TDR For research on diseases of poverty

UNICEF • UNDP • World Bank • WHO

PROGRAMME BUDGET AND WORKPLAN

2026–2027

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List of abbreviations

ADP	Access and Delivery Partnership
DF	Designated funding (TDR project-specific funding)
ER	Expected result
IR	Implementation research
JCB	Joint Coordinating Board
KPI	Key performance indicator
LMICs	Low- and middle-income countries according to World Bank classification
MOOC	Massive open online course
MSA	Multisectoral approach
OR	Operational research
R&D	Research and development
RTC	One of TDR's regional training centres
SDF	TDR's Strategic Development Fund
SDG	Sustainable Development Goal
STAC	Scientific and Technical Advisory Committee
TB	Tuberculosis
TDR	UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases
UD	Undesignated funding (TDR core funding)
UHC	Universal health coverage
WHO	World Health Organization

Context and overview

The 2026–2027 Programme Budget and Workplan represents the second biennium into TDR's six-year Strategy for 2024–2029 which, in turn, aligns with the Sustainable Development Goals (SDGs) and contributes to the World Health Organization's (WHO) Fourteenth General Programme of Work and global health targets. In this context, it continues to address the same three strategic priority areas: research for implementation, capacity strengthening for health research and engaging with global and local stakeholders for increased impact and sustainability.

The workplan covers a competitive portfolio, with impact on health enhanced by innovative research that also strengthens research capacity in low- and middle-income countries (LMICs) where it is needed most. With 85% of funds channelled into operations (including staff directly linked to operations) in the US$ 50 million budget scenario, TDR delivers real value for money.

Both the Strategy and the proposed budget, which is in line with results-based management principles, reflect TDR's commitment to contribute to the achievement of the SDGs, with a focus on the following: Goal 3 (good health and well-being); Goal 4 (quality education); Goal 5 (gender equality); Goal 6 (clean water and sanitation); Goal 9 (industry, innovation and infrastructure); Goal 10 (reduced inequality); Goal 11 (sustainable cities and communities); Goal 13 (climate action); and Goal 17 (partnerships to achieve the goal). TDR's impact pathway is illustrated in Figure 1.

Figure 1. TDR's impact pathway

TDR's focus will continue to be on vulnerable populations and LMICs that have a high burden of infectious diseases of poverty and are central to TDR's strategy. The geographical spread of our work in 2024, including research and training grants and contracts, is illustrated in Figure 2.

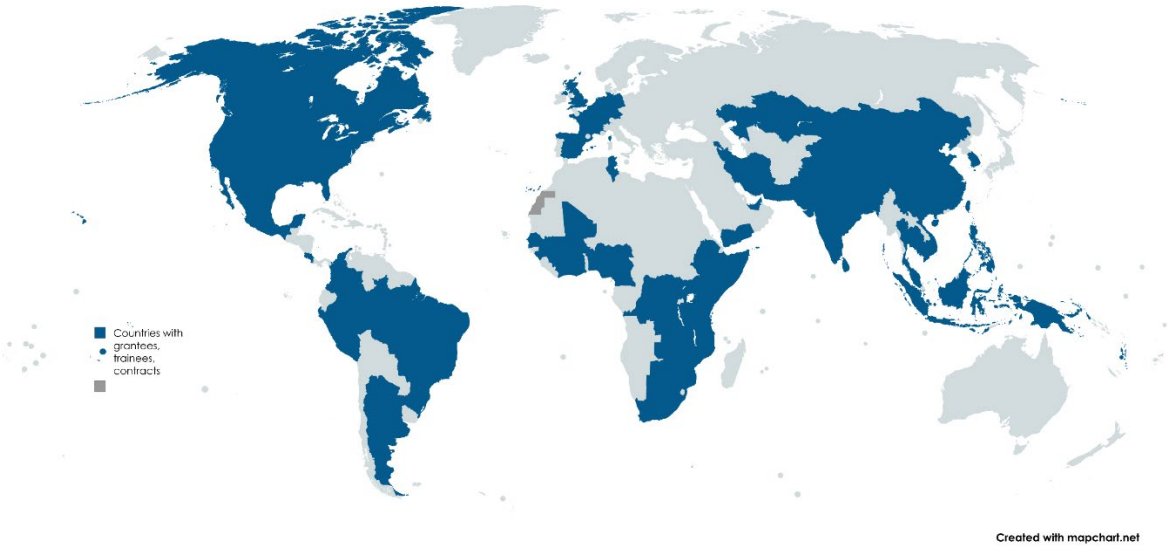

Figure 2. Geographical distribution of TDR funded grants and contracts in 2024

The Programme budget cycle

The budget cycle followed for the development of the Programme budget and workplan is presented in Figure 3. It is aligned with the TDR governing bodies' review cycle, ensuring their full engagement in the budget development, approval and review/revision processes.

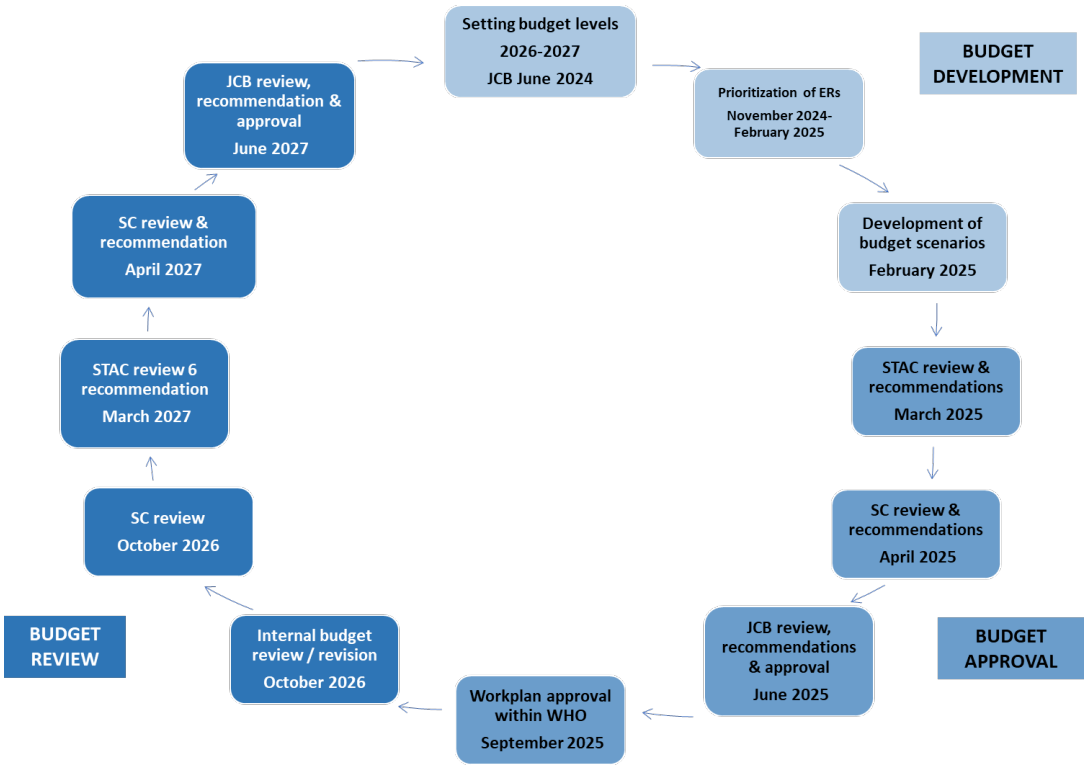

Figure 3. TDR budget cycle: Programme budget and workplan 2026–2027

The detailed proposed budget and workplan for 2026-2027, together with the corresponding expected result (ER)[1], form part of Annex 1. Each ER, including one new expected result on digital solutions for improved public health, is linked to an allocated budget, to deliverables with their indicators and targets. The new ER on digital solutions has been added to consolidate TDR's existing work in this area, demonstrate our growing expertise, and attract specific funding for this area of work.

Strategic direction and objectives

Towards health impact and the global agenda 2030

TDR's six-year Strategy 2024–2029 supports the Programme's vision of using research and innovation to improve the health of those burdened by infectious diseases of poverty. TDR will continue to support activities that focus on research that improves our understanding of how health interventions are implemented in real-life situations. High-quality research evidence is essential to make sure that new interventions can be introduced effectively and safely, and proven interventions can be scaled up and deployed to their full potential.

TDR supports people and institutions in countries and communities where infectious diseases of poverty have a major impact on health and livelihood. Over time, the Programme has evolved to meet changing needs, shifting from a focus on neglected tropical diseases to a focus on the health and well-being of neglected people and communities. Low socio-economic status, lack of education, underserved populations and communities, inefficient and under-resourced health systems, stigma and discrimination, geographical location barriers, limited access to water and sanitation, and many other factors, create environments where the burden of infectious diseases is unacceptably high.

TDR will continue to focus on supporting implementation research (IR) and creating capacity in countries to perform locally relevant studies. Through this we will strengthen the resilience of LMIC health systems in the face of global health challenges. We will build on our work of several decades to create a critical mass of researchers in resource-limited settings, contributing to the growth of considerable in-country capacity and institutional competence to address local research needs.

TDR will continue to support LMIC researchers and contribute to the democratization of science, strengthening research and decision-making capacity in national disease control programmes and local communities. TDR will notably continue to promote equitable partnerships, addressing gender and intersectionality and engaging affected communities throughout the research-to-practice cycle. We will put research as a tool into the hands of practitioners and collaborate with non-health sectors to identify opportunities and co-create solutions for improved public health.

The TDR strategic priority areas of research for implementation, research training and capacity strengthening, and global engagement will act in an integrated manner to achieve public health impact:

- ✓ Supporting research that improves disease elimination and promotes effective implementation of both new and proven interventions, including through One Health approaches that build population resilience to environmental changes impacting health.
- ✓ Increasing the capacity to do this research at different levels and in different systems in disease-affected countries, with a focus on equity and vulnerable populations and LMIC institutions.

[1] An Expected Result (ER), in TDR terminology, is a budget and workplan item comprising one or more projects and activities that together result in unique outputs.

✓ Using the power of our global engagement to facilitate and accelerate a global response to infectious diseases, including to future epidemics and outbreaks.

Guided by a One Health approach, we will work across silos, applying systems thinking to understand the complex interaction between humans, animals and their shared environment in driving diseases of poverty and work with countries to seek solutions through integrative multidisciplinary collaboration. We will continue to operationalize One Health as a transdisciplinary ecosystem approach for vector-borne diseases to catalyse a shift beyond disease-focused interventions towards a holistic integration of health, environment and development through active engagement of the most affected stakeholders in their individual contexts.

TDR will focus on four major global health challenges. We will be pro-active in identifying opportunities where the specific implementation of our activities can align with and contribute to building country resilience to four important global health issues (Figure 4).

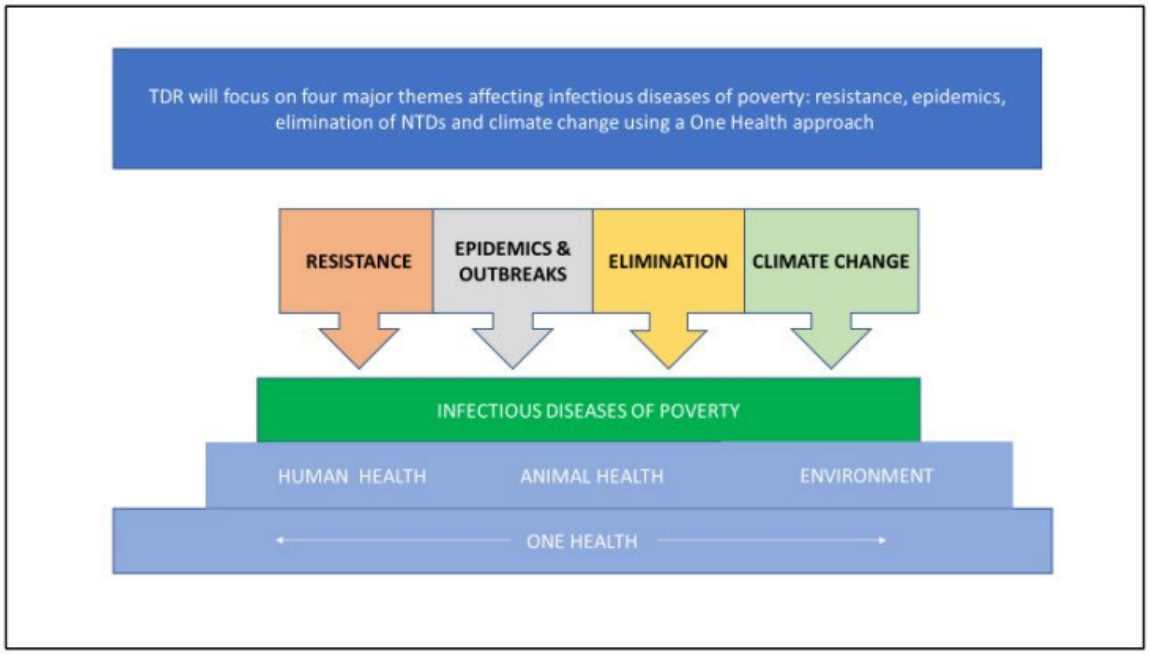

Figure 4. Addressing major global health challenges through a One Health approach

Epidemics and outbreaks

The succession of global public health emergencies the world has experienced in recent years is likely to continue, and epidemic threats remain inevitable. New and improved tools, approaches and interventions are required to detect and counteract emerging infectious disease threats and population vulnerabilities early. IR is crucial to inform strategies for better prevention, preparedness and effective response to public health outbreaks and emergencies. Those responses need to work within the health system and build resilience in communities, while not weakening existing programmes such as established vaccination measures.

Control and elimination of poverty-related infectious diseases

Tuberculosis, malaria and neglected tropical diseases continue to disproportionally affect the poorest and most vulnerable populations. TDR will continue to support effective and innovative global health research. This will generate the evidence to put in place innovations that reduce the burden of disease and build resilience in the health systems that serve these populations. We support work that crosses the disciplines of human, animal and environmental health.

Climate change

The changing climate affects the epidemiology of infectious diseases – by altering the drivers of disease, vectors, risk to populations and the effectiveness of control programmes. TDR will support research to better understand these changes and inform mitigation and resilience-building strategies for the most vulnerable populations.

Resistance to treatment and control agents

The interaction between interventions to control and eradicate diseases caused by microbes (bacteria, viruses, fungi, parasites, etc.) and the vectors that often transmit them (mosquitoes, flies, snails, etc.) is dynamic. Over time, resistance to those interventions (antibiotics, fungicides, vaccines, insecticides, etc.) can develop and reduce their effectiveness. We will support multisectoral research to inform national action plans and strategies to combat resistance. We will contribute to research that will strengthen resilience through improved surveillance, better risk assessment, enhanced awareness and better understanding of underpinning human behaviour related to the spread of resistance.

Dual-scenario budget in 2026–2027 (US$ 40 and 50 million scenarios)

- ✓ Two budget and workplan scenarios have been developed in accordance with recommendations of the Joint Coordinating Board (JCB).
- ✓ The budget scenario levels are similar to previous biennia, but the budget structure includes a greater proportion of designated funds. The levels were approved by the Joint Coordinating Board in June 2024:
    - A lower scenario at US$ 40 million
      (US$ 23 million undesignated funds; US$ 17 million designated funds).
    - A higher scenario at US$ 50 million
      (US$ 28 million undesignated funds; US$ 22 million designated funds).
- ✓ The workplan corresponding to the US$ 40 million budget scenario will be implemented from January 2026, provided that sufficient funds have been identified by then.
- ✓ If and as additional funds in excess of US$ 40 million are confirmed, implementation will be scaled up gradually in line with available funding towards the US$ 50 million scenario. This requires detailed and flexible operational plans to allow the workplan to be scaled up at short notice.
- ✓ Proportion of undesignated funds allocation between the three strategic priority areas operations activities (research for implementation, research training and capacity strengthening, and global engagement) remains similar to previous biennia.

The Strategic Development Fund will allow TDR to respond to new arising needs and opportunities for collaboration during the course of the 2026–2027 biennium and will continue to represent approximately 1.5% of the Programme's total budget.

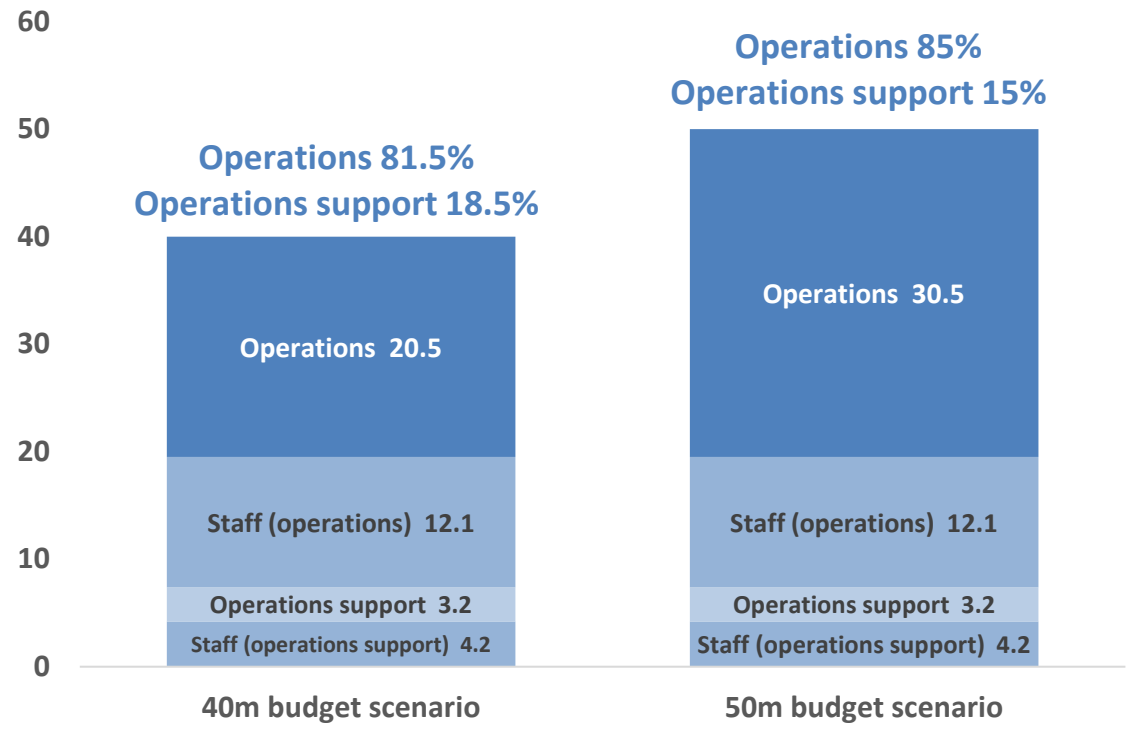

Figure 5. 2026–2027 budget scenarios (in US$ millions)

Funds allocation ensures value for money and strategic balance

In the US$ 50 million scenario, 85% of the total costs will go to operations (including technical staff costs) and 15% to operations support (Figure 5). Sixty-one percent (61%) of the budget (US$ 30.5 million) will be allocated directly to operations activities (Figure 6). Of the US$ 30.5 million allocated to operations activities, it is anticipated that US$ 16 million will be funded by undesignated funds.

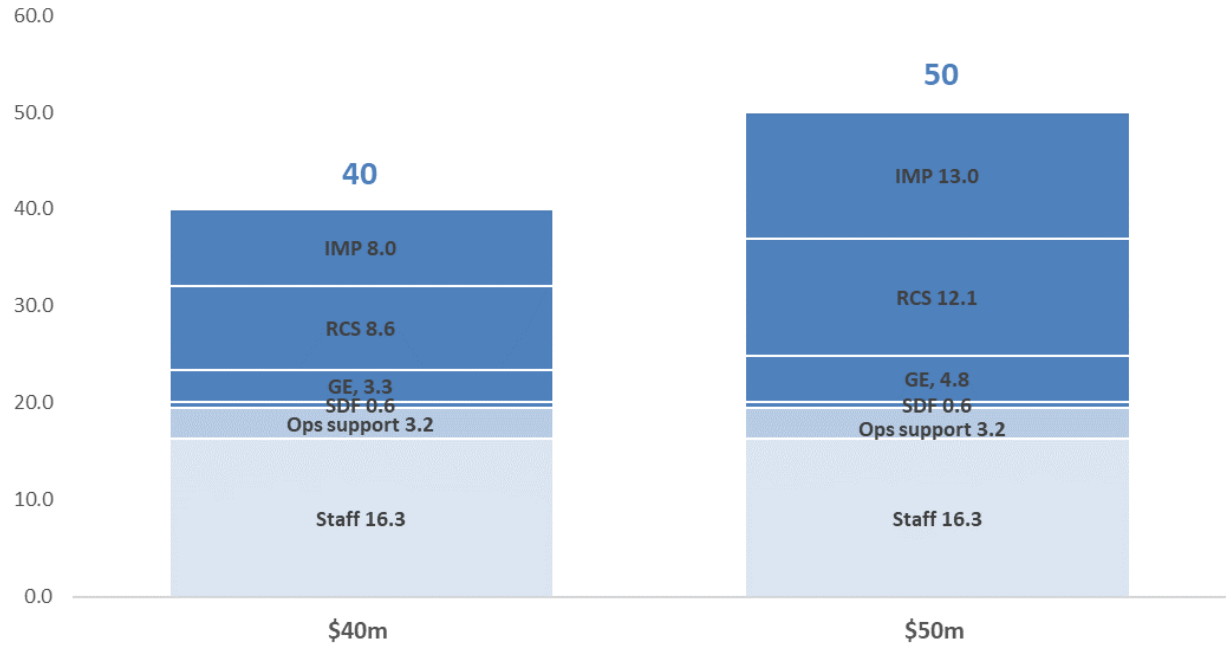

Figure 6. 2026–2027 budget scenarios by strategic priority area (in US$ millions)

Budget overview

An overview of the 2026–2027 budget scenarios is presented in Table 1. The operations activities budget has been broken down to highlight: (i) the contribution of each strategic priority area, i.e. research for implementation, research training and capacity strengthening, and global engagement; and (ii) the Strategic Development Fund.

	2026-2027					
	$40m scenario			$50m scenario		
	UD	DF	Total	UD	DF	Total
Research for implementation	2 800 000	5 200 000	8 000 000	5 500 000	7 500 000	13 000 000
Research capacity strengthening	3 600 000	5 000 000	8 600 000	7 000 000	5 100 000	12 100 000
Global engagement	1 700 000	1 600 000	3 300 000	2 900 000	1 900 000	4 800 000
Strategic Development Fund	600 000	-	600 000	600 000	-	600 000
Subtotal operations	**8 700 000**	**11 800 000**	20 500 000	**16 000 000**	**14 500 000**	**30 500 000**
Operations Support	2 500 000	700 000	3 200 000	1 750 000	1 450 000	3 200 000
Personnel	11 800 000	4 500 000	16 300 000	10 300 000	6 000 000	16 300 000
Grand total	**23 000 000**	**17 000 000**	**40 000 000**	**28 050 000**	**21 950 000**	**50 000 000**

Table 1. Overview of TDR Programme budget 2026–2027.

Operations activities budget

The 2026–2027 operations activities budget includes expected results that are continuing from 2025 and new expected results, generating outputs and outcomes during and beyond 2027. The main expected results, performance indicators and targets for 2026-2027 are listed in Annex 1, together with their allocated budget for the biennium and, as per JCB recommendations, the split between undesignated funds (UD) and designated funds (DF) for each individual budget line.

The operations activities budget and workplan for 2026–2027 has been developed and prioritized as follows (Figure 7):

- ✓ Relevant suggestions and recommendations from the Seventh external review of the Programme[2] have been taken into consideration in the development of the 2024-2029 strategy and are reflected in the 2026-2027 Programme budget and workplan.
- ✓ Consultations took place with WHO disease control programmes, regional and country offices and other stakeholders through discussions that highlighted areas of potential collaboration. Some of the resulting ideas, which are in line with our Strategy and show potential for innovation, leverage and sustainability, have already been initiated with seed funding from the Strategic Development Fund in previous biennia. Other project activities are flowing naturally from further development of current areas of high demand where TDR has a competitive edge. These expected results are being infused with the priorities of the Strategy.
- ✓ Expected results plans were developed by individual teams and discussed with the TDR Scientific Working Group.

[2] See the Report here: https://tdr.who.int/publications/m/item/seventh-external-review-of-tdr

The proposed budget allocation to the Strategic Development Fund to respond to new arising needs and opportunities during the 2026–2027 biennium is US$ 0.6 million (a decrease of US$ 0.1 million compared to 2024-2025). The operating principles of the Fund remain the same.

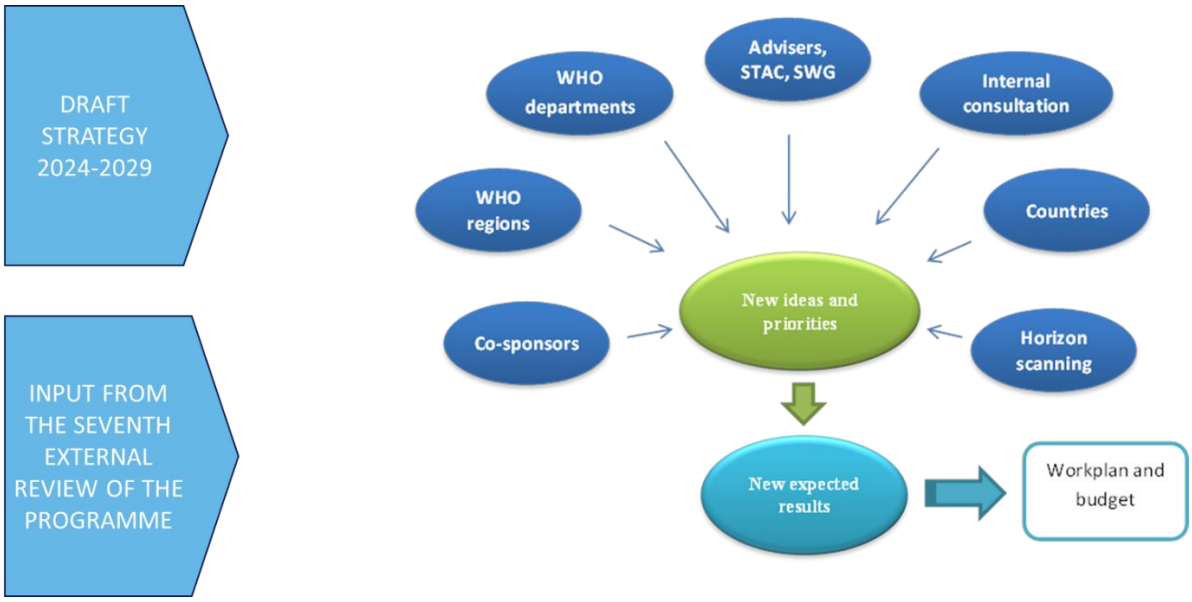

Figure 7. Consultations leading to the development of expected results

The operations support budget includes the cost of infrastructure (office rental), relations with governing bodies, communications, WHO administrative fees, staff development, information systems, fundraising, audit, performance assessment and other management costs of the Programme.

Contingency plan to address a potential shortfall in 2026–2027 funding

Given global financial uncertainties, as was done in the previous budget a precautionary contingency plan has been developed to address any potential funding shortfall. The contingency plan would be implemented in January 2026, in part or in full, only if additional funds are not identified to cover the gap before the beginning of the next biennium.

The contingency plan was reviewed by the Scientific and Technical Advisory Committee in March and will be submitted for approval by the Joint Coordinating Board in June.

The Standing Committee is invited to review and endorse the draft contingency plan (Annex 2).

Measuring results

Since 2009, TDR's Performance Framework has guided the measurement of strategic results at various levels of the Programme. The Framework facilitates the assessment of technical results and their outcomes (what TDR does), as well as how it is done, i.e. management performance and the application of TDR's core values (equity, effective partnerships, outcome sustainability and quality). It aims to foster innovative thinking, continuous performance improvement and enhance accountability across the Programme. Key performance indicators (KPIs) were adapted in 2024 to align with TDR's strategy 2024–2029 and with TDR's global health challenges. This received approval from TDR's governing bodies and stakeholders and built upon lessons learnt from implementation of the previous TDR Performance Frameworks and on specific reporting requirements from donors.

Each year, a TDR Results Report is published summarizing the progress made on each of the KPIs and providing insight into the factors that shaped the Programme's performance during the previous year[3].

In line with TDR's results-based management approach, Annex 1 contains details of the 2026–2027 Programme budget and workplan at expected result level, providing the planned cost (UD and DF) as well as the specific deliverables, related indicators of success and targets.

[3] See library of reports: https://tdr.who.int/publications/

Annex 1: TDR Programme Budget 2026–2027

1. Overall approach

For 50 years, TDR has been a leader in research to address infectious diseases of poverty and in building the capacity of institutions, individuals and communities in disease-affected countries to generate the evidence and implement the innovations needed to improve their health.

In the 2024–2029 Strategy, we build on our long experience to support research that:

1) improves access to and scaling up of health interventions, strategies and policies in a real-world context; and
2) strengthens health systems.

We will continue to work closely with researchers, but increasingly we are working with implementers and social innovators, democratizing research to show how it is a useful, practical tool in the hands of people tackling health issues on the ground. We will meet the growing demand for IR training in partnership with universities and research institutions in LMIC's, that are creating a new generation of global health leaders.

Aligning with the new strategy, the 2026–2027 workplan will be responsive to major global health challenges. We will be proactive in identifying opportunities where our activities can align with and contribute to building country resilience to four key challenges. This includes engaging with the global health community through partnerships and collaborations.

Our experience has shown the importance of taking cross-cutting, multisectoral approaches to tackling diseases. We will continue to engage health-related sectors such as water, agriculture, housing and education and support One Health approaches that work across the disciplines of human, animal and environmental health. We are also supporting researchers to apply an inclusive intersectional lens to infectious diseases that explore links between gender and other health-related social inequalities.

The result of TDR's strategic approach of building capacity in countries was visible during the COVID-19 pandemic, when a vast majority of our grantees and trainees surveyed confirmed their active participation in the pandemic response in countries, applying skills they learned through working with TDR.[4] The same is observed now with local trainees and grantees responding to the M-pox outbreak in Africa.

TDR's expected results contribute to WHO's Fourteenth General Programme of Work (2025–2028) through deliverables to promote, provide and protect the health and well-being of all people, everywhere. Our added value occurs thanks to TDR's unique working model that combines research and capacity strengthening in the countries that need it most.

[4] See https://www.who.int/tdr/about/tdr-operations-during-COVID-19-outbreak/en/

2. Strategic priority area: Research for implementation

Our research portfolio of expected results will target improving delivery and access, generating evidence to inform decision-making and developing innovative solutions.

Providing data for evidence-based decisions on the inclusion of new tools, strategies and interventions in guidelines and policies. We will support research that facilitates the evidence-based formulation of new guidelines and policies for new, improved, or existing tools, strategies and interventions. We will seek pathways for accelerated use of validated evidence to inform decision-making and contribute to the strengthening of country mechanisms for translating research into policies and guidance for practice. Our research will include addressing last-mile challenges of disease elimination where integration into primary health services becomes particularly important to sustain gains, developing systems for the prevention, early detection and containment of antimicrobial resistance; conducting situation analyses and systematic reviews; and maximized utilization of data for public health decision-making.

Providing data to inform health system practices for effective delivery and equitable access. We will support research targeted at understanding how tools, strategies and interventions in guidelines and policies can be effectively delivered by health systems in "real-life" settings, scaled up at the national level, and achieve equitable access. Our research will support strategies to promote gender-responsive health interventions. We will facilitate optimized approaches for effective delivery and impact assessment of public health interventions. This includes understanding necessary improvements in the effectiveness of existing health programmes and services in delivering quality health technologies, tools, strategies and interventions to those in need.

Filling the gaps in tools, strategies and interventions. We will support research that identifies gaps in existing tools, strategies or interventions and facilitates the development or adaptation of innovative solutions, including from practices outside the health sector. Our research will address gaps in treatment, control, elimination and safety monitoring, as well as in surveillance systems and outbreak response, while aiming to ensure that LMIC's benefit from innovative technologies such as digital tools available in high-income countries.

Through these interconnected approaches, we will address the four global health challenges affecting infectious diseases of poverty outlined in TDR's 2024-2029 strategy.

Expected Results – Research for implementation	
Expected results and deliverables	*Indicators and targets*
Epidemics and outbreaks	
1.1.1 Country preparedness for disease outbreaks: i) Integration of EWARS in countries' surveillance systems; ii) Country preparedness and policy decisions for arbovirus outbreaks informed or facilitated by TDR outputs.	By the end of 2027: - More than 15 countries use (pilot) EWARS-csd in at-risk districts. - Three countries using EWARS-csd as integrated tool in their surveillance system (five for the US$ 50 million scenario).
1.1.7 Maximized utilization of data for public health decision-making: i) Capacity built for effective collection, analysis and use of data for decision-making; ii) Publications and communication briefs to inform evidence-based policies/practice;	By the end of 2027: - 10 successful trainees and 5 data analyses conducted and reported on topics relevant to the epidemics and outbreaks (15 and 10 respectively for the US$ 50 million scenario). - 4 publications and 4 communication briefs with at least 40% having an impact on evidence for change in policies/practice (6 for the US$ 50 million scenario).
Diseases control and elimination	
1.1.7 Maximized utilization of data for public health decision-making: i) Capacity built for effective collection, analysis and use of data for decision-making; ii) Publications and communication briefs to inform evidence-based policies/practice;	By the end of 2027: - 20 successful trainees and 15 data analyses conducted and reported on topics relevant to diseases control and elimination (30 and 20 respectively for the US$ 50 million scenario). - 12 publications and 12 communication briefs with at least 40% having an impact on evidence for change in policies/practice (18 for the US$ 50 million scenario).
1.2.1 Strategies to achieve and sustain disease elimination: i) Data to support WHO guidelines and onchocerciasis endemic country registration an policies on moxidectin for onchocerciasis elimination; ii) Evidence to support efforts towards elimination of VL.	By the end of 2027: - Results of at least four studies supporting efforts towards VL and/or onchocerciasis elimination disseminated with the countries control programmes and/or NTD programmes/advisory committees at regional and/or headquarters level (at least seven studies for the US$ 50 million scenario).

Expected Results – Research for implementation	
Expected results and deliverables	*Indicators and targets*
1.2.6 Optimized approaches for effective delivery and impact assessment of public health interventions: i) Strengthened regional networks of national TB programmes (NTP) in West, Central, East and Southern Africa capable of identifying research priorities; ii) Approaches to optimize the effectiveness of RTS,S malaria vaccine in countries with high seasonality; iii) Local IR evidence generated by National Control Programmes to improve TB control in Africa; iv) Evidence to improve access to new health technologies for neglected tropical diseases.	By the end of 2027: – OR/IR project results of at least 10 National TB Programmes are disseminated via study reports / scientific publications / oral presentations (20 for the US$ 50 million scenario). – At least three high malaria burden countries have implemented strategies to optimize effectiveness of malaria vaccines and have measured the impact of these strategies (six countries for US$ 50 million scenario) At least three models of paediatric praziquantel delivery should have been piloted to inform national policies (cost-benefit studies and investment cases will also be conducted for US$ 50 million scenario).
1.3.15 Vector-borne disease prevention and control for vulnerable and hard to reach population: i) New evidence on prevention and control of VBDs in vulnerable and hard to reach populations; ii) Implementation of training on multisectoral approaches (MSA) against VBDs through the TDR MOOC.	By the end of 2027: - Results of at least two research studies on access to VBDs prevention and control in vulnerable populations disseminated (four research studies for the $US 50 million scenario). - At least 200 participants trained through the MOOC (over 500 participants for US$ 50 million scenario).
Climate change and health	
1.3.3 Operationalizing a One Health approach for the control of vector-borne diseases in the context of climate change: Evidence of One Health research projects for the control of VBDs in the context of climate change.	By the end of 2027: - At least 6 publications of research results by the research consortia, and Launch of three new research projects on One Health and climate change (five new research projects for the US$ 50 million scenario).
1.3.10 Urban health interventions for the prevention and control of vector-borne and other infectious diseases of poverty: Evidence generated to inform policy and practice on control of infectious diseases in urban settings in low- and middle-income countries with an intersectional gender lens.	By the end of 2027: – Two research studies in urban or peri urban settings implemented (and results disseminated) following findings from systematic evidence reviews conducted in previous biennium (four for the US$ 50 million scenario).

Expected Results – Research for implementation	
Expected results and deliverables	*Indicators and targets*
Resistance to treatments and control agents	
1.1.4 Country resilience to the threat of drug-resistant infections: i) Documentation of practical approaches to improve targeted treatment and reduce drug misuse and risk of resistance, development and spread; ii) OR/IR strategies for countries to build effective systems for monitoring and responding to emerging drug resistance of all relevant infectious agents.	By the end of 2027: - 8 new reports/publications and 2 examples of good practice made available (16 publications for the US$ 50 million scenario). OR/IR strategies and priority research subjects endorsed by stakeholders at relevant levels in two countries (4 countries for the US$ 50 million scenario).
1.3.14 Testing of innovative strategies for vector control: i) Field evidence on SIT for prevention and control of arboviral diseases transmission; ii) Training materials on SIT to support countries implementation.	By the end of 2026: - Evidence from field study on SIT against Aedes mosquitoes and arboviral diseases presented at the WHO Vector Control Advisory Group for review and advice. By the end of 2027: - At least two training material developed to support incorporation of SIT technique (three for the US$ 50 million scenario). - For the US$ 50 million scenario, at least one more field study carried out to generate further field evidence on the benefits of SIT or implementation consideration.
Equity and innovation	
1.1.5 Directions for development and accelerated access to new tools and strategies: i) Strategy development, implementation and monitoring; ii) Outputs of TDR research projects and TDR staff and adviser expertise used to provide directional perspective for new R&D tools (including advice/ support to R&D sponsors) as well as new ways of implementing the tools.	By the end of 2027: - Oversight of IMP work by the Scientific Working Group, with one yearly meeting, organized. - Two R&D initiatives informed by TDR research project output or TDR staff /adviser expertise (five for the US$ 50 million scenario).
1.2.8 Digital solutions for improved public health: Local evidence generated on the use of digital tools across the four global health challenges.	By the end of 2027: - Completion of two IR projects initiated in 2024-2025 on the use of digital technologies. - At least one new IR project on the use of digital technologies underway, with research protocol finalized and study site(s) trained and implementing the project (three new studies initiated for US$ 50 million scenario).

1.3.12 Strategies to promote gender-responsive health interventions on prevention and control of infectious diseases of poverty:

New knowledge and evidence generated from intersectional gender analyses in IR to address marginalization and disadvantages in access to health systems and services, health impacts, prevention/control of IDPs.

By the end of 2027:

- Results of at least two studies focusing on AMR, climate and gender disseminated to inform IR objectives and research uptake initiatives (with four each for the US$ 50 million scenario).

Expected result	Research for implementation	2026-2027					
		$40m scenario			$50m scenario		
		UD	DF	Total	UD	DF	Total
	Epidemics and outbreaks						
1.1.1	Country preparedness for disease outbreaks	155 000	180 000	335 000	300 000	450 000	750 000
1.1.7	Maximized utilization of data for public health decision-making	150 000	400 000	550 000	225 000	450 000	675 000
	Diseases control and elimination						
1.1.7	Maximized utilization of data for public health decision-making	150 000	400 000	550 000	225 000	450 000	675 000
1.2.1	Strategies to achieve and sustain disease elimination	415 000	500 000	915 000	800 000	500 000	1 300 000
1.2.6	Optimized approaches for effective delivery and impact assessment of public health interventions	465 000	1 500 000	1 965 000	1 000 000	1 700 000	2 700 000
1.3.15	Vector-borne disease prevention and control for vulnerable and hard to reach populations	165 000	150 000	315 000	350 000	400 000	750 000
	Climate change and health						
1.3.3	One Health approach for the control of vector-borne diseases in the context of climate change	300 000	400 000	700 000	600 000	600 000	1 200 000
1.3.10	Urban health interventions for vector-borne and other infectious diseases of poverty	125 000	150 000	275 000	350 000	400 000	750 000
	Resistance to treatments and control agents						
1.1.4	Country resilience to the threat of drug-resistant infections	245 000	300 000	545 000	500 000	700 000	1 200 000
1.3.14	Testing of innovative strategies for vector control	165 000	800 000	965 000	270 000	1 200 000	1 470 000
	Equity and innovation						
1.1.5	Directions for development and accelerated access to new tools and strategies	100 000	0	100 000	180 000	0	180 000
1.2.8	Digital solutions for improved public health	120 000	120 000	240 000	250 000	300 000	550 000
1.3.12	Strategies to promote gender-responsive health interventions	245 000	300 000	545 000	450 000	350 000	800 000
	Total	**2 800 000**	**5 200 000**	**8 000 000**	**5 500 000**	**7 500 000**	**13 000 000**

Note: budget does not include personnel costs

Table 2. Budget distribution by ER 2026–2027: Research for implementation

3. Strategic priority area: Research capacity strengthening

Research Capacity Strengthening (RCS) is at the heart of the TDR's strategy 2024–2029. TDR's vision is of the health and well-being of people burdened by infectious diseases of poverty being improved through research and innovation. The RCS goal embeds this vision, through its work to strengthen the capacity of individuals, institutions, and societies to produce research evidence useful for reducing the burden of infectious diseases of poverty in LMICs. By strengthening research capacity, the RCS unit equips institutions, health workers, academia, communities and civil society organisations with transferable research core competencies and skill sets to impact health, specifically addressing the TDR strategy global health challenges: *epidemics and outbreaks - control and elimination of diseases of poverty- climate change's impact on health - resistance to treatment and control agents.*

Strengthening strategic and applicable research capacity includes a dedicated focus on IR, approached from a One Health perspective and with special focus on the TDR 2024-2029 strategy health challenge areas. Building on TDR's legacy of strengthening clinical trial capacity, the unit further leads a fellowship programme dedicated to clinical trial competencies including a re-entry institutional knowledge transfer.

The RCS unit works actively to support equitable access to implementation and clinical research to analyze health system challenges and achieve health impact. Research capacity strengthening involves explicitly designed activities and components together with integrated actions closely linked to IR, whether at the institutional or individual level. Activities are tailored to mitigate intersectional gender inequities and are targeting equality aims.

Research capacity strengthening in support of wide and equitable knowledge transfer, training and research leadership in IR

We will promote the conduct of IR through transdisciplinary teams composed of researchers, health service implementers, communities and policymakers to ensure that the IR projects are scientifically rigorous, respond to the programme needs and have political buy-in. This will be done by:

- Supporting different types of learners (researchers, innovators, communities, implementers, policy- and decision- makers) to develop a shared understanding of IR concepts and to build possibilities for its use.
- Identifying opportunities for learning by offering modular trainings and providing appropriate trainings depending on the background and role of IR team members and learners.
- By linking the didactic component of the training to elaborate activities including networked communities of practice, competitive research grants, fellowships for mid-career IR scientists and career-oriented mentorship for leadership to maximize results oriented.

Our main aim is to strengthen capacity to produce evidence that can directly inform public health practice and policy to impact health, by building research capacity across implementation and clinical research, impacting infectious diseases of poverty.

Strengthening capacity in communities beyond academia

We will work at the forefront of democratizing research to build capacity among national programme officers, health professionals, decision and policy makers, communities and social innovators to support equitable access to using science for resolving system challenges, while encouraging stock taking of grassroots innovations. We will do this through innovative hubs that bring together communities and their innovators with academia, governments, funders and entrepreneurs.

Fostering mentorship for leadership and collaborative science

We will promote and support career development that nurtures research impact, by leveraging on mentorship and recognized expertise in our networks to strengthen individual scientists and institutional capacity, while also addressing important aspects of equity in health and research. We will take advantage of the wealth of expertise in our global community of trainees, grantees and experts to bridge career and generational gaps and ensure that scientists at different career levels are engaging in structured exchanges of mutual benefit, allowing for learning and development cutting across established power structures.

Supporting internationally recognized IR training institutions

In addition to strengthening the research capacity of individual researchers, TDR is committed to building the capacity of research institutions in LMICs that disseminate IR training materials to health professionals and researchers. This is captured in the 2026–2027 workplan by:

- Supporting the Regional Training Centres and for them in turn to work with satellite institutions in their sub/regions through networks and practice communities.
- Supporting the networking of all institutions engaged in IR capacity strengthening and equitable partnerships, including the regional training centres and satellites, the institutions offering the postgraduate scheme, institutions part-taking in the operational research programme and more.
- Strengthening dissemination of IR capacity strengthening to allow for a range, from a broad base targeting wide audiences to in-depth and scientific leadership activities targeting select stakeholders. Dissemination and information sharing on activities through partner networks, TDR channels, TDR Global and other platforms).

Expected Results – Research training and capacity strengthening

Expected results and deliverables	*Indicators and targets*
2.1.1.1 TDR support to regional training centres (RTC): i) RTCs strengthened IR capacity in networks and institutions, and enhanced implementation and dissemination of TDR's portfolio of activities in their region, including IR, Ethics in IR, IR MOOC, grants, network; ii) Capacity and effective collaboration is strengthened within the West and Central African sub-region, including relevant TDR research networks and trainings, and support to mentoring activities; iii) IR knowledge translation is facilitated to both open and select audiences, among participants in TDR's trainings to bridge the gap between research and policy in RTC regions.	By the end of 2027: - At least 2 online and/or offline courses or activities (3 for US$ 50 million scenario) implemented by RTCs involving different stakeholders (researchers, decision-makers, civil society organization or community members and implementers), and institutions in the region. - Knowledge translation and training between the RTC and at least two additional institutions (three for the US$ 50 million scenario) in the sub-region, including at least one (two for the US$50 million scenario) TDR strategic focus areas/global health challenges. - At least one enhanced MOOC 2.0 implementation (paired with at least 2 small grants awarded by each RTC for the US$ 50 million scenario) to concretize IR in strategic areas, in collaboration with national and regional partners.
2.1.2 Targeted research training grants in low- and middle-income countries: i) Early career trainees complete their master's degree in their home country or within their regio; ii) A global network (intra and inter-regional) of TDR-supported implementation researchers developed; iii) Increased capacity for scientists to contribute to public health priority setting, research, programme implementation and training in countries with low research capacity.	By the end of 2027: - Additional 40 trainees enrolled, 25 complete their master's (100 trainees enrolled, 40 complete for the US$ 50 million scenario). - 10 virtual meetings to share lessons learned, improving communications and collaborations amongst seven universities in different regions. - All universities in the second phase of the scheme are fully operational.
2.1.4 Advanced training in clinical research leadership: i) Highly skilled health research leaders in low- and middle-income countries; ii) R&D skills gained during training implemented in the home institution through a re-entry grant; iii) Highly skilled trainees (for drugs, vaccines and diagnostics) in LMICs leads clinical trials in their country/region.	By the end of 2027: - 15 new fellows trained (30 for the US$ 50 million scenario). - 70% of home institutions involved in national or international R&D projects. - At least 36 highly skilled trainees returned to LMIC.

Expected Results – Research training and capacity strengthening	
Expected results and deliverables	*Indicators and targets*
2.1.6 Structured capacity building in implementation research in LMICs: i) IR teams in ADP focus countries able to provide training for other countries to develop and implement IR projects; ii) ADP focus countries adopt and scale up the use of TDR IR online resources.	By the end of 2027 (for both budget scenarios): - All seven ADP focus countries develop and regularly update their national NTD plans in line with the WHO NTD roadmap 2021-2030; - All seven ADP focus countries routinely use the TDR online resource to identify and address IR factors that impede the effective access and delivery of integrated health interventions.
2.1.7 Strengthening operational research (OR) capacity in Global Fund supported programmes: i) Countries are enabled to conduct SORT IT courses; ii) Countries recognize the value of OR and actively engage in fundraising to ensure their programs become sustainable; iii) OR projects are completed and published in each funding cycle; iv) National programmes are supported to create critical mass of staff with OR capabilities; v) National programme teams incorporate OR in their strategic plans, Global Fund applications or reprogrammed grants.	By the end of 2027: - One SORT IT course on a generic protocol is conducted for a group of 3-4 countries (US$ 40 million scenario); - Two SORT IT courses are conducted in two countries receiving Global Fund support (US$ 50 million scenario); - Three to four open access, peer-reviewed publications and evidence briefs (20 for the US$ 50 million scenario); - Countries incorporate OR in their national strategic plans, Global Fund applications or reprogrammed grants (50% of countries involved in SORT IT course US$40 million, both countries in the US$ million scenario).

		2026-2027					
Expected result	Research capacity strengthening	$40m scenario			$50m scenario		
		UD	DF	Total	UD	DF	Total
2.1.1.1	TDR support to regional training centres	860 000	390 000	1 250 000	1 600 000	400 000	2 000 000
2.1.2	Targeted research training grants in low- and middle-income countries (MSc, PhD)	2 620 000	1 080 000	3 700 000	5 010 000	900 000	5 910 000
2.1.4	Advanced training in clinical research leadership	0	3 000 000	3 000 000	100 000	3 100 000	3 200 000
2.1.6	Structured capacity building in IR (ADP Initiative)	0	450 000	450 000	50 000	500 000	550 000
2.1.7	Strengthening OR capacity in Global Fund programmes	120 000	80 000	200 000	240 000	200 000	440 000
	Total	**3 600 000**	**5 000 000**	**8 600 000**	**7 000 000**	**5 100 000**	**12 100 000**

Note: budget does not include personnel costs

Table 3. Budget distribution by ER 2026–2027: Research capacity strengthening,

4. Strategic priority area: Global engagement

TDR is committed to meaningful engagement and collaboration with the wider global health effort. This is even more important in order to promote and facilitate the role of research for development, and to advocate for the use of high-quality evidence to inform policy. TDR is embedded in the United Nations family at the interface between research and health care delivery, with a reach from the communities we work with through to the World Health Assembly, the WHO regional offices and other TDR co-sponsors' regional/country structures. We will leverage this unique position to engage in the broader debate across the process of health research, from priority setting through to evidence for policy-making at local, regional, national and global levels.

Using its unique position, TDR will develop and employ new tools and approaches in the following three streams:

Shaping research priorities and systems

We will help shape research priorities that benefit underserved and vulnerable populations, within the framework of the Sustainable Development Goals, by:

- Maintaining a governance system that brings together the disease-affected countries and the research funders for joint decision-making and complementarity in programme development.
- Engaging with relevant stakeholders, including WHO disease control programmes, to identify demand-driven research priorities and develop research strategies through specific impact grants.
- Developing multisectoral and multidisciplinary research approaches, including research on social and other innovations in response to regional and local priorities.
- Strengthening the research system by developing in-country tools to support financing of research and by working with all stakeholders to develop and promote best practices in research management, standard methodologies and approaches to monitoring and evaluation of impact.
- Facilitating equitable open innovation through, for example, platforms to share and analyse research data and research tools and open access to research literature.
- Promoting research ethics and integrity and strengthening local capacity for community participation to ethics oversight.

Supporting research uptake and evidence use

We will continue to facilitate the use of evidence to inform policy at local, national, regional and global levels, including:

- Providing evidence synthesis for policy review through policy briefs, briefing notes, evidence summaries and expert reviews.
- Increasing interest and capacity among policy-makers and stakeholders to use evidence to develop policy solutions and trigger action.
- Strengthening systematic processes of collating, organizing, synthesizing and disseminating research evidence, particularly local evidence and knowledge, and the measurement of impact.
- Integrating evidence and good practices of funders, providers, implementers and other actors in global health via innovative advocacy and communications.

Addressing gender and other social determinants of health

We will strengthen gender-responsive efforts in research on infectious diseases by:

- Supporting research that explores the role of gender identity and intersectionality with other social determinants of health to improve health interventions' impact and equity.
- Supporting research on grassroots-level social innovations that can be scaled up by communities to improve health systems and access to health care, especially for the most vulnerable.
- Mainstreaming community engagement and equitable partnerships in research and capacity strengthening.
- Facilitating collaboration and engagement with local scientists through TDR networks and partners globally.

Expected Results – Global engagement	
Expected results and deliverables	*Indicators and targets*
1.3.5 Advancing social innovation in health care delivery in LMICs through research, capacity strengthening and advocacy: i) New partnerships to sustain SIHI efforts towards addressing global and national health security challenges, including public health emergencies, climate impacts on health, and antimicrobial resistance; ii) Mainstreamed social innovation research with an intersectional gender and social justice lens in LMICs to accelerate UHC.	By the end of 2027: - At least five new partnerships (national and/or global) to sustain SIHI efforts (ten in the US$ 50 million scenario). - At least three countries having mainstreamed/ embedded social innovation research (five in US$ 50 million scenario).
2.1.1.2 Impact grants for WHO regional priorities: i) Impact grants operationalized in at least five WHO regional offices; ii) Functional collaboration frameworks with at least five regional offices established. iii) Research capacity is enhanced, and research will generate region specific evidence and solutions for priority public health issues.	By the end of 2027: - Impact Grant calls launched, projects selected and funded in at least five regional offices (US$ 40M scenario: 40 grants funded; US$ 50M scenario: 60 grants funded). - Evidence of collaboration frameworks' effectiveness based on successful joint projects and activities (US$ 40M scenario: at least 5 regions engaged, US$ 50M scenario: all 6 regions engaged) - US$ 40M scenario: the majority of high burden countries in each WHO region is included US$ 50M scenario: all key proposals are covered.
2.2.1 Shaping the research agenda: i) Research priority setting exercise is supported through regional offices to Member States. ii) Technical support provided on request through regional offices to WHO Member States engaged in health research. iii) Update the TDR explorer resource that provides a search portal to analyse TDR supported research from 2009 onwards.	By 30 September 2027: - Two reports published and/or resource established. - One support activity provided. - One report published and/or resource established.

Expected Results – Global engagement	
Expected results and deliverables	*Indicators and targets*
2.2.2 Capacity strengthening to bring research evidence into policy: i) Support for researchers within LMICs to develop evidence to policy activities, attend conferences or undertake evidence synthesis; ii) Data sharing: 1. support for capacity building and 2. implement WHO guidance; iii) Implement knowledge management and evidence for decision-making throughout the TDR programmes; iv) LMICs recognize and utilize the value of IR in their health systems.	By 30 September 2027: - At least 10 evidence-to-policy activities undertaken, and relevant reports published (20 in the US$50 million scenario). - At least one policy paper related to data sharing and reuse is published. At least one workshop is held. Contribution to at least one international working group on data sharing and reuse. Chair the DAC at Infectious Diseases Data Observatory - At least one training / workshop undertaken. At least 10 policy briefs created.
2.3.1 Collaborative networks (ESSENCE on Health Research) and engagement with global health initiatives: i) Case examples of TDR's research, RCS and KM activities benefit and are shaped by global health research and global health agenda; ii) Tools and reports are used to inform policy and/or practice of global/regional stakeholders or major funding agencies; iii) Funding agencies engage in annual policy dialogue between each other and with LMIC institutions and pilot countries; iv) LMIC capacity in key areas such as research management, M&E and other will be strengthened in close collaboration with funding agencies; v) Funding principles, policies, standards and guidance documents are agreed and implemented by partners. TDR is engaging with key GHIs and is seen as a key player in global health agenda.	By the end of 2027: - TDR activities use ESSENCE documents as reference. - Two harmonized principles, policies, practices introduced and adapted by funding agencies and LMIC researchers/research institutions (three for the US$ 50 million scenario). - One pilot country initiates dialogue between funding agencies and researchers/research institutions (two for the US$ 50 million scenario) - 40 LMIC researchers trained in good practice fields (60 researchers for the US$ 50 million scenario).

Expected Results – Global engagement	
Expected results and deliverables	*Indicators and targets*
2.3.3 TDR Global - the community of former trainees, grantees and experts: i) Community engagement activities implemented in support of TDR research and capacity strengthening activities; ii) Surveys / crowdsourcing that gather and prioritize ideas from trainees, grantees and experts to support mentorship and themes of interest for the community; iii) The impact of TDR grants on the careers of its grantees, trainees and expert advisors can be adequately assessed; iv) TDR research and capacity strengthening activities are supported by the TDR Global network at country level and trainees are integrated to the network to benefit from career and collaboration opportunities; v) Identifying desired capacity in a field and a geographical region is facilitated (internally and externally).	By the end of 2027: - Three thematic mobilization activities as well as region or country-based mobilization activities that engage the TDR Global community are taking place and TDR projects are supported (six for the US$ 50 million scenario); - One survey / crowdsourcing tool to collect ideas and prioritize them for action by the TDR Global community (two for US$ 50 million scenario); - Impact of TDR support on TDR Global members' careers is documented and publicized in profiles, videos and webinars.
2.3.4 Effective incorporation of intersectional gender analysis in research and training on infectious diseases: i) Global engagement activities implemented to support TDR's gender research strategy and strengthen collaborations/networks across TDR and partners to operationalize and address intersectionality related dimensions of infectious diseases of poverty; ii) Strengthened global engagement initiatives to promote and foster an intersectional gender lens in infectious disease research and research capacity strengthening.	By the end of 2027: - Three new TDR projects and collaborative initiatives incorporate a gender and intersectionality approach (five for the US$ 50 million scenario).
2.3.5 Community engagement and ethics: i) Capacity strengthening activities for research ethics based on lessons learned from the mapping exercise; ii) Evidence from applying good practices in community engagement for IR identified through the community engagement call; iii) Good practices in community engagement and research ethics promoted through global and regional networks; iv) Institutions in countries show improved capacity for ethics oversight, and they have access to a pool of experts for technical support, through collaboration between TDR and external partners; v) Policies at sub-national at national level improved through the evidence provided on good practices for community engagement to research and social innovation	By the end of 2026: - At least ten research ethics committees in key countries in Africa have their capacity strengthened (plus ten in Asia for the US$ 50 million scenario). By the end of 2027: - One pilot project for good practices in IR generates preliminary findings (two for the US$ 50 million scenario). - At least two global and regional partners adopting and promoting good practices in community engagement and research ethics (three for the US$ 50 million scenario).

Expected result	Global engagement	2026-2027					
		$40m scenario			$50m scenario		
		UD	DF	Total	UD	DF	Total
1.3.5	Research on social innovation to enhance healthcare delivery	140 000	400 000	540 000	380 000	600 000	980 000
2.1.1.2	Regional office collaboration and impact grants for regional priorities	860 000	200 000	1 060 000	1 250 000	200 000	1 450 000
2.2.1	Shaping the research agenda	85 000	115 000	200 000	100 000	115 000	215 000
2.2.2	Capacity strengthening to bring research evidence into policy	85 000	150 000	235 000	100 000	150 000	250 000
2.3.1	Collaborative networks & engagement with global health initiatives (including ESSENCE)	0	300 000	300 000	130 000	300 000	430 000
2.3.3	TDR Global - the community of former trainees, grantees and experts	240 000	50 000	290 000	400 000	50 000	450 000
2.3.4	Intersectional gender analysis in research and training	90 000	100 000	190 000	240 000	100 000	340 000
2.3.5	Community engagement and ethics	200 000	285 000	485 000	300 000	385 000	685 000
	Total	**1 700 000**	**1 600 000**	**3 300 000**	**2 900 000**	**1 900 000**	**4 800 000**

Note: budget does not include personnel costs

Table 4. Budget distribution by ER 2026–2027: Global engagement

5. Strategic Development Fund

A Strategic Development Fund of US$ 0.6 million is planned to strategically respond to new opportunities arising and initiate new partnerships along the lines of TDR's working model, during the course of the 2026–2027 biennium. This Fund will be used exclusively to cover direct operations of new initiatives in research, capacity strengthening and global engagement as well as to enable TDR to leverage additional funding. Expenditure will be monitored and reported to TDR's Governance bodies.

		2026-2027					
	Strategic Development Fund	$40m scenario			$50m scenario		
		UD	DF	Total	UD	DF	Total
7.1.1	Total	600 000	0	600 000	600 000	0	600 000

Table 5. Strategic Development Fund 2026-2027

6. Operations support

		2026-2027					
	Operations support	$40m scenario			$50m scenario		
		UD	DF	Total	UD	DF	Total
8.1.1	Governance meetings	410 000	0	410 000	410 000	0	410 000
8.1.2	Director's activities	100 000	0	100 000	100 000	0	100 000
8.1.3	Advocacy & communication	250 000	0	250 000	250 000	0	250 000
8.1.4	Resource mobilization	100 000	0	100 000	100 000	0	100 000
8.1.5	Portfolio planning, monitoring and evaluation	50 000	0	50 000	50 000	0	50 000
8.1.6	Financial planning, monitoring and evaluation	40 000	0	40 000	40 000	0	40 000
8.1.7	Staff development	100 000	0	100 000	100 000	0	100 000
8.1.8	Running costs	470 000	0	470 000	470 000	0	470 000
8.1.9	Information systems	230 000	0	230 000	230 000	0	230 000
8.1.10	WHO administrative charges	750 000	700 000	1 450 000	0	1 450 000	1 450 000
	Total operations support	**2 500 000**	**700 000**	**3 200 000**	**1 750 000**	**1 450 000**	**3 200 000**

Table 6. Operations support 2026-2027

Annex 2: 2026–2027 contingency plan (UD)

Expected result	Research for implementation	$40m scenario	Contingency plan	Reduction
	Epidemics and outbreaks			
1.1.1	Country preparedness for disease outbreaks	155 000	150 000	- 5 000
1.1.7	Maximized utilization of data for public health decision-making	150 000	130 000	- 20 000
	Diseases control and elimination			
1.1.7	Maximized utilization of data for public health decision-making	150 000	120 000	- 30 000
1.2.1	Strategies to achieve and sustain disease elimination	415 000	265 000	- 150 000
1.2.6	Optimized approaches for effective delivery and impact assessment of public health interventions	465 000	375 000	- 90 000
1.3.15	Vector-borne disease prevention and control for vulnerable and hard to reach populations	165 000	65 000	- 100 000
	Climate change and health			
1.3.3	One Health approach for the control of vector-borne diseases in the context of climate change	300 000	240 000	- 60 000
1.3.10	Urban health interventions for vector-borne and other infectious diseases of poverty	125 000	110 000	- 15 000
	Resistance to treatments and control agents			
1.1.4	Country resilience to the threat of drug-resistant infections	245 000	210 000	- 35 000
1.3.14	Testing of innovative strategies for vector control	165 000	80 000	- 85 000
	Equity and innovation			
1.1.5	Directions for development and accelerated access to new tools and strategies	100 000	50 000	- 50 000
1.2.8	Digital solutions for improved public health	120 000	105 000	- 15 000
1.3.12	Strategies to promote gender-responsive health interventions	245 000	200 000	- 45 000
	Total	**2 800 000**	**2 100 000**	**- 700 000**

Expected result	Research training and capacity strengthening	$40m scenario	Contingency plan	Reduction
2.1.1.1	TDR support to regional training centres	860 000	700 000	- 160 000
2.1.2	Targeted research training grants in low- and middle-income countries (MSc, PhD)	2 620 000	1 910 000	- 710 000
2.1.4	Advanced training in clinical research leadership	0	0	0
2.1.6	Structured capacity building in IR (ADP Initiative)	0	0	0
2.1.7	Strengthening OR capacity in Global Fund programmes	120 000	90 000	- 30 000
	Total	**3 600 000**	**2 700 000**	**- 900 000**

Expected result	Global engagement	$40m scenario	Contingency plan	Reduction
1.3.5	Research on social innovation to enhance healthcare delivery	140 000	110 000	- 30 000
2.1.1.2	Regional office collaboration and impact grants for regional priorities	860 000	650 000	- 210 000
2.2.1	Shaping the research agenda	85 000	65 000	- 20 000
2.2.2	Capacity strengthening to bring research evidence into policy	85 000	70 000	- 15 000
2.3.1	Collaborative networks & engagement with global health initiatives (including ESSENCE)	0	0	0
2.3.3	TDR Global - the community of former trainees, grantees and experts	240 000	180 000	- 60 000
2.3.4	Intersectional gender analysis in research and training	90 000	75 000	- 15 000
2.3.5	Community engagement and ethics	200 000	150 000	- 50 000
	Total	**1 700 000**	**1 300 000**	**- 400 000**

	Strategic Development Fund	$40m scenario	Contingency plan	Reduction
7.1.1	**Total**	**600 000**	**0**	- 600 000
	Operations	**8 700 000**	**6 100 000**	**-2 600 000**

	Operations support	$40m scenario	Contingency plan	Reduction
8.1.1	Governance meetings	410 000	400 000	- 10 000
8.1.2	Director's activities	100 000	100 000	0
8.1.3	Advocacy & communication	250 000	250 000	0
8.1.4	Resource mobilization	100 000	100 000	0
8.1.5	Portfolio planning, monitoring and evaluation	50 000	50 000	0
8.1.6	Financial planning, monitoring and evaluation	40 000	0	- 40 000
8.1.7	Staff development	100 000	30 000	- 70 000
8.1.8	Running costs	470 000	470 000	0
8.1.9	Information systems	230 000	150 000	- 80 000
8.1.10	WHO administrative charges	750 000	750 000	0
8.1.10	UD supporting DF planned WHO administrative charges	0	200 000	200 000
	Total	**2 500 000**	**2 500 000**	**0**

	Personnel	$40m scenario	Contingency plan	Reduction
	$40m budget scenario	11 800 000	11 800 000	0
	UD supporting DF-planned salaries	0	3 800 000	3 800 000
	UD savings from frozen positions	0	-1 700 000	-1 700 000
9.1.1	**Total**	**11 800 000**	**13 900 000**	**2 100 000**