

# **Report of the 42nd Meeting of the TDR Scientific and Technical Advisory Committee – STAC42**

**18-19 March 2020**

## **Introduction**

The forty-second 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 via WebEx on 18 and 19 March 2020. The meeting was chaired by Chair STAC, Professor Charles Mgone, and attended by STAC members 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 Mgone welcomed STAC members to the first virtual meeting of STAC<sup>1</sup>, acknowledged their significant contribution to the work of TDR and invited members to provide good scientific advice that will 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, and gave his best wishes for a productive meeting.

Professor Mgone welcomed two new STAC members: Dr Catharina Boehme, Chief Executive Officer of FIND Diagnostics in Geneva and Professor Catherine (Sassy) Molyneux, Professor in Global Health at the KEMRI-Wellcome Trust Research Programme in Kenya.

Professor John Reeder, Director TDR, highlighted the overall focus of the meeting on informing the scientific and technical priorities in the work that will be done in 2020-2021 and thanked STAC members for their participation.

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<sup>1</sup> The planned face-to-face meeting was shifted to a virtual meeting following the outbreak of the COVID-19 pandemic.

## AGENDA ITEM 2 – Statutory business

Professor Mgone proposed that Professor Claudia Chamas be appointed Rapporteur of STAC42. Professor Chamas 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 Claudia Chamas was appointed Rapporteur of STAC42.*
- *The Agenda of STAC42 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 STAC41 recommendations

### *Key messages*

Professor Reeder’s presentation highlighted some of TDR’s achievements in 2019, as well as challenges and opportunities faced by the Programme. Progress made on some expected results was presented in more depth.

- *Research capacity strengthening:* 5000 participants enrolled in online courses created by TDR, from 200 countries. A novel training course in ethics for implementation research was developed jointly with WHO’s Global Health Ethics Unit. The postgraduate training scheme was able to enrol a much higher number of new students from LMICs thanks to additional funds made available early in the year.
- *Research for implementation:* Important progress in vector control was made with the Sterile Insect Technique (SIT), which involved close collaboration with the International Atomic Energy Agency (IAEA) and other entities, now being tested in countries. TB research networks in West and Central Africa produced important results through working closely with national control programmes (ShORRT package, research prioritization, policy adoption in countries) and showed good collaboration with WHO’s Global TB Department (GTB). Promoting gender-sensitive research led to piloting and dissemination of training courses and tools. The Early Warning, Alert and Response System (EWARS) for arboviral diseases, developed by TDR, started to be adopted by countries and is in the process of being further adapted and disseminated.
- *Global engagement:* Research grants awarded through WHO’s regional offices successfully attracted collaborations with TDR partners such as HRP<sup>2</sup>, AHPSR<sup>3</sup>, NIHR UK<sup>4</sup> and EDCTP<sup>5</sup> and leveraged US\$ 2 million. The Health Product Profile Directory (HPPD) was developed and is available online; it was used to analyse the diseases currently addressed by the products in the pipeline. Six country hubs of the Social Innovation in Health Initiative (SIHI) play leadership roles and one of the innovations received a prize in the UNICEF and UNDP Big Think Challenge. TDR Global, the community of TDR grantees, trainees and experts, is spurring mentorship and

<sup>2</sup> HRP: UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction

<sup>3</sup> AHPSR: Alliance for Health Policy and Systems Research

<sup>4</sup> NIHR: National Institute for Health Research, United Kingdom

<sup>5</sup> EDCTP: The European & Developing Countries Clinical Trials Partnership

collaboration, and piloted capacity building for innovation crowdfunding.

- *Financial implementation:* 2018-2019 was a good biennium which saw additional funds being brought in, making an extra US\$ 4 million in undesignated funds (UD) available for activities, and reaching 90% UD implementation in activities.
- *Plans for 2020-2021:* Implementation began with the prospect of the US\$ 40 million budget and workplan scenario being fully funded.
- *Mainstreaming gender in TDR:* The TDR Intersectional Gender Research Strategy will be launched at the World Health Assembly in May. The proportion of grants and contracts going to women has increased substantially since 2012, getting closer to the 50% target.
- *Staff changes in 2019-2020* saw the addition of Dr Abraham Aseffa as the Research for Implementation Unit Head, as well as new staff in antimicrobial research and in administrative support roles.

#### *Discussion points:*

- STAC commended the secretariat for the progress made and the achievements
- Suggested analysing what lies behind the increase in the proportion of contracts and grants awarded to women. Noted that TDR consistently applies policy and practices that bring more women into grants.
- Discussion on the revamped structure that is now in place and aligned with TDR's strategy. The Global Engagement strategic work area is intended not to be a standalone unit, but has projects that run across teams. Acknowledged that the two research teams have merged into one unit and that the Programme Innovation and Management unit (formerly the Portfolio and Programme Management team) continues to lead programme management across TDR.
- Selection for the postgraduate training scheme was very competitive. Regionalizing the scheme has allowed more women to obtain degrees as they are able to study closer to home, which is less disruptive to their home life. China has capacity and would be able to support other countries to strengthen their capacity.
- Working towards digital technology and looking at the most innovative ways to deliver and increase TDR's impact may be advanced further with the help of the new Digital Technology team in WHO. TDR already includes such technologies in projects, e.g. Maasai herders have access to mobile phone technology able to identify where tsetse flies are breeding during a certain period, allowing them to avoid those areas.
- TDR's relationship with the Science Division is evolving well. Professor Reeder, who has the dual role of Director TDR and Director of WHO's Research for Health (RFH) Department, explained the way RFH collaborates with other departments and programmes in WHO – its role being established gradually. As things are settling, TDR's role in collaborating with the new entity will eventually be more clearly defined.

#### *Decision:*

- *Endorsed the Director's report and congratulated the Programme on its extraordinary achievements during the past year.*

## AGENDA ITEM 4 – Programme performance overview

**Preliminary financial report for 2018-2019 and outlook for 2020-2021, progress made against TDR key performance indicators and progress on the implementation of TDR's risk management plan** – presented by Dr Beatrice Halpaap, Unit Head, TDR Programme Innovation and Management

### *Key messages:*

TDR is utilizing its current Performance Framework, approved by the Joint Coordinating Board (JCB), to monitor and improve its performance during implementation of the 2018-2023 strategy. Key performance indicators (KPIs), as described in the Framework, measure what we do and how we do it. Every year and every biennium, through the Results Report, TDR reports progress made on the KPIs.

In 2019, there were 24 expected results in TDR's portfolio. Almost all were either on track or achieved and a few had slight delays; none of the delays are expected to impact the outcome.

The 26 outcomes achieved in 2019 include utilization of tools and solutions generated by TDR, whether at country, regional or global level. Examples include changes in country policies, adoption of novel tools, agreement on research priorities, regional strategies, etc. The 2019 Results Report explains in detail the progress made on each of the 26 KPIs.

*Financial implementation:* Significant savings were made on staff costs (planned costs based on WHO standard costs which includes varying benefits depending on the staff member's personal situation; vacant positions) and operational support. Very good implementation of UD operations funds and lower implementation of DF operations funds. Explained the funds utilized by work area and by expected result versus budget and revised planned cost and implementation rate for UD and DF.

*Risk management:* A total of nine Programme-level risks were managed in 2019. Four of them are fully controlled, four have minor issues and one has major issues (WHO mobility policy).

*Application of core values:* Contracts/grants awarded to disease endemic countries (DECs) and publications with authors from DECs are around or above target and there is a positive trend. Distribution of first author by DEC and by gender shows the proportion of men and women authors in DECs and in non-DECs. The proportion of women as first and last authors, as contract/grant recipients and as advisers shows a positive trend and significant improvement.

*Open access publications:* Although there is a positive trend, open access policy takes a while to be applied to all publications, as publications are often issued years after the grant was awarded.

The 2020-2021 Programme budget and workplan scenarios were approved by the JCB in 2019. Approximately 80% of funds for operations and 20% for operational support in each of the two scenarios, US\$ 40 million and US\$ 50 million.

Income forecast can be significantly affected by exchange rates. TDR's forecast is conservative and takes into consideration risks arising both from exchange rates and changes in the level of contribution. The Portfolio Review that will take place in September 2020 will show if the income level for the biennium is sufficient to shift toward the higher budget and workplan scenario.

### *Discussion points:*

- *Mobility policy:* Soft implementation has begun, although full details of mandatory mobility are not yet developed. TDR has maintained a position that it should be treated as a special case, based on the highly specialised profiles of our staff. However, discussions with WHO on their policy are ongoing and no decision has been made on such exemptions. The JCB and Standing Committee are being kept informed and are closely following the situation.
- Some targets have been achieved (e.g. equity) while others are close to being achieved. TDR intends to keep targets at their current level as variations are likely to occur over the six-year

duration of the strategy. For example, in publications KPIs, some of the numbers on DEC authorship are skewed by SORT IT<sup>6</sup>, which has a strong majority of authors from DECs.

- The US\$ 50 million workplan scenario has been planned based on TDR's capacity to implement. During implementation of the US\$ 40 million scenario staff are continuing to fundraise to enable the higher budget scenario to be implemented.
- Risk to Programme implementation arising from such global health emergencies as the COVID-19 pandemic should be included in the risk registry. Past events like migration waves led to a reduction in contributions. TDR may consider this as a new risk or integrate it into an existing risk. There is a business continuity plan, however in the event of such a disruption, it may be necessary to postpone activities that require travel and field work in affected countries. Increasing the capacity for more online meetings and trainings should be considered.
- The current situation with COVID-19 provides an opportunity for TDR to prioritize its workplans to adapt accordingly and to strengthen distance learning models.

#### **Decisions:**

- *Endorsed the preliminary financial report 2018-2019 and outlook 2020-2021.*
- *Endorsed the 2019 TDR Results Report.*
- *Endorsed the Risk Management Report 2019.*

#### **Recommendations:**

- *Recommended including global health preparedness and global health emergencies as a risk to Programme implementation and identifying a mitigation plan.*
- *Recommended using the COVID-19 pandemic context as an opportunity to strengthen distance learning models of TDR and to effectively disseminate distance learning opportunities via TDR's website and other social media platforms.*
- *Recommended conducting analysis to identify specific factors that allowed for an increased level of funding to women scientists as presented in the 2019 Results Report.*

## **AGENDA ITEM 5 – Report on technical progress in 2019 and planned activities for 2020-2021**

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

#### *Key messages*

In 2019, 77 new research grants were awarded as part of the regional grants scheme, in five of the six WHO regions. This was done jointly with four strategic partners, leveraging US\$ 2 million in co-funding. The grants address the variety of topics relevant to the respective regions.

The Health Product Profile Directory was launched and utilized to guide the development of products that address neglected diseases.

SIHI's engagement with a number of strategic partners to scale up social interventions and projects received international recognition.

TDR Global piloted the crowdsourcing approach for mentorship and supported developing capacity for crowdfunding for infectious diseases research in countries.

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<sup>6</sup> SORT IT: The Structured Operational Research and Training Initiative

*Discussion points:*

- SIHI country hubs do a variety of good quality work. However, the quality of the papers varied from hub to hub. Consider giving more support to those hubs to increase their capacity for publications. The SIHI hub in China has offered to support other hubs to improve their performance, sustainability and fundraising efforts.
- A joint theory of change (TOC) was developed with HRP and the Alliance for capacity strengthening in implementation research. In addition, TDR has a TOC for research capacity strengthening and another at Programme level.
- Regarding the TDR Global mentorship contest, each region will select a list of finalists whose ideas will be implemented with the support of TDR Global nodes in their region.

## AGENDA ITEM 6 – Update from Chairs of Scientific Working Groups

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

- Good progress was made in 2019 on many expected results.
- Welcomed the new Unit Head, Dr Abraham Aseffa, who joined recently to lead the IMP unit.
- Following the merger of the IIR and VES SWGs, the resulting IMP SWG decided on new ways of working, allowing for monitoring of all ERs while analysing in-depth the ones that require the most attention.

### **Research Capacity Strengthening** – presented by Dr Alwyn Mwinga

- Good work was done in 2019. Thanks to TDR's two-level budget scenario model and advance planning, RCS had the capacity to absorb an extra US\$ 2 million of undesignated funding when it became available in early 2019.

## AGENDA ITEM 7 – Reports on technical progress in 2019 and planned activities for 2020-2021

### **Research for Implementation (IMP)** – presented by Dr Abraham Aseffa, Unit Head, IMP

#### *Key messages*

Work is grouped into four workstreams: Research for policy; Research for implementation; Research for innovation; and Research for integrated approaches. Good progress was made on each expected result contributing to these workstreams.

*Vector control:* Community engagement and adaptive capacity was built in Cambodia. Progress made on investigating the burden and causes of residual malaria and insecticide resistance led to investigating new solutions through multisectoral approaches to vector control in endemic areas. A Guidance Framework document was published in 2019. Proof of concept that Sterile Insect Technique (SIT) can reduce natural populations of *A. aegypti*, site selection and entomological surveillance were completed in 2019, with testing planned for early 2020.

*Seasonal malaria chemoprevention studies:* Reviewed evidence, identified gaps and prioritized research to be done in 2020. Results will inform country policies and practices and strengthen malaria control in West Africa.



*WARN-TB and CARN-TB:* Important developments and outcomes as countries began to change their policies based on evidence from operational and implementation research. Forty ongoing studies are focused on optimizing active case finding in vulnerable populations: children, HIV patients, diabetic patients, prisoners, drug users and pregnant women. Forty-five countries agreed on programmatic management of drug resistant TB and OR/IR research gaps, regional research priorities and providing tools to countries – ShORRT research package.

*Digital technology for improving TB management and care:* Adaptation of the IR toolkit was done in 2019. Activities planned for 2020 may be disrupted by the COVID-19 pandemic.

*SORT IT for universal health coverage and antimicrobial resistance (AMR):* The initial focus was on six countries on three continents. This was scaled up quickly with 36 studies ongoing in countries. There is strong engagement with WHO country offices, AMR committees and SORT IT partners. The aim in 2020 is to start 36 additional studies.

*Discussion points:*

- *Use of IR ethics guidelines in research projects:* In some projects such as WARN-TB, CARN-TB and SORT IT, there is a section on ethics which takes into consideration ethics in IR. The course can be proposed as a tool for researchers to strengthen their capacity.
- Studies to monitor the use of antibiotics during the COVID-19 pandemic are not currently in TDR's portfolio. The AMR programme is meant to make each of the five pillars of the AMR action plan data rich, information rich and action rich. One of the pillars is looking at country-wide antibiotic consumption and use. COVID-19 was not part of the initial agenda; as we move forward to new countries, it is something that could be considered but only if countries prioritise it.
- Involving local teams in LMICs in the COVID-19 response could be suggested, to the extent where they could lead protocol development or support the response in other ways. An example comes from the United Republic of Tanzania where the malaria control programme is contributing to the COVID-19 response. TDR encourages regional collaboration, going to country level to see if we can support capacity strengthening for future interventions. Research protocols that TDR helped develop are already shared between some countries and could be published more widely for the use of national control teams in an emergency situation.
- Tracking the impact of the work TDR is doing on tuberculosis: greater impact could be seen once countries' concept notes to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) get funded and they can implement policies. As a result of TDR's work, it may be possible in two-years' time to see changes in active TB case finding. Expanding work on TB aims at social coverage and a patient-centred approach, including social innovation aspects (a pilot will be done in Benin in 2020). Mapping of all nongovernmental organizations with TB activities in the West and Central African subregion will be carried out in 2020.
- *COVID-19 and increasing testing capacity in Africa:* Networks could contribute to such testing. SORT IT is currently generating data in 93 countries and we are exploring the population dynamics, detection, referral and use of digital systems in the Ebola-affected countries.

## **Research Capacity Strengthening (RCS) – presented by Dr Dermot Maher, Unit Head, RCS**

### *Key messages*

Highlights of main areas of activity and expected results the team worked on in 2019, including contributing to GPW13's triple billion targets and to the achievement of the Sustainable Development Goals.

Additional funding received in early 2019 funded 77 new Masters grantees through the postgraduate training scheme. Among postgraduate students, there are 51% men and 49% women.

BRAC University in Bangladesh, one of the seven universities collaborating with TDR, hosted the first Global Conference on Implementation Science in June 2019.

An evaluation of the training scheme recommended further aligning university curricula with the TDR global competency framework for clinical research, to clarify the roles of supervisors in their own countries and to consider enhancing networking opportunities for students with TDR staff and experts.

In 2019, 769 students were trained through short courses by the regional training centres, with many of the courses having a majority of women participants (average of 72%). Another 1265 students were trained on implementation research courses, including the MOOC.

The MOOC on implementation research is a success. The course is in three languages and will be extended to other institutions.

TDR will be launching an open competition to replace the training centre in the WHO Western Pacific Region (WPR) as the current centre does not have the capacity to scale up and continue the work, as recommended by the RCS SWG.

*Clinical Research and Development Fellowship Scheme:* A gender crowdsourcing contest was organized to identify ideas to enhance the participation of women in the scheme. Solutions identified were applied to the new call and selection, with the proportion of women increasing from 16% to 39%.

Building on experience in IR capacity in Ghana, Indonesia and the United Republic of Tanzania, the Access and Delivery Partnership (ADP) project now involves activities in three additional countries (India, Malawi and Senegal).

An ethics in IR course has been developed in collaboration with WHO's Research for Health Department.

Exploring the possibility for SORT IT to be included in Global Fund projects in Ghana, Sierra Leone, Uganda and Zimbabwe.

Strategic collaborations are taking place with other departments and programmes in WHO and with external entities such as EDCTP.

### *Discussion points:*

- *Postgraduate training scheme:* It is important to have the core competencies framework taken up locally in universities, and being put into practice. Collaborating with Johns Hopkins University and entities in WHO to validate the framework in an endeavour to strengthen the capacity of both researchers and institutions. This subject be applied to the second phase of the postgraduate training scheme, possibly with other universities in the scheme.
- In a year's time we will be able to report on how the competencies framework contributes to the development of capacity in universities.
- *Regional Training Centres (RTCs):* Lessons have been learnt from the WPR RTC eventually failing to deliver: one focal point is not sufficient, a team is needed in each RTC to be responsible for the



courses. For the next call for applications, we will seek either a university or an institution with strong links to a university for sustainability. It is also important to assess the capacity of the institution for financial reporting.

- During a pandemic, we cannot be as effective as we would be if we could travel and do business in the field. For the current courses, we may consider different approaches for universities training postgraduates, and for RTCs, possibly switching temporarily to online courses to some extent.
- Snake bite has been added to the list of the second cycle of SORT IT on neglected tropical diseases.
- In discussion with GOARN-R to look at how we can galvanize building capacity for implementation research to facilitate the surge response during future outbreaks.
- The regional small grants scheme responds to regional priorities.

#### **Decision:**

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

#### **Recommendations:**

- *Recommended publishing research protocols and other tools developed for use by WARN-TB and CARN-TB countries for a broader audience to help strengthen the research capacity of country control programmes beyond the two sub-regions.*
- *Recommended documenting and integrating lessons learnt from the evaluation of the Regional Training Centre in the Western Pacific Region for new centres in that or other regions.*

## **AGENDA ITEM 8 – STAC and SWG Governance**

– presented by Dr Garry Aslanyan

#### **Key messages**

Membership of both Scientific Working Groups (IMP and RCS) to 31 December 2020 was presented.

#### **Decision:**

- *Agreed to the membership of the two scientific working groups as presented.*

## **AGENDA ITEM 9 - Date and place of STAC43**

#### **Decision:**

- *Agreed that the forty-third meeting of STAC (STAC43) will take place in Geneva during the week of 15 March 2021, including a briefing on TDR for new members.*

#### **Recommendation:**

- *A mini evaluation of this meeting will be conducted to find out the shortcomings and things which could be improved for future virtual meetings.*

## **Close of STAC42**

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

## STAC42 summary of decisions and final recommendations

### Decisions

1. Professor Claudia Chamas was appointed Rapporteur of STAC42.
2. Adopted the agenda 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 preliminary financial report 2018-2019 and outlook 2020-2021.
6. Endorsed the 2019 TDR Results Report.
7. Endorsed the Risk Management Report 2019.
8. Endorsed the reports on technical progress and planned activities of all teams.
9. Agreed to the membership of the two scientific working groups as presented.
10. Endorsed the TDR Programme Budget 2020-2021.
11. Agreed that the forty-third meeting of STAC (STAC43) will take place in Geneva during the week of 15 March 2021, including a briefing on TDR for new members.

### Recommendations

1. Recommended including global health emergencies as a risk to Programme implementation and identifying a mitigation plan.
2. Recommended using the COVID-19 pandemic context as an opportunity to strengthen distance learning models.
3. Recommended conducting analysis to identify specific factors that allowed for an increased level of funding to women scientists as presented in the 2019 Results Report.
4. Recommended publishing research protocols and other tools developed for use by WARN-TB and CARN-TB countries for a broader audience to help strengthen the research capacity of country control programmes beyond the two sub-regions.
5. Recommended documenting and integrating lessons learnt from the evaluation of the Regional Training Centre in the Western Pacific Region for new centres in that or other regions.
6. A mini evaluation of this meeting will be conducted to find out the shortcomings and things which could be improved for future virtual meetings.

## Annex 1. Annotated Agenda

<b>Wednesday, 18 March (12:00-14:30 Geneva)</b>				
<i>Time</i>	<i>Item</i>	<i>Topic</i>	<i>Action</i>	<i>Reference documents</i>
12:00	<b>1.</b>	<b>Opening of the meeting</b> <i>Dr Soumya Swaminathan, WHO Chief Scientist / TDR Special Programme Coordinator</i> <i>Professor John Reeder, Director, TDR</i>		
12:05	<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/STAC42/20.1a</i>
12:15	<b>3.</b>	<b>Director's Report and follow-up on STAC41 recommendations</b> <i>Professor John Reeder</i> 20 minute presentation followed by 40 minute discussion	<b>Information and endorsement</b>	Report of STAC41 <i>TDR/STAC41/19.3</i> Draft TDR Annual Report 2019 Follow-up on STAC recommendations <i>TDR/STAC42/20.4</i> Draft TDR Intersectional Gender Research Strategy
13:15	<b>4.</b>	<b>Programme performance overview</b> <i>Dr Beatrice Halpaap, Unit Head, TDR Programme Innovation and Management</i> 20 minute presentation followed by 25 minute discussion	<b>Information and endorsement</b>	TDR preliminary financial report 2018-2019 and outlook 2020-2021 <i>TDR/STAC42/20.5</i> 2019 TDR Results Report (draft) <i>TDR/STAC42/20.6</i> <b>Information only:</b> <a href="#"><u>TDR Performance Framework 2018-2023 TDR/STRA/18.2</u></a> TDR Risk Management Report, 2019 <i>TDR/STAC42/20.7</i>
14:00	<b>5.</b>	<b>Report on technical progress in 2019 and planned activities for 2020-2021</b> <b>Global Engagement</b> <i>Dr Garry Aslanyan, TDR Partnerships &amp; Governance Manager</i> 10 min presentation followed by 20 min discussion	<b>Recommendation(s)</b>	Global Engagement Annual Report 2019 <i>TDR/STAC42/20.13</i>

Thursday, 19 March (12:00-14:15)				
Time	Item	Topic	Action	Reference documents
12:00	6.	<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.
12:15 – 13:45	7.	<b>Reports on technical progress in 2019 and planned activities for 2020-2021</b>	Information and recommendation(s)	TDR Expected Results Progress - 2018-2019 <i>TDR/STAC42/20.8</i> TDR Expected Results Strategic Plans 2020-2021 <i>TDR/STAC42/20.9</i> TDR Expected Results Operational Plans 2020-21 <i>TDR/STAC42/20.10</i>
12:15		<b>7.1 Research for Implementation (IMP)</b> <i>Dr Abraham Aseffa, Unit Head</i> 15 min presentation followed by 30 min discussion	Recommendation(s)	TDR IMP Annual Report 2019 <i>TDR/STAC42/20.11</i> Research for Implementation IMP SWG meeting report
13:00		<b>7.2 Research Capacity Strengthening (RCS)</b> <i>Dr Dermot Maher, Unit Head</i> 15 min presentation followed by 30 min discussion	Recommendation(s)	TDR RCS Annual Report 2019 <i>TDR/STAC42/20.12</i> RCS SWG meeting report
13:45	8.	<b>STAC and SWG Governance</b> <i>Dr Garry Aslanyan</i> <ul style="list-style-type: none"> <li>2020 SWGs, membership and meetings</li> <li>Call for STAC members from 2021</li> </ul>	Recommendation(s)	List of proposed SWG members <i>TDR/STAC42/20.14</i> STAC call for members TDR's STAC and scientific working groups: Terms of reference ( <i>June 2014</i> )
13:55	9.	<b>Date and place of STAC43</b> <i>Proposed dates are 17-18 March 2021 at WHO headquarters, Geneva, with a briefing session on 16 March.</i>	Recommendation(s)	
14:00	10.	<b>Any other business</b>		
<b>CLOSE OF STAC42</b>				

## Annex 2. List of participants

### STAC Members

#### (Chair) Professor Charles Mgone

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

#### Dr Ayat Abuagla

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

#### 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 Catharina Boehme

Chief Executive Officer, FIND Diagnostics, 1202 Genève, Switzerland

#### 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, P-1349-008 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, Cameroon

#### Dr Subhash Hira

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

#### Professor Catherine (Sassy) Molyneux

Professor in Global Health, Health Systems Research Ethics Department, KEMRI-Wellcome Trust Research Programme, Kilifi, Kenya

#### Dr Alwyn Mwinga

Executive Director, Zambart, Lusaka, Zambia

#### Dr Shagufta Perveen \*

Senior Instructor, Health System and Policy Research Group, Department of Community Health Sciences, The Aga Khan University, Toorak Gardens, Australia

#### Professor Bertie Squire

Dean of Clinical Sciences & International Public Health, Liverpool School of Tropical Medicine, 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

### Special Programme staff

#### Director's Office

Dr John Reeder, Director

Dr Garry Aslanyan

Ms Christine Coze

Ms Elisabetta Dessi

Ms Makiko Kitamura

Ms Mariam Otmani Del Barrio

Ms Izabela Suder-Dayao

Mr Robert Terry

#### Research for Implementation (IMP)

Dr Abraham Aseffa, Unit Head

Dr Florence Fouque

Dr Christine Halleux

Mr Daniel Hollies

Ms Ekua Johnson

Dr Mohammed Khogali Ahmed

Dr Annette Kuesel

Mr Abdul Masoudi

Dr Corinne Merle

Dr Bernadette Ramirez

Ms Michelle Villasol-Salvador

Dr Rony Zachariah

#### Programme Innovation and Management (PIM)

Dr Beatrice Halpaap, Unit Head

Ms Caroline Easter

Ms Annabel Francois

Ms Mary Maier

Dr Mihai Mihut

#### Research Capacity Strengthening (RCS)

Dr Dermot Maher, Unit Head

Ms Najoua Kachouri Aboudi

Ms Kai Kalmaru

Dr Edward Kamau

Dr Pascal Launois

Dr Olumide Ogundahunsi

Dr Mahnaz Vahedi

#### TDR Consultants

Ms Silvia Ines Alvarado Wu

Ms Ana Hernandez Bonilla

Ms Debora Pedrazzoli

Ms Vanessa Veronese

Dr Qingxia Zhong