TDR made in 2016 towards the targets of its Key Performance Indicators (KPIs) in TDR’s performance assessment framework. She presented a summary update, the detailed explanation and evidence on the progress made for each KPI being available in the draft 2016 Results Report. TDR measures not only what it is doing, but also how it is done, as well as the managerial performance towards the targets of KPIs stated in TDR’s PAF.

- Roughly 90% of the expected results were on track at the end of 2016 (25 out of 28), while one was delayed, one cancelled and the third had not yet had its activities started.

- Four new tools, strategies and solutions started being applied in disease endemic countries (DECs), counting towards TDR’s outcome indicator KPI1 TB PACTS data sharing platform established / used 21 times; research evidence used in VL elimination work in the Indian subcontinent; SORT IT impact on policy and practice (two thirds of trainees reported impact on policy); and TDR’s regional training centres contributing to better health research (almost 1000 trainees in 2016). Further details are available in the 2016 Results Report draft submitted to STAC.

- Four new tools and reports have been used to inform policy of global/regional stakeholders, contributing to TDR’s outcome indicator KPI2. Further details are available in the 2016 Results Report draft submitted to STAC.
  - The financing and operation model for R&D fund informed WHO decision-making for which other donors showed a keen interest.
  - The ESSENCE Six Practices to Strengthen Evaluation of Global Health Research for Development document that was used by funders.
  - The Accelerating progress on HIV, tuberculosis, malaria, hepatitis and neglected tropical diseases. A new agenda for 2016 – 2030 report was used by WHO/HTM departments for their planning.
  - The TDR consultation on promoting IR in countries receiving grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria – report was used by the Global Fund (core information note).

- The application of TDR’s core values, measured by seven different KPIs, was presented. Dr Halpaap highlighted the significant progress made in the proportion of contracts awarded to low- and middle-income DECs, from 10% in 2012 to 82% in 2016. During the same period, the proportion of committee members from DECs increased from 50% to 72%, and the percentage of first authors from DECs among all publications supported by TDR increased from 65% to 73%. Further details are available in the 2016 Results Report draft submitted to STAC.
- Regarding gender equity, TDR has increased the proportion of contracts awarded to women from 22% in 2012 to 40% in 2016. During the same period, the proportion of women on TDR committees increased from 32% to 54%. Further details are available in the 2016 Results Report draft submitted to STAC.

- Dr Halpaap presented TDR Global, which was launched in November 2016. Its objectives are to track grantee careers, to map expertise at local and regional levels and to enhance collaboration and networking between TDR grantees, experts and other stakeholders. The flexible online platform complements a recurring career tracking survey and activities for community engagement (such as mentorship, technical support, networking, TDR webinars, etc.).

- Dr Halpaap made a demonstration on how to search and find various expertise using TDR Global’s public page.

- Activities were presented that took place in 2016 to enhance leadership development in the context of TDR’s staff career development programme: 360° evaluation for the team leaders, the portfolio and programme manager and the director, followed by professional coaching and team building workshops to enhance leadership skills.

- Continuous performance improvement was informed by TDR’s Sixth External Review recommendations and internal analyses, leading to: initiating the development of a project/grant management system across TDR, training to develop financial skills, implementation of a user-friendly tool to monitor financial implementation and the development of SOPs for the operation of Scientific Working Groups (SWG).

- Preparation for 2018-2019 and beyond included development of the six-year strategy 2018-2023, fostering fundraising and continuously implementing risk management plans.

**Preliminary financial report for 2016 and outlook for 2017-2019**

- The revised plan cost for 2016-2017 is being implemented (which includes activities delayed from 2015 as per JCB’s request). The revised planned costs for the biennium amounts to US$ 45 million.

- Financial implementation for the biennium is well on track. At the end of 2016, 55% of the planned costs were executed, including the entire amount carried forward to fund activities delayed from 2015.


- Two budget scenarios are proposed, US$ 40 million and US$ 50 million, these limits having been approved by the JCB in 2016.

- Overall, 78% of the budget funds operations (including technical staff working on operations), and 22% funds operations support.

- Dr Halpaap presented the split by undesignated (core) funding vs. designated (specified) funding, as well as the split by area of activity and the table of expected results funded.

- The analysis presented shows a funding gap both in undesignated and designated funding, which the fundraising strategy aims to fill going into the next biennium. The gap stands at US$ 3.3 million for undesignated funds and US$ 7.3 million for designated funds.
Progress on the implementation of TDR’s risk management plan

- Dr Halpaap presented the status of Programme-level risks and actions taken to mitigate them.
- Referring to the Risk Management Report, she highlighted that six risks have been fully mitigated and closed out, not being risks anymore, nine risks are being mitigated and are fully controlled and two risks are being mitigated.

Discussion points and questions:

• The discussion reviewed TDR’s loss of US$ 2.5 million from currency exchange rate changes and ways to possibly prevent this in the future.
• TDR informed that consultants were hired by TDR to help with both undesignated and designated sources of additional funding for TDR projects and supports team leaders and managers to fundraise.
• STAC commended TDR on the progress made on equity indicators, mentioning that the KPI framework was comprehensive, the targets were relevant and clear, and the progress made was impressive. In the discussion it was mentioned that in the future TDR may analyze the proportion of women who received grants in relation to the proportion of women who applied for grants.
• It was suggested to explore the possibility of adding a risk in relation to sustaining TDR visibility within global collaborations and address it by actions such as making TDR more visible in partners’ publications and communications.
• The discussion addressed the funding of various budget lines in 2018-2019, among which research for innovation. The priorities were established through a consultative process, with bottom-up costing and SWGs recommending priority areas for their respective teams.

Decisions:

• STAC endorsed the 2016 TDR Results Report
• STAC endorsed the Risk Management Report 2016

Recommendations:

• STAC recommended TDR require new grantees to register with TDR Global and continue encouraging all grantees to engage with TDR Global

AGENDA ITEM 4 – Update from SWG Chairs; STAC and SWG governance

4.1 Update from SWG Chairs

• Professor Stephen Squire, Chair of the Scientific Working Group for the TDR research team on Intervention and Implementation Research (IIR), presented the progress made towards big-ticket items, with limited human resources but admirable teamwork. Looking forward, Professor Squire laid down the principles that will continue to guide TDR’s focused work in this area. Among the criteria for prioritization are: aspects of utility for policy-making, equity, addressing vulnerable populations, generalizability and, most important, whether TDR is best suited to play a key role in the respective project.
• Professor Moses Bockarie, Chair of the Scientific Working Group for TDR Vectors, Environment and Society (VES), presented the focus of the SWG on a few items of major importance, such as
putting in place a system to measure achievements in capacity building done by VES, addressing gender equity and ethics in the context of vector-borne disease transmission, adopting a systematic approach to monitoring research uptake and a holistic approach to integrating various aspects of society, culture and innovation.

• Professor Maria Teresa Bejarano, Chair of the Scientific Working Group for Research Capacity Strengthening and Knowledge Management (RCS/KM), mentioned the work of the SWG as well as highlights of the directions taken by the team’s activities. Among these, consolidating regional activities, the implementation research training tools close to being finalized, harmonization of reporting from universities through an M&E framework and enhanced dialogue with key global partners. She highlighted the lower proportion of women in some grant schemes and the need to further investigate and address this issue.

Discussion points and questions:
• The presentations by SWG Chairs were well received.

4.2 STAC new membership call
• Dr Garry Aslanyan, Manager, Partnerships and Governance, informed the STAC about the call for nominations for membership on STAC. Several positions will become vacant in January 2018 and both third party and self-nominations are encouraged.
• The following areas of expertise are of particular interest to balance the STAC composition for 2018 and beyond:
  o Implementation research and public health research for policy development and change
  o Research on vector-borne diseases
  o Innovative research capacity building/strengthening and research ethics
  o Science, technology, innovation and global health policy and management
  o Social/behavioural sciences research and health economics/health systems research

Discussion points and questions:
• It was pointed out that TDR is and should be looking at how to fill the competencies matrix over the next few years in a flexible, future-oriented manner that would allow addressing new areas of work.
• STAC members voiced their agreement that any conflicts of interest should be dealt with and managed in a rational way to ensure TDR will not unduly exclude valuable talent and expertise.

4.3 Feedback on the draft SWG Standard Operating Procedures (SOPs)
• Dr Aslanyan presented the steps that have been taken towards finalizing the SOPs that will guide the work of SWGs. The basis of this document is the Terms of Reference for SWGs approved by the JCB, which is also in line with TDR’s foundational Memorandum of Understanding. As an internal document to TDR, these SOPs will facilitate harmonization between the SWG processes and also their reporting.

Recommendation:
• STAC welcomed the SOPs for SWGs and recommended consistency in future SWG reports
4.4 2017 SWG members

- Dr Aslanyan presented the list of proposed SWG members from 1 January 2017, in the context of possibly merging the two research units into one team, leading to one SWG for research, which would be larger than each of the current ones taken separately, and combining the expertise of both current research SWGs.

**Decision:**

- STAC agreed to the membership of the three scientific working groups as proposed

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**AGENDA ITEM 5 – Report on technical progress in 2016 and planned activities for 2017**

5.1 Intervention and implementation research (IIR) team

- Dr Piero Olliaro, Team Leader IIR, presented a summary of the technical progress as reflected in the work of the IIR team in 2016. Key technical achievements of the team were presented, among which were:
  - Dengue outbreak preparedness: Model contingency plan & How-to guide published
  - VL elimination: from consolidation to maintenance phase in the Indian subcontinent
  - Safety: focus on vulnerable groups - pregnancy registry, MDR-TB aDSM (with WHO’s Global TB Programme, GTB)
  - Data-sharing: TB PACTS platform; schistosomiasis and soil-transmitted helminths databases; work on principles of governance, access and use
  - WARN TB: 16 countries, priorities identified, pilot IR/OR projects ongoing, partnerships
  - SORT IT: transition to three sub-regions and seven countries; six open-access supplements published; 122 trained (45% women); included in [EURO Action Plan to strengthen use of evidence](#)

- Dr Olliaro presented the way the current areas of work are structured and linked together, and the transition initialized towards the 2018-2019 portfolio of projects. The transition takes into account evolving health challenges, such as outbreaks, resistance, shifting from disease control to disease elimination, as well as persisting obstacles to access to health, for which the team will continue to work.

- The IIR SWG recommended focusing on big-ticket items such as: preparedness for prompt and effective outbreak response, preventing and containing antimicrobial resistance, disease control towards elimination, and reducing inequity and improving access to health. All these are linked to the SDGs, and more prominently to SDG 3, 10 and 17.

- Future activities and expected results will be focused around three main directions: research for policy, research for implementation and research for innovation.

- Dr Olliaro presented details on various projects’ implementation status, activities, as well as an outlook for the coming period.

- Regarding implementation of the Dengue outbreak response expected result, Dr Olliaro mentioned the following:
  - Retrospective country studies completed and published
  - Second round of retrospective data analysis under way
- Prospective studies under way
- Model Contingency Plan published
- Paper on dengue surveillance published
- Joint VES-IIR review and planning meeting held August 2016. Publication in preparation
- Four documents in preparation to inform WHO Dengue guidelines update
- Final IDAMS (+ DENVREE) meeting held November 2016
- Future activities will include: publishing the Early Warning System for Dengue Outbreaks: How-to Guide, Final IDAMS country meetings (Brazil, Malaysia and Mexico), continue prospective study; extend EWARS to other similar diseases, etc.
- For 2018-2019, the workplan includes: Comprehensive Aedes-borne disease outbreak prevention and response combined with vector-control and community interventions, and strengthening clinical research during outbreaks in LMICs.

* Regarding implementation of the expected results on drug resistance, Dr Olliaro mentioned the following:
  - Management of febrile illness: prospective study in Burkina Faso and Tanzania (microbiological causes of invasive infections in young infants) is ongoing; retrospective study in Kenya (newborns < 48 hours) is ongoing.
  - Onchocerciasis: evidence that Ivermectin response is a quantitative trait – marker validation is ongoing
  - Novel transmission model based on quantitative trait resistance developed – being expanded to all PCT helminths
  - Pre-MDA drug response variability quantified – soil-transmitted helminths, schistosomiasis
  - Future activities will include: from causes of fever to improved tools and approaches to identify cases requiring antibiotics to improve patient care and reduce drug pressure; support countries in assessing presence and potential for spread of drug-resistant helminth infections; and support countries to implement the WHO Global Action Plan by developing best practices in building health service approach.

* In the field of visceral leishmaniasis (VL) elimination, Dr Olliaro mentioned the following activities to be undertaken by TDR in 2018-2019:
  - Determine sustainable VL case finding and vector control interventions to maintain achievement of VL elimination in the Indian subcontinent
  - Continue support to malaria elimination strategies in Southern Africa via SORT IT sub-regional initiatives
  - Help identify adapted tools and interventions to reach elimination targets for helminths currently controlled through preventive chemotherapy

* Dr Olliaro presented how IIR’s current activities related to data-sharing platforms will be combined in 2018-2019 with operational training of health programme professionals to maximize the utilization of data for public health decision-making. Dr Olliaro mentioned the future SAPPHER initiative (Structured Approach to Precision in Public Health through Improved Research and Use of Evidence) which will be part of the 2018-2019 workplan.
• In this context, he mentioned the notable progress made by SORT IT in 2016:
  - 122 trainees (45% women)
  - Transition to three sub-regions (Eastern Europe, Central Asia, Southern Africa) and seven countries (Kenya, Liberia, Myanmar, Pakistan, Peru, Sierra Leone and Ukraine)
  - Six open-access supplements (5 journals, 60+ papers, 5 languages)
  - Range of diseases/public health issues including post-Ebola health systems
  - South-South collaboration established
  - Adaptation and adoption of SORT IT approach: Partners in Health, Rwanda; Nigeria FDA/C: SPHARTI
• Dr Olliari presented the 2016 financial implementation and the proposed budget and workplan items for 2018-2019.

Discussion points and questions:
• The discussion addressed the prioritization process around the contents of the research portfolio and how funds would be split between research for policy, research for implementation and research for innovation. It was highlighted that, as a result of wide consultation with partners both within and outside WHO, the SWG decides on the areas of interest looking at where TDR has an institutional comparative advantage. Trying to strike a balance between disease focus and cross-cutting tools that can be applied to a range of diseases is also a goal of the SWG when proposing portfolio priorities. Countries have an important input in setting priorities, bringing to the table their first-hand knowledge of the needs.
• Discussed the possibility of applying the lessons learned from the VL elimination work to other elimination programmes. This includes defining an elimination target, fostering the political will to go beyond the elimination target, coaching scientists on producing policy briefs and addressing policy-makers with their evidence, and bringing together programmes at country level to help them work more efficiently.
• The discussion addressed the aspects of fairness in the context of research data sharing, to ensure that researchers in low- and middle-income countries are encouraged to analyse and utilize the data. The curriculum for data management that TDR has developed in partnership is addressing this aspect as well as the rights of the data owner.

5.2 Research on vectors, environment and society (VES) team
• Dr Florence Fouque, Team Leader VES, presented the approach to promoting research, building capacity and engaging communities, which is applied to her team’s work. She also presented the work streams her unit has been working on, and the way the four areas of activity integrate with each other to produce results. Key technical achievements of the team were presented, among which were:
  - A special issue of the Journal of Clinical Infectious Diseases on the improvement of care for children under the age of five, resulting from TDR research evidence.
  - About 30 scientific articles were published from the projects on climate change.
  - A directory of the courses of medical entomology worldwide has been developed and put into use.
- Twenty-three case studies on social innovation in health care delivery were completed and made available online, as part of TDR’s Social Innovation in Health initiative.
- A Regional Caribbean Network on surveillance, diagnostic and vector control of emerging vector-borne diseases was established.
- A worldwide Insecticide Resistance Network for vectors of Arboviruses was established.

• Regarding implementation of the expected results on building resilience to climate change, Dr Fouque mentioned the following updates:
  - Capacity Building Workshop for framing analysis of research data held (6-7 June 2016)
  - New evidence/knowledge presented at the Health and Climate Colloquium, New York, USA (8-10 June 2016)
  - 112 researchers in the network (vbd-environment.org); 59 students (MSc, PhD, post-docs)
  - 50 scientific papers published in peer-reviewed journals
  - Two transdisciplinary projects will be implemented following selection through a call for proposals to address environmental health challenges in South-East Asia: i) Impact of socioecological systems and resilience-based strategies on dengue vector control in schools and neighbouring household communities in Cambodia; and ii) Innovative vector control and socioecological strategies for the prevention of dengue, Chikungunya and Zika disease in the ASEAN tourist settings

• Regarding implementation of the expected results on insecticide resistance and residual malaria, Dr Fouque presented the following activities:
  - Hotspots in Brazil and Peru: setting the stage for testing improved
  - Understanding sustainable malaria control and enhancement of elimination efforts in Africa: study sites in Cameroon, Ethiopia and Kenya
  - Greater Mekong Subregion (GMS) - Studies to examine magnitude and identify causes: study sites in Thailand and Viet Nam.
  - Understanding human, parasite, vector and environmental interactions in Papua New Guinea: study sites in Papua New Guinea.
  - Investigating magnitude and drivers of persistent Plasmodium infections in East and West Africa: study sites in Burkina Faso and Tanzania.

• In the field of social innovation in health care delivery, Dr Fouque presented the progress made in 2016 through the following activities:
  - 23 case study research projects completed and available at http://healthinnovationproject.org
  - Social innovation research hubs in low- and middle-income countries: Consortium selected in November 2016, including Makere University, University of Malawi, University of Philippines, LSHTM (technical support); hubs to promote social innovation, foster research collaboration, strengthen capacity (2017)
  - Joining forces with interested funding agencies: Meeting held 23-24 November 2016, Fondation Mérieux, Annecy, France; identified needs to be addressed through capacity building tools and methods, platforms for learning and sharing, advocacy and influence.

• Dr Fouque also presented the work done on urban health, where a consortium was selected to conduct a research gap analysis and develop policy briefs. A focused research scheme on
specific urban health issues is envisioned for 2017, to develop integrated community-based interventions in urban contexts and to inform policy and practice.

- The work initially funded from TDR’s Strategic Development Fund resulted in important workplan items for 2016-2017 and beyond. An example is the Caribbean network on prevention and control of emerging arboviruses, which held two workshops, created four formal working groups and identified research priorities for the network. More than 30 countries joined the network and support has been leveraged in excess of US$ 5 million from various donors in and outside the region.

- Another global network, WIN, created in collaboration with WHO’s Neglected Tropical Diseases (NTD) department, was established in 2016. Its objectives are to identify areas where resistance challenges vector control and where resistance is under-reported; to fill knowledge gaps on insecticide resistance among arbovirus vectors through commissioned reviews and participate in the discussion on research priorities; and to assist countries in decision-making for insecticide resistance management and deployment of alternative control tools.

- Dr Fouque presented the timeline of development of the Global Vector Control Response (GVCR) between NTD, the Global Malaria Programme and TDR. The four pillars, built on a foundation of capacity building and innovation, aim to achieve effective locally adapted sustainable vector control.

- Dr Fouque presented the financial implementation of VES in 2016, as well as the draft budget and workplan for 2018-2019, including the way current activities will continue, evolve or develop.

Discussion points and questions:

- The discussion clarified the process of selection of the diseases and projects covered by the expected result on building resilience to climate change in Africa. The selection process was driven by an external committee, which looked at dozens of applications, to select six and fund five of them. The importance of this project is that its findings are expected to influence policy in the countries involved.

- Discussed the sustainability aspect of the networks created by VES. The Caribbean network is already self-sustainable, having received funds and commitments from partners in and outside the region. For the WIN network, sustainability is on the agenda of this year’s meeting.

- Commended TDR’s approach to engage directly with partners in the field, which is an important value added by TDR, which may also facilitate translation of evidence to policy and practice.

- Commended TDR for the proposed resolution to be discussed at the World Health Assembly in May 2017 on the topic of the global vector control response. It was reported that the sequelae of the Zika infection, especially resulting from disease in pregnant women, have started to create a social problem in Brazil, where families suffer and mothers are forced to raise sick children alone. TDR was encouraged to propose trans-disciplinary approaches, including social innovation, to look into this phenomenon.

- Members noted that VES activities in Africa seem to be focused on the West and East regions, with less involvement in central Africa. STAC members discussed the possibility of TDR supporting a network of the current existing networks in Africa, which have access to big funding from donors and lack a convener to facilitate collaboration.

- A comment was made on the format and content of the VES SWG report, which was encouraged to use in the future the house style and the template used by the other units.
5.3 Research capacity strengthening & knowledge management (RCS/KM) team

- Dr Dermot Maher, Coordinator RCS/KM, presented highlights of 2016 achievements in the areas of research capacity strengthening and knowledge management. Key technical achievements of the team were presented, among which were
  - Activities fully regionalised
    o Postgraduate training scheme
    o Regional Training Centres (RTCs) supported by TDR
    o Small grants scheme (with WHO regional offices)
  - Suite of training materials for implementation research (IR)
    o Online IR toolkit (Access and Delivery Partnership)
    o Massive Open Online Course (MOOC) on IR
    o Basic course on IR (RTC in Ghana)
    o Guidance on reporting IR (with WHO departments KER and HIV, and AHPSR)
    o Ethics in IR
  - Importance of contribution of research to SDGs highlighted in WHO report
  - Malawi MoH knowledge management platform established

- Dr Maher presented the progress made in 2016 in the postgraduate training scheme:
  - All seven universities admitted their first cohort of students:
    o BRAC University, Bangladesh (11); Universidad de Antioquia, Colombia (15); University of Ghana (9 + 5); Universitas Gadjah Mada, Indonesia (16); American University of Beirut, Lebanon (9); Wits, South Africa (8 + 2); and University of Zambia (5)
    Total: 73 Masters (40M, 33W) and 7 PhD (6M, 1W)
  - Four universities have subsequently admitted their second cohort of students:
    o University of Ghana (6M, 5W); Universitas Gadjah Mada, Indonesia (4M, 6W); AUB, Lebanon (3M, 3W); and University of Zambia (2M, 1W)
    Total: 30 Masters (15M, 15W)
  - Two inception meetings were conducted, one in South America (Universidad de Antioquia) and the other in Africa (Witwatersrand and Zambia).
  - A monitoring and evaluation (M&E) framework was developed, collecting information consistent with, and complementing, the annual technical and financial reports submitted to TDR by each university.

- Over 970 trainees were trained by the six regional training centres in 2016 on good research practice or implementation research courses.
- Dr Maher presented the concept of combining the various tools related to capacity strengthening in implementation research into a continuum, aiming to provide guidance and build skills starting on basic principles and finishing with reporting requirements.
- Dr Maher also presented the European & Developing Countries Clinical Trials Partnership (EDCTP) /TDR partnership and joint project on clinical research and development fellowships and its implementation in 2016.
The UNDP access and delivery project, where TDR is in charge of strengthening country capacity for implementation of novel technologies was presented.

Dr Maher also presented the results of the projects undertaken by RCS/KM with Strategic Development Funds from TDR, including: WHO HTM cluster report on strategies for progress towards SDGs, Reporting guidelines for operational / implementation research, promoting implementation/operational research in countries receiving Global Fund grants, and the establishment of a network of institutions to strengthen research capacity in Portuguese-speaking countries.

Dr Maher presented the knowledge management activities that took place in 2016. Among these were:

- TDR’s role in the R&D pooled fund and demonstration projects:
  - Report presented to World Health Assembly in May 2016
  - Product profile directory under development
  - Operational plan and two disease case studies prepared for the WHA in May 2017
- Work on evidence translation to policy:
  - Support to MoH Malawi and Dignitas (NGO) for Knowledge Translation Platform.
  - Four communities of practice (diagnostics for malaria, health financing for LICs, mother-to-child HIV transmission, access to contraception)
  - Support for two Health Information For All (HIFA) online discussions
  - An initial report on the outcome of the first theme which had 140+ comments from 39 countries was made at the Cochrane colloquium in Seoul in September 2016

In the field of collaborative networks and engagement, Dr Maher presented the following:

- Following an external review, the ESSENCE initiative continues to facilitate policy dialogue between research funders and stakeholders.
- A new expanded Steering Committee with even broader representation was constituted.
- Focus on building research management capacity in LMICs using ESSENCE material.
- Collaborating with, and supporting/strengthening, existing sub-regional and regional research management associations.

Dr Maher presented the financial implementation of RCS/KM in 2016, as well as the draft budget and workplan for 2018-2019, with proposed activities.

Discussion points and questions:

- The discussion viewed conceptual diagrams as very useful in helping to capture what TDR does in a strategic way.
- Discussed the fact that RCS/KM’s work focuses on training yet there is a lack of leadership development work. Some possible additional areas were suggested, such as health economics, political science, etc. STAC suggested exploring TDR’s added value in capacity strengthening activities, engaging in institutional capacity strengthening and in network development.
- The monitoring and evaluation framework for the regional training centres was welcomed. STAC suggested developing an M&E framework for MOOC and the IR toolkit.
• The discussion suggested linking trainees and research projects with linkages between trainees and existing RCS networks for collaboration and synergy.

**Decision:**

• *STAC endorsed the reports on technical progress of the three teams: Intervention and implementation research; Research on vectors, environment and society; and Research capacity strengthening and knowledge management*

**Recommendations:**

• *STAC welcomed the use of conceptual diagrams in reporting, and recommended exploring their wider use*

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**AGENDA ITEM 6 – Draft TDR Strategy 2018-2023**

• Dr Reeder presented the steps taken towards development of the TDR strategy for 2018-2023. Input began with recommendations of the Sixth External Review of the Programme (2016), included internal drafting groups, and draft revisions that took into consideration feedback from external partners. Among these, the Standing Committee, SWGs through STAC, WHO regional offices, WHO control programmes and departments, DNDi, MMV, funders, JCB subgroups, which led to the current draft.

• Dr Reeder presented the layout of the six-year strategy, its vision, mission and objectives and the way they relate to the SDGs.

• He explained how TDR will make an impact by combining three components:
  - Supporting research that improves disease control and ensures effective implementation of both new and proven interventions
  - Increasing the capacity to do this research at different levels and in different systems in disease-affected countries
  - Using the power of our global engagement to facilitate and accelerate a global response

• Dr Reeder presented the strategic approach for each of the three main work areas: research, capacity strengthening, and global engagement.

• He also presented the prioritization criteria that will be applied with the new strategy, and that build on TDR’s experience.

• Dr Reeder then requested STAC input into merging the two current research units into one bigger team, merging the spectrum of activities. This would also create one SWG for research.

• STAC’s input was also requested into bringing Global Engagement under Director’s office.

**Discussion points and questions:**

• STAC discussed the proposed strategy for 2018-2023 and agreed that their comments had been incorporated. STAC agrees with and supports the strategic directions to be pursued over the next six years.

• The discussion considered the combination of research, capacity strengthening and global engagement as the centrepiece of TDR’s institutional advantage and suggested it was even further emphasized in the strategy.
• It was also discussed that TDR should make its work in research for access and its special capacity to interact with regulatory agencies in countries more visible. STAC suggested that access and equity be positioned higher on the prioritization criteria list.

• In the prioritization criteria list, a top criterion should be for the project to fit TDR’s niche.

• The terminology used in the future strategy was discussed, with some concerns being raised regarding focusing on “neglected populations” instead of “neglected diseases”. The choice of the term “neglected populations” comes from the understanding that half of today’s cases occur in middle-income countries, where marginalized and vulnerable populations carry the burden of disease. It is however conceivable that in such a country the entire population would carry a risk – therefore TDR was encouraged to reconsider the wording.

• The discussion suggested further clarification of the term “value-for-money” in a manner that it would list more visibly efficiency, cost-effectiveness, etc.

• The discussion mentioned that TDR is in a good position to shape the research agenda and engage in a dialogue with academic institutions on how to do research differently, on the importance of implementation research and the need for scientific rigor and quality of research in the field of implementation research.

• The discussion suggested putting more emphasis on building resilience to climate and environmental change rather than focusing on reducing vulnerabilities. Building resilience was considered better wording.

• Another topic discussed was for TDR to advance standards for implementation research and on measuring impact of IR as well as impact of publications on IR. Discussions with donors and partners may help influence the perception of the importance of implementation research for public health.

• STAC discussed the organizational structure and highlighted that global engagement was something to be done across all TDR projects, and therefore supported its positioning in the Director’s office rather than in a technical unit.

• STAC noted the recommendations of the Sixth External Review that the organizational structure should reflect the new strategy, and supports the idea that the two research teams (IIR and VES) be merged into one unit. The merged research unit should also have one SWG, resulting from merging the two current SWGs and comprising sufficient expertise from all research areas of activities proposed in the new strategy.

• There was agreement on the fact that adjustments to the organizational structure and organigram are necessary to implement the 2018-2023 strategy.

Decisions

• STAC endorsed the Strategy 2018-23, with suggestions for additional wording amendments

• STAC endorsed the proposed adjustments made to the organizational structure to fit with the new strategy

Recommendation:

• STAC recommended emphasizing the unique role of TDR in combining global engagement, research capacity strengthening and research in its new strategy
AGENDA ITEM 7 – Programme budget 2018-2019

- Dr Reeder presented TDR’s proposed budget and workplan for 2018-2019 and requested STAC’s input to finalize the draft in preparation for the JCB meeting in June.

- Two budget scenarios were presented (US$ 40 million and US$ 50 million) split by area of activity. Roughly the same proportion will go to research and capacity strengthening as in the current biennium.

- Dr Reeder emphasized that TDRs works as an efficient model, and funds that come in addition to the US$ 40 million budget level will almost entirely fund operations activities.

- Priority setting and development of the portfolio and workplan have been done with input from a series of stakeholders, both internal and external, in accordance with TDR’s prioritization criteria.

- Dr Reeder highlighted the importance of the Strategic Development Fund and its role in facilitating collaboration with WHO departments.

- The budget allocation by expected result was presented, with undesignated and designated funds respectively.

- Mentioned the gap which needs to be filled by fundraising both undesignated and designated funds, for which TDR has developed a strategy and deployed important efforts. Some good grant applications are being submitted and will likely be approved by donors, which will bring the gap closer to zero in the coming months.

Discussion points and questions:

- The discussion covered the topic of longer term commitments by donors, which would facilitate funds being hedged by WHO and therefore prevent fluctuations due to the exchange rate.

- It was highlighted that the SDF needs to be preserved and protected, as a means to facilitate engagement with partners.

- There were suggestions as to which countries and institutions should be approached for fundraising, and TDR explained the efforts made thus far and plans for the coming months.

- It was also suggested to advocate with co-sponsors to increase their support to TDR rather than creating new mechanisms that absorb funds for activities where TDR can play a major role.

Decision:

STAC endorsed the TDR Programme Budget 2018-2019

AGENDA ITEM 9 – TDR interface with WHO departments

Guest speakers representing the WHO departments which collaborate with TDR extensively presented updates on joint projects, areas of potential collaboration and synergy with TDR.

Key messages

WHO Global Vector Control Response (GVCR) - Dr Raman Velayudhan Control of Neglected Tropical Diseases
Dr Velayudhan presented the timing leading to the global vector control response resolution to be discussed at the World Health Assembly in May 2017.

Dr Velayudhan presented the rationale for a global vector control response and contrasted that with the negative impact from reduced collaboration in recent decades.

He explained that the goal is to reduce mortality caused by vector-borne diseases by 75% by 2030, and the incidence of such diseases by 60%.

WHO R&D Observatory - Dr Taghreed Adam, Information, Evidence and Research

Dr Adam presented the Global Observatory on Health R&D as a centralized and comprehensive source of information and analyses on global health R&D activities for human diseases.

She presented the context that led to the creation of the observatory and the role of WHO in this initiative.

Plans were presented for future development and areas of collaboration with TDR.

Discussion points and questions:

The discussion raised the point of supporting countries to reorientate vector control staff, who are valuable resources, to support other control programmes. It was mentioned that the WHO Regional Office for Europe does not seem to be well prepared for epidemics and that they may benefit from some cross-disease tools and approaches to improve their preparedness.

It was mentioned that the case management guidelines and tools created by TDR work on Dengue have been helpful.

The global observatory aims to expand its scope to include, aside from the current scope which is R&D, the operational research, health systems research, etc.

Recommendation:

STAC welcomed collaborations with WHO departments and recommended that TDR seeks to continue to capitalize on opportunities emerging from them.

AGENDA ITEM 10 – Draft recommendations by STAC39

The decisions and recommendations were reviewed and reworded as necessary by the STAC.

AGENDA ITEM 11 - Date and place of STAC40

Decision:

STAC agreed that the fortieth meeting (STAC40) will take place in Geneva during the week of 19 March 2018, including a briefing on TDR for new members.

Close of STAC39

Chair STAC thanked members for their hard work in preparation for and during the meeting.
STAC39 summary of decisions and final recommendations

Decisions
1. Professor Maria Teresa Bejarano was appointed Rapporteur of STAC39.
2. STAC adopted the agenda as proposed.
3. Declarations of interests were accepted as presented to the Secretariat with no conflicts foreseen.
4. STAC endorsed the Director's report.
5. STAC endorsed the 2016 TDR Results Report
7. STAC agreed to the membership of the three scientific working groups as proposed
8. STAC endorsed the reports on technical progress of the three teams: Intervention and implementation research; Research on vectors, environment and society; and Research capacity strengthening and knowledge management
9. STAC endorsed the Strategy 2018-23, with suggestions for additional wording amendments
10. STAC endorsed the proposed adjustments made to the organizational structure to fit with the new strategy
11. STAC endorsed the TDR Programme Budget 2018-2019
12. STAC agreed that the fortieth meeting (STAC40) will take place in Geneva during the week of 19 March 2018, including a briefing on TDR for new members

Recommendations
1. STAC recommended that TDR continue to mitigate the risk related to the R&D Fund and continue to clarify its role as it relates to TDR’s strategy
2. STAC recommended TDR require new grantees to register with TDR Global and continue encouraging all grantees to engage with TDR Global
3. STAC welcomed the SOPs for SWGs and recommended consistency in future SWG reports
4. STAC welcomed the use of conceptual diagrams in reporting, and recommended exploring their wider use
5. STAC recommended emphasizing the unique role of TDR in combining global engagement, research capacity strengthening and research in its new strategy
6. STAC welcomed collaborations with WHO departments and recommended that TDR seeks to continue to capitalize on opportunities emerging from them
STAC39
Annotated Agenda

PRE-MEETING DAY, Tuesday, 21 March

From 14:00
BADGE COLLECTION FROM D BUILDING (UNAIDS) RECEPTION

Venue: Room D42022 (4th floor UNAIDS building)

14:30
Refreshments available outside the meeting room

15:00-16:30
Briefing session. Introductory meeting about TDR and the STAC being offered to STAC members who wish to acquaint themselves with the Programme and the processes and functions of the Committee. New members are expected to attend.

Documentation is available on the STAC SharePoint site.

Wednesday, 22 March (09:00-17:00)

Venue: Room D46025 (4th floor UNAIDS building)

<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
<th>Topic</th>
<th>Action</th>
<th>Reference documents</th>
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<tbody>
<tr>
<td>09:00-09:10</td>
<td>Welcome/opening</td>
<td>Dr Ren Minghui, Assistant Director-General, HIV/AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases (HTM) Cluster and TDR Special Programme Coordinator Prof. John Reeder, Director, TDR</td>
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<td>Draft STAC39 agenda</td>
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<td>TDR/STAC39/17.1</td>
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<td>09:10-09:20</td>
<td>Statutory business</td>
<td>1.1 Appointment of the Rapporteur</td>
<td>Decision</td>
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<td>1.2 Adoption of the Agenda</td>
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<td>TDR/STAC38/16.3</td>
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<td>1.3 Declaration of interests</td>
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<td>Follow-up on STAC recommendations</td>
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<td>Prof. Charles Mgone, Chair STAC</td>
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<td>TDR/STAC39/17.4</td>
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<tr>
<td>09:20-10:20</td>
<td>Director’s Report and follow-up on STAC38 recommendations, results of the 6th External Review and new Strategy development</td>
<td>Prof. ReederDiscussion</td>
<td>Information</td>
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<td>Report of STAC38</td>
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<td>TDR/STAC38/16.3</td>
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<tr>
<td>10:20-10:50</td>
<td>Coffee break and group photo</td>
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<td>Follow-up on STAC recommendations</td>
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<td>TDR/STAC39/17.4</td>
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<td>Dr Beatrice Halpaap, TDR Portfolio and Programme Manager</td>
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<td>3.1 Preliminary financial report for 2016 and outlook for 2017-2019</td>
<td>Information and endorsement</td>
<td>2016 TDR results report (draft)</td>
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<td>3.2 Progress made against TDR key performance indicators</td>
<td>Information and endorsement</td>
<td>Risk Management report, 2016</td>
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<td>3.3 Progress on the implementation of TDR’s risk management plan</td>
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<td>20 minute presentation followed by 35 minute discussion</td>
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<td>11:45-12:30</td>
<td>4.</td>
<td>Update from SWG Chairs</td>
<td>Information</td>
<td>TDR’s STAC and scientific working groups: Terms of reference (June 2014)</td>
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<td>4.1 Update from Chairs</td>
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<td>Note: SWG meeting reports can be found under Item 5.</td>
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<td>Prof. Bertie Squire (IIR)</td>
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<td>Prof. Moses Bockarie (VES)</td>
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<td>Prof. Maria Teresa Bejarano (RCS/KM)</td>
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<td>5 min. presentations followed by discussion</td>
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<td>STAC and SWG Governance</td>
<td>Information</td>
<td>Call for nominations for 2018 membership</td>
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<td>Dr Garry Aslanyan, Manager, Partnerships and Governance</td>
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<td>Draft SOPs for SWGs and other external scientific/technical review of TDR projects</td>
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<td>5 min. presentations followed by discussion</td>
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<td>4.2 STAC new membership call</td>
<td>Recommendation(s)</td>
<td>List of SWG members</td>
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<td>4.3 Feedback on the Draft SWG SOPs</td>
<td>Recommendation(s)</td>
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<td>4.4 2017 SWG members</td>
<td>Recommendation(s)</td>
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<td>12:30-13:30</td>
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<td>Lunch break</td>
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<td></td>
<td>5.1 IIR</td>
<td>Recommendation(s)</td>
<td>Refer also to Item 7. Doc. TDR/STAC39/17.10</td>
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<td></td>
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<td>Dr Piero Olliaro</td>
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<td>TDR IIR Report</td>
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<td>20 minute presentation followed by 40 minute discussion</td>
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<td>SWG IIR report</td>
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<td>5.2 VES</td>
<td>Recommendation(s)</td>
<td>TDR VES Report</td>
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<td>Dr Florence Fouque</td>
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<td>SWG VES report</td>
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<td>20 minute presentation followed by 40 minute discussion</td>
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<tr>
<td>15:30-16:00</td>
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<td>Coffee break</td>
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### Wednesday, 22 March (09:00-17:00) - continued

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<tr>
<th>Time</th>
<th>Item</th>
<th>Topic</th>
<th>Action</th>
<th>Reference documents</th>
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<tbody>
<tr>
<td>16:00-17:00</td>
<td>5.</td>
<td>Report on technical progress in 2016 and planned activities for 2017 - continued&lt;br&gt;5.3 RCS/KM&lt;br&gt;Dr Dermot Maher</td>
<td>Recommendation(s)</td>
<td>TDR RCS/KM Report TDR/STAC39/17.13 SWG RCS/KM report</td>
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### Thursday, 23 March (09:30-16:30)

<table>
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<tr>
<th>Time</th>
<th>Item</th>
<th>Topic</th>
<th>Action</th>
<th>Reference documents</th>
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<tbody>
<tr>
<td>09:30-10:30</td>
<td>6.</td>
<td>Draft TDR Strategy 2018-2023&lt;br&gt;Prof. Reeder will present the draft strategy Feedback and input on the draft from the individual members of STAC</td>
<td>Recommendation(s) and decision</td>
<td>Draft TDR Strategy 2018-2023</td>
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<tr>
<td>10:30-11:00</td>
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<td>Coffee break</td>
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<tr>
<td>11:00-12:00</td>
<td>7.</td>
<td>Programme budget 2018-2019&lt;br&gt;Prof. Reeder will present the proposed programme budget scenarios, consultation process and expected results Discussion</td>
<td>Recommendation(s) and endorsement</td>
<td>Programme Budget 2018-2019 TDR/STAC39/17.14 TDR Portfolio of Expected Results for 2018-2019 TDR/STAC39/17.10 Refer also to Item 5. Doc. TDR/STAC39/17.9</td>
</tr>
<tr>
<td>12:00-13:30</td>
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<td>Lunch break</td>
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<td>13:30-14:15</td>
<td>8.</td>
<td>Closed session with Director TDR&lt;br&gt;STAC members only closed discussion with Director TDR on issues requiring special attention.</td>
<td>Recommendation(s)</td>
<td></td>
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<tr>
<td>14:15-14:45</td>
<td>9.</td>
<td>TDR interface with WHO departments&lt;br&gt;WHO Global Vector Control Response (GVCR) - Dr Tessa Knox Global Malaria Programme and Dr Raman Velayudhan Control of Neglected Tropical Diseases&lt;br&gt;WHO R&amp;D Observatory - Dr Taghreed Adam, Information, Evidence and Research</td>
<td>Information</td>
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<tr>
<td>14:45-15:15</td>
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<td>Coffee break</td>
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<td>15:15-16:00</td>
<td>10.</td>
<td>Draft recommendations by STAC39&lt;br&gt;STAC rapporteur will present STAC recommendations made during the meeting</td>
<td>Recommendation(s)</td>
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<tr>
<td>16:00-16:15</td>
<td>11.</td>
<td>Date and place of STAC40&lt;br&gt;21-22 March 2018, WHO HQ, Geneva</td>
<td>Recommendation(s)</td>
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<tr>
<td>16:15-16:30</td>
<td>12.</td>
<td>Any other business</td>
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**CLOSE OF STAC39**
Annex 2. List of participants

## STAC Members

**Dr Ayat ABUAGLA**  
Educational Development Centre, Sudan Medical Specialization Board, Sudan | Research Fellow, Reproductive & Child Research Unit [RCRU], University of Medical Sciences & Technology  
Sudan Medical Specialization Board  
Khartoum, Sudan

**Professor Maria Teresa BEJARANO**  
Senior Research Advisor | Unit for Research Cooperation, Department for Partnerships and Innovations  
Sida  
Stocksund, Sweden

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

**Professor Moses BOCKARIE**  
Director of South-South Cooperation and Head of Africa Office, European & Developing Countries Clinical Trials Partnership (EDCTP)  
Medical Research Council  
Tygerberg, Cape Town, South Africa

**Professor Claudia CHAMAS**  
Researcher, Centre for Technological Development in Health  
Oswaldo Cruz Foundation (Fiocruz)  
Rio de Janeiro, Brazil

**Professor Sónia DIAS**  
Associate Professor, International Public Health, Institute of Hygiene and Tropical Medicine  
Lisbon, Portugal

**Dr Sara Irène EYANGOH**  
Directeur Scientifique  
Centre Pasteur du Cameroun  
Laboratoire National de Référence et de Santé Publique  
Ministère de la Santé Publique  
Yaoundé, Cameroon

**Professor John GYAPONG**  
Pro-Vice Chancellor for Research Innovation and Development, University of Ghana  
Accra, Ghana

**Dr Subhash HIRA**  
Professor of Public Health and Senior Advisor, Public Health Foundation of India  
New Delhi, India

**Professor Mwelecelele Ntuli MALECELA**  
Former Director General  
National Institute for Medical Research | Director, National Lymphatic Filariasis Elimination Programme  
Dar es Salaam, Tanzania

**(Chair) Professor Charles MGONE**  
Dar es Salaam, Tanzania

**Professor Frank NYONATOR**  
Project Director, USAID/ Ghana Evaluate for Health Project (E4H)  
Management Systems International (MSI)  
Accra, Ghana

**Professor Stephen (Bertie) SQUIRE**  
Professor of Clinical Tropical Medicine  
Liverpool School of Tropical Medicine (LSTM)  
Liverpool, United Kingdom

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

---

1 Not able to attend
Other participants

WHO Headquarters Staff

Dr Ren MINGHUI
Assistant Director-General
HIV/AIDS, TB, Malaria and Neglected Tropical Diseases (HTM)

Dr Taghreed ADAM
Scientist
Information, Evidence and Research (HIS/IER)

Dr Ian ASKEW
Director
Reproductive Health and Research (FWC/RHR)

Dr Raman VELAYUDHAN
Coordinator
Vector and Ecology Management (HTM/NTD/VEM)

Special Programme staff

Director’s office
Dr John REEDER
Dr Garry ASLANIAN
Ms Jamie GUTH

Administrative support to the STAC
Ms Izabela SUDER-DAYAO
Ms Christine COZE
Ms Flora RUTAHAKANA

Portfolio and programme management
Dr Beatrice HALPAAP
Ms Caroline EASTER
Ms Annabel FRANCOIS
Ms Mary MAIER
Dr Mihai MIHUT

Research capacity strengthening and knowledge management
Dr Dermot MAHER
Ms Elisabetta DESSI
Ms Najoua KACHOURI ABOUDI
Dr Edward KAMAU

Intervention and implementation research
Dr Pascal LAUNOIS
Dr Olumide OGUNDAHUNSI
Mr Rob TERRY
Dr Mahnaz VAHEDI
Ms Flore WAGNER

Vectors, environment and society
Dr Florence FOUQUE
Ms Flor CABANEL
Ms Madhavi JACCARD-SAHGAL
Ms Mariam OTMANI DEL BARRIO
Dr Bernadette RAMIREZ