

# **Report of the 41st Meeting of the TDR Scientific and Technical Advisory Committee – STAC41**

**Geneva, 27-28 March 2019**

## **Introduction**

The forty-first 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 27 and 28 March 2019. 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**

### **AGENDA ITEM 1 – Opening of the meeting**

#### *Key messages*

Professor Charles Mgone, Chair STAC, called the meeting to order and requested Director TDR, Dr John Reeder, to formally open STAC41. Dr Reeder welcomed STAC members and introduced Dr Soumya Swaminathan, Chief Scientist and recently appointed TDR Special Programme Coordinator, to give opening remarks. Dr Swaminathan acknowledged the significant contribution of STAC members to the work of TDR. She referred to the ongoing WHO transformation initiative and the creation of the Science Division which she now heads, explaining the provisional structure and functions of this Division. She mentioned the continued collaboration between TDR and other departments in WHO and gave her wishes for a productive meeting.

Dr Reeder highlighted the overall focus of the meeting on informing scientific and technical priorities in preparing the work that will be done by the Programme in 2019-2020 and beyond.

All participants were invited to introduce themselves.

## AGENDA ITEM 2 – 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 Bertie Squire be appointed Rapporteur of STAC41. Professor Squire was appointed Rapporteur by acclamation.

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

### **Decisions:**

- *Professor Bertie Squire was appointed Rapporteur of STAC41.*
- *The Agenda of STAC41 was adopted as proposed.*
- *Declarations of interests were accepted as presented to the Secretariat with no conflicts foreseen.*

## AGENDA ITEM 3 – Director's Report and follow-up on STAC40 recommendations

### *Key messages*

Dr Reeder's presentation:

- Key achievements of each of the work areas IIR<sup>1</sup>, VES<sup>2</sup>, RCS<sup>3</sup> and GLE<sup>4</sup> in 2018, such as: enhancing country research capacity through expanding regional networks, for example WARN-TB and CARN-TB; country preparedness for outbreak detection and response; expanding SORT-IT to new themes and populations; novel decision-support tools for vector control under climate change conditions; evidence on what causes residual malaria; first worldwide MOOC on implementation research; a new publishing platform (TDR Gateway); and expanded regional and global networks for social innovation in health, etc.
- Plans for 2019-2021 in each strategic work area.
- Better than expected financial performance moving budgeting towards the US\$ 50 million approved scenario.
- Secured project specific funding for major projects, such as the Clinical Research and Development Fellowships scheme, Access and Delivery Partnership and a SORT IT programme on antimicrobial resistance in countries.
- Implementation to date; speeding up implementation towards the higher UD (undesignated) budget scenario.
- Accelerating work towards Universal Health Coverage (UHC) and Sustainable Development Goal (SDG) 3 Global Action Plan.
- Progress made on equity key performance indicators (gender and socioeconomic equity): TDR at historically high proportion of grants/contracts awarded to women and to low- and middle-income countries.

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<sup>1</sup> Intervention and Implementation Research

<sup>2</sup> Vectors, Environment and Society

<sup>3</sup> Research Capacity Strengthening

<sup>4</sup> Global Engagement

- Updates on gender research; moxidectin; the first TDR Global champion award; and changes in staffing.
- WHO transformation moves TDR into the Science Division; focus on TDR keeping strong linkages with disease control departments that are now part of a different division.

*Discussion points:*

- Commended progress made on equity, role of women, strengthening the focus on low- and middle-income countries and suggested to publicize it more, to be a potential model for other research funding organizations.
- Online training tools should be further explored using the model of MOOC, as they add flexibility and accessibility to people who otherwise would not be reached.
- Suggested exploring the depth of digital health technologies in WHO and outside, and how artificial intelligence may impact the opportunities and risks in TDR's field.
- Commended TDR for its partnership model, where over 900 people work in the field on TDR's projects, while the secretariat is kept lean at 30 staff members.
- Discussion on the differences between TDR Gateway and other donor-driven publication platforms. Also discussed was the topic of pushing for open access on day one versus hybrid support or free access models.
- Encouraged fostering the collaboration between universities of the postgraduate training scheme, regional training centres and WHO regional offices, following the examples of the existing collaboration in South-East Asia, West Africa and Latin-America.

*Decision:*

- *STAC endorsed the Director's report.*

## AGENDA ITEM 4 – Programme performance overview

**Preliminary financial report for 2018 and outlook for 2019-2021, progress made against TDR key performance indicators and progress on the implementation of TDR's risk management plan** – presented by Dr Beatrice Halpaap, TDR Portfolio and Programme Manager

*Key messages*

- Good progress made against TDR key performance indicators in 2018, first year of the 2018-2023 strategy.
- Technical and financial performance:
  - outcomes achieved in 2018, based on uptake and utilization of TDR-generated tools, solutions and strategies;
  - all expected results (ERs) on track at the end of 2018;
  - financial implementation at the end of 2018 reaches 41% of the approved budget (US\$ 40 million scenario);
  - forecast revenue 2018-2019 confirms funds availability and allows a shift towards implementation of the higher budget and workplan scenario this biennium; the implementation pace needs to pick up.

- Management performance:
  - external audit in 2018 validated the soundness of TDR's internal controls and systems;
  - risk management updates: progress in managing risks;
  - selection ongoing for a project and grant management system (eTDR).
- Application of core values:
  - leadership role of disease endemic countries strengthened, reflected in positive KPIs;
  - gender equity: expanded the number of KPIs measured, shows historically high levels in women representation among contract recipients, publication authors and expert advisers to TDR.
- Proposed change in the timing of governance meetings from 2020 on: if approved by the Joint Coordinating Board (JCB) in June, STAC meetings may take place in January instead of March, with JCB meetings taking place in March. Timelines for the two options (status quo or changed timing) were presented.
- TDR Programme budget and workplan for 2020-2021 was presented including two scenarios, at US\$ 40 million and US\$ 50 million, together with the split between undesignated (UD) and designated (DF) funding, and operations versus support cost. Eighty percent (80%) of funds would go to operations. Presented the budget by expected result of the three strategic work areas: research for implementation, research capacity strengthening and global engagement, as well as the Strategic Development Fund, the operations support budget and personnel cost.
- TDR contributes to co-sponsors' strategic plans and objectives, the Global Action Plan for SDG3 and SDG targets.

*Discussion points:*

- The shift towards implementing the higher budget level scenario means that the revised planned costs stand at US\$ 46 million, against which reporting will be done as well.
- Research for innovation permeates a broad range of expected results, from social innovation to innovative tools for vector control and others, and it is not confined in the respective workstream.
- The digital health field in WHO may benefit from some of TDR's advances.
- From a risk management perspective, it is important to continue to discuss with WHO the best ways in which TDR's strategy can contribute to WHO's mission and be included in WHO's plans and strategies.
- Discussed the risk brought by the looming implementation of WHO's mobility policy and how this may adversely impact TDR's human resources and institutional knowledge. As TDR's are highly specialized positions, filling these through mobility would likely bring in more generic profiles and will reduce TDR's capacity for action in its strategic work areas.
- TDR can make steps forward in gender awareness through gender analysis, e.g. by conducting an internal analysis of gender pay gap and working conditions (gender in shorter- vs. longer-term contracts and consultants) in TDR, which may prove useful when leading gender-related research activities externally. This does not mean that for each level there should be equal representation, however, in recruitment, TDR and WHO give preference to women and candidates from less represented countries when candidates are equally qualified.

- Fostering translation of evidence into policy: TDR continues to make efforts to wisely involve the end-users from the design and planning stages of projects, through to monitoring, publication and dissemination of results. This ensures higher interest and increased probability of results uptake.
- Moving forward, TDR should continue to strive to make all its activities multisectoral and less disease-centred, based on the model currently used in some projects on vector control, operational research training and capacity strengthening activities.

#### **Decisions:**

- *Endorsed the 2018 TDR Results Report.*
- *Endorsed the Risk Management Report 2018.*

## **AGENDA ITEM 5 – Report on technical progress in 2018 and planned activities for 2019**

**Intervention and Implementation Research (IIR)** – presented by Dr Christine Halleux, Scientist, IIR

#### *Key messages*

Dr Halleux' presentation:

- Consolidation of the research portfolio between the 2018-2019 and 2020-2021 biennia.
- Expected results addressing WHO's Thirteenth General Programme of Work (GPW13) triple billion goals and the country capacity outcomes.
- Highlights of 2018 activities: Preparedness for early identification and response to dengue outbreaks (EWARS), Africa sub-regional networks for TB control (WARN-TB / CARN-TB), safety databases, Structured Operational Research & Training Initiative (SORT IT), antimicrobial resistance and moxidectin for treatment of onchocerciasis.
- Presented the plans for 2019-2021, with some areas that will expand, scale up or further develop.
- Detailed presentation of selected projects and activities:
  - build sustainable operational research capacity to generate and use knowledge to tackle the treat of antimicrobial resistance (SORT IT);
  - generate evidence to guide programmes on strategies to achieve and sustain elimination, where and when to stop intervention and how to certify elimination;
  - build country programme capacity to develop research questions and generate data to inform effective implementation of their policies;
  - support national programmes with evidence for the selection and effective implementation of strategies to control diseases through either case- or population-based approaches;
  - stimulate and support the effective use of public health system data for evidence-based decision-making;
  - promote and support research data sharing for evidence-based decision-making (guidelines/ policy/research);
  - stimulate and support the generation and effective use of drug safety data for evidence-based decision-making.

- 2018-2019 budget implementation by expected result.
- Proposed budget and workplan structure by ER, taking into consideration the two budget scenario levels (US\$ 40 million and US\$ 50 million) and UD/DF funds.

*Discussion points:*

- Generic protocols are a good idea to support countries to quickly implement in areas such as malaria and tuberculosis. To date, two types of protocols have been developed for TB, together with data collection tools, in English, French and Portuguese.
- To monitor the quality of SORT IT work and publications, an external review was commissioned to look at reporting in line with guidelines, at citations, downloads, equity and other aspects. The learnings will be applied to improve the quality of the work. The WHO HIV Department mentioned they were able to include several studies from SORT IT in their analysis, thanks to their quality and completeness.

**Vectors, Environment and Society (VES)** – presented by Dr Florence Fouque, Team Leader, VES

*Key messages*

Dr Fouque's presentation:

- Alignment of expected results with the triple billion goal of WHO's GPW13.
- Key achievements in 2018: Decision support processes and tools developed for the research initiative on VBDs and climate change, evidence from the research on the cause and burden of residual malaria, scoping reviews on urban health, commissioned reviews on multisectoral approaches, implementation of gender-responsive interventions and established and operational vector control networks.
- Detailed presentation of selected projects and activities:
  - burden and causes of residual malaria;
  - environmental prevention and control of VBDs in South-East Asia;
  - gender-based analysis in VBDs research.
- 2018-2019 budget implementation by expected result.
- Planned activities for 2020-2021.
- Contribution to WHO Global Goods.
- New vector control technologies.
- Proposed budget and workplan structure by ER, taking into consideration the two budget scenario levels.

*Discussion points:*

- The place of residual malaria in the new expected result on multisectoral research.
- Establishment of a clear plan on further research on climate change.

**Research Capacity Strengthening (RCS)** – presented by Dr Dermot Maher, Coordinator, RCS*Key messages*

Dr Maher's presentation:

- Areas of strategic collaboration for RCS projects.
- RCS theory of change, focus on low- and middle-income countries.
- Key achievements in 2018: renewal of designated funding, consolidation of postgraduate training scheme, first worldwide MOOC on IR launched, theory of change developed for RCS activities.
- 178 students ongoing or graduated from the postgraduate training scheme.
- Implementation research institutionalized across all seven universities.
- Potential for future WHO Academy to disseminate TDR training even wider.
- 982 trainees from research training centres (RTCs) supported by TDR in 2018.
- Expansion of the Access and Delivery Partnership project to three more countries: India, Malawi and Senegal.
- Crowdsourcing gender challenge for the Clinical Research and Development Fellowship, in collaboration with TDR Global; six solutions recognized and disseminated.
- Strategic projects: work in relation to WHO's Memorandum of Understanding with the Global Fund to Fight AIDS, Tuberculosis and Malaria which included the principle of using GF funds for IR/OR; mapping externally funded international postgraduate training at institutions in sub-Saharan Africa, etc.
- 2018-2019 budget implementation by expected result.
- Planned activities for 2020-2021.
- Proposed budget and workplan structure by ER, taking into consideration the two budget scenario levels.
- Challenges and approaches: magnify reach and impact, ensure flexibility, increase efficiency, identify synergies.

*Discussion points:*

- To further increase the proportion of women applying for some types of grants, specific aspects need to be addressed, which are not fully under TDR's control. Amongst these, deciding to move to a different country for a relatively long period is a factor that discourages some women, while others encounter difficulties in obtaining visas for their entire family.
- The RCS annual report can be improved by adding more visuals such as diagrams, graphs, illustrations and maps.
- Discussion on the outcomes of engagement with the Global Fund on implementation and operational research funding in countries: suggestion to create new ERs should these exploratory activities yield significant results. Currently funded through the TDR Strategic Development Fund (SDF). In parallel, IIR and RCS are working through SORT IT with a select group of countries to instil implementation research in their Global Fund grants. Inviting the Global Fund to WARN-TB and CARN-TB meetings brought US\$ 6 million from the Global Fund for Tuberculosis. There is a possibility to involve the Global Fund in future malaria and HIV projects.



- Working with the WHO Guideline Review Committee to identify knowledge gaps and provide evidence for WHO guidelines. Current work is funded by the SDF. Jointly with WHO control departments, identify and support countries that are ready to roll out operational research activities and have funding allocated for this – a low hanging fruit.
- A roster of people trained in IR/OR and having experience with GF grants may be useful to countries that could utilize their expertise for new grants.
- RCS has developed a theory of change which will need to be evaluated in a few years.
- Difficult for the MOOC on implementation research to receive accreditation. Nevertheless, some universities are embedding the IR training in their curricula.
- Room to further improve the collaboration of universities with RTCs and WHO regional offices.
- People who finish MOOC with a certificate are asked to draft a letter of intent so that we can understand and map their various interests and work themes.

## AGENDA ITEM 6 – Global Engagement

– presented by Professor John Reeder

### *Key messages*

Professor Reeder's presentation:

- Current strategy explicitly identified global engagement as an integral and cross cutting area of work.
- Global engagement is not a unit and all of its activities cut across TDR's teams and areas of work.
- Key achievements in 2018: Data sharing infrastructure with IDDO and a new publishing platform – TDR Gateway; celebrated 10-year anniversary of ESSENCE; joint small grants calls with HRP and AHPSR; leveraged significant additional resources; expanded regional and global SIHI networks; piloted the TDR Global Ambassador scheme; and mobilization on gender in health research.
- Engagement with TDR co-sponsors and other stakeholders, including EDCTP, NIH, Global Fund, UNAIDS, WAHO, Wellcome Trust, Bill & Melinda Gates Foundation.
- Highlights from selected projects:
  - Social innovation research: Social innovation integrated in the Philippines' health system research; workshop in Malawi; SIHI China crowdsourcing guide; Uganda fellowship programme; Malawi research grants for students; and Latin-America community-based participatory research course.
  - TDR Global: testing country-focused approach; tested novel community engagement tools; conducted gender equity mobilization initiative; and crowdsourcing to address gender issues.
  - Evidence to policy: Malawi established and activated knowledge translation platform; data sharing infrastructure with IDDO for malaria, schistosomiasis, human African trypanosomiasis, Ebola fever; new publishing platform – TDR Gateway.
  - Shaping the research agenda: new tool for R&D portfolio analysis (P2I) + first complete analysis of HIV, TB, malaria and NTD pipelines; TDR Research Fairness Report published.
  - ESSENCE: ten-year anniversary, held in high regard by funders; collaborating and strengthening existing research management networks.
  - Small grants scheme: joint small grants with WHO regional offices in collaboration with AHPSR and EDCTP awarded 50 new grants and levered US\$ 800 000.



- Highlights of plans for 2019-2021.
- SDF projects update: seven ongoing projects funded, implementation expected to pick up. Half of the funds available have been allocated to date.
- 2018-2019 budget implementation by expected result.
- Proposed budget and workplan structure by ER, taking into consideration the two budget scenario levels.

*Discussion points:*

- Collaboration with Africa CDC and increased focus on West and Central Africa sub-regions.
- TDR's approach to facilitate evidence-to-policy translation: fostering the push side (research evidence, policy briefs), but also the pull side (engaging policy-makers at early stages, building capacity for research and needs identification in ministries of health). Potentially explore methodologies for rapid synthesis if answers are needed quickly and the research timeline is long.

**Decision:**

- *Endorsed the reports on technical progress and planned activities of all teams.*

**Recommendations:**

- *Reiterated the recommendation from STAC40 to add more visuals to the Team Annual Reports.*
- *Promote the use of TDR Global to identify people with expertise in implementation research (trainees, grantees, experts).*
- *Look forward to seeing concrete outcomes of engagement with Global Fund and the Research Gaps from Guideline Review Committee and consequent planning for IR and RCS activities.*
- *Consider showing TDR leadership in this field conducting a gender gap analysis in within TDR.*
- *Strengthen use of TDR Gateway internally in TDR and consider broader engagement (Chief Scientist, AHPSR, HRP, etc.) and think about its potential to influence the mechanisms for uptake into policy and practice.*

## AGENDA ITEM 7 – Update from SWG Chairs

### **Research for implementation** – presented by Professor Bertie Squire

*Key messages*

- Activities of the SWG in 2018 covering all research areas.
- Each ER is reviewed by two reviewers to ensure quality and to identify topics for discussion by the SWG.
- Recommendations on continuing, expanding, downsizing or phasing out projects.
- Provided cross-cutting recommendations.
- Budget review and input in structuring the research workplan:
  - endorsing the budget allocations, relocating ER 1.3.8 (discontinued) activities into ER 1.3.12 (gender responsive health interventions);
  - replacing residual malaria ER with the new (to be defined) malaria-related research focus;

- as additional funds become available, increasing the 2020-21 budget allocation towards visceral leishmaniasis (VL) elimination, to include a policy science research call;
- as additional funds become available, increasing the budget towards embedding a gender responsive approach across TDR.
- Prioritization for 2019 topics for review.

*Discussion points:*

- More focus to be placed on data-sharing issues.
- Arboviruses covered in TDR's projects include dengue, chikungunya, Zika, other emerging arboviruses, across various regions and activities, depending on the regional priority. The approach has vector control at the centre, not specific diseases.
- Recommended to conduct an analysis to see what other big-ticket items emerge in the area of malaria vector control once the residual malaria work area is phased out.
- As highlighted in the results produced by the residual malaria research projects, multisectoral approaches should take into consideration behavioural, cultural, genetic and other aspects that influence vector control in malaria and arboviral diseases.

**Research capacity strengthening** – presented by Professor Alwyn Mwinga

*Key messages*

- Activities of 2018.
- Improvement of gender balance in grants is commendable.
- Collaboration to expand engagement with the Global Fund and other WHO departments.
- Access Delivery Partnership (ADP) expansion to three additional countries was commended.
- Good distribution of UD/DF funds across expected results.
- Capacity to quickly scale up grants if additional funds become available.

*Discussion points:*

- Some IR training was incorporated in university curricula. Need to decentralize the design for implementation research calls and protocols to respond to local needs.
- Explore further strengthening of collaboration between RTCs and universities in the Eastern Mediterranean region, through integrating more courses in university curricula and RTCs using university students on their project (facilitating mentorship). To date, RTC training has added a lot of value to the quality of small grants in the region.

**Recommendations:**

- *Continue to strengthen collaboration between RTCs and universities.*
- *Continue to emphasise the importance of defining a framework for multi-sectoral approaches for malaria control and other VBD.*
- *Further emphasize in ER plans and reports the contribution that each ER is making to SDGs beyond SDG3 (education, sanitation, equity, etc.).*
- *Reiterated the SWG recommendation to put more funding in research on VL and gender if further funding becomes available.*

## AGENDA ITEM 8 – Programme budget and workplan 2020-2021

– presented by Dr Beatrice Halpaap

### *Key messages*

- TDR Programme budget scenario levels were approved by the JCB in 2018 at US\$ 40 million and US\$ 50 million.
- The draft TDR Programme Budget and Workplan 2020-2021 was proposed for comments and endorsement. It presents the expected results, their respective success indicators and budget (with split between undesignated and designated funds) for both budget scenarios (US\$ 40 million and US\$ 50 million).

### *Discussion points:*

- Multisectoral and integrated approaches should be considered across TDR's research activities, not as a separate workstream only. Further emphasize contribution to other SDGs of such multisectoral, integrated approaches. Capacity building also contributes to other SDGs, therefore it should be further emphasized in plans and reports by technical teams.
- Continue TDR's work on onchocerciasis and VL elimination, as TDR is at a particular advantage in these areas.
- TDR's value is where it can create a model or have a clear contribution in an area.

### *Decision:*

- *Endorsed the TDR Programme Budget and Workplan 2020-2021.*

## AGENDA ITEM 9 – TDR interface with WHO departments

**Antimicrobial Resistance (AMR)** – presented by Dr Marc Sprenger, Director, Antimicrobial Resistance Secretariat

### *Key messages*

- Impact on seven SDGs.
- Only 50% of countries that have a national action plan, have it multisectoral (to include agriculture), although most of the antibiotics used globally go to agriculture.
- In many resource-limited settings, antibiotics are widely used to compensate for poor sanitation and water quality.
- Few new antibiotics in the pipeline. WHO would like to keep new antibiotics for niche uses, which goes against the interests of pharmaceutical companies.
- Partnerships like SORT IT are opportunities for learning, sharing and increasing efficiency.

### *Discussion points:*

- TDR to help countries develop monitoring capacity in AMR.
- UHC may help reduce AMR, as functional, strong health systems are essential for timely patient access to health care.
- Topics of local interest are usually not published by big journals, this being an impediment to disseminating evidence and information on AMR. Using TDR Gateway could remove this obstacle.

- WHO is only providing materials for awareness campaigns in countries, however, countries do not have funds for data collection and monitoring or setting up surveillance systems.

**Implementation research support to Universal Health Coverage** – Dr Kabir Sheikh, Policy Adviser, Alliance for Health Policy and Systems Research; Dr Anna Thorson, Research Manager, Reproductive Health and Research; and Dr Garry Aslanyan, TDR Partnerships and Governance Manager

*Key messages*

- Collaboration in 2018 between TDR, HRP and the Alliance.
- Embedding research for SDGs.
- Opportunity to adapt RCS' theory of change to the other two research programmes.
- Joint calls for proposals for Zika, SDG research.

*Discussion points:*

- Timing of outputs and publications is important if they are to be useful. TDR Gateway can speed up the process, however, some authors prefer to publish late in more prestigious journals.
- Some issues with translation to Portuguese and Spanish.

***Recommendation:***

- *STAC welcomed the potential presented by integration with other initiatives within the Science Division at WHO but recommends that TDR remain tightly connected to the disease control programmes at WHO.*

## AGENDA ITEM 10 – STAC and SWG Governance

**2019 SWGs membership** – presented by Dr Garry Aslanyan, TDR Partnerships and Governance Manager

*Key messages*

Dr Aslanyan's presentation mentioned:

- A matrix has been developed to track experience and expertise of SWG members. The matrix was used for the proposed members of SWGs.
- Membership of the SWGs, presenting a list of existing and new members.

*Discussion points:*

- STAC welcomed the new matrix and its use for identification of the new SWG members to ensure full complement of experience and expertise on SWGs.

***Decisions:***

*Endorsed the membership of the two scientific working groups as proposed.*

## AGENDA ITEM 11 - Date and place of STAC42

### **Decision:**

- *Agreed that the forty-second meeting (STAC42) will take place in Geneva either during the week of 13-17 January or 16-20 March 2020, including a briefing on TDR for new members.*<sup>5</sup>

## AGENDA ITEM 12 – Draft recommendations by STAC41

– presented by the Rapporteur

The full list of decisions and recommendations are below.

## Close of STAC41

- Chair STAC thanked members for their hard work in preparation for and during the meeting.

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<sup>5</sup> Note that the dates of the STAC meeting in 2020 will depend on whether the JCB decides to move its annual meeting from June to March.

# STAC41 summary of decisions and final recommendations

## Decisions

1. Professor Bertie Squire was appointed Rapporteur of STAC41.
2. The Agenda of STAC41 was adopted as proposed.
3. Declarations of interests were accepted as presented to the Secretariat, with no conflicts foreseen.
4. Endorsed the Director's report.
5. Endorsed the 2018 TDR Results Report.
6. Endorsed the Risk Management Report 2018.
7. Endorsed the reports on technical progress and planned activities of all teams.
8. Endorsed the TDR Programme Budget and Workplan 2020-2021.
9. Endorsed the membership of the two scientific working groups as proposed.
10. Agreed that the forty-second meeting (STAC42) will take place in Geneva either during the week of 13-17 January or 16-20 March 2020, including a briefing on TDR for new members.<sup>6</sup>

## Recommendations

1. Reiterated the recommendation from STAC40 to add more visuals to the Team Annual Reports.
2. Promote the use of TDR Global to identify people with expertise in implementation research (trainees, grantees, experts).
3. Look forward to seeing concrete outcomes of engagement with Global Fund and the Research Gaps from Guideline Review Committee and consequent planning for IR and RCS activities.
4. Consider showing TDR leadership in this field conducting a gender gap analysis in within TDR.
5. Strengthen use of TDR Gateway internally in TDR and consider broader engagement (Chief Scientist, AHPSR, HRP, etc.) and think about its potential to influence the mechanisms for uptake into policy and practice.
6. Continue to strengthen collaboration between RTCs and universities.
7. Continue to emphasise the importance of defining a framework for multi-sectoral approaches for malaria control and other VBD.
8. Further emphasize in ER plans and reports the contribution that each ER is making to SDGs beyond SDG3 (education, sanitation, equity, etc.).
9. Reiterated the SWG recommendation to put more funding in research on VL and gender if further funding becomes available.
10. STAC welcomed the potential presented by integration with other initiatives within the Science Division at WHO but recommends that TDR remain tightly connected to the disease control programmes at WHO.

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<sup>6</sup> Note that the dates of the STAC meeting in 2020 will depend on whether the JCB decides to move its annual meeting from June to March.

## Annex 1. Annotated Agenda

<b>PRE-MEETING DAY, Tuesday, 26 March</b>		
<b>Anytime</b>	<b>BADGE COLLECTION FROM D BUILDING (UNAIDS) RECEPTION</b>	
<b>14:30</b>	<b>Refreshments available outside the meeting room</b>	
15:00-16:30	<b>Briefing session</b> <b>Venue: Room D42022 (4<sup>th</sup> floor UNAIDS building)</b> <i>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 while others are more than welcome.</i>	Documentation is available on the STAC SharePoint site.

<b>Wednesday, 27 March (09:00-17:00)</b>				
<i>Time</i>	<i>Item</i>	<i>Topic</i>	<i>Action</i>	<i>Reference documents</i>
<b>Venue: Room D46025 (4<sup>th</sup> floor UNAIDS building)</b>				
09:00	<b>1.</b>	<b>Opening of the meeting</b> <i>Dr Soumya Swaminathan, Chief Scientist / TDR Special Programme Coordinator</i> <i>Professor John Reeder, Director, TDR</i>		
09:15	<b>2.</b>	<b>Statutory business</b> <i>Professor Charles Mgone, Chair STAC</i> 2.1 Appointment of the Rapporteur 2.2 Adoption of the Agenda 2.3 Declaration of interests	<b>Decision</b>	Draft Annotated Agenda <i>TDR/STAC41/19.1a</i>
09:30	<b>3.</b>	<b>Director's Report and follow-up on STAC40 recommendations</b> <i>Professor John Reeder</i> Discussion	<b>Information and endorsement</b>	Report of STAC40 <i>TDR/STAC40/18.3</i> Follow-up on STAC recommendations <i>TDR/STAC41/19.4</i>
<b>10:30-11:00</b>	<b>Coffee break</b>			



Wednesday, 27 March (09:00-17:00) – continued				
Time	Item	Topic	Action	Reference documents
11:00	4.	<b>Programme performance overview</b> <i>Dr Beatrice Halpaap, TDR Portfolio and Programme Manager</i> 30-minute presentation followed by 30 minute discussion		
		4.1 Preliminary financial report for 2018 and outlook for 2019-2021	Information	Preliminary 2018 Financial Report and Outlook 2019-2021 <i>TDR/STAC41/19.5</i>
		4.2 Progress made against TDR key performance indicators	Information and endorsement	2018 TDR Results Report (draft) <i>TDR/STAC41/19.6</i> <b>Information only:</b> <a href="#">TDR Performance Framework 2018-2023</a> <a href="#">TDR/STRA/18.2</a>
		4.3 Progress on the implementation of TDR’s risk management plan	Information and endorsement	TDR Risk Management Report, 2018 <i>TDR/STAC41/19.7</i>
12:00-13:30 <b>Lunch break</b>				
13:30	5.	<b>Reports on technical progress in 2018 and planned activities for 2019</b>	Information and recommendation(s)	TDR Portfolio of Expected Results for 2018-2019. Progress report at 31 December 2018 <i>TDR/STAC41/19.8</i>  TDR Portfolio of Expected Results for 2020-2021 <i>TDR/STAC41/19.9</i>
		<b>5.1 Intervention and Implementation Research (IIR)</b> <i>Dr Christine Halleux, Scientist</i> 20 min presentation followed by 40 min discussion	Recommendation(s)	TDR IIR Annual Report 2018 <i>TDR/STAC41/19.10</i>  Research for Implementation SWG meeting report
		<b>5.2 Vectors, Environment and Society (VES)</b> <i>Dr Florence Fouque, Team Leader</i> 20 min presentation followed by 40 min discussion	Recommendation(s)	TDR VES Annual Report 2018 <i>TDR/STAC41/19.11</i>  Research for Implementation SWG meeting report
15:30-16:00 <b>Coffee break</b>				
16:00	5.	<b>Report on technical progress in 2018 and planned activities for 2019 – continued</b>  <b>5.3 Research Capacity Strengthening (RCS)</b> <i>Dr Dermot Maher, Coordinator</i> 20 min presentation followed by 40 min discussion	Recommendation(s)	TDR RCS Annual Report 2018 <i>TDR/STAC41/19.12</i>  SWG RCS report
<b>FROM 18:30 – INFORMAL GET-TOGETHER</b> <b>La Vie des Champs Restaurant (a 5-minute walk from WHO)</b>				

<b>Thursday, 28 March (09:00-16:00)</b>				
<i>Time</i>	<i>Item</i>	<i>Topic</i>	<i>Action</i>	<i>Reference documents</i>
09:00	<b>6.</b>	<b>Global Engagement</b> <i>Professor John Reeder</i> 15 min presentation followed by 20 min discussion	Recommendation(s)	Global Engagement Annual Report 2018 <i>TDR/STAC41/19.13</i>
09:30	<b>7.</b>	<b>Update from Chairs of Scientific Working Groups</b> <i>Professor Bertie Squire (Research for implementation)</i> <i>Professor Alwyn Mwinga (Research capacity strengthening)</i> 5 min. presentations followed by discussion	Recommendation(s)	Note: SWG meeting reports can be found under Item 5.
10:00	<b>8.</b>	<b>Programme budget and workplan 2020-2021</b> <i>Dr Halpaap will present the proposed programme budget scenarios, consultation process and expected results</i> 5 min presentation followed by discussion	Recommendation(s) and endorsement	Programme Budget and Workplan 2020-2021 <i>TDR/STAC41/19.14</i> Portfolio Prioritization Model Refer to Item 5. for other background documents
<b>10:30-11:00 Coffee break</b>				
11:00	<b>9.</b>	<b>TDR interface with WHO departments</b> <ul style="list-style-type: none"> <li>Antimicrobial Resistance (AMR) <i>Dr Marc Sprenger, Director, Antimicrobial Resistance Secretariat</i></li> <li>Implementation research support to Universal Health Coverage <i>Dr Kabir Sheikh, Policy Adviser, Alliance for Health Policy and Systems Research</i> <i>Dr Anna Thorson, Research Manager, Reproductive Health and Research</i> <i>Dr Garry Aslanyan, TDR Partnerships and Governance Manager</i></li> </ul>	Information	
12:00	<b>10.</b>	<b>STAC and SWG Governance</b> <i>Dr Garry Aslanyan</i> <ul style="list-style-type: none"> <li>2019 SWGs, membership and meetings</li> <li>SWG member experience and expertise</li> </ul>	Decision	List of proposed SWG members <i>TDR/STAC41/19.15</i> TDR's STAC and scientific working groups: Terms of reference ( <i>June 2014</i> )
<b>12:10-13:30 Lunch break</b>				
13:30		<b>Closed session with Director TDR</b> STAC members only closed discussion with Director TDR on issues requiring special attention.	Recommendation(s)	
14:30	<b>11.</b>	<b>Date and place of STAC42</b> January <sup>7</sup> or March 2020, WHO HQ, Geneva <i>The dates of the STAC meeting in 2020 will depend on whether the JCB decides to move its annual meeting from June to March.</i>	Recommendation(s)	
14:45	<b>12.</b>	<b>Draft recommendations by STAC41</b> The rapporteur will present recommendations made during the meeting	Recommendation(s)	
15:15	<b>13.</b>	<b>Any other business</b>		

<sup>7</sup> Should the STAC move to January, dates will be fixed following the World Health Assembly in May which will decide on the dates of the January 2020 WHO governance meetings.

## Annex 2. List of participants

### STAC Members

#### (Chair) Professor Charles Mgone

Vice-Chancellor, Hubert Kairuki Memorial University, Dar es Salaam, Tanzania

#### Dr Ayat Abuagla

Trinity Centre for Global Health  
Trinity College Dublin, The University of Dublin, Dublin, Ireland

#### Professor Maria Teresa Bejarano\*

Gender, Reproductive Rights & Sustainable Development Advisor, Gender, Human Rights and Culture Branch, Technical Division, United Nations Population Fund (UNFPA), New York, USA

#### Professor Afif Ben Salah

Full Professor of Community Medicine, College of Medicine and Medical Sciences, Department of Community and Family Medicine, Arabian Gulf University, Manama, Kingdom of Bahrain

#### Dr Graeme Bilbe\*

Research and Development Director, Drugs for Neglected Diseases initiative (DNDi), Genève, 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, Lisboa, 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, Cameroun

#### Professor Simon Hales\*

Research Associate Professor: Environmental Epidemiology, University of Otago, Otago, New Zealand

#### Dr Subhash Hira

Professor of Public Health and Senior Advisor, Public Health Foundation of India, New Delhi, India

#### Dr Shagufta Perveen\*

Senior Instructor, Health System and Policy Research Group, Department of Community Health Sciences, The Aga Khan University, Karachi, Pakistan

#### Dr Sonnia Romero Gorski

Facultad de Humanidades y Ciencias de la Educación, Instituto de Antropología, Montevideo, Uruguay

#### Professor 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

\* Not able to attend

## Other participants

### Observers

#### Dr Alwyn MWINGA

Chief Executive Officer  
Zambart  
Zambia

#### Professor Yasmin RUBIO-PALIS

Profesor Titular  
Facultad de Ciencias de la Salud  
Universidad de Carabobo  
Venezuela

## WHO Headquarters Staff

#### Dr Soumya Swaminathan

Chief Scientist / TDR Special Programme Coordinator

#### Dr Marc Sprenger

Director, Antimicrobial Resistance Secretariat

#### Dr Kabir Sheikh

Policy Adviser, Alliance for Health Policy and Systems  
Research

#### Dr Anna Thorson

Research Manager, Reproductive Health and  
Research

## Special Programme staff

### Director's office

#### Dr John Reeder

Director, TDR

#### Dr Garry Aslanyan

Manager, Partnerships and Governance

#### Ms Makiko Kitamura

Communications Officer

#### Mr Rob Terry

Manager, Knowledge Management

### Administrative Support to the STAC

#### Ms Izabela Suder-Dayao

Team Assistant

#### Ms Christine Coze

Technical Assistant

#### Ms Elisabetta Dessi

Team Assistant

### Portfolio and programme management

#### Dr Beatrice Halpaap

Portfolio and Programme Manager

#### Ms Caroline Easter

Programme and Finance Officer

#### Ms Annabel Francois

Programme and Finance Assistant

#### Mrs Mary Maier

Administrative & Finance Officer

#### Dr Mihai Mihut

Portfolio Officer

**Research capacity strengthening and knowledge management**

[Dr Dermot Maher](#)  
Coordinator

[Ms Najoua Kachouri Aboudi](#)  
Team Assistant

[Dr Edward Kamau](#)  
Scientist

[Dr Pascal Launois](#)  
Scientist

[Dr Olumide Ogundahunsi](#)  
Scientist

[Mr Nacer Tarif](#)  
Team Assistant

[Dr Mahnaz Vahedi](#)  
Scientist

**Intervention and implementation research**

[Dr Christine Halleux](#)  
Scientist

[Ms Ekua Johnson](#)  
Team Assistant

[Dr Annette Kuesel](#)  
Scientist

[Mr Abdul Masoudi](#)  
Assistant, Project Management

[Dr Corinne Merle](#)  
Scientist

[Ms Michelle Villasol-Salvador](#)  
Team Assistant

**Vectors, environment and society**

[Dr Florence Fouque](#)  
Team Leader

[Ms Mariam Otmani Del Barrio](#)  
Scientist

[Dr Bernadette Ramirez](#)  
Scientist