

Report of the 45th meeting of the TDR Scientific and Technical Advisory Committee

15–16 March 2023



Introduction

The forty-fifth 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, Geneva, on 15 and 16 March 2023. The meeting was chaired by Chair STAC, Professor Margaret Gyapong, and attended by STAC members, selected WHO headquarters staff 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 Gyapong welcomed STAC members to the meeting, acknowledged their significant contribution to the work of TDR and invited them to provide good scientific advice that will move TDR's portfolio of projects forward. She reminded STAC members of their role: to advise on planning and implementation and to provide guidance on prioritization and strategy within TDR, and offered her best wishes for a productive meeting.

Professor Gyapong welcomed the four new STAC members (besides herself): Professor Karen Barnes, Division of Clinical Pharmacology, Department of Medicine at the University of Cape Town, South Africa; Professor Debra Jackson, Takeda Chair in Global Child Health and Deputy Director of the MARCH Centre, London School of Hygiene & Tropical Medicine, United Kingdom; Dr Thabi Maitin, Division Manager, Research Grants and Scholarship Funding at the South African Medical Research Council, in Tygerberg, South Africa; and Professor Andrea Winkler, Co-Director, Center for Global Health, School of Medicine at the Technical University of Munich, Germany.

Professor John Reeder, Director TDR and Acting Chief Scientist, welcomed members to the first in-person STAC meeting since 2019 following the disruption brought about by the COVID-19 pandemic, highlighted the overall focus of the meeting on informing the scientific and technical priorities in the work that will be done in 2023–2025 and thanked STAC members for their participation.

AGENDA ITEM 2 – Statutory business

Professor Gyapong proposed that Dr Caroline Lynch be appointed Rapporteur of STAC45. Dr Lynch 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.

Recommendations:

- *Dr Caroline Lynch was appointed Rapporteur of STAC45.*
- *The Agenda of STAC45 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 STAC44 recommendations

Key messages

Professor Reeder’s presentation highlighted some of TDR’s achievements in 2022, as well as challenges and opportunities faced by the Programme going forward. Progress made on some expected results was presented in detail. Dr Garry Aslanyan presented the follow-up on STAC44 recommendations.

Key achievements from 2022 in Research Capacity Strengthening were outlined, among which:

- MOOC (Massive Open Online Course) is available in all six UN languages with 5000 participants; MOOC grants awarded through the TDR-supported regional training centres.
- All universities in the second phase of the postgraduate training scheme are operational; University of Bamako selected as the second French-speaking university; more than 1013 applications received for the first call with nine women and 10 men from 15 countries selected.
- The Clinical Research Leadership (CRL) scheme (2022–2028); a call for 20 placements across 15 training partner organizations is open until 30 March 2023.
- Under the Access and Delivery Partnership (ADP) project, interactive IR (implementation research) core competency self-assessment tool incorporated in the online TDR IR toolkit; three countries—Bhutan, Indonesia, and the United Republic of Tanzania—incorporated IR in their disease control programmes for developing national neglected tropical disease control plans; two countries—Ghana and Malawi—supported the IR demonstration projects and mentorship guidance plans.
- Strengthening operational research capacity in Global Fund-supported programmes included the translation of SORT IT training resources into French; initiation of two SORT IT courses in Guinea and Kenya.

Priorities for 2024-2025 in Research Capacity Strengthening were highlighted:

- Maintaining efforts for supporting the development/implementation of online training courses, including Master’s in IR with a focus on One Health, emergency preparedness, AMR (antimicrobial resistance) and disease elimination.
- Pilot IR leadership programme.
- Develop and translate advanced MOOC on IR for both researchers and implementers.
- Promote the network of IR training institutions in French-speaking West Africa.
- Expand ADP IR with a focus on integrated projects as a pathway towards a One Health approach.
- Consolidate operational research (SORT IT) in Global Fund grants.
- Promote the CRL programme.

Key achievements from 2022 in Research for Implementation were presented, among which:

- Operational research on AMR demonstrates impact on policy and practice and contributes to a critical mass of frontline investigators.
- Transdisciplinary teams operationalize a One Health approach to research on vector-borne diseases in the context of climate change in Africa.

- Investigators in low- and middle-income countries (LMICs) demonstrate the critical need for gender-based analysis and intersectionality in infectious disease research.
- Lessons from the Indian subcontinent confirm the critical role of implementation research in VL (visceral leishmaniasis) elimination, relevant to other foci.
- Assessment of arboviral disease surveillance capacity in the 47 countries of the WHO African Region identifies opportunities for intervention.
- An innovative self-diagnosis and treatment kit for falciparum malaria integrated into the national programme in Suriname is further adapted and validated for vivax malaria among a hard-to-reach population.
- A multisectoral approach (MSA) to control vector-borne diseases is implemented in several African, American and South-East Asian countries; government-approved MSA committees established in Mali and Nigeria.

Priorities for 2024-2025 in Research for Implementation were outlined:

- Strengthening health system resilience through mitigating the impact of health system emergencies such as COVID-19 on tuberculosis (TB), malaria and VL; country preparedness for disease outbreaks, MSA; operationalizing a One Health approach; improved strategies for surveillance and monitoring.
- New tools, toolkits and approaches to support country-led IR through innovative virtual platforms; digital technologies for TB, malaria and neglected tropical diseases care; intersectional gender analysis in research.
- IR to accelerate universal health coverage through operational research on hard-to-reach populations (malaria, DR-TB, VL); improved delivery of public health interventions; context-specific evidence pool generated for local intervention on AMR.
- IR to support disease elimination, including towards VL elimination in East Africa; moxidectin for onchocerciasis.

Key achievements from 2022 in Global Engagement were highlighted, among which:

- TDR played a critical role in global research policy discourse as a key partner in initiatives such as the WHO resolution on clinical trials and produced background reports.
- ESSENCE launched a new good practice document for funders on equitable practices.
- SIHI (the social innovation in health initiative) produced a *BMJ* supplement on social innovation impact in countries.
- Piloted publication of *Public Engagement and Crowdfunding in Health Research: A Practical Guide*.
- TDR Global—launched the institutional mentorship guide *Health research mentorship in low- and middle-income countries* (HERMES) to support the next generation of scientists.
- Completed 10 community engagement projects to research good practices in engaging communities in research and innovation.
- Promoted Open Science; collaborated with WHO on a new WHO policy and guidance document on sharing research data.
- Impact grants for regional priorities continued as part of TDR's partnership with WHO regional offices; several calls are under way.

- Continued to strengthen TDR's leadership in integration of sex and gender into health research; a new module on gender and intersectionality in IR introduced in the IR MOOC and the IR toolkit.
- TDR re-engaging at various global initiatives by participating and bringing TDR grantees to conferences, for example the Health Systems Global symposium on health systems research, ASTMH conference, the Global Health Network conference and global malaria and tuberculosis meetings.
- *Global Health Matters*—the TDR podcast—is scheduled to launch Season 3 in 2023, following two very successful seasons, with 10 regular episodes and four 'in conversation with' episodes engaging key thought leaders in global health.

Priorities for 2024-2025 in Global Engagement were presented:

- TDR to continue to play a critical role in global research policy discourse as a key partner in initiatives such as WHO's work on clinical trials and ESSENCE.
- SIHI to continue building network sustainability, expansion in regions and consolidation of existing and new country hubs.
- TDR Global to strengthen mentorship capacity in countries through the recently published Institutional mentorship guide.
- Impact grants for regional priorities to continue as part of the partnership with WHO regional offices.
- Build on research priority setting exercises done at WHO to use in TDR's new strategy implementation.
- Continue to strengthen TDR's leadership in integration of sex and gender into health research (including the work of WHO and other research entities).

Key points from 2022–2023 financial implementation were presented:

- Implementation of the TDR Strategy 2018–2023 continued in 2022 and the progress has been reported in the annual financial and team annual reports.
- For the biennium 2022–2023: two programme budget and workplan scenarios had been approved by the Joint Coordinating Board (JCB) a lower scenario at US\$ 40 million and a higher scenario at US\$ 50 million. Implementation of the lower (US\$ 40 million) budget scenario began in January 2022.
- Funds utilized of US\$ 19.5 million in the first year of the biennium reflects strong implementation of activities. Funds allocated to operations activities were increased by 27%, thanks to significant savings in staff and operations support costs, further improving the value for money of TDR's work. This illustrates the benefit of the two-scenario model in providing flexibility within the limits approved by the governing bodies.
- In June 2022, the JCB approved two budget scenarios for the biennium 2024–2025, 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 priorities of the next strategy and aligned with the Sustainable Development Goals (SDGs).
- Regarding the Strategic Development Fund (SDF), half of the funds were allocated in 2022.

Key achievements from 2022–2023 were summarized along with plans of progress for 2024–2025:

- Strong operational achievements in 2023.
- Good progress towards results targets.
- Good project implementation rate.
- Operational budget for 2023 revised above the US\$ 40 million base, but with caution.
- Clear and achievable workplan for 2024–2025.
- Concerns about 2024–2025 funding levels following a funding reduction by a major donor: contingency plan developed as a precaution.
- New Strategy on target for presentation to the JCB in June 2023.

Key staff changes were announced:

- **Annette Kuesel**, scientist, Research for Implementation, retired after 20 years with TDR. She will continue to support moxidectin research until its evaluation for inclusion in WHO guidelines for onchocerciasis.
- **Pascal Launois**, scientist and Acting Unit Head, Research Capacity Strengthening, retired after 20 years with TDR.
- **Anna Thorson** will be joining TDR on 1 April 2023 as the new Unit Head, Research Capacity Strengthening. Anna is currently Head of the HRP/SRH Research Leadership and Capacity Strengthening Unit, where she's been since 2014.
- **Mahnaz Vahedi** has been selected for a P5 position in the RCS unit through an open, competitive recruitment process.
- **Corinne Merle** has been selected for a P5 position in the IMP unit through an open, competitive recruitment process.
- **Cathrine Thorstensen** joined TDR in August 2022 as the Programme, Monitoring and Evaluation Officer in the PIM unit. She comes with over 20 years of experience as a medical doctor in the pharmaceutical industry.

Discussion points:

- Congratulated the Programme on its extraordinary achievements during the past year.
- Overview of STAC44 recommendations and follow-up action were discussed, including TDR's efforts to review other institutions' practices to provide further insights for TDR's approach to gender identity related policy. Recommendation on making visible how we track impact was followed up with periodic surveys of SORT IT researchers to monitor impact of their findings on policy and practice; showcasing impact of implementation research on VL elimination in the Indian subcontinent; and developing a training module on communicating research findings to facilitate results uptake and use.
- Incorporated the recommendation on visual presentation of TDR's achievements in the new Strategy that will provide an opportunity to map outcomes and outputs on the impact pathway.
- TDR to increase its efforts on fundraising for designated funds in line with the strategic objectives of the Programme.
- Suggested that TDR ensures support for countries in their applications for funding to donors that only contribute at country level.

- Suggested the active involvement of TDR alumni, particularly in the implementation of the SORT IT approach in operational research.

Recommendation:

- *Welcomed TDR's efforts to bring gender equity to TDR-supported activities. Requested TDR to publish the results as to how gender roles affected women's capacities to apply for grants during the pandemic and to share them with the broader community and continue to closely monitor key enablers of increased engagement of women in science.*

AGENDA ITEM 4 – Programme performance overview

Preliminary financial report for 2022 and outlook for 2023–2025, progress on TDR key performance indicators (KPI) and risk management update – presented by Dr Michael Mihut, Programme Manager, TDR Programme Innovation and Management.

Key messages

- Highlights of the 2022 Results Report were presented . Progress made on various indicators related to three overarching categories—technical achievements, application of organizational core values and managerial performance was captured.
- As of 31 December 2022, TDR's portfolio implementation was on track. Seven (29%) expected results were facing minor delays in activities, without output delays anticipated, while 71% of expected results were on track.
- Highlights of outcomes and outputs were presented. At the end of the fifth year in the six-year strategy period, most of the technical achievements cumulative indicators have been achieved.

Financial implementation:

- Two budget scenarios for 2022–2023 were approved by the JCB in 2021. A lower scenario at US\$ 40 million (US\$ 28 million undesignated funds; US\$ 12 million designated funds); and a higher scenario at US\$ 50 million (US\$ 34 million undesignated funds; US\$ 16 million designated funds).
- In January 2022, implementation of the US\$ 40 million budget scenario was initiated in line with the revenue forecast at the time. As of 31 December 2022, US\$ 19.5 million had been spent or committed through legal agreements (commitments of US\$ 3.4 million), which represents 49% of the US\$ 40 million budget scenario, and 58% implementation of operations activities against the US\$ 40 million budget scenario.
- Planned costs were revised following the September 2022 portfolio review and again following the February 2023 portfolio review. Planned costs are currently US\$ 42.4 million, including US\$ 26 million undesignated funds and US\$ 16.4 million designated funds.
- The projected savings in staff costs (US\$ 1.7 million) are the result of lower actual costs than standard costs in the first year of the biennium, along with vacant positions due to the length of WHO's recruitment process.
- Projected savings in operations support are projected at US\$ 0.7 million.
- Savings are higher in undesignated staff costs and operations support due to an additional US\$ 2.4 million of costs covered by designated funds.

- To further improve the value for money of TDR's work, US\$ 2.7 million undesignated funding has been reallocated to operations activities, scaling up planned implementation above the US\$ 40 million budget scenario in line with the approved workplan.
- In January 2023, TDR was made aware of a significant reduction in the contribution from a key donor. A contingency plan was developed to address the funding gap. Following review by STAC, it will be submitted for review and endorsement by the Standing Committee in April and for approval by the JCB in June. The contingency plan would be implemented if sufficient funds are not identified to cover the gap before the beginning of the next biennium.

Risk management:

- The current status of Programme-level risks was presented, together with a brief explanation of the action items which are detailed in full in the 2022 TDR Risk Management Report.
- The risk related the income level has increased in the last couple of months, due to the significant reduction in contributions from one of TDR's major donors. Additional actions have been rolled out to further mitigate this risk.

Application of core values:

- The year 2022 represented the first time since TDR measures these indicators that the proportion of grants and contracts allocated to women (by amount) passed the 50% target, at 52%. This is up from 22% in 2012 and was achieved through sustained efforts and specific policies promoting gender equity in Programme activities.
- In 2022, 87% of grants and contracts amounts were awarded to DECs (disease endemic countries).
- In 2022, the proportion of TDR advisers originating from LMIC DECs was at 63%, stable compared to 2021 and above the target of 60%.
- There were 159 TDR-supported peer reviewed publications in 2022. Among the authors of these publications, the proportion of first authors from DECs was 76%, remaining well above the 67% target. This reflects TDR's continued focus on building capacity and leadership for health research in LMICs.

Open access publications:

- In 2022, 95% of TDR-supported publications were published in open or free access, this is similar to 2021 as against only 53% in 2012.

Discussion points:

- STAC members congratulated TDR staff on impressive results as most targets were achieved, despite several challenges.
- Questions on the changing environment and the potential gap in funding for the 2024–2025 biennium. Suggestions were made concerning risk management of WHO mobility scheme, which remains pending.
- Queries about any new learning from actions that have facilitated 50% of leading grants going to women. However, this is yet to reflect in women becoming main authors of publications.
- Suggestions were made about encouraging responsible authorship recognition and making available more details about contributing authors.

Recommendations:

- *STAC endorsed the following documents:*
 - *TDR Preliminary 2022 financial report and outlook 2023–2025.*
 - *2022 TDR Results Report*
 - *TDR Risk Management Report, 2022*
- *Welcomed increased efforts to promote balanced recognition of authorship in articles resulting from TDR support. Recommended that activities supported by TDR consider the multidisciplinary nature of research efforts and to promote equitable recognition of all members of the research teams.*

AGENDA ITEM 5 – Reports on technical progress in 2022 and planned activities for 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. Overall, 2022 has been a very productive year. Implementation delays due to COVID-19 related disruptions in the last biennium have, except for a few subprojects, been addressed with most ER. Three ERs (of 11) are currently working to overcome challenges related to timely initiation of activities, and two others are facing challenges due to conflict situations in implementing countries. Adjustments have been made to avoid further risk of delays.
- **EWARS** (Early Warning and Response System): Full integration of EWARS into the national surveillance platform in Mexico with 137 endemic municipalities; Bangladesh, Cambodia, Colombia, Ethiopia, India, Malawi, Malaysia, Mozambique, Myanmar, Sri Lanka, Thailand and Timor Leste started to pilot EWARS for later inclusion into their national surveillance system; the Dominican Republic and Malaysia have shown good progress in the advanced use of EWARS.
- Of the first 24 **SORT IT** studies from Asia and Africa that were assessed 12 months after completion, 69% led to changes in policy and/or practice. In terms of applying acquired skills from SORT IT, 88% of trainees are applying their skills to AMR practice, 67% to the COVID-19 response and 58% completed a new research study. To date, 59% of those trained became mentors after one training cycle. These figures indicate collateral benefits to the health system and capacity built.
- Four pilot studies were completed on operationalizing a **One Health** approach and the application of the scorecard/metrics in Africa. These consortium projects employed a transdisciplinary approach and holistic framing of the VBD challenges engaging vulnerable communities in several countries (Botswana, Côte d'Ivoire, Kenya, Mauritania, South Africa, the United Republic of Tanzania and Zimbabwe). Human and animal health, and environmental integrity concerns were addressed in an integrated, multisectoral manner, providing a more comprehensive understanding of the problems and potential solutions that would not be possible with siloed approaches when dealing with diseases such as malaria, schistosomiasis, Rift Valley fever and human African trypanosomiasis.
- Investigators in LMICs (studies to combat and prevent schistosomiasis in West Nile, TB in Uganda, and lymphatic filariasis in Nepal) demonstrate the critical need for gender-based analysis and intersectionality in infectious disease research.

- Lessons from the Indian subcontinent confirm the critical role of implementation research in VL elimination, relevant to other foci. A bi-regional strategic plan for VL elimination in Eastern Africa is being developed through WHO stewardship. IMP will contribute through support to selected implementation research priorities identified in the process.
- Assessment of arboviral disease (AVD) surveillance capacity in the 47 African countries, in collaboration with the WHO Control of Neglected Tropical Diseases (NTD) Department and the WHO Regional Office for Africa, identifies opportunities for intervention.
- An innovative self-diagnosis and treatment kit for malaria (Malakit), including G6PD testing validated among a hard-to-reach population, was integrated into the national programme in Suriname and tested in two countries (Brazil and French Guiana).
- Multisectoral approaches (MSAs) to control VBDs are currently being tested and implemented in 12 LMICs, including African countries where governments approved MSA committees established in Mali and Nigeria.
- A Special issue of the *Gigabyte* journal for data papers on vectors was released in June titled, *Vectors of Human Disease Series*. The journal received the Association of Learned and Professional Society Publishers (ALPSP) innovation award for this publication.
- Testing of innovative technology for vector control, such as sterile insect technology (SIT), was launched in three Pacific Island countries—Cook Islands, French Polynesia and Easter Island—in collaboration with America CDC, the International Atomic Energy Agency and NTD for a two-year project.
- IMP's focus remains strongly linked with key global health challenges, including climate change, One Health, pandemic preparedness and response, etc.
- A contingency plan has been prepared in the event of reduced funding and the outline of the plan was presented.
- The focus in 2024–2025 will be to align with the new TDR strategy, the One Health approach and the evolution of the programme, implementing MSA on hard-to-reach populations so that no one is left behind.

Discussion points:

- Means of measuring the impact of the SORT IT approach on policy change and ways to incorporate the evidence generated in policy-making were discussed. The outcomes can vary from measuring impact of research on policy and practice, to capacity building efforts to train users utilizing models to achieve health-oriented targets.
- Mitigating linked impact of climate change and VBDs through TDR's EWARS projects in 17 African countries.
- Focus on sustainability issues while prioritizing ERs such as VL elimination in Asia and dealing with new challenges. With neglected tropical diseases at the core of TDR's activities, it is important to encourage sustainability at local level, to eliminate dependence on external support.
- Promote MOOC and make training packages targeted to encourage young researchers to apply an intersectional gender approach, followed by its expansion to practitioners.
- Suggested the toolkit to continue to be validated with feedback from practitioners on the ground.

Research Capacity Strengthening (RCS) – presented by Dr Mahnaz Vahedi, Acting Unit Head, RCS

Key messages

- Updates on activities and achievements of the RCS team in 2022 were presented.
- In 2022, RCS maintained efforts to support the development of online training courses, including a Master's degree in IR. This included: a MOOC on IR disseminated in all six UN languages; the new module on gender and intersectionality developed for the IR Toolkit; 426 Master's students trained in IR since 2015, and for the second phase of the training programme (2022–2026), all eight universities in LMICs became operational; the University of Bamako selected as the second French-speaking university.
- Advanced training in clinical product development (Clinical Research and Development Fellowship or CRDF) saw 18 fellows selected to be placed at nine training partner organizations; the CRL programme, as continuation of the CRDF, was agreed with the donor for the period 2022–2028.
- Capacity building in IR through the ADP project included three countries—Bhutan, Indonesia and the United Republic of Tanzania—incorporating IR in their disease control programmes for developing national neglected tropical disease control plans; two countries—Ghana and Malawi—were funded for IR demonstration projects and a mentorship guidance plan.
- Strengthening operational research capacity in programmes supported by the Global Fund saw two SORT IT courses being initiated (Guinea and Kenya).
- Plans for 2023 include continuing with the issuance of new LOAs for universities selected for the second phase of the scheme; placement of the first cohort of MPH students at the University of Sciences, Techniques and Technologies, Bamako, Mali; carrying out training activities on IR ethics across eight universities; development of an online IR Master's programme; piloting the IR Clinical Research Leadership programme.
- Priorities for 2024–2025 were listed that included: maintaining efforts for supporting the development/implementation of online training courses, including Master's on IR with a focus on the new strategy themes, e.g. One Health, emergency preparedness, AMR and disease elimination; pilot IR leadership programme; develop and translate advanced MOOC on IR for both researchers and implementers; promote the network of IR training institutions/universities in French-speaking countries in West Africa; expand ADP IR with a focus on integrated projects as a pathway towards a One Health approach; consolidate operational research (SORT IT) in Global Fund grants; and promote the CRL programme.
- Relating to the contingency plan to be implemented if sufficient funds are not identified before the next biennium, areas for activities cuts were outlined.

Discussion points:

- STAC congratulated the RCS team on the high output for a small team and putting IR beyond TDR's traditional remit. Suggested university programmes could further benefit from tying up with curriculum mapping initiatives and accreditations (available, for example, at Johns Hopkins), that could bring sustainability and prestige along with contributing to pertinent community interventions. The IR courses developed by the network of TDR supported universities, led by JHU, can be used as an accredited course.
- To enable wider impact of TDR's research and postgraduate scholarship programmes in universities, the focus is to close the competency gap between IR implementers and clinical researchers by dispensing short IR courses from RTCs, which sometimes form part of the universities.

- Concern about low participation rates in ethics in IR were discussed. Since it is not possible for training to be implemented individually, trainers are trained in some countries. Ethics in IR also presents challenges for teaching online, given that the understanding of the discipline remains very limited—it is often treated as ethics for clinical trials, which is not the same for IR.
- Regarding leadership training and the plan for the re-entry programme, it was demonstrated that TDR ensures that when alumni go back to their home institution, they are able to assume positions of seniority and become mentors or training partners.
- Also, given that the CRL is relatively new, it may face challenges to an enthusiastic reception. One way of mitigating this issue is to offer certifications at various levels of seniority such as associate researcher, recognized researcher, established researcher, to leading researcher at national disease control programmes. It was also suggested that e-learning courses should be offered with the flexibility of implementation at an individual's preferred pace, for example a 'stackable Master's' where the course can be taken at a faster or slower pace.

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

Key messages

- In 2022, the TDR Global institutional mentorship guide *Health research mentorship in low- and middle-income countries* (HERMES), developed in partnership with regional and country nodes through broad consultation, was launched. Tailored for LMIC settings, HERMES is an evidence-based practical guide that provides tools, open access resources and advice for research institutions to institutionalize research mentorship to empower a new generation of scientists. It was officially launched in Ethiopia and dissemination is ongoing through TDR-supported networks.
- The first outcomes of the projects that research good practices in community engagement materialized in 2022. Policies in Ethiopia, Guatemala and the Philippines, at national and local levels, have been informed by the evidence resulting from this TDR-supported work.
- *Special British Medical Journal* (BMJ) supplement on social innovation in health, compiling numerous SIHI research studies from LMICs, was launched (supported by SIHI China hub, the Pan American Health Organization, TDR and BMJ), reaching a broad audience.
- Publication of *Public Engagement and Crowdfunding in Health Research: A Practical Guide* in collaboration with SIHI and TDR Global.
- Equitable research partnerships good practice document published by ESSENCE in collaboration with UKCDR.
- Calls in the regions of the Americas and the Eastern Mediterranean launched with 27 regional impact projects funded.
- *Global Health Matters* podcast saw a successful season 2 launch, reaching a broad audience.
- New MOOC and IR toolkit module to apply an intersectional gender lens launched in 2022.
- Strengthened collaborations with WHO/HRP (the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction) by working together to review existing training capacity building materials for the creation of an online repository of resources to bolster capacities that integrate sex and gender in health research.
- Planned activities for 2024–2025 in the area of facilitating the research agenda include completing WHO research priority reports on One Health research and AMR, HIV, human health and AMR, migrant health, neglected tropical diseases; undertaking an assessment of the impact of TDR tools and outputs produced to communicate research findings to influence behaviour and decision-making, among others.

Discussion points:

- Suggested HERMES could be considered for a mentorship programme for IR in future.
- Appreciation for the success of the *Global Health Matters* podcast. The inclusion of Portuguese while speaking and tweeting has facilitated better reach in Brazil.
- TDR to explore effective ways to measure the success of publications, indicators for best practices, along with amplifying community engagement guidance through links to the website. Sharing visuals from training sessions was also encouraged from which learnings could be derived in the absence of detailed publications.

Recommendation:

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

AGENDA ITEM 6 – Update from Chairs of Scientific Working Groups

Research for Implementation – presented by Professors Karen Barnes and Sassy Molyneux

- Professors Barnes and Molyneux presented the highlights and recommendations from the in-person meeting in October 2022 with the eight-member IMP SWG.
- The SWG commended TDR's work and the impressive reach of its diverse portfolio of expected results, despite its lean team.
- Recommended planning for 'exit strategies' as both chairs are currently based in the Global North and would eventually prefer to hand the SWG reins over to someone based in the Global South, where the focus of work remains.

Research Capacity Strengthening – presented by Dr Marta Tufet Bayona

- Dr Tufet Bayona briefed the STAC on the RCS SWG recommendations from October 2022.
- The SWG assessed the workplan on 2022 and priority areas for budget allocation for 2024–2025. Focus to remain on the importance of the health resilience system, gender equity and multilingualism, in particular, with funding from Germany and Luxembourg that would allow the francophone programme to flourish.
- Recommended revisiting and learning from health strategies used during COVID-19 to measure how they could be applied in a different scenario going forward.
- TDR should be using alumni presence to champion its causes, especially in implementing the SORT IT approach.

AGENDA ITEM 7 – Development of the 2024–2029 TDR Strategy

Seventh External Review and strategy development process; Draft directions of the TDR Strategy 2024–2029; and Consultation and next steps – presented by Professor Reeder

Key messages

- Professor Reeder presented the steps taken towards development of the TDR strategy for 2024–2029. Input began with recommendations of the Seventh External Review of the Programme (2022), included internal drafting groups, and draft revisions that took into consideration feedback from external partners. Among these, the Standing Committee, SWGs, STAC, WHO regional offices, WHO Science Division, relevant WHO technical departments, the WHO Academy, other similar research entities such as HRP and AHPSR, and TDR staff.
- Dr Reeder presented the layout of the six-year Strategy, its vision, mission and objectives and the way they relate to the SDGs. He also presented the strategic approach for each of the three strategic priority areas: implementation research, research capacity strengthening and global engagement.
- He also mentioned that the Strategy is not an implementation plan but a holistic guide that will endure and be in circulation for years to come and therefore needs to have an element of flexibility, given the current state of flux the world is in. It must be taken into account how the Strategy will translate in the future and not just for immediate goals.
- Dr Reeder explained how TDR will drive and support its core activities of quality research, training and global engagement by acting to: promote quality and value-based leadership; ensure efficiency and value for money; seize opportunities and manage risks; foster a culture of results and continuous improvement; value diversity and inclusiveness; communicate and openly share knowledge; nurture a motivating and conducive environment.
- STAC's input was requested to further streamline the draft Strategy document for a clear focus leading to improved visibility of TDR's work and highlighting its achievements. Comments on the TDR tagline "building the science of solutions", highlighting brand TDR, were also sought.

Discussion points:

- STAC members discussed the proposed Strategy for 2024–2029 and congratulated Dr Reeder for a concise document. STAC agreed with and supported the overall strategic directions to be pursued over the next six years.
- Suggested that it was important for the Strategy to translate internally as well. Emphasis was placed on diversifying funding sources and broadening the scope of TDR's vision in terms of audience, that is currently specific to donors and funding governments, by including case studies that demonstrate the achievements of TDR's partners.
- Suggested that regarding drug resistance, TDR should consider incorporating its messaging around prevention along with combating resistance among neglected populations.
- Suggested inclusion of the malaria landscape between 2026–2028 in the Strategy, when a slew of new products to combat malaria will be operationalized. The focus should be on prioritizing prompt delivery of products by making procedures for access easy with no one left behind.
- The Executive Summary of the Strategy was discussed, and suggested greater clarity between research capacity and IR, and TDR's efforts in implementing the One Health approach merging human health, animal health, climate change and biodiversity. The discussion also suggested the theme of cross-cutting themes to be better articulated.

- Another topic discussed was the inclusion of climate change as a newer area of work for TDR. Consider specifying which aspect(s) of climate change/response TDR will be addressing. In terms of wording, it was suggested that the Strategy be updated with the evolving climate vocabulary, for example mitigation refers to a cut in carbon emissions and not the impact of a changing climate.
- The discussion also sought clarity on the meaning of 'tools' and suggested that the use of tools and resources be explained in terms of the different contexts in which they are used or potentially group them under different areas followed by brief descriptions of each.
- Suggested that TDR's core values be presented prominently early on in the Strategy, following the mission and vision statements, and to crystallize the core values from TDR's lens, to avoid merging with some of WHO's values. STAC also discussed the framing of the core values vis-à-vis implementation and intervention research and advised clearer focus in laying out overlapping challenges and their roles in TDR's evolving work areas such as One Health, climate change, noncommunicable and infectious diseases among neglected populations. It was agreed that to focus on transmission exclusively may dilute TDR's role and advised careful framing of the same in the Strategy.
- STAC discussed the need to synchronize the terminology used for implementation research in research capacity strengthening and research support activities, particularly the repetition of implementation research in the title and areas of work in the research support unit.
- STAC also discussed whether to incorporate mental health under One Health, while keeping TDR's mandate undiluted. It was agreed that TDR should not reject altogether proposals with aspects of mental health that align with its core objectives. A holistic approach that includes mental health already exists in TDR's functioning, such as TB and mental health, but lacks clear articulation. It was suggested that the messaging of TDR's functioning be tweaked to clarify that TDR is dealing with infectious diseases along with engaging in wider environments and associated impact such as biodiversity loss and increasing risk of mental health issues.
- STAC noted the recommendations of the Seventh External Review and emphasized developing measurable approaches for each of the four key challenges (epidemics and outbreak; control and elimination of diseases of poverty; climate change; resistance to treatment and control agents) and measuring impact by working on a set of indicators to maximize outputs.
- The discussion suggested further clarification and detail on how to define 'success' in TDR's context. Inclusion of value proposition, innovation and its execution were emphasized as was articulating the focus on the most vulnerable in countries, as vulnerability is not homogenous across all countries.
- STAC noted that TDR reviews the principles of the Declaration on Research Assessment (DORA) which recognize the need to improve the ways in which researchers and the outputs of scholarly research are evaluated. This includes being explicit about the criteria used in evaluating the scientific productivity of grant applicants and clearly highlight that the scientific content of a paper is much more important than publication metrics or the identity of the journal in which it was published. In addition, TDR should consider the value and impact of all research outputs in addition to research publications, and consider a broad range of impact measures including qualitative indicators of research impact, such as influence on policy and practice.
- There was agreement on emphasizing TDR's evolving role in a globally changing context of environmental, political and social landscape to keep its work relevant for beneficiaries and funders in wider areas.

Recommendations:

- *STAC endorsed the draft Strategy 2024–2029, with suggestions for amendments in focus and wording.*
- *Recommended that, in light of the new strategy 2024–2029 and reporting of its results, TDR consider good practices to measuring impact on policy and programme uptake of TDR's activities at country, regional and global levels.*
- *Welcomed progress in disseminating resources to support bringing an intersectional gender lens to research activities. Recommended identifying the objectives of different intersectional training components as to whether the purpose is to raise awareness or create a deeper understanding.*
- *Recommended that TDR explore opportunities for designated funding to establish a new implementation research leadership fellowship training programme.*

AGENDA ITEM 8 – TDR interface with WHO departments in implementation of the new strategy

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

Key messages

- Dr Matteo Zignol, Global TB Programme, presented the highlights from 2022 to combat TB that included use of digital technology such as CAD-TB; coordination of a survey on COVID-19 and TB dual testing; operational research on modified shorter regimens for treatment of DR-TB; active drug safety monitoring through ADSM; strengthening TB surveillance systems and promoting routine analysis and use of data; monitoring of childhood TB; and supporting the development of WHO guidance on social protection of people affected by TB.
- Mr Jorge Matheu, Antimicrobial Resistance, spoke about the programme's focus on bacterial infections, AMR surveillance systems, control and response strategies, among others.
- Dr Miriam Orcutt, Health and Migration Programme, spoke about global displacement and migration-related public health patterns and priorities.
- Dr Kumanan Rasanathan, APHSR, followed by Dr Anna Thorson, HRP, highlighted the areas of collaboration between TDR, APHSR and HRP in terms of collaboration aims of implementation and hoped for stronger partnerships.
- Dr Anthony Solomon, WHO/NTD, spoke about the substantial overlap of focus with TDR and updated STAC on the publishing of a global roadmap, endorsed by the World Health Assembly, that sets out cross-cutting targets for 2030. The roadmap proposes strategic processes to move from focusing on implementation to impact for neglected tropical diseases.

Discussion

- STAC welcomed perspectives and updates from WHO colleagues and recognized IR to be a common challenge linking partners to deal with collaboratively.

AGENDA ITEM 9 – Programme budget and workplan 2024–2025

Proposed programme budget and workplan scenarios, consultation process and expected results – presented by Dr Mihut

Key messages

- Dr Mihut presented TDR's proposed budget and workplan for 2024–2025, requesting ideas and inputs for the best utilization of the budget plan.
- Two budget and workplan scenarios were presented (US\$ 40 million and US\$ 50 million), based on the two budget scenario levels approved by the JCB in 2022.
- The split by strategic priority area is similar to the current biennium. The Strategic Development Fund (1.5% of the Programme's budget) will allow TDR to respond to new arising needs and opportunities for collaboration during the course of the 2024–2025 biennium.
- The dual scenario model would allow starting the biennium at the US\$ 40 million level and, as more funds become available, moving beyond that level.
- The excellent value for money of the Programme is reflected in the high proportion of funds going to operations (including operations staff), reaching 84% in the US\$ 50 million budget scenario.
- A contingency plan has been developed to deal with a potential funding gap in undesignated funds in 2024–2025, due to a significant reduction in a major donor's contribution.
- The contingency plan (which would save approximately US\$ 5.8 million) would only be applied if sufficient funds are not identified before the next biennium. The plan would include freezing three fixed-term vacant staff positions in technical units and a priority-based reduction in activity costs across all three strategic priority areas and the Strategic Development Fund.

Discussion points

- STAC congratulated the Programme for a robust budget and workplan and agreed that a conservative approach in the short term may work better.
- Freezing vacant positions would not prevent hiring for temporary roles if fully covered by designated funding. This would provide more flexibility also moving into the 2026–2027 biennium.

Recommendation:

- *STAC endorsed the 2024–2025 TDR Programme budget and workplan.*

AGENDA ITEM 10 – STAC and SWG Governance

Arrangements for the working groups to implement the new strategy; 2023–2024 Scientific Working Group memberships; and SWG member experience and expertise – presented by Dr Garry Aslanyan

Key messages

- The proposed membership of the Scientific Working Groups for both IMP and RCS from 1 April 2023 was presented.

Discussion

- The structure, outputs, composition and link to STAC of the scientific working groups needed to support TDR in the implementation of new strategy will need to be assessed and changes proposed.

Recommendations:

- *STAC endorsed the membership of the two Scientific Working Groups as presented.*
- *Requested Director TDR, Chair of STAC and Manager of Partnerships and Governance to meet to discuss options after the strategy is approved by the JCB and have the new arrangement in time for the next STAC meeting in 2024 (STAC46).*

AGENDA ITEM 11 - Date and place of STAC46

Recommendations:

- *Agreed that the forty-sixth meeting of STAC (STAC46) will take place in Geneva from 20–21 March 2024, including a briefing on TDR for new members on 19 March.*

Close of STAC45


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

STAC45 summary of recommendations


1. Dr Caroline Lynch was appointed Rapporteur of STAC45.
2. The Agenda of STAC45 was adopted as proposed.
3. Declarations of interests were accepted as presented to the Secretariat with no conflicts foreseen.
4. Welcomed TDR's efforts to bring gender equity to TDR-supported activities. Requested TDR to publish the results as to how gender roles affected women's capacities to apply for grants during the pandemic and to share them with the broader community and continue to closely monitor key enablers of increased engagement of women in science.
5. STAC endorsed the following documents:
 - TDR Preliminary 2022 financial report and outlook 2023–2025.
 - 2022 TDR Results Report
 - TDR Risk Management Report, 2022
6. Welcomed increased efforts to promote balanced recognition of authorship in articles resulting from TDR support. Recommended that activities supported by TDR consider the multidisciplinary nature of research efforts and to promote equitable recognition of all members of the research teams.
7. STAC endorsed the reports on technical progress and planned activities of all strategic priority areas.
8. STAC endorsed the draft Strategy 2024–2029, with suggestions for amendments in focus and wording.
9. Recommended that, in light of the new strategy 2024–2029 and reporting of its results, TDR consider good practices to measuring impact on policy and programme uptake of TDR's activities at country, regional and global levels.
10. Welcomed progress in disseminating resources to support bringing an intersectional gender lens to research activities. Recommended identifying the objectives of different intersectional training components as to whether the purpose is to raise awareness or create a deeper understanding.
11. Recommended that TDR explore opportunities for designated funding to establish a new implementation research leadership fellowship training programme.
12. STAC endorsed the 2024–2025 TDR Programme budget and workplan.
13. STAC endorsed to the membership of the two Scientific Working Groups as presented.
14. Requested Director TDR, Chair of STAC and Manager of Partnerships and Governance to meet to discuss options after the strategy is approved by the JCB and have the new arrangement in time for the next STAC meeting in 2024 (STAC46).
15. Agreed that the forty-sixth meeting of STAC (STAC46) will take place in Geneva from 20–21 March 2024, including a briefing on TDR for new members on 19 March.

Annex 1. Annotated Agenda

| PRE-MEETING DAY, Tuesday, 14 March | | |
|---|---|---|
| Anytime | BADGE COLLECTION FROM MAIN BUILDING RECEPTION¹ | |
| 14:30 | Refreshments available outside the meeting room | |
| 15:00–16:30 | Briefing session Venue: Salle T (B building) <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 . |

| Wednesday, 15 March (09:00–17:00) | | | | |
|--|---------------------|--|-----------------------------|---|
| Time | Item | Topic | Action | Reference documents |
| Venue: Salle T (B building) | | | | |
| 09:00 | 1. | Opening of the meeting <i>Dr John Reeder, WHO Acting Chief Scientist and Director, TDR</i> | | |
| 09:15 | 2. | Statutory business <i>Professor Margaret Gyapong, Chair STAC</i> 2.1 Appointment of the Rapporteur 2.2 Adoption of the Agenda 2.3 Declarations of interests | Decision | Draft Annotated Agenda <i>TDR/STAC45/23.1a</i> |
| 09:30 | 3. | Director's Report and follow-up on STAC44 recommendations <i>Dr John Reeder</i> 30 minute presentation followed by 30 minute discussion | Information endorsement and | Report of STAC44 <i>TDR/STAC44/22.3</i> Follow-up on STAC44 recommendations <i>TDR/STAC45/23.4</i> |
|  STAC photo | | | | |
| 10:30–11:00 | Coffee break | | | |

¹ To obtain your WHO meeting badge, you need to register for this meeting in the INDICO system at: <https://indico.un.org/event/1003752/>. Kindly refer to the Information Note attached to your invitation letter for more details.

| Wednesday, 15 March (09:00–17:00) – continued | | | | |
|---|------------------------|--|-----------------------------------|---|
| Time | Item | Topic | Action | Reference documents |
| 11:00 | 4. | Programme performance overview <i>Dr Michael Mihut, Unit Head, Programme Innovation and Management</i> 30 minute presentation followed by 30 minute discussion 4.1 Preliminary financial report for 2022 and outlook for 2023–2025 4.2 Progress made against TDR key performance indicators 4.3 Progress on the implementation of TDR’s risk management plan | Recommendation(s) | Preliminary 2022 financial report and outlook 2023–2025 <i>TDR/STAC45/23.5</i> 2022 TDR Results Report <i>TDR/STAC45/23.6</i> TDR Risk Management Report, 2022 <i>TDR/STAC45/23.7</i> For information only: TDR Performance Framework 2018–2023 |
| 12:00–13:30 Lunch break | | | | |
| 13:30 | 5. | Reports on technical progress in 2022 and planned activities for 2023 | Information and recommendation(s) | TDR Expected Results Progress 2022–2023 and Strategic Plans 2024–2025 <i>TDR/STAC45/23.8</i> |
| | | 5.1 Research for Implementation (IMP) <i>Dr Abraham Aseffa, Unit Head</i> 20 min presentation followed by 40 min discussion | Recommendation(s) | TDR IMP Annual Report 2022 <i>TDR/STAC45/23.9</i> Research for Implementation SWG meeting report |
| | | 5.2 Research Capacity Strengthening (RCS) <i>Dr Mahnaz Vahedi, Acting Unit Head</i> 20 min presentation followed by 40 min discussion | Recommendation(s) | TDR RCS Annual Report 2022 <i>TDR/STAC45/23.10</i> Research Capacity Strengthening SWG meeting report |
|  Video: Communicating research findings with impact (5 mins) | | | | |
| 15:30–16:00 Coffee break | | | | |
| 16:00 | | 5.3 Global Engagement <i>Dr Garry Aslanyan, TDR Partnerships & Governance Manager</i> 15 min presentation followed by 25 min discussion | Recommendation(s) | Global Engagement Annual Report 2022 <i>TDR/STAC45/23.11</i> |
| 16:40 | 6. | Update from Chairs of Scientific Working Groups <i>Professors Karen Barnes and Sassy Molyneux (Research for implementation)</i> <i>Dr Marta Tufet Bayona (Research capacity strengthening)</i> 5 min. presentations followed by discussion | Recommendation(s) | Note: SWG meeting reports can be found under Item 5. |
| 17:00 | Close of Day 1. | | | |
| FROM 18:30 – INFORMAL DINNER | | | | |
| La Romana https://la-romana-geneve.ch/ (on the no. 8 bus route from WHO) | | | | |

| Thursday, 16 March (09:00–16:00) | | | | |
|----------------------------------|-----------------|---|-------------------|--|
| Time | Item | Topic | Action | Reference documents |
| Venue: Salle T (B building) | | | | |
| 09:00 | 7. | Development of the 2024–2029 TDR Strategy <ul style="list-style-type: none"> Seventh External Review and strategy development process Draft directions of the TDR Strategy 2024–2029 Consultation and next steps <i>Dr Reeder will present the draft strategy and proposed consultations.</i> <i>Feedback and input on the draft strategy.</i> | Recommendation(s) | Seventh External Review of TDR TDR's response to the recommendations of the 7th External Review <i>TDR/JCB45/22.9</i> Draft of the TDR Strategy 2024–2029 TDR Strategy 2024–2029 Consultations |
| 10:30–11:00 | Coffee break | | | |
| 11:00 | 8. | TDR interface with WHO departments in implementation of the new strategy <i>WHO colleagues</i> Short presentations on how what TDR is planning aligns with their work | Information | |
| 12:00 | 9. | Programme budget and workplan 2024–2025 <i>Dr Mihut will present the proposed programme budget scenarios, consultation process and expected results</i> 5 min presentation followed by discussion | Recommendation(s) | Programme Budget and Workplans 2024–2025 <i>TDR/STAC45/23.12</i> For information only: Portfolio Prioritization Model <i>Refer to Item 4. for other background documents</i> |
| 12:30–13:30 | Lunch break | | | |
| 13:30 | | Closed session with Director TDR STAC members only closed discussion with Director TDR on issues requiring special attention. | Recommendation(s) | |
| 14:30 | Coffee break | | | |
| 15:00 | 10. | STAC and SWG Governance <i>Dr Garry Aslanyan</i> <ul style="list-style-type: none"> Arrangements for the working groups to implement the new strategy 2023–2024 Scientific Working Group memberships SWG member experience and expertise | Endorsement | List of proposed SWG members <i>TDR/STAC45/23.13</i> TDR's STAC and scientific working groups: Terms of reference (June 2014) |
| 15:15 | 11. | Date and place of STAC46 <i>Proposed dates are 20–21 March 2024 at WHO headquarters, Geneva, with a briefing session on 19 March.</i> | Recommendation(s) | |
| 15:20 | 12. | Draft recommendations of STAC45 The rapporteur will present recommendations made during the meeting | Recommendation(s) | |
| 15:45 | 13. | Any other business | | |
| 16:00 | Close of STAC45 | | | |

Annex 2. List of participants

STAC Members

(Chair) Professor Margaret GYAPONG

Director, Institute of Health Research
University of Health and Allied Sciences
Ho, Ghana

Professor Mirkuzie Woldie KERIE

Senior Research Adviser (SRA), MCH Directorate
Federal Ministry of Health
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Dr Caroline LYNCH

Regional Adviser
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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

Dr Thabi MAITIN

Division Manager, Research Grants and Scholarship
Funding
South African Medical Research Council
Tygerberg, South Africa

Professor Claudia CHAMAS

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

Professor Charles MGONE

Retired Executive Director of the European &
Developing Countries Clinical Trials Partnership
(EDCTP), Netherlands and Former Vice-
Chancellor, Hubert Kairuki Memorial University,
Dar es Salaam
Dar es Salaam, United Republic of Tanzania

Dr Theeraphap CHAREONVIRIYAPHAP

Head, Department of Entomology
Kasetsart University
Bangkok, Thailand

Professor Catherine (Sassy) MOLYNEUX

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

Dr Sara Irène EYANGO²

Directeur Scientifique, Centre Pasteur du
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Laboratoire National de Référence et de Santé
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Yaoundé, Cameroon

Dr Alwyn MWINGA

Executive Director
Zambart
Lusaka, Zambia

Professor Debra JACKSON

Takeda Chair in Global Child Health and Deputy
Director of the MARCH Centre
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London, United Kingdom

Dr Emelda Aluoch OKIRO

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

² Not able to attend.

Professor Leanne ROBINSON²

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

Dr Marta TUFET BAYONA

Head of Policy
Gavi
Geneva, Switzerland

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 Andrea WINKLER

Co (joint)-Director, Center for Global Health, School
of Medicine
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Munich, Germany

Other participants**WHO Headquarters Staff****Mr Jorge Matheu**

Team Lead, Global Initiatives and Instruments, Antimicrobial Resistance

Dr Miriam Orcutt

Technical Officer, Health and Migration Programme

Dr Kumanan Rasanathan

Director, Alliance for Health Policy and Systems Research

Dr Anthony Solomon

Medical Officer, Neglected Tropical Diseases

Dr Anna Thorson

Unit Head, Research Leadership and Capacity Strengthening, Sexual and Reproductive Health and Research

Dr Matteo Zignol

Unit Head, TB Prevention, Diagnosis, Treatment, Care and Innovation, Global Tuberculosis Programme

Special Programme staff***Director's Office*****Dr John Reeder**

Director / Chief Scientist a.i.

Dr Garry Aslanyan

Manager, Partnerships and Governance

Ms Christine Coze**Ms Elisabetta Dessi****Ms Maki Kitamura**

Communications Officer

Dr Mariam Otmani Del Barrio**Ms Izabela Suder-Dayao****Dr Robert Terry**

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Dr Mihai Mihut
Unit Head

Ms Caroline Easter

Ms Annabel Francois

Ms Mary Maier

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Dr Abraham Aseffa
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Mr Daniel Hollies

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Mr Abdul Masoudi

Dr Corinne Merle

Dr Vanessa Veronese

Ms Michelle Villasol

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Research Capacity Strengthening

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