TDR

Strategy
2018-2023

Building the science of solutions

World Health Organization

For research on diseases of poverty
UNICEF • UNDP • World Bank • WHO
TDR

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Summary

The 17 Sustainable Development Goals (SDGs) that were agreed by United Nations Member States as part of the 2030 Agenda for Sustainable Development cannot be met with current control methods and tools. SDG 3 is focused on ending epidemics and combatting diseases, but all goals have some aspect of health, such as the goal for clean water and sanitation.

Research is essential. We know from history that big health improvements require innovation. Sometimes this has come with the development of new tools, like a new medicine for malaria. Sometimes it has come with a new approach to delivering an existing intervention, like involving communities to reach every person on an annual basis for a medicine that keeps river blindness under control. And sometimes innovation has come through understanding the social factors that can keep people from asking for help, like gender bias in leprosy care. Research focused on innovation has the power to transform development challenges into opportunities.

For more than forty 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 put in place the innovations needed to improve their health.
We know from history that big health improvements require innovation.

In this strategy 2018-23, we build on our long experience, yet focus more than ever on identifying barriers to effective health interventions – it is not sufficient to simply develop a new solution, we have learned that there is much work needed afterward to put this solution into place. We call this building the science of solutions. This requires strong local and regional capacity, so we will meld research with training and use regional centres to increase institutional strength and sustainability, while developing the skills of individuals. We will also work more closely with regulatory agencies, where we have been able to effectively influence, strengthen and improve safety for research conduct and long-term monitoring and evaluation.

**TDR’s unique value**

TDR’s close integration of research with capacity building, against a backbone of global engagement enabled by our position within the United Nations, is our unique advantage. There are other organizations which conduct or fund research, some which provide training or educational support, and still others that advocate for and shape policy. TDR is where all of this comes together, with those who we are serving at the centre – identifying the priorities and leading the efforts.

The 2018-23 strategy broadens our range of engagement, beyond academics and the community members we have always had as key partners, to also include practitioners and policy-makers. We will also reach out to other sectors like environment, development, education and agriculture, which may play critical roles in our areas of focus. It is this transdisciplinary approach, encompassing health services and research, regulation and community action, that fits so well with the SDGs and targeting universal health coverage.

What this strategy does is lay out the key principles for developing specific biennial workplans over the next six years. It describes prioritization criteria that allow TDR’s portfolio to be responsive to specific country demands, since this is where the key work needs to take place. TDR will also pursue long-term “flagship” initiatives that will change the health landscape. These include: building resilience to vector-borne disease outbreaks in the face of climate change; developing the field of implementation research in disease-affected countries to identify and overcome system bottlenecks; working with policy-makers and communities to increase the use of evidence for policy and practice; supporting research that underpins the growing number of neglected tropical disease (NTD) elimination programmes; and expanding the global research structure by developing training in research skills, hosting global initiatives for open access data sharing and growing research networks.

TDR strives to make research and innovation work for the benefit of the most neglected populations. This new strategy will lead to improved research evidence for innovations that improve health and wellbeing, and ensure that TDR continues to be a leader in global health.
Our history and achievements

What is TDR?

Established in 1975, the Special Programme for Research and Training in Tropical Diseases (TDR) is hosted by the World Health Organization (WHO) and is co-sponsored by the United Nations Children’s Fund (UNICEF), the United Nations Development Programme (UNDP), the World Bank and WHO. We are core-funded by a range of governments across the globe, all committed to using research evidence to improve health outcomes. TDR’s position in the UN provides us with a unique opportunity to convene a wide variety of global stakeholders and catalyse research action. It has allowed us to develop and disseminate essential health tools and strategies that serve the needs of the people most at risk of infectious diseases of poverty. Since its earliest days, TDR has been committed to the two interdependent objectives of supporting research to improve the control of infectious diseases, and strengthening the capacity of disease-affected countries to perform valuable health research themselves.

What have we achieved?

The TDR approach has been incredibly successful for more than forty years. The twin mission of supporting research and increasing research capacity has created numerous new tools and strategies that have led to dramatic health improvements. For example, promoting basic research and product development on infectious diseases of poverty, at a time when little of this work was supported, paid dividends in new interventions that supported disease elimination campaigns. The TDR model which pioneered today’s product development and public/private partnerships resulted in a dozen new drugs for infectious diseases. Pioneering work examining social and community factors identified new ways of increasing access to these new treatments and to other important preventative tools like insecticide-treated bednets.

Underlying this progress has been TDR investment in the expansion of national and regional research capacity. Today, at least three generations of researchers are part of the TDR family, including many who have become prominent research leaders in their home countries.

Who do we serve?

TDR supports people and institutions in countries and communities where communicable diseases have a major impact on health and livelihood. Over time, TDR has evolved to meet changing needs, moving from a focus on neglected tropical diseases to a focus on the 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 disease is unacceptably high.
TDR Achievements

**PROVIDED EVIDENCE** on a range of prevention and care strategies, new medications and diagnostics. For example, TDR helped establish the effectiveness of artemisinin-combination therapies and insecticide-treated bednets to control malaria, and community-led approaches to ivermectin distribution for river blindness.

**INCREASED THE RESEARCH CAPACITY** in low- and middle-income countries by training and mentoring thousands of researchers in developing countries, playing a pivotal role in the growth of significant research institutions in Africa, Asia and South America.

**PIONEERED** the role of communities and community health workers in delivering health interventions – now a critical component in many low- and middle-income countries.

**PARTNERED WITH COUNTRIES** on five major elimination campaigns for neglected diseases – leprosy, onchocerciasis (river blindness), Chagas disease and lymphatic filariasis globally, and visceral leishmaniasis on the Indian subcontinent.

**CO-DEVELOPED** 12 new drugs for infectious diseases such as malaria, leprosy, leishmaniasis, and sleeping sickness – more than half of all drugs developed for these diseases since 1975.

**ESTABLISHED NATIONAL AND REGIONAL HUBS** that are improving healthcare delivery or policies through operational and implementation research training and conduct on major public health challenges like multi-drug resistant tuberculosis.
Where are we going?

This new strategy builds on the widely supported move by TDR towards developing the science of implementation and delivery. Not enough people – particularly the most disadvantaged and vulnerable – have access to the diagnostics and drugs that can diagnose and treat a disease or save a life. Local solutions adapted to the context are needed, yet few people have been trained in how to lead the community-based research teams that can generate the evidence to address these complex challenges. We need to build the science of solutions.

The Sustainable Development Goals are giving the world a very clear signal that the way forward is through integrated, transdisciplinary programmes and multi-sectoral partnerships that address complex issues of human development. Implementation research requires this broad approach, bringing together academic researchers with people in disease control programmes, departments of health, environment, education, sanitation and agriculture, economic institutions, development aid agencies, civil society organizations and community members. TDR will target our work across this broader public health space, to make sure that high quality research is conducted at each stage, with the people who can transform this knowledge into lasting change.

We will continue to address the diseases that cause high burdens for the most disadvantaged populations. The “neglected tropical diseases” or NTDs is a term that describes this historic lack of attention, yet today the prospect of eliminating some of these diseases – such as visceral leishmaniasis and onchocerciasis – is in part due to TDR long-term commitments. The next decade is an important one for moving many diseases from control to elimination, and research will be critical to support not only the beginning phases, but also the final stage when new approaches are needed that cost effectively sustain the efforts and prevent re-emergence.
How will TDR make an impact?

The research pathway for infectious diseases of poverty ranges from basic science and the development of new products at one end, to systems structures, processes, financing and human resources at the other. While all of these elements are essential, we have positioned TDR where countries find the gap is widest and our impact can be the greatest. This is downstream, at the point where good research evidence is needed to make sure that new interventions can be effectively and safely introduced, and proven interventions scaled up and deployed.

The TDR niche – research for increased implementation and access

We will work with countries to initiate and support investigations into how to optimize health interventions in the conditions where the most vulnerable people live with high burdens of infectious diseases. Whilst discovery research can be conducted in laboratories far from the problems, research for implementation must be done in the communities. It requires experts and stakeholders from a variety of fields (not just health or just researchers), service providers, and the community to work together to identify both the problems and the solutions.

Generating and using research results is essential at the operational end of the system and in the policy-making mechanisms. We will strengthen this capacity and act as an enabling force to initiate and strengthen collaborations and networks to narrow this gap. Our goals are to increase the evidence base for effective implementation of new and improved interventions, increase the quality of evidence, and encourage its uptake into policies and practice.
The Sustainable Development Goals (SDGs) provide an integrated framework that supports, inspires and shapes TDR’s approach. Good health is only one of the 17 goals, but components of health can be found in each of the other 16. Implicit in the SDGs is that the goals depend on each other.

This means that the approach to improving well-being must extend beyond a simple, disease-focused response. It will require a more holistic view, and the TDR approach does exactly that. We will help build more resilient, self-sufficient communities by increasing individual opportunities and strengthening institutions, putting the power of research into the hands of those who need it. We will continue to support gender equality by analysing the barriers and exploring alternative approaches, for both access to interventions from a variety of sectors, and for equal access to science careers.
TDR contribution to the Sustainable Development Goals

**GOAL 3 GOOD HEALTH AND WELL-BEING:**
ensure healthy lives and promote well-being at all ages

**GOAL 4 QUALITY EDUCATION:**
supporting health research degrees and training for increased capacity

**GOAL 5 GENDER EQUALITY:**
identifying gender inequalities in access to health services and inclusion of all to conduct research

**GOAL 6 CLEAN WATER AND SANITATION:**
working with communities to identify and adopt water management practices that reduce infectious diseases

**GOAL 9 INDUSTRY, INNOVATION AND INFRASTRUCTURE:**
promoting national R&D capacity

**GOAL 10 REDUCED INEQUALITIES:**
supporting equitable access to health products and services

**GOAL 11 SUSTAINABLE CITIES AND COMMUNITIES:**
fostering healthier cities through community-participatory approaches

**GOAL 13 CLIMATE ACTION:**
increasing resiliency through research with interdisciplinary approaches and strong community participation

**GOAL 17 PARTNERSHIPS FOR THE GOALS:**
mobilizing interdisciplinary research approaches to address the health issues due to multiple causes
Building a science of solutions

The systems and networks TDR has already put into place provide a springboard for our new strategy to focus on research that increases effective implementation of the tools and interventions already available, identifies new tools that need to be developed, and ensures effective introduction of those new tools and interventions to be developed in the future.

We will do this by integrating three key areas in our core operational structure:

- Supporting research that improves disease control and ensures effective implementation of both new and proven interventions.
- Increasing the capacity to do this research at different levels and in different systems in disease-affected countries.
- Using the power of our global engagement to facilitate and accelerate a global response.

These three areas are an integrated package at TDR. While other actors might pursue similar individual goals, only TDR has this unique combination.

The impact pathway

The TDR core structure of research, capacity strengthening and global engagement will act in an integrated manner to achieve innovative and effective public health impact.

Our specific impact goals are to:

- **Increase access to health interventions** in countries with high burdens of infectious diseases through the generation and use of high-quality research on implementation.

- **Accelerate the development of innovative tools, solutions and implementation strategies** essential for disease control and elimination through research and partnership.

- **Build a critical mass of researchers in disease-affected countries** who can conduct, lead and further develop research through training and mentorship.

- **Engage a broad global community** to facilitate the role of research for development, and advocate for the use of high quality evidence to inform policy.
How will TDR achieve its vision?

Harnessing the power of research

TDR will focus on the needs of the most neglected people and communities faced with debilitating and deadly infectious diseases. Our goal is to improve the health and well-being of those living with this burden, by working with a range of partners and advisers to produce quality research and enhanced in-country research capacity.

We will facilitate and fund research aimed at understanding and overcoming barriers to the delivery and uptake of effective and quality interventions, strategies and policies. This is a core aspect of the science of solutions and will be demand-driven, based on needs identified with relevant stakeholders and implementers, designed and conducted by those living in countries with high burdens of disease. We believe in the importance of engaging policy-makers, researchers, civil society, and communities in setting priorities collaboratively. This approach will provide adapted and adaptable solutions for improved prevention, treatment, control, or elimination of infectious diseases of poverty.

We will undertake education and training to underpin this work, helping to identify the right research questions and to utilize rigorous scientific methodologies to address them.

We will use our proven partnership approach to engage across multiple sectors; for example, examining the implications of environmental and social issues for vector-borne diseases such as malaria, dengue and Zika virus. This global engagement increases the opportunities to develop and use interdisciplinary evidence for policy and practice changes at local, national, regional, and global levels.
Examples of TDR’s holistic approach

Long-term research on controlling dengue has provided valuable findings for recent outbreaks of Zika virus and chikungunya. These diseases are transmitted by the same *Aedes* mosquito. One TDR project produced maps and predictions of dengue risk throughout the world, plans for how countries can identify and respond early to outbreaks, and more refined criteria to identify patients at risk of developing severe dengue. Another identified key factors that determine dengue transmission and dynamics in order to develop new tools and strategies for controlling this transmission.

Predictive models were developed to enable specific interventions to be made to prevent or reduce the impact of an epidemic, covering the environment, mosquitoes and humans.

A new Caribbean network on vector-borne diseases was initiated by TDR just in time to be extremely useful in the Zika outbreak. The network is now developing a formal framework to share data on emerging infections such as dengue and Zika viruses, and develop research plans for improved surveillance, diagnosis and control.

African countries are addressing vulnerabilities brought about by climate change. Researchers from varied disciplines in health, environment and agriculture are working together with community members to document changes, identify mitigations and test new strategies to protect the health of people, and the animals and environment they depend on.

New community and environmentally-based approaches tested in Latin American countries are helping to reduce the burden of several diseases. Designed around Chagas disease and dengue, they are also impacting upon Zika virus and chikungunya transmission, since many of the strategies tested can be applied to diseases transmitted by other vectors.
TDR RESEARCH

TDR will facilitate and support research into how neglected populations can improve their access to, and benefit from, health interventions. We will work with country programmes, researchers and communities, both on individual disease problems, and across diseases at community and health system levels, to prevent, detect, control or eliminate endemic diseases, or to respond to outbreaks. Every project will contribute to building in-country capacity for research.

Locally adapted solutions are needed that address social, economic and community factors, with new approaches being developed between scientific disciplines which have perhaps not worked together before. For example, environmental change and migration are creating challenges for tackling vector-borne diseases. Teams with specialists in vector control, environment, social sciences, epidemiology, modelling, public policy and governance will be essential in working out solutions.

We will contribute to improved health and scientific innovation by supporting:

Research for policy

Identifying which interventions can be translated into policy and go into practice.

Support will be provided to countries and regions in: assessing the safety of interventions and identifying factors influencing their effectiveness; developing systems for the prevention, early detection and containment of antimicrobial resistance (drug resistant infections); accessing baseline information for the deployment of vector control activities; conducting situation analyses and systematic reviews; and promoting new approaches for improved use of existing tools and interventions.

Research for implementation and access

Understanding how interventions that work in clinical trials and pilot settings can be transferred to “real life” settings and scaled up at the national level.

We will apply this approach to disease prevention, control and elimination, and will identify practical impact measures for the research. We will also help countries generate the evidence needed for prompt and effective outbreak response. All interventions will take into consideration local governance, community involvement, financing and delivery arrangements, and the building of more robust health systems by integrating strategies and tools. We will work to increase community participation and mobilization, and build a body of evidence that supports the essential role of community health workers.
What do we mean by research for implementation?

In public health, research for implementation is fundamental to understanding the barriers to life-saving tools, and identifying ways of breaking through those barriers to achieve full access for the most vulnerable people around the world. The research methodologies and tools that are utilized vary according to the type of problem to be addressed. TDR will support these two broad areas:

- **Implementation research** is the systematic approach to understanding and addressing barriers to effective and quality implementation of health interventions, strategies and policies. It is driven by a range of stakeholders, such as healthcare practitioners, policy-makers, researchers and community members, all working together to frame the research questions based on local needs, conducting the study and implementing the results.

- **Operational research** is often carried out using data routinely collected by disease control programmes, to provide ways of improving programme operations, and deliver more effective, efficient and equitable care.

Research for innovation

*Filling the gaps when no practical solution is available.*

In the past, TDR managed clinical drug trials, but today we support different kinds of innovation, such as finding new ways to deliver drugs or use diagnostics that are now developed by many of the product development partnerships (PDPs) that TDR helped create. We will also seek to identify the gaps in tools and advocate for their development, and support improved surveillance systems for preparedness, monitoring and evaluation. We aim to maintain the effectiveness of control programmes and build resilience to changing environments, continuing to build strong joint workplans with the World Health Organization.

Research for integrated approaches

*Determining the complex interactions between people and their environment that affect disease transmission.*

We will support a holistic, one-health approach that helps populations build resiliency to the challenges of the future. It will include, for example, research expertise in climate change, biodiversity loss, biological threats, agriculture and societal changes. This approach helps us address parasite and vector resistance to today’s tools, and geographical expansion of the diseases, particularly into urban environments.
TDR RESEARCH CAPACITY STRENGTHENING

Strengthening individual and institutional capacity to undertake research is a powerful and sustainable way of advancing health and development. It provides the skills for people, institutions and communities to address their health needs through evidence-based approaches. These are skills that are proven to last far beyond the immediate funding support of TDR and make long-term contributions to national health research capacity.

In this strategy, TDR’s focus will be on expanding the use of research to identify and overcome barriers to the implementation of health interventions. We believe that locally-driven research can have a significant impact on infectious diseases of poverty. When public health staff and researchers are trained to manage and make the best use of local data to identify system bottlenecks and develop solutions, they are equipped to safeguard their community’s health.

TDR will take a two-pronged approach to strengthening research capacity:

1. All TDR supported research activities will have an implicit built-in component of research capacity strengthening. For example, in the ongoing climate change research, 59 students are getting their Masters or PhD degrees. Grantees may also develop specific skills such as data management and analysis, learning how to develop or expand a network, implementing ethics guidelines and other good research practices, or learning how to translate and disseminate evidence.

2. We will also work explicitly with individuals, institutions and networks to:

- **Help develop the field of implementation research**

  *Working with partners to develop standards and tools and provide training.*

  We will draw on our close contact with those involved in public health, field research and with the global community of researchers and policy-makers to further develop the use of this growing field of implementation research. We will build on the new guidelines for reporting implementation research we developed with the World Health Organization, and the TDR implementation research toolkit and massive open online course. TDR will also support the creation and expansion of communities of practice and networks, and work with funders to expand support to this field.

- **Develop new research tools**

  *Complementing learning provided by universities and research institutes.*

  We will support the regional training centres, which are established research organizations provided with additional TDR funding, to co-develop and provide training on specific topics required in these areas, such as implementation research, project management and ethics. We will also pilot innovative tools such as massive open online courses, and social media platforms.
Empower researchers through training
grant schemes

*Increasing the number of people conducting research for low- and middle-income country needs.*

This major challenge will be met at a number of different levels, ranging from the newly established postgraduate training scheme focused on implementation research that regionalizes support to students through seven institutions across the globe (see the box below), to customized grants for specific needs not found in academic institutions. This includes short-term training, and fellowships like the Clinical Research and Development Fellowship, where scientists from low- and middle-income countries are placed in pharmaceutical companies and product development partnerships (PDPs) to learn the skills of clinical trials. So while TDR no longer conducts product development, we support the training for partners, which includes both development of these products and improving access to them.

Strengthen research institutions in low- and middle-income countries

*Increasing the capacity to conduct research to international standards.*

We will support educational institutions and public health bodies to develop national research methodologies and curricula to international standards. This will be done through the universities associated with the postgraduate training scheme and TDR-supported regional training centres, and with other partners on specific topics. We will help them mentor their students and scientists, and thus build the human resource pipeline, providing long-term stability.

TDR will support a fully integrated approach to all of these elements, providing flexible, customized paths to impact. We are particularly committed to supporting training in countries where infectious diseases exert the greatest burden and to helping address regional priorities, working closely with WHO regional offices, regional training centres and postgraduate institutions.

TDR regional approaches to increased research capacity

- **A regional approach to post graduate training.**
  TDR supports 7 universities from low- and middle-income countries to provide PhD and Masters degrees focused on implementation research in malaria, tuberculosis and neglected tropical diseases. There are 3 universities in Africa, 2 in Asia, and 1 each in Latin America and the Middle Eastern region. Each university, which was selected from an open call with rigorous criteria and review, serves students from their region. The programme is designed to increase the numbers of scientists from these regions trained in implementation research, further develop the field of research, increase the capacity of the universities to provide this curriculum, manage the grant schemes and mentor students.

- **A West African network is strengthening tuberculosis (TB) control** by developing new approaches that will increase the numbers of people diagnosed and treated. TDR is working with WHO and government and funding partners in 16 countries to develop a platform for sharing experiences and doing more operational and implementation research. National TB control officers are learning from each other and harmonizing strategies and practices. Together, they are also raising new funds for this work and advocating for its expansion.
GLOBAL ENGAGEMENT

An essential part of our work will be to engage with the global health community 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 and the WHO regional offices structure. We will utilize this unique position to engage in the debate across the spectrum of health research, from priority setting through to evidence for policy-making at local, regional, national and global levels. For example, the Global Fund to Fight AIDS, Tuberculosis and Malaria recently made clear its policy in support of implementation/operational research in supported countries.
This came after a TDR stakeholder consultation with stakeholders and the publication of two TDR reports on barriers and opportunities to the systematic use of this type of research in countries receiving grants from the Global Fund.

The TDR approach to global engagement will be to develop and employ new tools and knowledge management approaches in the following areas:

### Shaping the research agenda

*Addressing the health issues that affect vulnerable populations living with high burdens of disease, within the framework of the Sustainable Development Goals, by:*

- Engaging with many stakeholders, including the WHO control programmes, to identify demand-driven research priorities and develop research strategies.
- Maintaining a governance system that brings together the disease-affected countries and the research funders for joint decision-making and complementarity in programme development.
- Developing policy and new approaches to support and finance research and development through the commissioning of research and scoping studies.

### Strengthening the research system

*Innovating and supporting new approaches that improve the efficiency and maximize the impact of research for health, by:*

- 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, gender equity and opportunities to network and partner internationally.

- Working with all stakeholders to develop and promote best practices in research management, standard methodologies, and approaches to monitoring and evaluation of impact.

### Supporting knowledge uptake

*Facilitating the use of evidence to inform policy at local, national, regional and global levels, including:*

- Packaging 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 with the tacit knowledge about what works or does not work.

### Increasing equitable access to data

Working with partners to share data from three Phase III clinical trials on tuberculosis treatments.

Randomized, controlled TB clinical trials are lengthy and costly, but a new online platform TDR has initiated is designed to speed up data analysis through this sharing. To start, researchers will be able to mine patient-level data from each of the clinical trials. Other trials are expected to be added in the future. The collaboration and data platform will enable donors’ investment to go further by increasing access to previously private data, helping to solve one of the world’s most intractable public health problems.
Proven principles guide our priorities

TDR shares WHO’s research strategy principles of IMPACT, QUALITY and INCLUSIVENESS. These solid core principles have stood the test of time and led to much success.

TDR draws on many external sources to make sure its work targets global public health needs. The priorities of WHO disease programmes, the output of global health observatories, and close engagement with a wide variety of disease-control communities of practice, all help to inform our secretariat and scientific committees. We know there are many needs, but we focus on where TDR’s unique, holistic approach can bring the most value. We will use a set of prioritization criteria based on who we want to serve – the most vulnerable populations with high burdens of infectious diseases.

These criteria allow TDR’s portfolio to be responsive to specific country demands. This will keep TDR’s work relevant, effective and efficient in a dynamic global environment. For example, the issues of antimicrobial resistance, emerging infections and outbreak preparedness, and vector control strategies all are benefitting from TDR input and support.

The new work that comes out of this prioritization process will be balanced with continued commitment to longer-term “flagship” initiatives that are grounded in our past work and that are evolving to meet current needs. Examples of these flagship projects include:

- Building resilience to vector-borne disease outbreaks in the face of climate change.
- Strengthening the discipline of implementation research in disease-affected countries to increase the use of evidence for policy translation in disease control and elimination programmes.
- Supporting the global research structure by developing training in research skills, hosting global initiatives for open access data sharing and expanding research networks.
Priority setting criteria

The work TDR undertakes must be:

Research capacity strengthening: for individuals and institutions in low- and middle-income countries to undertake research and utilize its outputs.

Transdisciplinary: brings together multiple disciplines and sectors for new approaches.

Equitable: promotes social, economic and gender equity, reaching the most disadvantaged populations.

Ethical: builds frameworks that adhere to international standards of research ethical conduct.

Open: data are shared for broader innovation, and provide access to research outputs for policy and practice improvements.

Effective: standards of good practice are implemented and resources managed to ensure health returns for the investment.

Solution producing: projects are valuable, cost effective and feasible in the country context.

Leverage creating: builds on existing evidence and systematic reviews, on partnerships and other initiatives to develop innovative solutions.

Built upon TDR’s unique value: utilizes a holistic approach that integrates research, capacity strengthening and global engagement.
Partnerships and governance

Our governance, our strength

TDR’s governance is at the core of our success. The Joint Coordinating Board (JCB) allows for governments and institutions of disease-affected countries, UN co-sponsors, development partners and other global stakeholders to come together to shape and oversee TDR’s work. This is complemented by managerial and financial oversight of the Standing Committee, and scientific oversight provided by the Scientific and Technical Advisory Committee (STAC) and scientific working groups.

As a Special Programme at WHO headquarters, we work closely with many WHO departments, research programmes and hosted partnerships in Geneva and in the six regional offices. This strong connection helps us to coordinate our work and connect directly with WHO actions that improve health on the ground. Relationships with our other co-sponsors at UNICEF, UNDP and the World Bank are also critical to our success, particularly in optimising our contribution to the UN Sustainable Development Goals. For example, we will work with UNICEF on common approaches to children affected by poverty-related diseases, such as tuberculosis; with UNDP, we will work to increase access to new products by engaging various stakeholders in countries and strengthening national capacities; and the World Bank’s agenda of increased health system resilience provides an opportunity for us to work together on implementation issues specific to country needs.

Partnering to mobilize resources and maximize impact

Our core work is supported by programme funding from our long-term contributors, and specific project funding is sought to build on this to expand the scope or deepen the impact. We provide the opportunity for a range of actors to work together on shared goals, each committing the funds they can contribute. Our convening power as a United Nations body is used to bring different disciplines, organizations and businesses together to broker arrangements for the benefit of those most at risk of poverty-related infectious diseases. This includes product development partnerships such as Drugs for Neglected Diseases initiative, and global organizations like the Global Fund to Fight AIDS, Tuberculosis and Malaria, and work to increase our impact by putting out joint grant calls such as with The European & Developing Countries Clinical Trials Partnership.

We seek to extend our support base by working to strengthen current partnerships and build new ones such as in the areas of environment, education, climate and agriculture. We will synergise with these groups, working on joint goals and sharing successes. Using resources and skills as part of a broader initiative, we can achieve much deeper impact than any single organization can do alone.
Managing for success

We pride ourselves on anticipating change and designing the appropriate response. We will merge our core values with state-of-the-art business and management practices at all levels of our operations to ensure we are on track, efficient and focused.

We will drive and support TDR’s core activities of quality research, training and global engagement, by acting to:

- Promote quality and values-based leadership
- Ensure efficiency and value for money
- Seize opportunities and manage risks
- Foster a culture of results and continuous improvement
- Communicate and share knowledge
- Nurture a motivating and conducive environment

There will be three workplans developed over the six years of this strategy. Each will have specific goals and targets, partners, activities and a set of indicators.

Monitoring and evaluating our impact

The success of this strategy depends on a robust monitoring and evaluation plan. It will be guided by a Performance Assessment Framework that is established in agreement with TDR stakeholders and provides indicators and targets that reflect TDR’s contribution to global health. The monitoring and evaluation plan will include early and continuous engagement with countries and stakeholders, and will be used to continually improve processes so that the outcomes have maximum impact and sustainability. This learning from success and failure is embedded in the organizational culture to continuously improve performance.

Our partnership criteria

Partnerships must build on TDR’s solid core principles and values. The following criteria will guide us to determine the right partnerships and their objectives when they:

- **Add value** by maximizing outputs through the partnership.
- **Use** existing resources and knowledge translation platforms that help reach maximum impact.
- **Align** with our goals and objectives.
- **Address** knowledge gaps that no one partner can address alone.
- **Integrate** respective mandates and strengths to achieve broad impact.
- **Build** on the strengths and resources within partner countries.
- **Reduce burden** on partners in countries by combining administrative/peer review processes.
- **Foster** regional, national, institutional and individual knowledge sharing and networking.
- **Increase visibility** of the efforts by better communicating results and reaching out to broader networks.
Acknowledging our funders

TDR has been able to continue its strong performance due to long-term, consistent funding from core donors – large and small – with additional support from project-specific funders. We would like to thank all donors and provide recognition here to TDR’s top funders in the last 5 years, listed in order of their level of contribution.

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The Special Programme for Research and Training in Tropical Diseases (TDR) is an independent global programme of scientific collaboration established in 1975. It has a twin mission to improve existing and develop new approaches for preventing, diagnosing, treating, and controlling neglected infectious diseases, and to strengthen the capacity of developing endemic countries to undertake this research and implement the new and improved approaches.

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