



Unicef/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR), Geneva, Switzerland

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## TDR at 50: advancing a longstanding commitment to inclusion

Fifty years after the formation of the Special Programme for Research and Training in Tropical Diseases, **John Reeder, Garry Aslanyan, and Makiko Kitamura** review their organisation's progress on advancing inclusive internationalism in health research

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Calls for inclusivity in health research have been intensifying in recent years. The moves reflect awareness of the importance of creating more equitable and collaborative international partnerships and ensuring that diverse voices, especially from low and middle income countries (LMICs), are heard and included in all stages of the research process.<sup>1</sup>

The Special Programme for Research and Training in Tropical Diseases (TDR), which marks its 50th anniversary in May 2024, has sought to contribute to inclusivity through commitments to equitable research partnerships, democratising health research, and to gender equity. All of these commitments are closely aligned with wider efforts to decolonise global health.<sup>2</sup> Although the organisation has made progress, there have been missteps, and ongoing honest and self-critical assessment is essential to meet our goals.

Throughout its history, TDR has had two intertwined missions—to build research capacity in the countries where infectious diseases burden so many, particularly the less advantaged, and to help prioritise and fund the research needed to tackle these diseases. As a global programme of scientific collaboration co-sponsored by the United Nations Children's Fund (Unicef), the United Nations Development Programme (UNDP), the World Bank, and the World Health Organization (WHO), TDR has always aimed to forge partnerships and collaborations with leading research institutions in low and middle income countries. TDR's longstanding partnership with the Armauer Hansen Research Institute (AHRI) in Ethiopia, for example, has helped catalyse individual, institutional, and national research capacity in the country.<sup>3</sup>

Since 2008, TDR has helped convene and coordinate multiple stakeholders to develop guidance that sets a standard for ensuring equitable research partnerships.<sup>4</sup> The approaches build on experiences of funders, research organisations, and researchers from low, middle, and high income countries and give practical guidance on how to overcome barriers to equity.<sup>5</sup>

Even in the context of equity commitments, strengthening research capacity in low and middle income countries may sometimes be relegated to rhetoric or as an afterthought in research partnerships. TDR leadership has championed giving capacity outputs equal importance to research outputs.<sup>6</sup> For example, the development of sustainable capacity for malaria research in Africa

has been a central part of the Multilateral Initiative on Malaria, launched in 1997 with a funding mechanism established at TDR.<sup>7</sup>

More recently, TDR has been aiming to model how to democratise research by making it available as a useful tool for programme implementers, decision makers, frontline health workers, and grassroots social innovators. For example, research conducted by Sierra Leone's agriculture ministry<sup>8</sup> as part of a TDR training programme prompted policy makers to mandate country-wide weekly reporting of antibiotic use in livestock, training on data collection in all districts, and the establishment of district reporting hubs. Similarly, the Social Innovation in Health Initiative, which was established in 2014 through TDR's leadership, supports research on community engaged social innovations that have the potential to improve healthcare delivery.<sup>9</sup>

TDR has also developed research tools to help researchers consider gender aspects of infectious diseases,<sup>10</sup> thereby informing the development and delivery of more inclusive, gender responsive health interventions to prevent and control infectious diseases of poverty.<sup>11</sup> We are also committed to improving equity in allocating TDR grants. Implementing nomination systems and mentoring schemes has helped us increase the proportion of grants and contracts awarded to women from 22% in 2013 to 50% in 2023.<sup>12</sup>

### Shifting priorities

As expectations from communities, demographics, disease burdens, and pro-equity social movements change, organisations like TDR have had to evolve to meet changing needs. Our largest shift has been from a focus on product development to a greater emphasis on research to implement effective health tools and strategies so they reach those who need them most, including populations that are hard to reach.<sup>13</sup>

TDR's focus on neglected tropical diseases has also been refined to address the wellbeing of neglected and vulnerable people and communities burdened by infectious diseases. These populations are mostly found in low income countries, but also in the poorer areas of middle income countries and among vulnerable migrants and refugees.<sup>14</sup> Climate change is also expanding the reach of infectious diseases to new regions and populations.<sup>15</sup>

Our strategy for 2024-29<sup>16</sup> reflects this by focusing on four major global health challenges affecting infectious diseases of poverty using a One Health

approach. Together with our funders, partners, grant recipients, and other stakeholders, TDR is committed to supporting efforts to overcome diseases of poverty in the context of this dynamic global health environment.

An inclusive, equitable global research partnership ecosystem requires consistent action and reflection. This involves commitments, changes to power structures, and redistributions of resources in global health and science. TDR has not always got this right. An earlier strategic shift towards product development moved the organisation away from these core values for some time and ultimately brought TDR close to collapse.<sup>17</sup> It took a major refocus in 2012 to realign the organisation's workplan with its connection to scientists from disease endemic countries, driving relevance for the needs of those countries to have research serve their mission for better health. At 50, the organisation is ready to continue to put the best science into the hands of those who can use it to make a real difference on the ground. A planned collaboration with *The BMJ* in 2024 will bring together wide stakeholders to advance ideas, debates, and the actions needed to achieve true equity in global health research.

Competing interests: We are all employees of TDR, which is supported by various donors listed at <https://tdr.who.int/about-us/our-donors>.

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