

## **Report of the 46th meeting of the TDR Scientific and Technical Advisory Committee 19–20 March 2024**



## Introduction

The forty-sixth meeting of the Scientific and Technical Advisory Committee (STAC) of the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) took place at WHO headquarters in Geneva on 19–20 March 2024. The meeting was chaired by Chair STAC, Professor Margaret Gyapong, and attended by STAC members, the TDR Secretariat, and other World Health Organization (WHO) staff (refer to the list of participants for a full list of attendees).

## Summary of proceedings

### AGENDA ITEM 1 – Opening of the meeting

Professor Jeremy Farrar, WHO Chief Scientist and TDR Special Programme Coordinator, welcomed STAC members and TDR staff to the meeting and congratulated the team for their culture of strong internal ethos that has helped drive the Programme with success. He appreciated TDR's crucial contribution to the smooth working of the WHO family and acknowledged that a certain degree of separation that exists between the functioning of WHO and TDR helps it work distinctly to preserve the partnerships that have been built over 50 years. Professor Farrar thanked STAC members for their input and advice on the GPW14 (the WHO Fourteenth General Programme of Work 2025–2028), and highlighted that the next couple of years would be crucial for the implementation of the new strategy 2024–2029. He cautioned that while the new strategy document was now ready, real challenges may surface during implementation and recommended closer discussions with the other co-sponsors – UNICEF, UNDP and the World Bank – to ensure a smooth implementation process.

Dr 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 2024–2025 and thanked STAC members for their participation in the work process and preparation that has led to the fiftieth anniversary of TDR. Referring to the new strategy, Professor Reeder spoke about how years of work and transition have led to it reaching a 'sweet spot' and emphasized that TDR's endeavour will be to continue to work with efficiency so as the strategy and the Programme become indistinguishable over the next few years, keeping its focus on the big picture.

STAC Chair Professor Gyapong thanked Professor Farrar and Professor Reeder for their messages and welcomed STAC members to the meeting, acknowledged their significant contribution to the work of TDR and invited members to provide valuable scientific advice that will move TDR's portfolio of projects forward. She highlighted how TDR must adopt a holistic perspective while implementing the new strategy. Chair also congratulated the Secretariat on producing several detailed reports on TDR's work and progress and reminded STAC members of their role, i.e. to advise on planning and implementation and to provide guidance on prioritization and strategy within TDR.

## AGENDA ITEM 2 – Statutory business

Professor Gyapong proposed that Professor Debra Jackson be appointed Rapporteur of STAC46. Professor Jackson was appointed Rapporteur by acclamation.

A call was issued for any conflicts of interest. No conflicts were declared.

### **Decisions:**

- *Professor Debra Jackson was appointed Rapporteur of STAC46.*
- *The agenda of STAC46 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 STAC45 recommendations

### **Key messages:**

Professor Reeder’s presentation highlighted selected TDR’s achievements in 2023, as well as challenges and opportunities faced by the Programme. Overall, satisfactory progress was made. Dr Garry Aslanyan presented the follow-up on STAC45 recommendations.

### **Achievements and priorities for Research Capacity Strengthening (RCS):**

- Eight universities in low- and middle-income countries (LMICs) affiliated to TDR have co-developed a curriculum on implementation research (IR) for integration with Master of Public Health programmes.
- Since 2015, 486 students have obtained Master of Public Health (MPH) degrees through TDR’s postgraduate training scheme focused on IR.
- TDR-supported regional training centres (RTCs) managed eight sessions of the TDR Massive Open Online Course (MOOC) on IR, involving 4300 registered participants, in English, French, Russian and Spanish. The RTCs also conducted 40 in-person scientific courses for 1257 students, 64% of whom were women.
- Promoted and supported dissemination of new research training materials addressing IR core modules such as chagas disease in Ecuador, trachoma in Ethiopia and visceral leishmaniasis (VL) in Nepal; use of AI-based app on schistosomiasis and skin NTDs.
- Further supported utilization of the IR toolkit module on the impact of climate change on infectious diseases and IR ethics in epidemics such as rapid scale-up of COVID-19 vaccinations.
- Priorities for 2024–2025 include:
  - continue developing a comprehensive IR leadership programme; and
  - promote the postgraduate training scheme to equip researchers and implementers with knowledge and skills to approach the four global health challenges from One Health perspective.

### **Achievements and priorities for Research for Implementation (IMP):**

- In October 2023, WHO announced that Bangladesh was the first country to have successfully eliminated VL as a public health problem. For over two decades, TDR supported research on diagnostic tools and treatments and their implementation that helped accelerate this monumental achievement.

- A new regional network of national tuberculosis (TB) programmes, the Southern and East African Network for TB Control (SEARN-TB) was launched targeting 24 countries. This new network builds on the successes of the West and Central African Regional Network for TB control (WARN/CARN-TB).
- One Health was operationalized as a transdisciplinary ecosystem approach to addressing various diseases such as fascioliasis, schistosomiasis and vector-borne diseases in the context of climate change through eight projects in Africa.
- TDR supported Cameroon to work towards eliminating yellow fever (by 2026) by participating in an investigation to study the resurgence of the epidemic in Cameroon through early response, strengthening routine immunization programmes and high vaccination coverage rates.
- Priorities for 2024–2025 include:
  - expanding the reach of EWARS-csd and strengthening surveillance systems with a One Health approach in response to outbreaks of climate-sensitive diseases such as dengue in collaboration with WHO's Global Arboviral Initiative.
  - supporting testing of the Sterile Insect Technique (SIT) in the Pacific Islands; and
  - assessing and showcasing the impact of published research and lessons learnt on antimicrobial resistance (AMR)

### ***Achievements and priorities for Global Engagement:***

- Twenty-seven IR projects were awarded impact grants in collaboration with WHO regional offices.
- TDR provided technical assistance to WHO-led priority-setting exercises, including those pertaining to One Health, AMR in human health, health and migration and a research roadmap for NTDs.
- Through a collaboration with HRP<sup>1</sup>, a virtual repository of resources was launched to support efforts to incorporate sex and gender in health research.
- A crowdsourcing open call identified innovative strategies to enhance equity and inclusivity in research mentorship programmes in LMICs. The three finalists were invited to a series of workshops to refine the strategies and support preparations for their implementation.
- Priorities for 2024–2025 include:
  - engaging globally to address various cross-cutting issues such as: impact grants in selected regions; community engagement research for control and elimination; mainstreaming social innovation in countries' climate change research; and strengthening ethics review committees (ERCs) in outbreaks.
  - communicating research findings for impact, including MOOC training; revising and implementing the TDR Global strategy; integrating SIHI and gender intersectionality; supporting research management in LMICs through the ESSENCE initiative; and developing a TDR-led ethics guidance for ERCs to incorporate an intersectional gender approach in review processes.
  - The Global Health Podcast is now in its third season and saw another successful year of production, with more than 60 000 downloads across 204 countries, and a growing audience in LMICs. Season 4 will begin mid-2024.

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<sup>1</sup> The UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction

***Financial update:***

- Despite a challenging funding environment, TDR was able to start 2024–2025 with the US\$ 40 million budget scenario.
- Funds totalling US\$ 35.5 million were utilized during the biennium, with substantial savings in staff and administrative costs (US\$ 4.9 million). Some savings in undesignated funds (UD) were reallocated to operations activities. As a result, despite the overall reduction in spending, the implementation rate of UD activities reached 110%, reflecting increased value for money of TDR's work.
- In June 2023, the TDR Joint Coordinating Board (JCB) approved two budget and workplan scenarios for the 2024–2025 biennium—a lower scenario at US\$ 40 million and a higher scenario at US\$ 50 million. TDR continues to strengthen its fundraising efforts among both new and existing donors, focusing on the priorities of the new strategy, and aligning with the Sustainable Development Goals (SDGs).

***Key achievements for 2023 and plans for 2024–2025:***

- TDR's key achievements in 2023 included satisfactory progress towards results targets and a good project implementation rate at 90%. Despite difficult funding circumstances, TDR was able to start the 2024–2025 biennium with the full US\$ 40 million funding scenario. And a clear and achievable workplan targeting the new strategy.
- Several events are planned to celebrate TDR's 50th anniversary in 2024, including a symposium in April at the Multilateral Initiative on Malaria in Kigali, Rwanda; a reception during the World Health Assembly in May in Geneva; and a panel and celebrations during the JCB meeting in June, among others. Additionally, advocacy and communications initiatives are planned throughout the year to engage with the wider community.

***Staff changes in 2023:***

- Najoua Kachouri left TDR in December 2023; Abraham Aseffa is due to retire in June 2024 and recruitment for his replacement is currently under way; two competitive selections were made: Vanessa Veronese moved from a temporary to a fixed-term position in IMP; and Georges Danhondo joined the RCS team in March.
- Preparations for the recruitment of a new Director to succeed Professor Reeder upon his retirement in early 2025 are ongoing.

Following the Director's report, Dr Aslanyan presented the follow-up on the STAC45 recommendations, highlighting the actions taken. An investment case is being developed as part of the new strategy implementation that can be used for both new and potential donors, following review by the Standing Committee and the JCB. A health economist has been appointed to assess its cost-effectiveness.

*Discussion points:*

- Overall, 2023 was an excellent year for TDR, with steady progress towards results targets as well as a 90% project implementation rate achieved.
- While discussing integration of the Programme in the One Health framework (i.e. whether it will be crosscutting issue or a pillar on its own), it was communicated that the One Health approach will be included in all TDR activities. It was also noted that it may appear to be more eminently at play with climate change-related outbreaks and epidemics, but the crosscutting nature of the initiative will become evident eventually through NTDs, climate, emergencies, etc.
- Regarding AMR priority setting, particularly in LMICs with the global north antibiotics conversation dominating the discourse, TDR will look at navigating the road ahead through negotiations along a diplomatic path. This issue will evolve as it has many contributing elements. TDR will engage with LMICs on practical challenges relating to AMR and vector resistance and focus attention on raising awareness to assure the issue is not ignored.
- TDR's success in being able to fund its programmes over the long term was appreciated. It was noted that in order to function optimally, a large part of the strategy has been to be engaged over a long period of time with programmes but not do the same thing all of the time, and to put things in perspective and remain flexible.
- Regarding authorship, it was noted that although TDR contributes towards making research fit for publication, it chooses to attribute credit to the principal investigator that led the research project locally. There needs to be a rethink to the approach on how to recognize contributions to be inclusive.
- While the TB research subregional networks in Africa have yielded great success through dedicated efforts of IMP, clarity is needed on how this momentum can be sustained. There has been improved coordination, operational research and better communication between laboratories and national programmes. However, since this comprises a huge network of almost 50 countries, funding is an ongoing issue and TDR does not have the financial capacity to support it alone. TDR's role is not at the centre of action but be a catalyst and offer collective support. Eventually the network, or the countries themselves, will need to fundraise to sustain the work.
- TDR's role in working with the sequelae of disease was discussed and while it's not a part of TDR's mandate historically, it is an aspect that TDR is engaging in, e.g. disability following TB. TDR's focus is to look at diseases of poverty broadly; it will not serve to create a separate pillar to look at disability separately.

*Decision:*

- *Endorsed the Director's report and congratulated the Programme on its achievements during the past year.*
- *The STAC welcomed the report of the Director and congratulated TDR on the achievements in 2023 and the plans for transition into implementation of the new strategy 2024–2029. It appreciated the diligent follow-up by TDR to the recommendations made at last year's meeting and made the following recommendations.*

*Recommendation:*

- *Efforts made to include innovative approaches into the new strategy, including development of an investment case for resource mobilization, in coordination with the JCB and the Standing Committee, should be incorporated into the overall programme performance cycles.*

## AGENDA ITEM 4 – Programme performance overview

Dr Michael Mihut, Unit Head, TDR Programme Innovation and Management, presented the Preliminary Financial Report 2022–2023 and outlook 2024–2025, progress made against TDR key performance indicators and progress on the implementation of TDR's risk management plan.

### *Key messages:*

Summarizing the achievements, Dr Mihut mentioned the 2024–2029 performance framework that was shared with STAC for review and recommendations, as well as building of the portfolio towards the 2024–2029 strategy, managing risks and turning issues into opportunities, enhancing fundraising, working towards succession planning actions, contributing to TDR co-sponsors' strategic plans and results frameworks towards the Global Action Plan for implementing health-related SDGs, among others.

### *Financial implementation:*

- Preliminary data show revenue in 2022–2023 amounted to US\$ 38.3 million (US\$ 28.1 million UD, US\$ 10.2 million DF). In addition, US\$ 7.7 million undesignated funds (UD) and US\$ 6.5 million designated funds (DF) were brought forward from 2020–2021.
- As at 31 December 2023, US\$ 35.5 million had been spent or committed through legal agreements, representing 89% of the US\$ 40 million budget scenario.
- Two budget scenarios for 2024–2025 were approved by the JCB in 2023: A lower scenario at US\$ 40 million (US\$ 28 million UD; US\$ 12 million DF); a higher scenario at US\$ 50 million (US\$ 33 million UD; US\$ 17 million DF). TDR began implementing the US\$ 40 million budget scenario in January 2024.
- The current revenue projection is US\$ 16–20 million UD and US\$ 7.2–11 million DF. The UD forecast is based on historical levels of contributions adjusted with current information from donors. The DF forecast includes donors that have a history as regular contributors and those in advanced discussion with TDR.
- Efforts are being made to sustain donor contributions and identify new funding sources through discussions with existing donors to anticipate the impact on contributions of the global post-pandemic and security situation; an investment case has been developed to align with the strategy to provide contribution analysis intelligence for future funding proposals.

### *Risk management:*

- Risks are monitored as part of the internal TDR review process in alignment with the performance framework. Discussions occur within relevant teams, scientific working groups, at management and staff meetings, as well as with the STAC, the Standing Committee and the JCB.
- At the end of 2023, there were 10 active TDR programme-level risks, of which the four are proposed to be closed: Impact of WHO transformation (Risk 12) as funding is addressed in income level (Risk 2) and the risk to TDR's independence is no longer relevant. Impact of WHO staff mobility policy (Risk 16) as the WHO policy published in July 2023 explicitly excludes special programmes such as TDR, this risk is no longer relevant. TDR 2018–2023 strategy implementation (Risk 17) is no longer relevant. Anticipating global health emergencies (Risk 19) as this was added to specifically address the implementation challenges related to the COVID-19 pandemic, this risk is no longer relevant.
- For the 10 Programme-level risks that were open at the end of 2023, 10 action items have been added to address portfolio alignment with the strategy (Risk 1); TDR income (Risk 2); communication of TDRs unique value (Risk 9); TDR's visibility within collaboration and

partnerships (Risk 18); replacement of TDR key personnel (Risk 20). Of these 10 new actions, seven were planned and three were on track at the end of 2023.

- Overall, of the 36 action items monitored in 2023, 18 are on track, 11 were completed of which 7 addressing risks were proposed for closure, seven were planned and no action was delayed. Ten risks have been closed between 2013 and 2021 (see [TDR Risk Management Report 2023, Annex 1](#)) and four additional risks are proposed for closure at the end of 2023. STAC review and recommendations are invited.

#### *Application of core values:*

- In 2023, distribution of contracts and grants to recipients by DEC (disease endemic country) status stood at 88% (US\$ 11.4 million) for DEC and 12% (US\$ 1.5 million) for non-DECs.
- Distribution of contracts and grants by gender and DEC status showed that 42% of contracts went to women in DECs, while 7% in non-DECs; 46% of contracts were granted to men in DECs, while to 5% in non-DECs, respectively.
- Proportion of publications with first author from a DEC rose from 72 in 2018 to 77 in 2023. The proportion of grants and contracts awarded to women improved from just 22% in 2012 to 49% in 2023, slightly lower than the 52% granted in 2022.

#### *Open access publications:*

- In terms of equity distribution in TDR-supported publications, the proportion of publications in open/free access demonstrated a rise from 66% in 2012 to 97% in 2023.
- The proportion of publications distributed according to the gender of first authors rose from 38% to 42% for women between 2017 and 2023, respectively.

#### *Discussion points:*

- In terms of target-setting, TDR works on estimates as it is impossible to have exact figures for the future. Following consultation across TDR, and learning from past strategies, estimates for outputs and outcomes that have been arrived at are fairly ambitious.
- Concerning fundraising, a working group was formed for each of the global health challenges to select which areas to fund and which donors should be approached. TDR is also targeting areas such as climate change's health impact and One Health which have the potential to bring in larger contributions.
- Relating to guidance tools, TDR incorporates a list of tools and strategies that have been in use for at least two years after ensuring that they have made a meaningful impact. The list is reviewed internally and shared with WHO disease control programmes for their review and updating on a regular basis.

#### **Decisions:**

##### *STAC endorsed the following documents:*

- *Preliminary Financial Report 2022–2023 and outlook 2024–2025*
- *2023 Results Report*
- *2023 Risk Management Report*

#### **Recommendation:**

*There should be a clear linkage from the draft TDR Performance Framework 2024–2029 to the format of the annual results reports, including the addition of indicators at all levels, not only publications; also, further details on definitions should be added.*

## AGENDA ITEM 5 – Reports on technical progress in 2023 and planned activities for 2024

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

### *Key messages:*

- IMP activities focus on finding novel solutions to reduce the burden of infectious diseases of poverty and ensure access to health technologies for those in need. The four main aims, as outlined in the current strategy, include research for policy; research for implementation; research for innovation; and research for integrated approaches.
- An early warning and response system (EWARS) against arboviral disease outbreaks was integrated into the national surveillance system in Mexico and piloted in 15 other countries. Lessons from Mexico have been published in a peer-reviewed journal.
- Multisectoral approaches (MSAs) were implemented in seven African countries against malaria and in two against arboviral diseases, with evidence of impact on transmission of diseases.
- Achievements in other areas included:
  - Integration of a self-diagnosis and treatment kit for mobile and hard-to-reach communities (Malakit) into the national malaria programme in Suriname.
  - One Health operationalized as a transdisciplinary ecosystem approach addressing various diseases in the context of climate change.
  - Positive effect of operational research on health care practice, with several case studies on tackling AMR through the Structured Operational Research and Training Initiative (SORT IT) approach published in peer-reviewed journals.
  - West African institutions supported to access and conduct operational research on Ebola and COVID-19 outbreak data stored at Oxford.
  - Progress made on testing SIT against arboviral diseases, with preparations for testing under way.
  - The Southern and East African Network for TB control (SEARN-TB) was launched, targeting 24 countries in the region.
  - A generic research package developed to conduct root cause analysis of yellow fever outbreaks in African countries.
  - New evidence generated on core challenges of VL elimination in the Indian subcontinent.
  - Evidence generated on gender and its intersection with social stratifiers in healthcare-seeking behaviour in different countries and against various infectious diseases, as well as among the urban poor.
  - A MOOC on 'Incorporating an Intersectional Gender Perspective in Implementation Research' was launched.
  - Evidence generated from systematic reviews on gender dimensions of health-related challenges among the urban poor during COVID-19 in LMICs was disseminated through peer-reviewed publications and policy dialogues.
- Technical implementation faced some delays due to conflicts, slow approval processes and investigator and stakeholder constraints in a number of projects. Nevertheless, of the 11 ERs, nine have already met biennium targets in Q3 and for the remaining two, critical outputs have already been achieved despite delays with minor tasks.

*Discussion points:*

- Chair congratulated the IMP team for their achievements in the past year. She complimented them on the synergy built with the RCS team – the use of research capacity tools and techniques and implementing them into research is clearly evident in the ERs. Dissemination of guide materials beyond their use in training and programmes, such as to academic institutions, was identified as a weak link given that they do not merge well with programmes. It was noted that TDR produces guidelines rather than guidance documents and so far, the experience of knowledge-sharing has been good through the use of MOOCs and training workshops where country offices, universities and research teams are invited to attend. It was recognized that a repository is needed with a clear strategic pathway to guide training needs for those negotiating the increasing number of MOOCs.
- Concerning sustainability of continued support for AMR research, implementation through WHO country offices was discussed. TDR has embedded a SORT IT research fellow and programme officer under the WHO Representative in country to conduct the tasks of implementation to technically support the AMR working groups.
- Discussed the need to close gaps that exist in links between academia and disease control programmes for capacity strengthening work. TDR is making efforts to encourage those working in implementation in disease control programmes to apply for its training programmes to address the gap. MOOCs have also been a very useful tool. TDR's aim is to focus on the broader impact to drive capacity in countries.
- Need to build capacity, particularly around data collection, database management and secondary analyses. This has been identified across training programmes, SORT IT and disease surveillance (IDO) and epidemic data (Ebola, COVID-19) and has been conducted in clinical research and SORT IT on a small scale to date. It was suggested that it be made a part of advocacy to funders and possible expansion within training programmes.
- Extent of TDR's role in outbreaks and emergencies, such as the recent monkey pox outbreak in Africa, was discussed. Although not an outbreak response programme, TDR increasingly depends on global challenges and principles and frames its responses to align with the existing environment.

**Research Capacity Strengthening** – presented by Dr Anna Thorson, Unit Head, RCS*Key messages:*

- RCS activities focus on building capacity to produce evidence that directly informs public health practice and policy and strengthens research capacity in LMICs, specifically aiming to build research leadership. It promotes institutional and individual leadership in health research through postgraduate training grants and career development fellowships, and the development of RTCs, MOOCs, postgraduate training scheme, among others.
- The RTCs counted over 4300 participants registered for eight sessions of the IR MOOC during 2023. In addition, over 40 in-person training courses were delivered through the RTC network to 1257 individuals (802 of whom identified as women [64%]).
- Achievements in other areas included:
  - New MOOC IR modules, online courses, training documents and sensitization videos completed.
  - The IR toolkit is now available in Russian.
  - A guide on 'how to conduct a scoping review' was finalized and made available in English, French and Mandarin, with accompanying instructional videos in English and French.

- An IR toolkit module on One Health was developed in English.
- In the 2022–2023 biennium, 212 master’s students were enrolled, including 17 MPH students from across 15 French-speaking West African countries; 140 students completed their MPH degree targeting IR.
- IR curriculum for MPH programmes, based on IR core competencies, developed.
- The first cohort of Clinical Research Leadership fellows started and 18 fellows from the Clinical Research and Development Fellowship finished their placement at TPOs.
- For the 2024–2025 biennium, the focus will be on ensuring strategic attention to the global challenges and direction of the new strategy. This will ensure RTCs and training activities are aligned and built on consolidated methods as well as innovative approaches in the years to come.
- Overall strategic priorities will focus on developing IR leadership through comprehensive, strategic programmes; institutionalizing use of IR among health professionals and implementers using accessible tools; strengthening postgraduate training by equipping researchers and implementers with the knowledge and skills needed to approach the four global health challenges from a One Health perspective.

*Discussion points:*

- Challenges relating to training hubs and integrating online courses into regional institutions that involve in-person interactions, and the trajectory of trainers once the training is completed. The RTCs are conducting training sessions both online and in-person. Master’s degrees are awarded by the universities. TDR is working with the universities to integrate IR curricula into their existing programmes, as a full IR Master’s course is not yet available.
- Delays with ERC approval for certain IR projects and researchers were discussed and acknowledged for the challenges due to stringent standards and time-consuming investigating procedures, causing delays for clinical trials.
- Supporting authorship guidelines and empowering LMIC colleagues and junior researchers to assist with negotiating power for authorship was discussed. These include use of the forthcoming TDR publishing advice for wider audiences and inclusion of authorship guidance in trainings as part of knowledge management, communications and research planning. Relating to authorship of patents, it was also suggested that having clear criteria for identifying inventorship can ease the pressures on junior authors or make them less vulnerable in the face of institutional pressure.
- TDR’s foray into regulatory systems strengthening where it is a part of the clinical research exercise with pharmaceutical companies was discussed. Through the clinical research leadership programme candidates learn hands-on skills and gain knowledge but do not receive a Master’s degree as it is not an academic programme. This programme is currently funded by the Bill & Melinda Gates Foundation, however TDR is already looking at a sustainability plan involving multiple donors.
- Relating to clinical research leadership, it was suggested that TDR build additional regional partnerships, e.g. Africa CDC or African Vaccine Manufacturers, for both research for innovation and research capacity building and to establish stronger linkages between programme and academia.
- Exploring the possibility of certification for those completing MOOC training, it was suggested that TDR continues to review and test a variety of models to link local academic and programme institutions and individuals to enhance training programmes, knowledge translation and dissemination and use of TDR guides and products.

- TDR's continued support to fellows undertaking clinical research training once they return to their home country was discussed. Although gaps exist, and there remains a need to strengthen individual and institutional capacities, the re-entry grant allows fellows to share the knowledge and training that they gained and conduct capacity building training workshops. Assessed by the number of applications TDR receives, there seems to be growing interest among researchers working in clinical trials in LMICs. It was also noted that the reason the programme became a leadership course was because most of the fellows who returned home became leaders in their field and became focal points.

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

*Key messages:*

- TDR's global engagement includes collaboration with WHO regional offices, shaping the global health research agenda, leading a collaborative network on research funding, promoting and supporting research on community-based social innovations for health and leveraging a global network of scientists and experts who have been associated with TDR.
- In 2023, key achievements included establishing 13 SIHI (Social Innovation in Health Initiative) hubs that are operational in Africa (Ghana, Malawi, Nigeria, Rwanda, South Africa and Uganda), Asia (China, India, Indonesia, Philippines), Latin and Central America (Colombia, Honduras) and Europe (Sweden).
- TDR Global continued implementing its initiatives, including the HERMES Institutional Mentorship Guide 'Focus on Equity in Mentorship', a crowdsourcing contest and the launch of TDR's 50th anniversary photo contest.
- Several global priority research agenda documents published with engagement of TDR, including on AMR, health and migration and others, which also facilitate TDR's priority setting under the new TDR strategy.
- A guide for effective capacity strengthening for funders published by ESSENCE in collaboration with the Liverpool School of Tropical Medicine.
- Calls for proposals in the Americas, Western Pacific and Eastern Mediterranean regions launched with 20 projects funded.
- *Global Health Matters* podcast's successful Season 3 launched, reaching a broad audience.
- Global engagement priorities for 2024–2025 include communicating research findings for impact; revising and implementing the TDR Global strategy; integration of SIHI and gender/intersectionality; supporting research management in LMICs under the leadership of ESSENCE initiative; developing a TDR-led ethics guidance for ERCs to incorporate an intersectional gender approach in their review processes.

*Discussion points:*

- Modules on community engagement and social innovation are being piloted and tested at the Kuala Lumpur RTC by an invited group of students prior to being launched later in 2024.
- Proliferation of MOOCs that may lead to dilution of the IR MOOC was raised as a concern. TDR responded by explaining that it has several MOOCs that are built on basic implementation. The Research MOOC is a course on basic principles of IR. MOOCs providing more in-depth studies include intersectional gender perspective, community engagement and social innovation. TDR is looking to build a user-friendly repository for this purpose. All courses have been thoughtfully designed to complement each other.

- Need to build capacity around data sharing, management of databases and secondary analyses. The need for a data management plan and storage is a challenging one with real time data only available in some cases. TDR is discussing with LSHTM storing all data in their Data Compass.

#### **Decision:**

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

#### **Recommendations:**

- *TDR's approach to authorship by LMIC colleagues and junior researchers, especially in assisting with negotiating power for authorship should be communicated to a wider audience and included in trainings as part of research planning, knowledge management and dissemination of research results.*
- *There is the need for rationalization of training resources (e.g. MOOCs) and presenting the full range of modules available on a user-friendly site.*
- *TDR should:*
  - *Continue supporting capacity building for data management and data analysis across its activities.*
  - *Explore opportunities for additional IR (e.g. health economics evaluation, root cause analysis) to strengthen policy engagement and operational systems related to global challenges addressed by TDR's activities.*
  - *Continue working with WHO regional offices and departments (ethics, research entities, etc.) and engage in further partnerships with regional and global organizations (e.g. Africa CDC and others).*

## **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 meeting held in October–November 2023.
- Congratulated TDR on the work conducted despite financial constraints. It was also a significant year for TDR functioning as a catalyst as Bangladesh declared the elimination of VL in October. This fits very well with the new strategy and can present a valuable opportunity for IR lessons to be drawn from TDR's experience in Bangladesh being applied in the Indian subcontinent and East Africa.
- The SWG is strongly supportive of the plan to develop a briefing document for each of the pillars.
- Begin with an exit strategy when getting involved in a network or disease elimination programme.
- Focus on the real impact generated from synthesizing crosscutting areas and by bringing different sets of approaches and tools towards an enabling environment to support the disadvantaged and neglected populations lacking access to quality health care interventions.
- To avoid losing ground on progress that has been achieved over years of running a programme, consider engaging with political actors and learning about the politics of intervention as it may help to advance disease elimination with health ministries.
- Overlap between IMP and RCS should be streamlined in order to avoid duplication.

**Research Capacity Strengthening** – presented by Dr Anna Thorson

- On behalf of the RCS SWG, Dr Thorson presented a brief summary of the meeting held in 2023. Relating to the new strategy, the SWG concurred on the importance of involving MSA not only to mitigate global health challenges but also in training portfolios.
- Postgraduate master's programme faces challenges in certain areas with students returning to their home countries and retrieving data for their master's thesis. Similar challenges exist for students returning to war zones or to their regions after undertaking clinical research leadership course. Although there is no uniform solution yet, TDR will look at context-specific incidents and try to find solutions.
- To seek accreditation for a formal recognition of the competencies trained for during fellowships in collaboration with institutions and businesses.

**AGENDA ITEM 7 – STAC and SWG Governance**

**New call for STAC members as of July 2025; 2024–2025 Scientific Working Group memberships; SWG member experience and expertise; and organization of TDR's scientific working group to support the new strategy** – presented by Dr Garry Aslanyan

*Key messages:*

- Reorganized Scientific Working Group will review and bring coherence to the ways in which different strategic priority areas of TDR work with increased global challenges. The committee will report to the Director.
- Members have been selected to fill the gaps that exist using a matrix of functional and crosscutting expertise and experiences.
- The SWG may be complemented by ad hoc review groups functioning in specific areas to review project proposals.

*Decision:*

- *Agreed to the proposed membership of the scientific working group as presented.*

**AGENDA ITEM 8 – TDR interface with WHO departments**

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

*Key messages:*

- **Dr Arshad Altaf** from WHO Regional Office for the Eastern Mediterranean (EMRO) presented the highlights and project status of TDR grants issued in 2021 and 2022 that covers NTDs, TB, malaria, HIV-Hepatitis and migration health. In 2022, 11 proposals were received from EMR countries. Six of the 11 Principal Investigators were women. In 2021, 110 proposals dealing with migration health were received, with 15 grantees from 10 EMR countries. Five of the 15 Principal Investigators were women. Regional changes and research activities were mentioned, along with highlighting gaps that exist in research. The region faces significant challenges relating to understanding, writing and explaining research methodology coupled with a general lack of expertise in drafting grant proposals. There is also a weak link between translating knowledge into policy and action and a paucity of publicly available data at country level.

- **Dr Diana Rojas Alvarez**, Medical Officer in the Emerging Diseases and Zoonoses Department, Health Emergencies Programme, presented 'Preparing for the Next Pandemic: Tackling mosquito-borne viruses with epidemic and pandemic potential'. She spoke about the strategies the Global Arbovirus Initiative has undertaken to monitor risk and anticipate outbreaks by working towards developing a global risk monitoring framework for arboviruses using a One Health approach; forecast and model potential epidemic and pandemic scenarios for arboviruses. Dr Alvarez highlighted the use of EWARS-csd in close collaboration with TDR over epidemiological, historical and environmental data, analytic predictive tool for the dashboard and other areas.
- **Dr Amadou Garba Djirmay**, scientist in the Global NTD Programme, presented an app developed to identify schistosomiasis intermediate host snails. He spoke about the World Health Assembly's 65.21 resolution on the elimination of schistosomiasis that led to the development of an app to better identify and track the disease. WHO's guidance on snail identification has not been updated since 1984, and current technologies and AI have enabled the app's development. It is part of the Access and Delivery Partnership's IR plan to help introduce paediatric praziquantel to treat schistosomiasis.
- **Dr Kumanan Rasanathan**, Executive Director of the Alliance for Health Policy and Systems Research (AHPSR), highlighted the areas of collaboration between TDR, AHPSR and HRP. He spoke about the development of AHPSR's new strategy for 2024–2028 and thanked TDR for its inputs; underscored increased engagement reflecting on the challenges of domestic investment and support for research to help countries aid their youth health policy system, including IR, to influence policy and practice; and better support the mission of strengthening health systems to improve health equity in a rapidly changing global context. He also stressed the importance of continued collaboration with TDR to strengthen capacity and support institution building in countries to conduct health policy and system research and ensure that it is used, and to advocate at the global level for the field of health policy and systems research, including investment and the way forward.

#### *Discussion points:*

- STAC welcomed updates from WHO colleagues and thanked them for their presentations. Issues surrounding child health and neglect of children as part of the global health agenda were acknowledged. It was also noted that other than funding immunization drives, there remain significant challenges with raising resources for issues relating to NTDs, malaria, pneumonia and other diseases that affect children.
- The need to engage better with political processes relating to elimination programmes and sustaining them to ensure that they go to scale was highlighted.

## AGENDA ITEM 9 - Date and place of STAC47

#### *Decision:*

- *Agreed that the forty-seventh meeting of STAC will take place in Geneva 18–19 March 2025.*

## Close of STAC46

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

# STAC46 summary of decisions and recommendations

## Decisions:


1. Professor Debra Jackson was appointed Rapporteur of STAC46.
2. The agenda of STAC46 was adopted as proposed.
3. Declarations of interests were accepted as presented to the Secretariat with no conflicts foreseen.
4. Endorsed the Director's report and congratulated the Programme on its achievements during the past year.
5. Endorsed the following documents:
  - Preliminary 2022–2023 financial report and outlook 2024–2025
  - 2023 TDR Results Report
  - TDR Risk Management Report, 2023
  - TDR Performance Framework 2024–2029
6. Endorsed the reports on technical progress and planned activities of all strategic priority areas.
7. Agreed to the proposed membership of the scientific working group as presented.
8. Agreed that the forty-seventh meeting of STAC will take place in Geneva 18–19 March 2025.

## Recommendations

The STAC welcomed the report of the Director and congratulated TDR on the achievements in 2023 and the plans for transition into implementation of the new strategy 2024–2029. It appreciated the diligent follow-up by TDR to the recommendations made at last year's meeting and made the following recommendations.

1. Efforts made to include innovative approaches into the new strategy, including development of an investment case for resource mobilization, in coordination with the JCB and the Standing Committee, should be incorporated into the overall programme performance cycles.
2. There should be a clear linkage from the draft TDR Performance Framework 2024–2029 to the format of the annual results reports, including the addition of indicators at all levels, not only publications; also, further details on definitions should be added.
3. TDR's approach to authorship by LMIC colleagues and junior researchers, especially in assisting with negotiating power for authorship should be communicated to a wider audience and included in trainings as part of research planning, knowledge management and dissemination of research results.
4. There is the need for rationalization of training resources (e.g. MOOCs) and presenting the full range of modules available on a user-friendly site.
5. TDR should:
  - Continue supporting capacity building for data management and data analysis across its activities.
  - Explore opportunities for additional IR (e.g. health economics evaluation, root cause analysis) to strengthen policy engagement and operational systems related to global challenges addressed by TDR's activities.
  - Continue working with WHO regional offices and departments (ethics, research entities, etc.) and engage in further partnerships with regional and global organizations (e.g. Africa CDC and others).

## Annex 1. Annotated Agenda

Tuesday, 19 March (09:00–17:00)				
Time	Item	Topic	Action	Reference documents
Anytime	<b>BADGE COLLECTION FROM MAIN BUILDING RECEPTION<sup>2</sup></b>			
09:00	1.	<b>Opening of the meeting</b> <i>Professor Jeremy Farrar, WHO Chief Scientist / TDR Special Programme Coordinator</i> <i>Professor John Reeder, Director TDR</i>		
09:15	2.	<b>Statutory business</b> <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 TDR/STAC46/24.1a
09:30	3.	<b>Director's Report</b> <i>Dr John Reeder, Director TDR</i> 30 min. presentation followed by 30 min. discussion  <b>Follow-up on STAC45 recommendations</b> <i>Dr Garry Aslanyan, TDR Partnerships and Global Engagement Manager</i> 10 min. presentation and discussion	Information and endorsement   Information	Report of STAC45 TDR/STAC45/23.3  Follow-up on STAC45 recommendations TDR/STAC46/24.4
 <b>STAC photo</b>				
<b>10:30–11:00 Coffee break</b>				
11:00	4.	<b>Programme performance overview</b> <i>Dr Michael Mihut, Unit Head, Programme Innovation and Management</i> 30 min presentation followed by 30 min discussion 4.1 Preliminary financial report for 2022– 2023 and outlook for 2024–2025 4.2 Progress made against TDR key performance indicators 4.3 Progress on the implementation of TDR's risk management plan	Review/recommendations	Preliminary 2022–2023 financial report and outlook 2024–2025 TDR/STAC46/24.5 2023 TDR Results Report TDR/STAC46/24.6 TDR Risk Management Report, 2023 TDR/STAC46/24.7 TDR Performance Framework 2024–2029 TDR/STAC46/24.8

<sup>2</sup> To obtain your WHO meeting badge, you need to register for this meeting in the INDICO system at: <https://indico.un.org/e/STAC46>. Kindly refer to the Information Note attached to your invitation letter for more details.

**Tuesday, 19 March (09:00–17:00) – continued**

Time	Item	Topic	Action	Reference documents
<b>12:00–13:30 Lunch break</b>				
13:30	5.	<b>Reports on technical progress in 2023 and planned activities for 2024–2025</b>	Information and recommendations	TDR Expected Results Progress 2022–2023 and Strategic Plans 2024–2025 TDR/STAC46/24.9
		<b>5.1 Research for Implementation (IMP)</b> <i>Dr Abraham Aseffa, Unit Head IMP</i> 20 min presentation followed by 40 min discussion	Recommendations	TDR IMP Annual Report 2023 TDR/STAC46/24.10 Research for Implementation SWG meeting report
		<b>5.2 Research Capacity Strengthening (RCS)</b> <i>Dr Anna Thorson, Unit Head RCS</i> 20 min presentation followed by 40 min discussion	Recommendations	TDR RCS Annual Report 2023 TDR/STAC46/24.11 Research Capacity Strengthening SWG meeting report
<b>15:30–16:00 Coffee break</b>				
16:00		<b>5.3 Global Engagement</b> <i>Dr Garry Aslanyan</i> 15 min presentation followed by 25 min discussion	Recommendations	Global Engagement Annual Report 2023 TDR/STAC46/24.12
17:00	<b>Close of Day 1.</b>			

**FROM 18:30 – INFORMAL DINNER**

**Mama & Zita** <https://www.mama-zita.ch/> (on the no.8 bus route from WHO)

**Wednesday, 20 March (09:30–15:30)**

Time	Item	Topic	Action	Reference documents
09:30	6.	<b>Update from Chairs of Scientific Working Groups</b> <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	Recommendations	Note: SWG meeting reports can be found under Item 5.
10:00	7.	<b>STAC and SWG Governance</b> <i>Dr Garry Aslanyan</i> <ul style="list-style-type: none"> <li>New call for STAC members as of July 2025</li> <li>2024–2025 Scientific Working Group memberships</li> <li>SWG member experience and expertise</li> <li>Organization of TDR’s scientific working group to support the new strategy</li> </ul>	Endorsement and recommendations	List of proposed SWG members TDR/STAC46/24.13 <a href="#">TDR’s STAC and scientific working group: Terms of reference (June 2014)</a>
<b>10:45–11:15 Coffee break</b>				

Wednesday, 20 March (09:30–15:30) – continued				
Time	Item	Topic	Action	Reference documents
11:15	8.	<p><b>TDR interface with WHO departments</b></p> <p><i>Dr Garry Aslanyan will moderate this session</i></p> <p><b>Dr Arshad Altaf</b>, Technical Officer in the Research and Innovation team at the WHO Regional Office for the Eastern Mediterranean, Cairo</p> <p>will present on a wide range of activities as part of TDR's collaboration with the WHO Regional Office for the Eastern Mediterranean (EMRO).</p> <p><b>Dr Diana Rojas Alvarez</b>, Medical Officer in the Emerging Diseases and Zoonoses Department at headquarters</p> <p>will present collaborative work on the WHO Global arbovirus initiative (GLAI) and the Early warning and response system for climate-sensitive diseases (EWARS-csd).</p> <p><b>Dr Amadou Garba Djirmay</b>, Scientist in the Prevention, Treatment and Care Department at headquarters</p> <p>will present a mobile phone App for snail identification (intermediate host for schistosomiasis).</p> <p><b>Dr Kumanan Rasanathan</b>, Executive Director of the Alliance for Health Policy and Systems Research</p> <p>will present the current strategy and activities of AHPSR and ways that the two research entities can collaborate.</p>	Information	
<b>12:30–14:00 Lunch break</b>				
14:00		<p><b>Closed session with Director TDR</b></p> <p>STAC members only closed discussion with Director TDR on issues requiring special attention.</p>	Recommendations	
15:00	9.	<p><b>Date and place of STAC47</b></p> <p><i>Proposed dates are 18–19 March 2025 at WHO headquarters, Geneva.</i></p>	Information	
15:05	10.	<p><b>Draft recommendations of STAC46</b></p> <p>The rapporteur will present recommendations made during the meeting</p>	Recommendations	
15:15	11.	<b>Any other business</b>		
<b>15:30 Coffee break</b>				
<b>Close of STAC46</b>				

## Annex 2. List of participants

### STAC Members

#### (Chair) Professor Margaret Gyapong

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

Federal Ministry of Health  
Jimma, Ethiopia

#### Dr Caroline Lynch

Regional Adviser,  
Medicines for Malaria Venture  
Chiang Mai, Thailand

#### Professor Karen Barnes

Professor, Division of Clinical Pharmacology,  
Department of Medicine  
University of Cape Town  
Cape Town, South Africa

#### Dr Thabi Maitin

Recent past - Division Manager, Research Capacity  
Development  
South African Medical Research Council  
Eversdal, Durbanville, Cape Town, South Africa

#### Professor Afif Ben Salah<sup>3</sup>

Vice Dean for Graduate Studies and Research,  
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  
GB-London, United Kingdom

#### Professor Claudia Chamas

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

#### Dr Alwyn Mwinga<sup>4</sup>

Executive Director,  
Zambart  
Lusaka, Zambia

#### Professor Theeraphap Chareonviriyaphap

Full Professor, Department of Entomology, Faculty of  
Agriculture  
Kasetsart University  
Bangkok, Thailand

#### Dr Emelda Aluoch Okiro

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

#### Dr Sara Irène Eyangoh

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

#### Professor Leanne Robinson

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

#### Professor Debra Jackson

Takeda Chair in Global Child Health and Co-Director,  
MARCH Centre,  
London School of Hygiene & Tropical Medicine  
London, United Kingdom

#### 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

<sup>3</sup> Participated remotely

<sup>4</sup> Not able to attend

**Dr Marta Tufet Bayona<sup>4</sup>**

Head of Policy,  
Gavi  
Geneva, Switzerland

**Professor Andrea Sylvia Winkler**

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

**Other participants****WHO Headquarters Staff****Dr Arshad Altaf**

Technical Officer in the Research and Innovation team  
at the WHO Regional Office for the Eastern  
Mediterranean, Cairo

**Dr Jeremy Farrar**

WHO Chief Scientist and TDR Special Programme  
Coordinator

**Dr Amadou Garba Djirmay**

Scientist in the Prevention, Treatment and Care  
Department

**Dr Kumanan Rasanathan**

Executive Director, Alliance for Health Policy and  
Systems Research

**Dr Diana Rojas Alvarez**

Medical Officer in the Emerging Diseases and  
Zoonoses Department

**Special Programme staff*****Director's Office***

Dr John Reeder  
Director

Dr Garry Aslanyan  
Manager, Partnerships and Global Engagement

Ms Christine Coze

Ms Elisabetta Dessi

Ms Maki Kitamura  
Communications Officer

Dr Mariam Otmani Del Barrio

Ms Izabela Suder-Dayao

Dr Robert Terry

***Programme Innovation and Management***

Dr Mihai Mihut  
Unit Head

Ms Caroline Easter

Ms Annabel Francois

Ms Mary Maier

Dr Cathrine Thorstensen

***Research for Implementation***

Dr Abraham Aseffa  
Unit Head

Dr Florence Fouque

Ms Ekua Johnson

Mr Abdul Masoudi

Dr Corinne Merle

Dr Emmanuelle Papot

Dr Vanessa Veronese

Ms Michelle Villasol-Salvador

Dr Gildas Yahouedo

Dr Rony Zachariah

***Research Capacity Strengthening***

Dr Anna Thorson  
Unit Head

Dr Georges Danhouno

Ms Tina Donagher

Mr Daniel Hollies

Dr Eddy Kamau

Dr Mahnaz Vahedi

*TDR Consultants*

Dr Megha Raj Banjara

Ms Nolwenn Conan

Dr Beatrice Halpaap

Dr Annastasia Kalbarczyk

Dr Chandani Kharel

Dr Michael Penkunas

Ms Nadisha Sidhu

Mrs Jennifer Woodside