

Report of the 44th Meeting of the TDR Scientific and Technical Advisory Committee – STAC44

16–17 March 2022



Introduction

The forty-fourth 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 virtually on 16 and 17 March 2022. The meeting was chaired on the first day by Professor Stephen Bertel Squire, standing in for Chair STAC, who was unable to attend due to an unexpected medical appointment, and on the second day 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 Squire welcomed STAC members to the third virtual meeting of STAC, 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 offered his best wishes for a productive meeting.

Professor Squire welcomed three new STAC members: Dr Theeraphap Chareonviriyaphap, Head of the Department of Entomology at Kasetsart University in Bangkok, Thailand (who was unable to attend); Professor Leanne Robinson, Program Director, Health Security and Senior Principal Research Fellow and Group Leader for Vector-Borne Diseases and Tropical Public Health at the Burnet Institute in Melbourne, Australia; and Dr Marta Tufet Bayona, Head of Policy at Gavi in Geneva, Switzerland.

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 2022–2023 and thanked STAC members for their participation.

Professor Reeder also made a mention for Dr Soumya Swaminathan, WHO Chief Scientist and TDR Special Programme Coordinator, who was travelling and not able to attend the meeting.

AGENDA ITEM 2 – Statutory business

Dr Garry Aslanyan proposed that Dr Emelda Okiro be appointed Rapporteur of STAC44. Dr Okiro 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.

New members, Professor Leanne Robinson and Dr Marta Tufet Bayona, were called upon to introduce themselves. The third new member, Dr Theeraphap Chareonviriyaphap, was not able to attend.

Decisions:

- *Dr Emelda Okiro was appointed Rapporteur of STAC44.*
- *The Agenda of STAC44 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 STAC43 recommendations

Key messages

Professor Reeder’s presentation highlighted some of TDR’s achievements in 2021, as well as some challenges and opportunities faced by the Programme in the past year. It was also mentioned how the continuing challenge of dealing with COVID-19 impacted programme and implementation outcomes. Progress made on some expected results was presented in more depth. Dr Aslanyan presented the follow-up on STAC43 recommendations.

Key achievements from 2021 in research for implementation were presented:

- Eleven (11) studies completed on strategies to mitigate the impact of COVID-19 on TB control in West and Central Africa.
- Four (4) case study projects selected to test TDR’s framework on a multisectoral approach to vector-borne diseases in Latin America, Asia and Africa.
- One Health approach for tackling vector-borne diseases is being piloted by four research teams in Africa.
- Thirty-five (35) operational research studies from countries in Asia and Africa on antimicrobial resistance completed and published.
- New SORT IT training module piloted to strengthen researchers’ communication skills and enhance uptake of research findings.

Priorities for 2022 in the research for implementation strategic priority area were enumerated:

- Strengthening health system resilience through mitigating impact of COVID-19 on TB, malaria and visceral leishmaniasis (VL); country preparedness for disease outbreaks (Early Warning and Response System, SORT IT); multisectoral approach, context specific mechanisms; operationalizing a One Health approach; improved strategies for surveillance and monitoring.
- New tools, toolkits and approaches to support country-led IR that will include innovative virtual platforms; digital technologies for TB care; intersectional gender analysis in research.
- IR to accelerate universal health coverage through operational research on hard-to-reach populations (malaria, drug-resistant TB, VL); improved delivery of public health interventions; context-specific evidence pool generated for local intervention on AMR.
- IR to support disease elimination by working towards VL elimination in East Africa; moxidectin for onchocerciasis.

Key achievements from 2021 in research capacity strengthening were outlined, among which:

- An inaugural batch of Forty-six (46) students from French-speaking countries in West Africa were selected for the Postgraduate Training Scheme programme at Cheikh Anta Diop University in Dakar, Senegal.
- Seven universities in low- and middle-income countries (LMICs) have been selected to participate in the second phase of the Postgraduate Training Scheme (2022–2026).
- Academic institutions in LMICs piloted a new implementation research (IR) core competencies framework to identify and address IR training gaps.

- The Massive Open Online Course (MOOC) on IR is now available in each of the six official languages of the United Nations (Arabic, Chinese, English, French, Russian and Spanish).
- A new module on gender and intersectionality has been developed for the IR Toolkit.
- An interactive digital version of the Ethics in IR course has been developed.
- Under the Clinical Research and Development Fellowship scheme, 18 fellows were selected to be placed at nine training partner organizations.

Priorities for 2022 in the research capacity strengthening strategic priority area were presented:

- Maintain efforts on supporting the development/ implementation of online training courses, including Masters in implementation research.
- Pilot a postdoctoral scheme on IR.
- Development of advanced MOOC on IR.
- Network of IR training institutions/universities in French-speaking countries in West Africa.
- Expand the Access and Delivery Partnership (ADP) programme to new countries.
- Integrating SORT IT and operational research into Global Fund to Fight AIDS, Tuberculosis and Malaria grants (new expected result).
- Develop a Clinical Research Leadership (CRL) programme.

Key achievements from 2021 in global engagement were enumerated:

- As a member of the COVID-19 Clinical Research Coalition's data sharing working group, TDR has contributed to the review of COVID-19 data sharing platforms.
- Two new research tools for social innovators were delivered: the *Social Innovation in Health Monitoring & Evaluation Framework* and a Research Checklist for Social Innovation.
- Small Grants Scheme with WHO regional offices tackled new topics such as health and migration and implementation of the International Health Regulations.
- A Women in Science compendium featuring 15 women global health leaders from the TDR Global community was launched on International Women's Day.
- A practical guide on Public Engagement and Crowdfunding in Health Research was published and launched in partnership with the SIHI network and SESH (Social Entrepreneurship to Spur Health).

Priorities for 2022 in the global engagement strategic priority area were presented:

- TDR to continue to play a critical role in global research policy discourse as a key partner in initiatives such as the World Health Organization/United Kingdom joint work on clinical trials and the ESSENCE on health research initiative.
- The Social Innovation in Health Initiative (SIHI) to continue building network sustainability, expansion in regions and consolidation of existing and new SIHI country hubs.
- TDR Global to strengthen the mentorship environment in LMICs through development of an institutional mentorship guide.
- Impact grants for regional priorities to continue as part of TDR's partnership with WHO regional offices.

- Complete research priority setting exercises (neglected tropical diseases, HIV, antimicrobial resistance) and continue promotion of Open Science.
- Continue to strengthen TDR's leadership in the integration of sex and gender into health research (including the work of WHO and other research entities).

Key points in financial implementation were presented:

- Implementation of the TDR Strategy 2018–2023 began in January 2018 and achievements have been reported in TDR's annual financial and results reports.
- Two programme budget and workplan scenarios were approved by the Joint Coordinating Board (JCB) for the biennium 2020–2021. These included a lower scenario at US\$ 40 million and a higher scenario at US\$ 50 million. The two-scenario model was developed to help manage the uncertainty of funding and allow a confident start to implementation. Implementation of the lower (US\$ 40 million) budget scenario began in January 2020.
- The two-scenario model has proved successful, allowing planned costs to be revised and adjusted, which led to reallocating funds saved on staff costs and operations support to activities. By 31 December 2021, US\$ 37.7 million had been utilized (92% of the revised planned costs).
- In June 2021, the JCB approved TDR's Programme Budget and Workplan for the biennium 2022–2023, with two scenarios, one at US\$ 40 million and the other at US\$ 50 million.
- TDR continues to strengthen its fundraising efforts among both new and existing donors, focusing on the priorities of the current Strategy and aligning with the Sustainable Development Goals (SDGs).

Key achievements for the year 2021 were summarized along with plans of progress for 2022–2023:

- Strong operational achievements in 2021.
- TDR was able to continue its programme of work despite COVID-19 and provided assistance to WHO where appropriate.
- Good progress towards results' targets.
- Good project implementation rate despite challenges.
- Clear and achievable workplan for 2022–2023.
- Safe to start 2022 with US\$ 40 million budget scenario (no need for contingency plan).
- Moved to new location, alongside other Science Division colleagues.

Key points for mainstreaming gender in TDR were highlighted:

- Promoting equity and an intersectional gender lens in capacity strengthening activities.
- Upcoming updated IR Toolkit to incorporate a gender and intersectionality module.
- MOOC module on gender and intersectionality in IR has been developed.
- Building a stronger strategic partnership with HRP (the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction) to support research partners globally in their efforts to incorporate sex and gender dimensions in health research.

Key staff changes were announced:

- Dr Bernadette Ramirez, Scientist in the Research for Implementation unit, will retire from WHO on 30 June 2022 after 15 years with TDR.
- Dr Michael Mihut has been appointed Unit Head of the Programme Innovation and Management unit. Michael has been with TDR since 2009; 10 years as Programme, Monitoring and Evaluation officer.

Discussion points:

- Overview of STAC recommendations from 2021, which suggested exploring potential approaches to collecting and reporting data on gender identity of TDR grantees and trainees in a manner that is fair and safe. A consultation with several entities that conduct work similar to TDR's revealed the lack of a systematic, consistent mechanism or institutional best practices that can be adopted for collection and storage of data on gender identity. Although a survey undertaken with 162 respondents suggests that there is a willingness to be more inclusive and open in the reporting of such data, there also exists evidence of deep-seated prejudice and discriminatory perception when it comes to gender non-binary identities and women.
- Follow-up on the survey conducted to measure the effectiveness of virtual training being undertaken in LMICs, keeping in mind issues of equity and accessibility. The analysis of the results is currently a work in progress and outcomes will be shared once ready.
- Suggested expanding virtual tools and a broader application of templates and approaches used by specific disease approaches for wider use.
- STAC had recommended a 'mini' evaluation of the meeting format in 2021. A survey undertaken reveals an overwhelming preference to return to face-to-face interactions over virtual meetings. It was also suggested that all reading material and documents circulated in the run-up to the meeting should be more concise.
- Suggested that TDR consult with and engage younger people in its work on data gathering and perception on gender identity to enable a clearer picture on the evolving thinking that is associated with the ongoing change with non-binary gender identity in particular.

Decision:

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

Comments and recommendations:

- *Congratulated TDR's Director and staff on the remarkable achievements and hard work done in 2021, and for being on track for most deliverables through the difficult past year that has seen the continuing struggle with the challenging global situation with the COVID-19 pandemic.*
- *Recommended that TDR reaches out to additional funders regarding gender identity related policies (e.g. FCDO, NIHR, UKRI).*
- *Recommended making more explicit how TDR tracks the impact on policy, identify factors that enable policy change and how TDR can contribute to enhanced use of evidence in countries.*

AGENDA ITEM 4 – Programme performance overview

Preliminary financial report 2020–2021 and outlook 2022–2023, progress made against TDR key performance indicators and progress on the implementation of TDR’s risk management plan – presented by Dr Michael Mihut, Unit Head, TDR Programme Innovation and Management.

Key messages:

- The TDR Performance Framework, aligned with TDR’s Strategy 2018–2023, guides TDR’s work and defines the way TDR measures success in technical achievements, application of core values and management performance.
- The 26 Programme-level key performance indicators help monitor and evaluate TDR’s results against the planned targets, as reflected in the 2021 Results Report.
- As of 31 December 2021, 18 of the 23 expected results in TDR’s portfolio showed their activities as being on track, with four activities reporting minor delays, and one project reflecting a major hindrance (outputs have been delayed). Due to various situations, such as the COVID-19 pandemic that required a lot of effort from TDR grantees in the field and also imposed travel restrictions, some activities had to be postponed, some were moved to virtual platforms and others may require to be replanned or redesigned. Some delays in fundraising from project-specific donors have also led to delays in initiating the calls for proposals and projects.

Financial implementation:

- A financial overview was presented by Dr Mihut, based on the TDR Preliminary Financial Report 2020–2021 and Outlook 2022–2023 document which was made available to STAC.
- Planned costs were revised during the biennium; firstly, increasing to US\$ 44.8 million (September 2020) as funds became available and then gradually reducing to US\$ 41 million (September 2021) based on capacity to implement in the field under the constraints of COVID-19.
- As of 31 December 2021, US\$ 37.7 million had been spent or committed through legal agreements (commitments of US\$ 2.3 million), which represents 92% of the Revised Planned Cost.
- Two budget scenarios for 2022–2023 were approved by the JCB and Standing Committee in 2021. One, a lower scenario at US\$ 40 million (US\$ 28 million undesignated funds; US\$ 12 million designated funds). Two, a higher scenario at US\$ 50 million (US\$ 34 million undesignated funds; US\$ 16 million designated funds).
- In April 2021, a contingency plan was developed to address the potential US\$ 4 million reduction in contribution from a key donor. The contingency plan was to be implemented in case additional funds were not identified by year end to cover this gap. The plan was endorsed by the Standing Committee in May 2021 and approved by the JCB in June 2021.
- Sufficient funds to cover the gap were identified by November 2021. These resulted from savings on salary and operations support costs, unexpected contributions received at the end of 2021, as well as a higher level of funds carried forward from 2020–2021 due to limited implementation capacity in the field caused by the COVID-19 pandemic.
- With approval from the Standing Committee, TDR began implementing the US\$ 40 million budget scenario in January 2022.
- Detailed tables by expected result, strategic priority area and type of funding were presented.

Risk management:

- The current status of Programme-level risks was presented, together with a brief explanation of action items which are explained in full in the 2021 Risk Management Report.
- At the beginning of 2021, there were 10 active significant risks. In 2020, following important progress made on Risk 8 (Information and project management systems) mitigation, it was closed in 2021 following approval of TDR's governing bodies, leaving 9 risks to mitigate.
- A new risk has been proposed which concerns the expected gap that will emerge due to the high number of senior managers and key personnel scheduled to retire in the next few years, with related mitigation measures meant to guide a smooth handover and transition.

Application of core values:

- In 2021, the total dollar amount of grants and contracts awarded to institutions and researchers in disease endemic countries (US\$ 8.9 million) was 79% of the total, a clear increase from 71% in 2020. When counting the number of contracts, 67% were with institutions and individuals in DECs, up from 64% in 2020 and 62% in 2019. The average amount of a contract/grant continued to remain higher for DECs than non-DECs.
- In 2021, the proportion of TDR advisers originating from LMIC DECs was 64%, above the target of 60%.
- There were 176 TDR-supported peer-reviewed publications in 2021. Among the authors of these publications, the proportion of first authors from DECs was 77%, remaining well above the 67% target. This reflects TDR's continued focus on building capacity and leadership for health research in LMICs.
- The provisional analysis of 2021 shows that 49% of contracts or grants were awarded to women, which is an increase from 46% in 2020. The amount awarded to women, however, decreased to 42%, compared to 49% in 2020 (approximately US\$ 4.4 million).
- Ten (10) new tools and strategies developed in 2018–2019 have been added to the panoply of public health tools that has been in use for at least two years, which brings the number of new tools for the period 2018–2021 to 22, thereby ensuring the sustainability of outcomes.

Open Access publications:

- In 2021, 95% of TDR-supported publications were published in open or free access, the highest percentage ever. The trend points towards getting closer to 100% open access in a few years' time.
- The nine publications that were not in open/free access had first and last authors from the following countries: Bhutan, Colombia, Ecuador, Germany, Mali, Uganda, the United Republic of Tanzania and the United States of America. TDR plans to explore the causes that prevented them from applying TDR's open access policy.

Discussion points:

- STAC members congratulated the teams on impressive results as most of the targets, along with a few goals for 2023, have already been achieved.
- Question on mapping risks on the results chain, and which are the risks located in the sphere of translating evidence and innovation leading to policy change. WHO's mobility policy and its potential impact on TDR results were discussed, as well as the importance of seeking the best solution to maintain the Programme's specialized and specific staff expertise and

competitiveness. Suggestions were made to explore the possibility of searching databases for unpublished articles and see if there is any pattern relative to gender of first authors, or authors emerging from LMICs.

- Welcomed TDR's efforts to measure gender equity in its research and publishing activities in LMICs, while eliminating and preventing discriminatory practices where existent or identified.

Decisions:

STAC endorsed the following documents:

- Preliminary financial report 2020–2021 and Outlook 2022–2023
- 2021 Results Report
- 2021 Risk Management Report

Recommendation:

- Recommended that achievements are visually presented in the TDR results chain to show how they fit into and help measure TDR's progress in all three strategic priority areas to show the intersection between the different areas towards the overall aims of TDR.

AGENDA ITEM 5 – Update from Chairs of Scientific Working Groups

Research for Implementation – presented by Professors Bertie Squire and Sassy Molyneux

- Professor Molyneux presented highlights of the meeting and recommendations of the IMP SWG, held in October 2021.
- The SWG reviewed the membership expertise matrix of its current members and announced that four out of nine members were new.
- The SWG recommended that TDR continue to drive implementation research for elimination of diseases of poverty, and in so doing, to prioritize efforts that make health systems more resilient.

Research Capacity Strengthening – presented by Dr Alwyn Mwinga

- Dr Mwinga briefed the STAC members on the activities and expected results comprised in the RCS budget and workplan for 2022–2023.
- Prioritization of training activities – Postgraduate Training Scheme, online Masters and postdoctorate in implementation research.
- Highlighted the importance of having resources to strengthen digital platforms, tools and technical capacity to facilitate virtual learning.

AGENDA ITEM 6 – Reports on technical progress in 2021 and planned activities for 2022–2023

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

Key messages

- Updates on activities and achievements across the four workstreams of the IMP workplan were presented. Project targets have been achieved in almost all expected results, despite the COVID-19 pandemic (illness, lockdown, travel restrictions); catch-up for delayed projects that include digital toolkits, online courses, webinars, regular calls, sustained support, study modifications, South-South networks, hybrid meetings that completed the transition into what is being seen as the new normal.
- Early Warning and Response System (EWARS) for arbovirus outbreaks implemented in 17 countries. Remote support for improving the use of EWARS via webinars with all teams and one by one meetings. Three research projects about to start for measuring the impact of the use of EWARS on dengue outbreaks.
- Country capacities for AVD (arboviral disease) surveillance, control and outbreak preparedness: Conduct of a survey for evaluating the capacities and challenges of 47 African countries in terms of surveillance and vector control of arboviral diseases. This will inform regional preparedness plans and future implementation research projects.
- Innovative vector control technologies: Support to training in medical entomology and vector control through the Global Vector Hub (GVH); a joint TDR-GVH webinar on training in medical entomology attracted more than 600 registrations and 300 participants.
- Support to the WHO Department for the Control of Neglected Tropical Diseases (NTD) on the development of a new tool for surveillance of *Aedes* mosquitoes, vectors of arboviral diseases, through identification of the species (*Aedes aegypti* or *Aedes albopictus*) at the egg stage; development of a landscape analysis for the integration of existing and new vector control tools; data sharing on vectors in collaboration with the Global Biodiversity Information Facility (GBIF) with a joint publication.
- Climate change and vector-borne diseases: Piloted the One Health approach (including a metrics/scorecard system in four African countries; established an online platform for operationalizing One Health; the *One Health Handbook*, a comprehensive reference, made widely available within WHO and other collaborating partners (Food and Agriculture Organization-FAO, World Organisation for Animal Health-OIE, UN Environment Programme-UNEP, etc.); a One Health Glossary, an A-Z index of terms relevant to One Health.
- SORT IT through global partnerships: A SORT IT online platform was developed that allowed the continuance of SORT IT activities, despite COVID-19 restrictions; with the Global Outbreak and Response Network, eight projects of ‘real-time operational research for real-time action’ were pioneered in Bhutan, East Timor, India and Nepal.
- Universal Health Coverage and the SDGs: 18 policy relevant research studies on hard-to-reach populations and neglected tropical diseases (NTDs) (including snakebite) were completed in East Europe and Africa.
- Maximized utilization of safety information for public health decision-making: No more undesignated funding for this expected result (ER) in 2022–2023; designated funding from the ADP project – US\$ 750 000 raised in 2021 and US\$ 300 000 for 2022; safety related projects will fall under ER1.2.6 activities. Two areas of work for 2022–2023 will focus on strengthening safety

monitoring activities in the context of the rollout of COVID-19 vaccines, the RTS(s) malaria vaccine and the new DR-TB drugs; use of digital technology for improving pharmacovigilance systems while improving TB, NTD and malaria control.

- Succession plans for retiring staff being developed.
- Consultations on new niches for IMP research initiated in preparation for TDR's strategic plan 2024–2029.

Discussion points:

- Ways to mitigate the impact on various diseases such as TB, HIV programmes due to COVID-19 across countries as disruptions caused by the pandemic continue to be a challenge in implementing programmes. STAC requested more information on the introduction of a new malaria vaccine.
- ADP work on pharmacovigilance – how much of the implementation research studies' work focuses on the role of the private sector, such as looking into regulatory oversight of the private sector and increased coverage of health interventions.
- Concerning training in medical entomology, it was queried if there exists any evaluation of the impact in skill building that is being undertaken. Theory is important, but its practice on the ground needs to be measured to determine its effectiveness.
- Use of the multisectoral approach in TB related to bovine strains was discussed.

Research Capacity Strengthening (RCS) – presented by Dr Pascal Launois, Acting Unit Head, RCS

Key messages

- Dr Launois presented the achievements of the RCS team for 2021.
- New Regional Training Centres (RTCs) in the WHO African* and Western Pacific regions (*for French-speaking countries in West Africa) operational.
- Development and piloting of online training courses, in addition to MOOC and the TDR Toolkit that include Effective Project Planning and Evaluation (EPPE); Good Health Research Practice (GHRP); Basic Principles on IR (BPIR) (advanced course in IR).
- MOOC is now available in all six UN languages, with 5474 participants in 2021 and a total of 15 000 participants since 2017.
- Development of an Access and Delivery Partnership (ADP) community and stakeholders' virtual platform; new functionalities in the TDR Toolkit on IR (support to establish a research team); developing a mentorship guidance.
- SORT IT virtual platform piloted during blended Module 3 course on NTDs; SORT IT module 1 for French-speaking countries conducted.
- Clinical Research and Development Fellowship (CRDF): 18 fellows were selected in 2020, with all except two being placed. Those remaining will be placed in Belgium and Luxembourg during the second quarter of 2022; reintegration plans for the 17 fellows have been finalized; an online M&E course for capacity building activities has been developed and piloted.
- Priorities for 2022–2023 were listed that included: Maintaining efforts on supporting the development/implementation of online training courses, including Masters in implementation research; pilot a postdoctoral scheme on IR; develop an advanced MOOC on IR; develop a network

of IR training institutions/universities in French-speaking countries in West Africa; expand the ADP programme to new countries; integrate SORT IT in Global Fund grants (new expected result); continuation of the Clinical Research Leadership (CRL) programme; promoting equity and the implementation of an intersectional gender lens in capacity strengthening activities.

Discussion points:

- It was queried if for the selection of universities for the second phase of the scheme feedback was given to the universities that were not selected on why they did not qualify so that they can improve future applications or identify their weak points. This could be important, especially in the context of expanding coverage of the scheme and including a postdoctoral IR programme. The RCS team responded that decisions were communicated via letters to both successful and unsuccessful applicants and the reasons for such decisions were briefly enumerated.
- A suggestion was made about the possible benefit of a framework to explain how all the expected results fit together, including an explanation of the differences between RCS and IMP training and the theory of change and which expected result they address.
- The RCS team responded by saying that they have an AHPSR¹/HRP/TDR joint Theory of Change for strengthening research capacity in implementation research developed in 2019 in collaboration with the Centre for Capacity Research at the Liverpool School of Tropical Medicine (LSTM).

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

Key messages

- As a member of the COVID-19 Clinical Research Coalition, TDR is contributing to the Data Sharing Working Group, which has published a review of COVID-19 data sharing platforms.
- Two new research tools for social innovators have been published: the Social Innovation Monitoring & Evaluation (M&E) Framework and the research checklist for social innovation to guide innovators, researchers and other stakeholders.
- The Small Grants Scheme with WHO regional offices focused on new topics such as health and migration and implementation of the International Health Regulations (2015).
- A 'Women in Science' compendium, which profiles 15 inspirational women leaders from the TDR Global community, shares their fascinating journeys and words of wisdom on how to navigate a career in science.
- A practical guide on public engagement and crowdfunding has been published to provide tools, open access resources and advice for researchers, especially those in LMICs.
- TDR's *Global Health Matters* podcast is going into Season Two after a successful launch. Future topics to focus on access to medicines and diagnostics, COVID-19 and public health programmes, disease control, elimination and eradication, diversity in public health research and anti-corruption in global health.

Discussion points:

- STAC members commended the team for its impressive work and presentation.
- In the context of open science, the use of preprints and its merits were discussed. It was admitted

¹ Alliance for Health Policy and Systems Research

that the quality of preprints is monitored by TDR's publishing platform and there remains quite a lot to play out in the context of preprints. During emergency situations, such as the COVID-19 pandemic, WHO relied heavily on preprints and TDR views this as a positive development.

- The subject of how gender inequity, climate change and its impact may affect disability or those living with disability came up for discussion. A suggestion was made to explore this aspect in TDR's implementation and research programmes.
- TDR continue to examine and learn from virtual arrangements, while striving to return to face-to-face interaction when feasible and consider issues of equity and access by certain groups as it moves forward with its evolving strategy of improving health resilience among vulnerable populations.

Decisions:

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

AGENDA ITEM 7 – TDR Governance

2022 Scientific Working Group memberships/term timing and meetings and STAC term timing – presented by Dr Aslanyan

Key messages

The proposed membership of both Scientific Working Groups (IMP and RCS) to 31 March 2023 was presented.

Decision:

- *Agreed to the membership of the two scientific working groups as presented.*
- *Noted the proposed change of SWG membership terms from calendar year to 1 April to 31 March, beginning in 2022.*

Seventh External Review of the Programme and timeline for the development of the TDR Strategy 2024–2029 – presented by Professor Reeder

Key messages

- Professor Reeder presented an update of the process for an external review of TDR's operations which is commissioned by the Standing Committee, usually every 6 years.
- TDR will move to implementing a new Strategy from January 2024 for the next six-year cycle of 2024–2029.
- Plan to incorporate review recommendations into the new Strategy and see if any recommendations can be implemented during the current strategy.
- STAC will be engaged for suggestions and ideas to draft the new Strategy between October and December 2022.

Discussion points:

- It was suggested that in relation to pathways, frameworks and Theory of Change, cross-cutting foci across the three areas would be useful for topics of gender, disability and poverty.
- Identifying flagship areas of work such as health systems resilience and climate change and exploring similar opportunities to incorporate in the new Strategy.
- Suggestion to add new accreditation to TDR research programmes as that helps in increasing the value of these degrees and courses for those signing up for them.

Recommendation:

- *Recommended that TDR connects its work to strategic impact pathways, including evidence generation, allowing it to track progress, identify gaps and prioritize areas of need. It should also identify cross-cutting themes and relate them to pathways.*

AGENDA ITEM 8 - Date and place of STAC45

Decision:

- *Agreed that the forty-fifth meeting of STAC (STAC45) will take place in Geneva on 15–16 March 2023, including a briefing on TDR for new members on 14 March.*

Close of STAC44

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

STAC44 summary of decisions and final recommendations

Decisions

1. Dr Emelda Okiro was appointed Rapporteur of STAC44.
2. The Agenda of STAC44 was adopted as proposed.
3. Declarations of interests were accepted as presented to the Secretariat, with no conflicts foreseen.
4. In the absence of Professor Mgone, Professor Squire was nominated Acting Chair to moderate the meeting session in the interim.
5. STAC endorsed the Director's report and congratulated the Programme on its extraordinary achievements during the past year.
6. STAC endorsed the following documents:
 - Preliminary Financial Report 2020–2021 and Outlook 2022–2023
 - 2021 Results Report
 - 2021 Risk Management Report
7. STAC endorsed the reports on technical progress and planned activities of all strategic priority areas.
8. STAC agreed to the membership of the two scientific working groups as presented.
9. STAC agreed to the proposed change of SWG membership terms from calendar year to 1 April to 31 March, beginning in 2022.
10. Agreed that the forty-fifth meeting of STAC (STAC45) will take place in Geneva on 15–16 March 2023, including a briefing on TDR for new members on 14 March

Recommendations

1. Recommended that TDR reaches out to additional funders regarding gender identity related policies (e.g. FCDO, NIHR, UKRI).
2. Recommended making more explicit how TDR tracks the impact on policy, identify factors that enable policy change and how TDR can contribute to enhanced use of evidence in countries.
3. Recommended that achievements are visually presented in the TDR results chain to show how they fit into and help measure TDR's progress in all three strategic priority areas to show the intersection between the different areas towards the overall aims of TDR.
4. Recommended that TDR connects its work to strategic impact pathways, including evidence generation, allowing it to track progress, identify gaps and prioritize areas of need. It should also identify cross-cutting themes and relate them to pathways.

Annex 1. Annotated Agenda

Briefing Session. Tuesday, 15 March (11:00-12:00 CET)

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 continuing members are more than welcome to join.

Wednesday, 16 March (11:00-13:30 Geneva)

Time	Item	Topic	Action	Reference documents
11:00	1.	Opening of the meeting <i>Professor John Reeder, Director, TDR</i>		
11:05	2.	Statutory business <i>Professor Charles Mgone, Chair STAC</i>		
		2.1 Appointment of the Rapporteur	Decision	
		2.2 Adoption of the Agenda	Decision	Draft Annotated Agenda TDR/STAC44/22.1a
		2.3 Declaration of interests	Information	
11:15	3.	Director's Report and follow-up on STAC43 recommendations <i>Professor John Reeder</i> 20-minute presentation followed by 40-minute discussion	Information	Report of STAC43 TDR/STAC43/21.3
12:15		<i>Dr Garry Aslanyan</i> 10-minute presentation and discussion	Information	Draft TDR Annual Report 2021 Follow-up on STAC recommendations TDR/STAC44/22.4
12:25	4.	Programme performance overview <i>Dr Michael Mihut, Unit Head, TDR Programme Innovation and Management</i> 20-minute presentation followed by 25-minute discussion	Review recommendations /	TDR preliminary financial report 2020-2021 and outlook 2022-2023 TDR/STAC44/22.5
			Review recommendations /	2021 TDR Results Report (draft) TDR/STAC44/22.6
			Information	TDR Performance Framework 2018-2023 TDR/STRA/18.2
			Review recommendations /	TDR Risk Management Report, 2021 TDR/STAC44/22.7
13:20	5.	Update from Chairs of Scientific Working Groups <i>Professors Bertie Squire and Sassy Molyneux (Research for implementation)</i> <i>Professor Alwyn Mwinga (Research capacity strengthening)</i> 5-minute presentations followed by discussion	Review recommendations /	Note: SWG meeting reports can be found under Item 5.

Thursday, 17 March (11:00-13:30)

Time	Item	Topic	Action	Reference documents
11:00 – 13:00	6.	Reports on technical progress in 2021 and planned activities for 2022–2023	Review recommendations /	TDR Expected Results Progress 2020-2021 and Strategic Plans 2022-2023 (by Strategic Priority Area)
			Review recommendations /	TDR Expected Results Operational Plans 2022-2023 TDR/STAC44/22.8
11:00		6.1 Research for Implementation (IMP) <i>Dr Abraham Aseffa, Unit Head</i> 15-minute presentation followed by 30-minute discussion	Review recommendations /	TDR IMP Annual Report 2021 TDR/STAC44/22.9 Research for Implementation IMP SWG meeting report
11:45		6.2 Research Capacity Strengthening (RCS) <i>Dr Pascal Launois, Acting Unit Head</i> 15-minute presentation followed by 30-minute discussion	Review recommendations /	TDR RCS Annual Report 2021 TDR/STAC44/22.10 RCS SWG meeting report
12:30		6.3 Global Engagement <i>Dr Garry Aslanyan, TDR Partnerships & Governance Manager</i> 10-minute presentation followed by 20-minute discussion	Review recommendations /	Global Engagement Annual Report 2021 TDR/STAC44/22.11
13:00	7.	TDR Governance <i>Dr Garry Aslanyan</i>	Endorsement	List of proposed SWG members TDR/STAC44/22.12
		7.1 2022 Scientific Working Group memberships/term timing and meetings and STAC term timing	Information	TDR's STAC and scientific working groups: Terms of reference (June 2014)
		<i>Professor John Reeder</i> a. Seventh External Review of the Programme	Information	7th External Review Terms of Reference
		b. Timeline for the development of the TDR Strategy 2024–2029	Information	TDR Strategy 2024–2029 timeline TDR/STAC44/22.13
13:20	8.	Date and place of STAC45 <i>Proposed dates are 15–16 March 2023 at WHO headquarters, Geneva, with a briefing session on 14 March.</i>	Endorsement	
13:25	9.	Any other business		
CLOSE OF STAC44				

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 Caroline LYNCH

Regional Adviser
Medicines for Malaria Venture
Chiang Mai, Thailand

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

Professor Catherine (Sassy) MOLYNEUX

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

Professor Claudia CHAMAS

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

Dr Alwyn MWINGA

Executive Director
Zambart
Lusaka, Zambia

Dr Theeraphap CHAREONVIRIYAPHAP²

Head, Department of Entomology
Kasetsart University
Bangkok, Thailand

Dr Emelda Aluoch OKIRO

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

Dr Sara Irène EYANGO

Directeur Scientifique, Centre Pasteur du Cameroun
Laboratoire National de Référence et de Santé
Publique | Ministère de la Santé Publique
Yaoundé, Cameroon

Professor Leanne ROBINSON

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

Professor Subhash HIRA

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

Professor Stephen Bertel SQUIRE

Professor of Clinical Tropical Medicine; Dean of
Clinical Sciences and International Public Health
Liverpool School of Tropical Medicine
Liverpool, United Kingdom

Professor Mirkuzie Woldie KERIE

Senior Research Adviser, MCH Directorate
Federal Ministry of Health
Jimma, Ethiopia

Dr Marta TUFET BAYONA

Head of Policy
Gavi
Geneva, Switzerland

² 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

Dr Robert Terry

Research for Implementation (IMP)

Dr Abraham Aseffa, Unit Head

Dr Florence Fouque

Mr Daniel Hollies

Ms Ekua Johnson

Dr Mohammed Khogali Ahmed

Dr Annette Kuesel

Mr Abdul Masoudi

Dr Corinne Merle

Ms Debora Pedrazzoli

Dr Bernadette Ramirez

Ms Michelle Villasol-Salvador

Dr Rony Zachariah

Programme Innovation and Management (PIM)

Dr Mihai Mihut, Unit Head

Ms Caroline Easter

Ms Annabel Francois

Ms Mary Maier

Research Capacity Strengthening (RCS)

Dr Pascal Launois, Acting Unit Head

Ms Najoua Kachouri Aboudi

Ms Tina Donagher

Dr Edward Kamau

Dr Mahnaz Vahedi

TDR Consultants

Dr Megha Raj Banjara

Ms Ana Hernandez Bonilla

Dr Marie-Eve Ragenaud

Ms Vanessa Veronese

Dr Gildas Yahouedo

Annex 3. Follow-up on STAC43 recommendations

Recommendations		Comments/Actions
1.	Welcomed TDR's efforts to ensure gender inclusivity in its activities while safeguarding confidentiality. Recommended that TDR engage in consultations with WHO, other funders and partners in countries, to further develop an approach to gender data collection, confidentiality and M&E indicators.	TDR engaged in both internal and external consultations, including with funders, WHO and other partners, and TDR grantees, on the issue of inclusivity and best practices in safeguarding confidentiality. We will continue to explore how to gradually introduce changes to our current system to allow for a robust approach to gender identity data collection, storage and reporting.
2.	Recommended exploring the potential for broader application of templates and approaches already developed for specific diseases.	TDR is putting efforts into broader application of already developed templates and approaches in settings where these add value. This is demonstrated through increased country uptake of, for example, ShORRT (drug resistant TB) and EWARS (arboviral diseases). Several of the templates and approaches have progressed further in their development, field testing and/or optimization. Additional templates are under early development in response to programme demands. Specific examples with details are included in the 2021 annual strategic priority area reports.
3.	Recommended that TDR continue to examine and learn from virtual arrangements and consider issues of equity and access by certain groups as it moves forward with virtual technologies.	TDR is monitoring online courses and the continuous adaptation of research tools and training curricula (for example ADP, SORT IT, OneHealth, gender). TDR provides support for improved connectivity to country investigators in LMIC settings. We are also engaged in internal and external consultations, including conducting a survey on virtual trainings, which closed in December 2021. All TDR units contributed to the design of the survey, and additional feedback from external training partners was also incorporated. We have now engaged a consultant who is currently cleaning the data and analysing the results, with equity and access issues being prioritized in the analysis, and preliminary findings may be presented to STAC in March.
4.	A mini evaluation of this meeting will be conducted to find out the shortcomings and things which could be improved for future virtual meetings.	A survey was conducted following STAC43. The current virtual format of the meetings has served well in the time of travel restrictions but face-to-face meetings should resume as soon as it is logistically possible. The need to reduce the length of the virtual sessions and documentation provided was expressed. We are developing guidance for shorter more concise reports for the next meeting. STAC members were given an opportunity to provide written comments in advance of the 2022 meeting, which will be compiled and feed into the discussion and recommendations process.