

PROGRAMME BUDGET AND WORKPLAN

2022–2023



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Context and overview

The 2022–2023 Programme Budget and Workplan is completing TDR’s Strategy for 2018 to 2023, which, in turn, aligns with the Sustainable Development Goals (SDGs) and contributes to the World Health Organization’s (WHO) 13th General Programme of Work (GPW13) triple billion targets that ultimately aim to improve global health. In this context, TDR’s Programme Budget and Workplan for the 2022–2023 biennium 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 where it is needed most. With 83% 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 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).

The challenges brought by the COVID-19 pandemic have had an impact on field implementation of projects. At the same time, the pandemic is proving the value of TDR’s work, having built in-country capacity that is able to support both the COVID-19 response while building resilience in disease control programmes in countries burdened by infectious diseases of poverty. TDR continues to adapt processes jointly with partners in the field, in such a way that the outputs will be achieved effectively and efficiently, using digital technologies and platforms, novel communication tools and a new, comprehensive system for project management in TDR.

The details of the budget and workplan are included as Annex 1, where each expected result with its deliverables is linked to indicators, targets and allocated budget figures. Annex 2 contains a contingency plan which will only be applied in the event funding for the lower budget scenario is not secured by January 2022.

The 2022–2023 workplan builds upon TDR’s 2020-2021 portfolio of projects. The geographical spread of our work in 2020 is illustrated in [FIGURE 1](#).

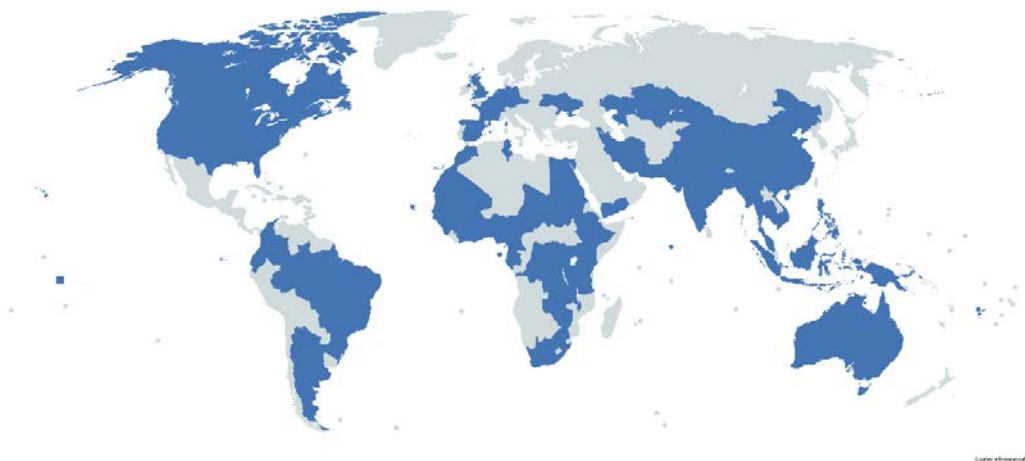
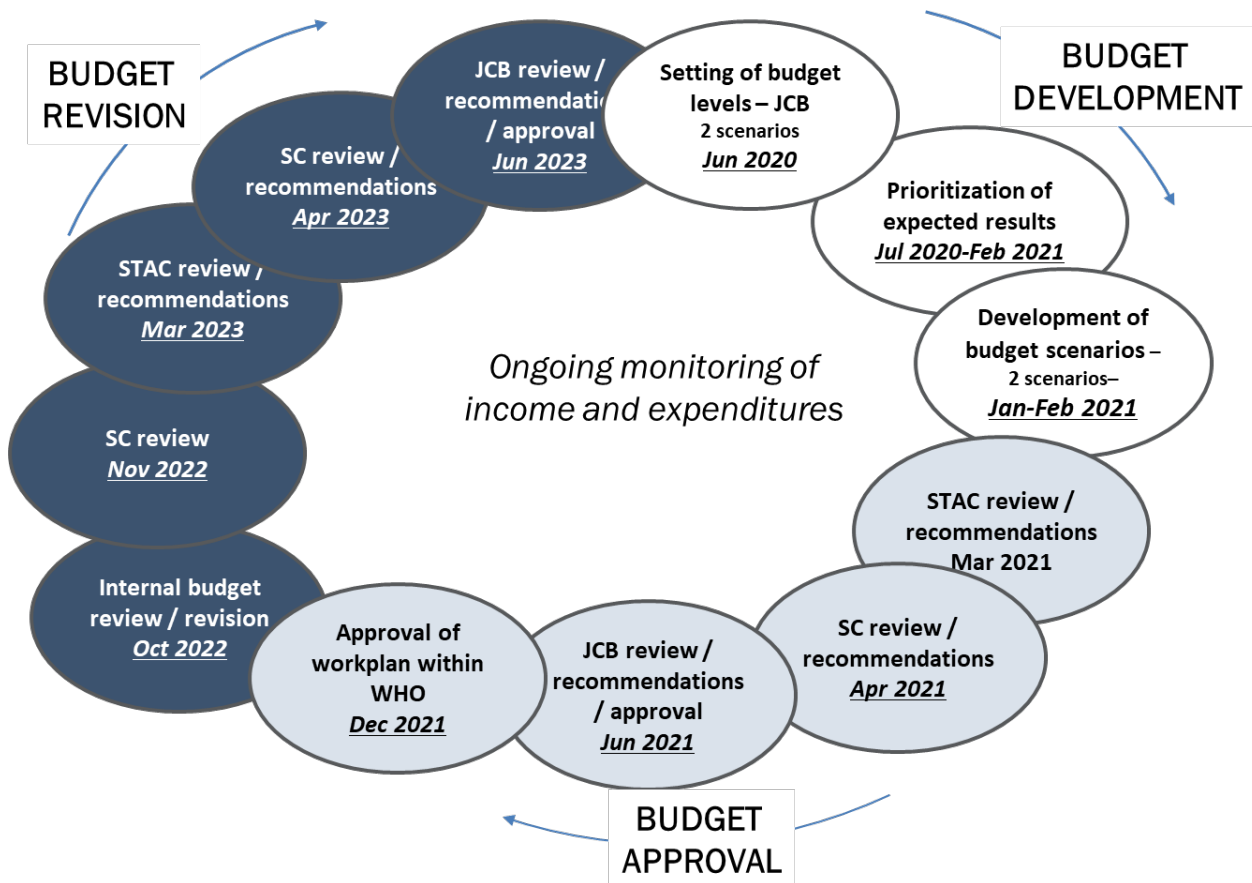


FIGURE 1: Geographical distribution in 2020 of TDR funded grants and contracts

The Programme budget cycle

The budget cycle followed for the development of the Programme Budget and Workplan was discussed and agreed by the Standing Committee in 2020 and is presented in [FIGURE 2](#). It is aligned with the TDR governing bodies' review cycle, ensuring full engagement of the governing bodies in the budget development, approval and review/revision processes. The workplan also contributes to WHO's triple billion goals and WHO's Programme Budget 2022–2023, thanks to TDR's expected results delivering outputs that are part of WHO's results framework. This spans from work on outbreak research to innovative ways to enhance access to healthcare, to foster gender and socioeconomic equity and many other areas that strengthen country capacity to identify priorities, conduct implementation research and use data and information for improved policies and practice.

The detailed budget and workplan, together with the corresponding expected results, form part of Annex 1.



[FIGURE 2](#): TDR Programme Budget and Workplan 2022–2023 – Budget cycle

Strategic direction and objectives

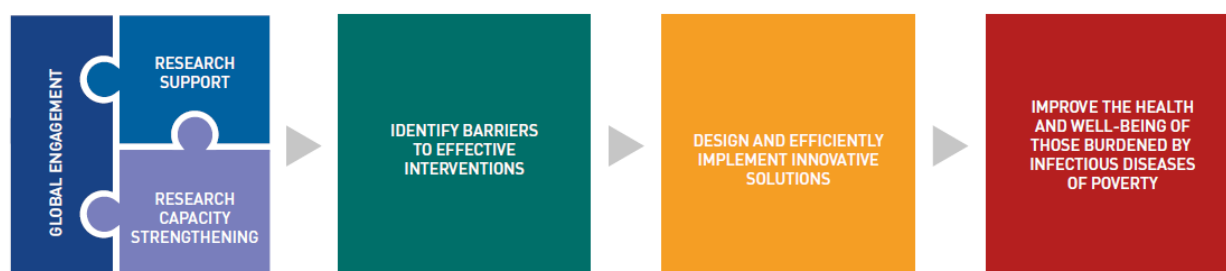
1. Towards health impact and the global agenda 2030

TDR's Strategy 2018–2023 supports the Programme's vision of using research and innovation to improve the health of those burdened by infectious diseases of poverty. The strategy focuses more than ever on identifying and overcoming barriers to effective health interventions. Our approach responds to local and regional needs and priorities, while at the same time pursuing long-term "flagship" initiatives that will change the health landscape.

TDR's vision has been translated into specific goals for impact that are contributing to the achievement of the SDG targets. These impact goals build on the Programme's strengths and provide flexibility to draw on new innovations, such as:

- ✓ **Increase access to health interventions** in populations with high burdens of infectious diseases of poverty, through the generation and use of knowledge arising from 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** through training and mentorship who can conduct, lead and further develop research.
- ✓ **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.

TDR's strategic approach and impact pathway are presented in [FIGURE 3](#).



[FIGURE 3](#): TDR's strategic approach for health impact

The TDR strategic priority areas of **research for implementation, capacity strengthening and global engagement** will act in an integrated manner to achieve public health impact. We will do this by integrating three key areas in our core operational structure, as per the illustration below:

- ✓ Supporting research that improves disease control and elimination and promotes 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

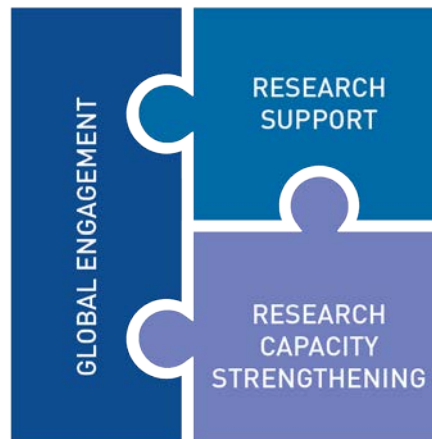


FIGURE 4: Integration of TDR's strategic work areas

2. Two-step budget implementation in 2022–2023 (US\$ 40 / 50 million scenarios)

- ✓ Two budget and workplan scenarios have been developed in accordance with recommendations of the Joint Coordinating Board (JCB) in June 2020.
- ✓ Similar to what we did in 2020-2021, implementation will start at the US\$ 40 million budget scenario. This scenario includes US\$ 28 million of undesignated funds and US\$ 12 million of designated funds.
- ✓ The workplan corresponding to the US\$ 40 million budget scenario will be implemented from January 2022.
- ✓ As additional funds in excess of US\$ 40 million are confirmed, implementation will be scaled up gradually in line with available funding up to the US\$ 50 million scenario, which includes US\$ 34 million undesignated funds and US\$ 16 million designated funds. This requires detailed and flexible plans to allow the workplan to be scaled up at short notice.
- ✓ Allocation of undesignated funds for operations between the three strategic priority areas (research for implementation, capacity strengthening and global engagement) is as follows: Undesignated funds for operations will be split approximately 1:2 between research on one side and capacity strengthening and global engagement on the other side.
- ✓ The Strategic Development Fund will allow TDR to respond to new arising needs and opportunities for collaboration during the course of the 2022–2023 biennium. It will continue to represent approximately 1.5% of the Programme's total budget.
- ✓ In the event that by January 2022 other sources of funding are not identified, to cover the anticipated US\$ 4 million gap in undesignated funds, the contingency plan will be implemented (see Annex 2).

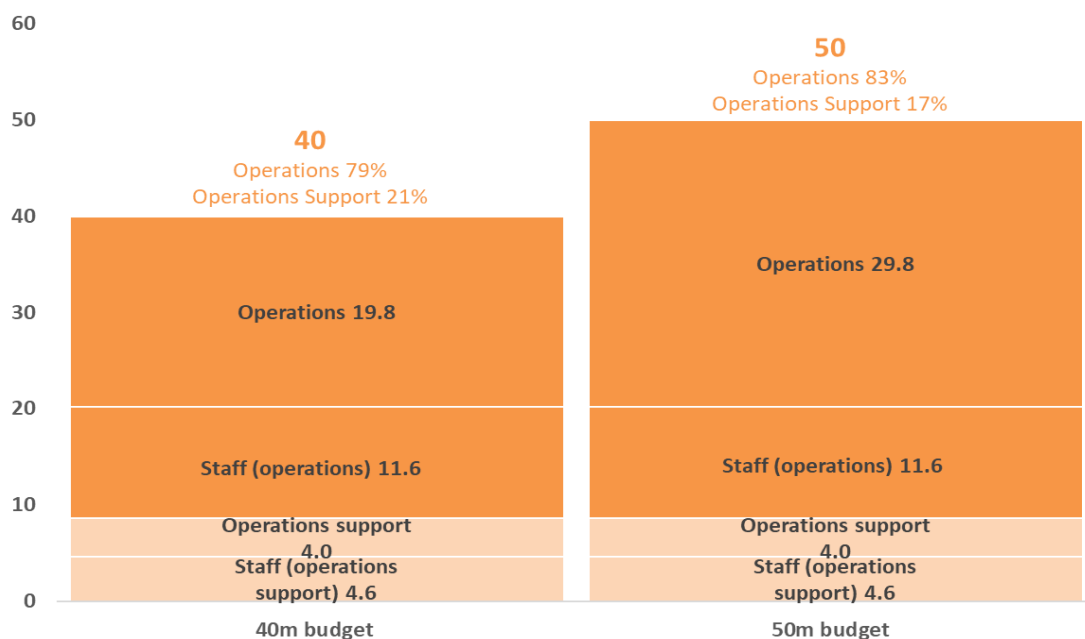


FIGURE 5: 2022–2023 approved budget scenarios by expenditure type

3. Funds allocation ensures value for money and strong strategic focus

In the US\$ 50 million scenario, 83% of the total costs will go to operations and 17% to operations support (see FIGURE 5). Once project technical staff salary costs have been deducted, 60% of the budget will be allocated directly to operations activities (US\$ 29.8 million, see FIGURE 6).

Of the US\$ 29.8 million allocated to operations activities, it is anticipated that US\$ 16.9 million will be made up of undesignated funds.

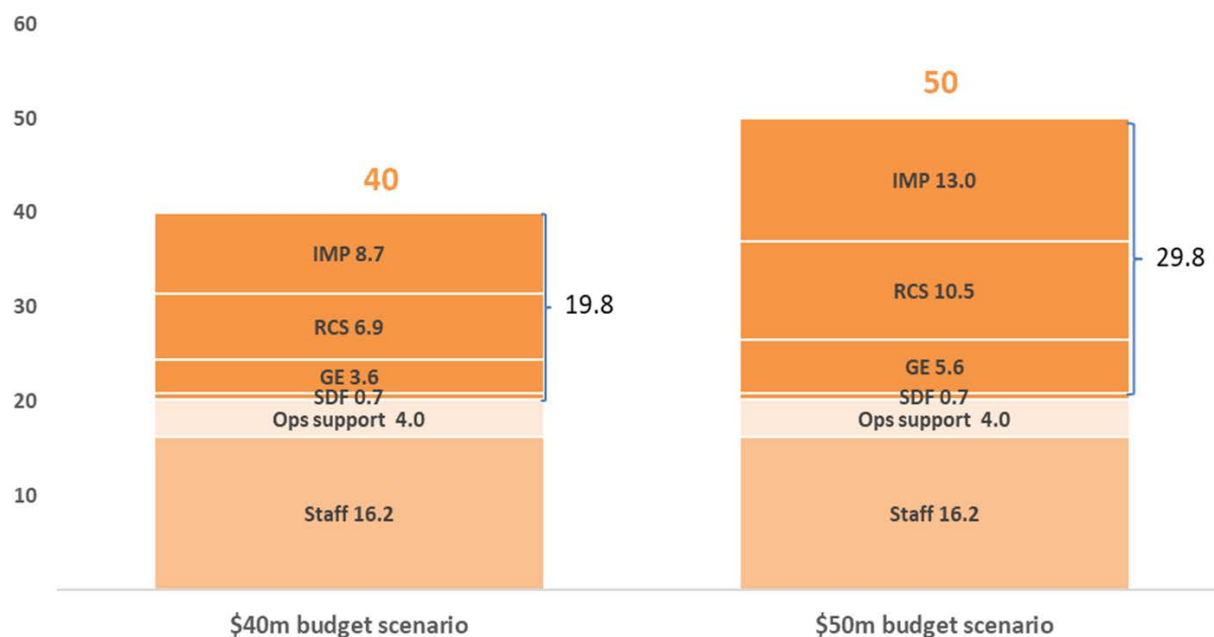


FIGURE 6: 2022–2023 approved budget scenarios by strategic priority area

4. Contingency plan to address a potential gap in undesignated funding in 2022–2023

Due to a potential significant decrease in contribution from one of TDR’s major donors, the possibility of a funding gap of US\$ 4 million in undesignated funding has been identified for 2022–2023. This led to the development of a contingency plan that was presented at a special session of the TDR Standing Committee in May 2021.

The contingency plan would save approximately US\$ 4 million in 2022–2023, and limit TDR’s liabilities for the 2024-2025 biennium and beyond. It includes freezing some vacant staff positions in technical units, a reduction in Operations support, and a priority-based reduction in activity costs across all three strategic priority areas and the Strategic Development Fund.

The Standing Committee appreciated the robustness of TDR’s management systems and endorsed the balanced approach presented (see Annex 2). It recommended presenting the plan to the Joint Coordinating Board meeting in June 2021, together with the 2022–2023 Programme Budget and Workplan, for discussion and approval. If agreed by the JCB, and only in the event that no other funding sources are identified by then, the contingency plan will be rolled out in January 2022.

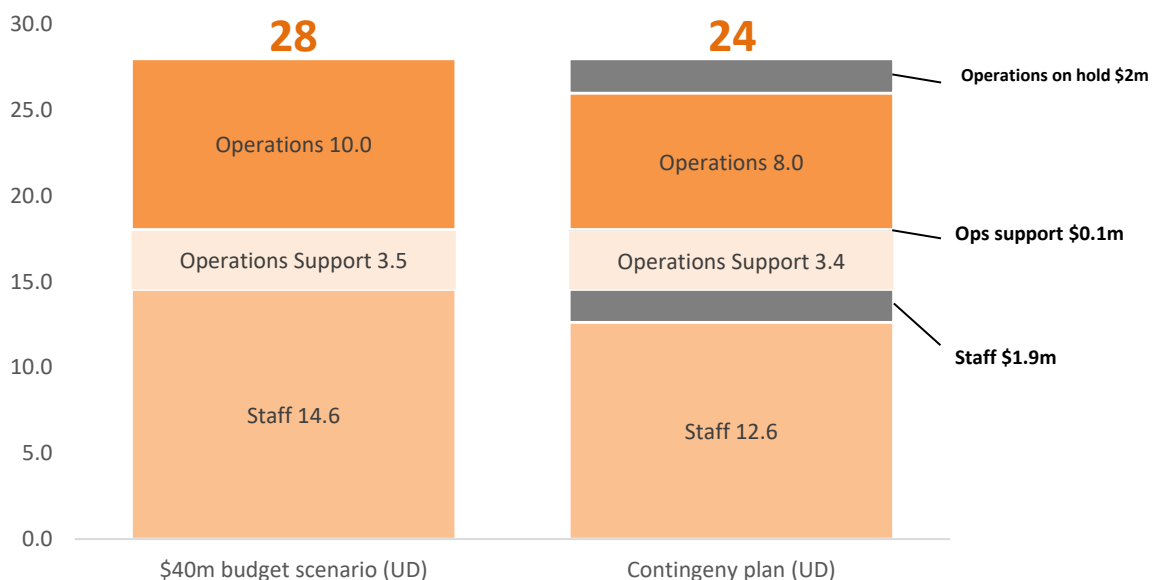


FIGURE 7: 2022–2023 approved budget scenarios by strategic priority area

Budget overview

An overview of the 2022–2023 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 capacity strengthening and global engagement; and (ii) the Strategic Development Fund. As per JCB recommendations, the split between undesignated funds (UD) and designated funds (DF) is shown for individual budget lines in detail in Annex 1.

Table 1: Overview of the TDR Proposed Programme Budget for 2022–2023

TDR Programme budget 2022-2023	US\$ 40 million scenario			US\$ 50 million scenario		
	UD	DF	Total	UD	DF	Total
TDR Total	28 000 000	12 000 000	40 000 000	34 000 000	16 000 000	50 000 000
Operations activities	9 950 000	9 850 000	19 800 000	16 900 000	12 900 000	29 800 000
Research for Implementation	3 250 000	5 400 000	8 650 000	5 730 000	7 300 000	13 030 000
Research Capacity Strengthening	4 150 000	2 750 000	6 900 000	7 400 000	3 100 000	10 500 000
Global Engagement	1 850 000	1 700 000	3 550 000	3 070 000	2 500 000	5 570 000
Strategic Development Fund	700 000	-	700 000	700 000	-	700 000
Operations support	3 500 000	500 000	4 000 000	3 500 000	500 000	4 000 000
Personnel	14 550 000	1 650 000	16 200 000	13 600 000	2 600 000	16 200 000

1. Operations activities budget

The 2022–2023 operations activities budget includes expected results¹ that are continuing from 2021 and new expected results, generating outputs and outcomes during and beyond 2023. The main expected results are listed in Annex I, together with success indicators and their allocated budget for the biennium.

The proposed operations activities budget and workplan for 2022–2023 has been developed and prioritized as follows:

- ✓ Consultations took place with WHO disease control departments, 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. Discussions with other TDR co-sponsors have resulted in value-adding joint work as part of TDR's expected results.
- ✓ Expected results plans were developed by individual teams and discussed with their respective scientific working group.
- ✓ The expected results proposed to be part of the 2022–2023 workplans are compiled in the proposed budget operations activities tables (see Annex 1).

The proposed budget allocation to the Strategic Development Fund to respond to new arising needs and opportunities during the course of the biennium 2022–2023 is US\$ 0.7 million. The principles of the Fund remain the same.

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.

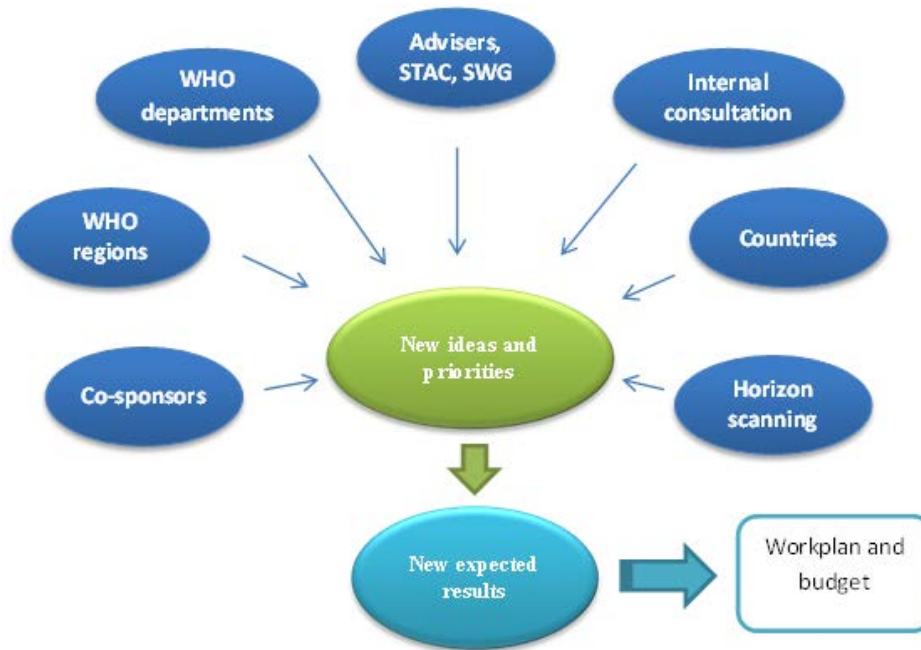


FIGURE 8: Consultations leading to the establishment of new initiatives

2. Operations support budget

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

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 does it, 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 2018 to align with TDR's strategy 2018–2023 and with the universal Sustainable Development Goals. This was done in consultation with TDR's governing bodies and stakeholders, building upon lessons learnt from the implementation of the previous TDR Performance Assessment Framework and 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 that year².

In Annex I, the details of the 2022–2023 Programme Budget and Workplan at expected results level provide the planned cost as well as the specific deliverables and related indicators of success, which will be reported in the annual TDR results reports.

² See library of reports: <http://www.who.int/tdr/publications/about-tdr/annual-reports/en/>

Annex 1: TDR Programme Budget and Workplan details, 2022–2023

1. Overall approach

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 needed to improve their health.

In the 2018–2023 strategy, we build on our long experience, yet focus more than ever on identifying and overcoming barriers in implementing effective health interventions – it is not sufficient to simply develop a new health intervention, we have learned that there is much work needed afterwards to ensure it can be effectively used. This requires strong local and regional capacity, so we combine research with training and use regional centres to increase institutional strength and sustainability while developing the skills of individuals. This close integration of research with capacity building against a backbone of global engagement, enabled by our position as a UN agency, is TDR’s unique advantage. Our holistic, trans-disciplinary approach, encompassing both health services and community action, is an excellent fit with the SDGs and their aim for universal health coverage.

Our approach responds to local and regional needs and priorities, while at the same time pursuing long-term flagship initiatives that will change the health landscape. Such initiatives are: 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 in disease control and elimination programmes; and supporting global research by developing training schemes and building capacity for implementation research, hosting global initiatives for open access data sharing and expanding research networks.

The result of TDR’s strategic approach of building capacity in countries was even more visible during the COVID-19 pandemic, when a vast majority of the grantees and trainees surveyed confirmed their active participation in the pandemic response in countries, applying skills they learned through working with TDR.³

TDR strives to make research and innovation work for the benefit of the most neglected populations. The strategy, which began in 2018, will lead to improved research-based evidence for implementation and health impact and will ensure that TDR continues to be a leader in global health.

The workplan includes success indicators and targets expected to be reached by the end of the biennium and beyond, as outcomes related to countries adopting and making use of TDR-generated deliverables may take several years to materialize.

These expected results also contribute to WHO’s 13th General Programme of Work (2019-2023) through deliverables feeding into various outcomes and outputs of the triple billion target. Our added value occurs thanks to TDR’s unique working model that combines research and capacity strengthening in the countries that need it most.

2. Strategic priority area: Research for implementation

Research is an essential factor in improving the health of the most neglected populations and achieving the Sustainable Development Goals. Research and innovation have the power to transform development challenges into opportunities, but only if they can reach those most in need.

TDR will facilitate and support research into how neglected populations can improve their access to, and benefit from, health interventions. We work with country programmes, researchers and communities to make this happen. Every project will contribute to building in-country capacity for research. Research to identify new interventions suitable for incorporation into guidelines and policies, and research for more

³ See <https://www.who.int/tdr/about/tdr-operations-during-COVID-19-outbreak/en/>

effective implementation of policy interventions is essential for health systems in low- and middle-income countries (LMICs) to deliver better health to the people.

We work both on individual diseases and across diseases at community and health system levels, whether the aim is to prevent, detect, control or eliminate endemic infectious diseases, or to respond to outbreaks.

Locally adapted solutions are needed that address social, economic and community factors, with new approaches developed between scientific disciplines which perhaps have not worked together in the past. For example, environmental change, gender dynamics and migration are creating challenges for the reduction and elimination of vector-borne diseases. Teams comprising specialists in vector control, environment, social sciences, epidemiology, modelling, public policy and governance will identify patterns and trends and work out new approaches.

Objectives and expected results have thus been strategically reorganized into four main areas of activity:

- **Research for policy:** to understand and produce evidence on the large-scale performance, acceptability, feasibility, implementation needs and potential impact of available tools as a basis for determining which tools are suitable for guidelines and policies.
- **Research for implementation:** to understand and address barriers to effective, quality and equitable implementation of health interventions, strategies and guidelines/policies to provide the evidence as to how guidelines/policies can best be implemented for maximum impact.
- **Research for innovation:** to provide direction for the development of improved/adapted new tools and strategies needed, and to promote their development.
- **Research for integrated approaches:** to support a holistic, one-health approach that will include, for example, research expertise in climate change, biodiversity loss, biological threats, agriculture and societal changes. Only by taking this approach can we address complex issues such as parasite and vector resistance to today's tools and geographical expansion of the diseases, particularly into urban environments.

The workplan provides for supporting research to evaluate which 'tools' (medicinal products, diagnostics, interventions, approaches/strategies) that have been developed are suitable for introduction into guidelines and policies, how guidelines and policies can be implemented (scaled up) in public health programmes to maximize their impact, and how to assess the impact of their implementation. In line with our overall strategy, TDR will not sponsor research and development (R&D) for new medicinal products or diagnostics but may inform R&D by providing a directional perspective on innovation required to address insufficiently attended as well as unattended health needs.

Some important research topics cover the following themes: improving disease control and possibly achieving elimination, innovative and adapted vector control technologies, promoting innovation to generate more adapted health solutions, community-based innovative interventions, protecting the utility of current medicines against antimicrobial resistance, as well as environmental and climate change impact on societies, to name but a few. To consider the multi-faceted dynamics of economic, social and environmental determinants of health, including gender-responsive health interventions and other factors, the supported research/network projects are implemented through a holistic, multi-sectoral approach.

TDR research applies a problem/system-orientated approach which includes an estimation of the burden, analysis of the context (social, ecological) and of ongoing or future changes (anthropogenic, environmental and climate change) through integrated, multidisciplinary, ecosystem and community-based projects.

Expected Results – Research for implementation

Expected results and deliverables

Indicators and targets

Research for policy

1.1.1 Country preparedness for disease outbreaks:

- i) Expanded capacity of countries to use EWARS tool;
- ii) Regional plan to improve arbovirus disease surveillance and vector control in West Africa.

By 2023, 10 countries using EWARS tool

By 2023, a situation analysis report on improved arbovirus disease surveillance and vector control in West Africa published

1.1.4 Country resilience to the threat of drug-resistant infections:

- i) OR/IR strategies for countries to build effective systems for monitoring and responding to emerging drug resistance; ii) Documentation of practical approaches to improve targeted treatment and reduce drug misuse and risk of resistance; iii) Strategies for monitoring and responding to potential emergence of drug resistance.

By 2023, strategies for countries to build effective systems for monitoring and responding to emerging drug resistance endorsed by stakeholders at relevant levels

1.3.3 Population health vulnerabilities to vector-borne diseases: increasing resilience under climate change conditions:

- i) call for proposals for scaled up One Health transdisciplinary ecosystem approach for vector borne diseases in the context of Climate Change in Africa; ii) Implementation of an online training course on Operationalizing One Health; iii) Research uptake meeting with researchers, project stakeholders and collaborators.

By 2023:

- Research uptake meeting successfully conducted
- 20-40 African researchers trained in Operationalizing One Health through an online training course (to be offered once a year in 2022 and 2023)

Research for implementation

1.1.7 Maximized utilization of data for public health decision-making:

- i) capacity built for effective collection, analysis and use of data; ii) publications and policy briefs suitable for informing evidence-based policies/ practice guidelines.

By 2023, 15 publications and evidence of change in policies/ practice (30 for the 50m scenario)

1.2.1 Strategies to achieve and sustain disease elimination:

- i) evidence on sustainable strategies for the elimination of visceral leishmaniasis in the Indian subcontinent; ii) evidence to support establishment of programmes towards elimination of VL in Eastern Africa; iii) improved basis for monitoring progress of preventive chemotherapy-based elimination programmes towards elimination and for decisions to stop interventions; iv) data to support WHO guidelines and onchocerciasis-endemic country registration and policies on moxidectin for onchocerciasis elimination.

By 2023:

- new results on sustainable visceral leishmaniasis elimination strategies delivered to country control programmes
- results on improved basis for monitoring progress of preventive chemotherapy-based elimination programmes delivered to control programmes

1.2.6 Optimized approaches for effective delivery and impact assessment of public health interventions:

- i) Extend the WARN-TB approach to other geographical areas and/or other disease burdens; ii) Capacity strengthened for improving the effectiveness of safety monitoring of new drugs in target countries; iii) Approaches to optimized delivery and effectiveness of seasonal malaria chemoprevention in West and Central Africa evaluated and other NTD control strategies.

By 2023:

- report on the expansion provided to stakeholders at country, regional and global level
- serious adverse event reporting rates in target countries improved
- report on approaches to optimized delivery of seasonal malaria chemoprevention provided to stakeholders at country, regional and global level

Expected Results – Research for implementation

<i>Expected results and deliverables</i>	<i>Indicators and targets</i>
<p>1.3.12 Strategies to promote gender-responsive health interventions on prevention and control of infectious diseases of poverty: i) New knowledge and evidence on intersection of sex and gender with other social stratifiers to address power relations, social exclusion, marginalization and disadvantages in access to health services, health impacts, prevention/control of IDPs.</p>	<p>By 2023, 2 research studies implemented and evidence generated to inform policy and practice (4 in the US\$ 50 million scenario)</p>
<p>Research for innovation</p>	
<p>1.1.5 Directions for development and accelerated access to new tools and strategies: i) outputs of TDR research projects and TDR staff and adviser expertise used to provide directional perspective for R&D for new tools (including advice/support to R&D sponsors) as well as new ways of implementing tools; ii) generic protocols to address Implementation Research issues encountered by different disease control programmes; iii) strategy development, implementation and monitoring.</p>	<p>By 2023:</p> <ul style="list-style-type: none"> - At least 4 R&D initiatives informed by TDR research project output or TDR staff /adviser expertise
<p>1.3.10 Urban health interventions for the prevention and control of vector-borne and other infectious diseases of poverty: i) Evidence from literature reviews on urban health, gender dimensions of infectious diseases and social determinants in urban settings analysed; ii) Research uptake activity in terms of evidence briefs for policy generated.</p>	<p>By 2023:</p> <ul style="list-style-type: none"> - journal papers published following literature reviews conducted by ICDDRDB in Bangladesh and the Regional Medical Research Centre in India - Systematic reviews on infectious diseases among urban poor during COVID-19 pandemic with a focus on gender and health inequities in urban slums
<p>1.3.14 Testing of innovative strategies for vector control: i) Evidence of the effectiveness of the Sterile Insect Technology against vectors and arboviral diseases; ii) Global map of the vector control technologies currently used and how new technologies can be integrated into the programmes; iii) capacity building in medical entomology to improve vector control support globally.</p>	<p>By 2023:</p> <ul style="list-style-type: none"> - At least 4 countries having performed field tests for SIT and evidence available. - A landscape analysis for the integration of innovative vector control technologies within the current ones, available. - Global online directory for courses on medical entomology available and updated. - Scientific publications in open access peer-review journals.
<p>Research for integrated approaches</p>	
<p>1.3.11 Multisectoral approach for prevention and control of malaria and emerging arboviral diseases: i) Documentation for training stakeholders from national malaria and other vector-borne disease control programmes on how to implement an MSA for disease control available; ii) new case studies implemented on vector-borne disease control in several countries, iii) collaboration with sectors other than health to prevent and control vector-borne diseases well established.</p>	<p>By 2023:</p> <ul style="list-style-type: none"> - 10 countries having received and used the training documentation. - 3 countries with MSA approach against malaria initiated. - 3 countries with MSA approach against arboviral diseases initiated. - Lessons learned report from collaboration with the WASH sector available. - Scientific publications in open access peer-review journals.

Expected result	Research for Implementation	\$40m scenario			\$50m scenario		
		UD	DF	Total	UD	DF	Total
	Research for policy						
1.1.1	Country preparedness for disease outbreaks	150 000	0	50 000	200 000	0	200 000
1.1.4	Country resilience to the threat of drug-resistant infections	200 000	3 400 000	3 600 000	400 000	4 500 000	4 900 000
1.3.3	Vector-borne diseases and increasing resilience under climate change conditions	400 000	0	400 000	600 000	0	600 000
	Research for implementation						
1.1.7	Maximized utilization of data for public health decision-making	250 000	400 000	650 000	600 000	600 000	1 200 000
1.2.1	Strategies to achieve and sustain disease elimination	740 000	200 000	940 000	1 200 000	300 000	1 500 000
1.2.6	Optimized approaches for effective delivery and impact assessment of public health interventions	600 000	500 000	1 100 000	1 100 000	700 000	1 800 000
1.3.12	Strategies to promote gender-responsive health interventions on prevention and control of infectious diseases of poverty	300 000	100 000	400 000	500 000	100 000	600 000
	Research for innovation						
1.1.5	Directions for development and accelerated access to new tools and strategies	160 000	0	160 000	280 000	0	280 000
1.3.10	Urban health interventions for vector-borne and other infectious diseases of poverty	150 000	0	150 000	250 000	0	250 000
1.3.14	Testing of innovative strategies for vector control	100 000	600 000	700 000	300 000	800 000	1 100 000
	Research for integrated approaches						
1.3.11	Multisectoral approach for malaria and emerging arboviral diseases	200 000	200 000	400 000	300 000	300 000	600 000
	Total	3 250 000	5 400 000	8 650 000	5 730 000	7 300 000	13 030 000

3. Strategic priority area: 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 have been proven to last far beyond the immediate funding support of TDR and make long-term contributions to national health research capacity.

Research Capacity Strengthening (RCS) activities are at the heart of the TDR Strategy 2018–2023 aimed at contributing to achievement of the Sustainable Development Goals by 2030 and supporting universal health coverage (UHC). WHO has set out its interconnected strategic priorities and goals in GPW13. The main focus of the research capacity strengthening team's efforts is on strengthening the capacity of researchers in low- and middle-income countries in implementation research on infectious diseases of poverty. A two-pronged approach is taken to do this:

- i. All TDR supported research activities have an implicit built-in component of research capacity strengthening. Grantees may develop specific skills such as data management and analysis, learn how to develop or expand a network, implement ethics guidelines and other good research practices, or learn how to translate and disseminate evidence.
- ii. 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 build on the new guidelines for reporting implementation research to which we contributed. TDR will also support the creation and expansion of communities of practice and networks.
 - **Develop new tools for strengthening research capacity**
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 in low- and middle-income disease endemic countries: this challenge will be met on several different levels. The schemes range from the postgraduate master's/PhD scheme focused on implementation research that trains more than 100 students per biennium through universities in disease-endemic regions across the globe, to customized grants for specific needs not addressed by academic curricula. The latter includes, for example, the TDR Clinical Research and Development Fellowships in collaboration with the European & Developing Countries Clinical Trials Partnership.
 - **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 organizations to expand their range of activities in the field of research for implementation, and to develop content tailored to national and regional priorities. This will be done through the universities participating in the postgraduate training scheme and the regional training centres supported by TDR, together with other partners, on specific topics. We will help them mentor their students and researchers, thus building the human resource pipeline and contributing to long-term sustainability.

TDR supports a fully integrated approach to all of these elements, to provide flexible, customized paths to impact. We are particularly committed to supporting training in countries where the diseases are most prevalent and to helping address regional priorities, working closely with WHO's regional offices, the regional training centres supported by TDR and universities in the regions.

Expected Results – Research capacity strengthening

Expected results and deliverables	Indicators and targets
<p>2.1.1.1 TDR support to regional training centres: i) RTCs operational in the implementation of short training courses on good health research practices and implementation research; ii) RTCs operational in the dissemination in their region of short training courses; iii) effective coordination of the RTC initiative.</p>	<p>By 2023:</p> <ul style="list-style-type: none"> - four satellite institutions per RTC ready to implement at least two training courses in IR or Good Health Research Practices - at least two different short training courses on IR or Good Health Research Practice implemented in each RTC
<p>2.1.2 Targeted research training grants in low- and middle-income countries: i) early career trainees completed their degree in their home country or within the region; ii) a global network (intra and inter-regional) of TDR-supported implementation researchers developed.</p>	<p>By 2021, additional 60 master's trainees enrolled or completed their degree (160 master's trainees for the US\$ 50 million budget scenario)</p>
<p>2.1.4 Advanced training in clinical product development: i) highly skilled scientists in R&D in low- and middle-income countries; ii) R&D skills gained during training implemented in the home institution; iii) mapping training programmes which address clinical research team core competencies.</p>	<p>By 2021, 30 new fellows enrolled or completed their training</p>
<p>2.1.6 Structured capacity building in IR (renewal of UNDP Access and Delivery Partnership): i) ADP focus countries identify and address factors that impede the effective access and delivery of health technologies; ii) Implementation research projects (IR) completed.</p>	<p>By 2023:</p> <ul style="list-style-type: none"> - 3–5 ADP focus countries incorporate IR in their disease control implementation plans - 2–3 ADP focus countries conduct IR projects and findings incorporated in control programmes
<p>2.1.7 Strengthening operational research capacity in Global Fund supported programmes: i) programme teams trained to incorporate OR in GF applications; ii) OR projects completed.</p>	<p>By 2023:</p> <ul style="list-style-type: none"> - 3-4 national programs receiving GF support to conduct OR <p>approximately 20 peer-reviewed publications and policy briefs</p>

Expected result	Research Capacity Strengthening (RCS)	\$40m scenario			\$50m scenario		
		UD	DF	Total	UD	DF	Total
2.1.1.1	TDR support to regional training centres	1 050 000	200 000	1 250 000	1 200 000	200 000	1 400 000
2.1.2	Targeted research training grants (MSc, PhD)	3 050 000	500 000	3 550 000	6 000 000	700 000	6 700 000
2.1.4	Career development fellowship grants	0	1 500 000	1 500 000	0	1 500 000	1 500 000
2.1.6	Structured capacity building in IR (ADP Initiative)	0	500 000	500 000	0	500 000	500 000
2.1.7 (new)	Strengthening OR capacity in Global Fund programmes	50 000	50 000	100 000	200 000	200 000	400 000
	Total	4 150 000	2 750 000	6 900 000	7 400 000	3 100 000	10 500 000

Note: budget does not include personnel costs

4. Strategic priority area: Global engagement

An essential part of TDR's work is 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 at the interface between research and healthcare delivery. We utilize our unique position of being embedded in the UN family through our co-sponsors, UNICEF, UNDP, the World Bank and WHO, and linked to WHO headquarters and regional offices. This allows us to reach from the local communities to the World Health Assembly to engage in the debate across the spectrum of health research, from priority setting through to evidence for policy-making at local, national, regional and global levels.

The activities under various expected results, from shaping the research agenda and bringing research evidence to policy, to collaborative networks and effective engagement in gender and equity, as well as TDR Global and the Social Innovation in Health Initiative (SIHI), are grouped together under Global Engagement (GE) and include cross-cutting activities across various units. This area of work also includes collaboration with key global health stakeholders within WHO, other research activities of WHO, as well as WHO's regional offices. The TDR hosted secretariat of the ESSENCE on Health Research initiative is also part of the Global Engagement area. gender research has recently been mainstreamed under this strategic priority area, as an interface between our activities and building capacity and leadership for women scientists in health research. As a development from earlier projects funded through the Strategic Development Fund, and as advised by the Scientific Working Groups in October 2020, we are including in Global Engagement a new Expected Result that addresses Community Engagement in research for implementation and Ethics, which will be at the intersection of Social innovation, Research for Implementation and Community engagement themes.

In taking this agenda forward, the TDR approach to global engagement is to develop and employ new tools and knowledge management approaches in the following areas:

1. Engagement of key global stakeholders, TDR co-sponsors, WHO regional offices and WHO control and research programmes;
2. Creation of the TDR Global community and promotion of innovative tools for collaboration;
3. Advancement of social innovation in health approach in support of universal health coverage and primary health care renewal in low- and middle-income countries;
4. Development of research policy to identify new approaches to support and finance research and undertaking knowledge management activities to improve the efficiency and maximize the impact of research for health;
5. Development and promotion of models of data sharing and open publication that support and promote research activities in LMICs;
6. Support the ESSENCE on Health Research initiative by working with stakeholders and funders of research to develop and promote best practices in research management, standard methodologies, and approaches to monitoring and evaluation of impact;
7. Research on gender and intersectionality of social determinants in health as applied to TDR's mission; and
8. Community engagement in research for implementation, social innovation and ethics.

Expected Results – Global engagement

<i>Expected results and deliverables</i>	<i>Indicators and targets</i>
<p>1.3.5 Research on social innovation to enhance healthcare delivery: i) functioning SIHI Secretariat to coordinate the SIHI partner network efforts and SIHI global communications; ii) growing number of operational SIHI country hubs.</p>	<p>By 2023: at least 10 operational hubs in LMICs advancing social innovation in health care delivery through research, capacity and advocacy</p>
<p>2.1.1.2 WHO regional office collaboration and Impact grants for regional priorities: i) impact grants operationalized in at least five WHO regional offices; ii) functional collaboration frameworks with at least five regional offices established.</p>	<p>By 2023: - 8-10 impact grants for regional priorities calls launched, projects selected and funded (11-13 for the 50m scenario) evidence of collaboration frameworks' effectiveness based on successful joint projects and activities</p>
<p>2.2.1 Shaping the research agenda: i) report /resource based on a scoping review in the area IR/OR research to further map partners, priorities, ongoing activities and TDR work in this context; ii) analysis of the health product pipeline for HIV, TB, malaria and NTDs in order to identify and describe priorities; iii) research priority setting exercise supported.</p>	<p>By 2023: - one report to map partners and priorities and activities published; - two reports on research priority exercises published</p>
<p>2.2.2 Capacity strengthening to bring research evidence into policy: i) methodology developed and/or adapted from existing approaches to enable appropriate generation of translation mechanisms.; ii) knowledge management and evidence for decision-making delivered in the SORT IT programme; iii) data sharing - support for capacity building and development of policy; iv) LMICs lead on the development of systematic reviews, research synthesis and policy briefs on issues related to infectious diseases of poverty.</p>	<p>By 2023: - at least 4 workshops/ training events held - 2 report/publications on knowledge management methodology at least 4 evidence to policy reports and briefs finalized and published</p>
<p>2.3.1 Collaborative networks (ESSENCE on Health Research) and engagement with global health initiatives: i) tools and reports used to inform policy and/or practice of global/regional stakeholders or major funding agencies; ii) funding agencies continue to engage in policy dialogue with each other and with LMICs; iii) LMIC capacity in research management, M&E strengthened; iv) cases of TDR's research, RCS and KM activities benefit and are shaped by global health research agenda.</p>	<p>By 2023, two harmonized principles / policies / practices introduced and adapted by funding agencies and LMIC researchers / research institutions</p>
<p>2.3.3 TDR Global: i) a user-friendly, online platform that hosts the profiles of current and former grantees, trainees and expert advisors of TDR; ii) community engagement activities that foster collaboration and networking; iii) surveys / crowdsourcing that gather and prioritize ideas from trainees, grantees and experts to support mentorship and themes of interest for the community; iv) enhanced efficiency and effectiveness via increased regional focus.</p>	<p>By 2023, decentralization of mentorship activities to at least six operational regional and country nodes</p>

Expected Results – Global engagement

Expected results and deliverables	Indicators and targets
<p>2.3.4 Effective engagement in gender and equity:</p> <p>i) Global engagement activities to support TDR's gender research strategy and its inclusive research agenda in research on infectious diseases implemented;</p> <p>ii) Collaborations strengthened across TDR and partners to understand and address gender dimensions of infectious diseases of poverty.</p>	<p>By 2023, gender and equity dimensions progressively mainstreamed across TDR projects and collaborations aligned with TDR's intersectional gender research strategy.</p>
<p>2.3.5 Community engagement and ethics: i) mapping of research ethics initiatives in Africa, identifying successes, lessons learnt and existing gaps; ii) policy briefs and papers on key issues; iii) institutional audits conducted to strengthen local capacity and collect lessons learned; iv) policy dialogues, debates and panels organized; v) ethics network secretariat in regions supported</p>	<p>By 2023:</p> <ul style="list-style-type: none"> - 1 policy panel debate (2 in high budget scenario) - Secretariat capacity strengthened in 1 regional network (2 in higher budget scenario) - 1 policy brief (2 in higher budget scenario) - two audits conducted (five in higher budget scenario)

Expected result	Global Engagement	\$40m scenario			\$50m scenario		
		UD	DF	Total	UD	DF	Total
1.3.5	Research on social innovation to enhance healthcare delivery	150 000	300 000	450 000	400 000	800 000	1 200 000
2.1.1.2	Regional office collaboration and impact grants for regional priorities	1 000 000	100 000	1 100 000	1 350 000	200 000	1 550 000
2.2.1	Shaping the research agenda	100 000	750 000	850 000	100 000	950 000	1 050 000
2.2.2	Capacity strengthening to bring research evidence into policy	100 000	150 000	250 000	100 000	150 000	250 000
2.3.1	Collaborative networks and engagement with global health initiatives	0	300 000	300 000	150 000	300 000	450 000
2.3.3	TDR Global	300 000	0	300 000	500 000	0	500 000
2.3.4	Effective engagement in gender and equity	100 000	100 000	200 000	250 000	100 000	350 000
2.3.5 (new)	Community engagement and ethics	100 000	0	100 000	220 000	0	220 000
	Total	1 850 000	1 700 000	3 550 000	3 070 000	2 500 000	5 570 000

Note: budget does not include personnel costs

9. Strategic Development Fund

In order to be able to strategically respond to new opportunities arising during the course of the 2022–2023 biennium and initiate new partnerships along the lines of TDR’s working model, it is proposed to maintain a Strategic Development Fund of US\$ 0.7 million. This Fund will also enable TDR to leverage further funding on new initiatives. Expenditure from the Fund will be used exclusively to cover direct operations of new initiatives in research, capacity strengthening and global engagement and as a means of leveraging funding. Expenditure will be monitored and reported to the TDR Scientific and Technical Advisory Committee (STAC).

10. Operations support

Operations support covers the Director's office (including external relations and governing bodies, and communications functions) and the Programme and Portfolio Management unit.

Resource mobilization, governance and communications

These functions manage and coordinate the interactions, meetings and interfaces involved in TDR's governance and coordinate external relations and resource mobilization activities; they also coordinate communications and advocacy activities for TDR.

Programme Innovation and Management (PIM) unit

This unit (formerly Portfolio and Programme Management) supports TDR's objectives through continued improvement of programme performance. This requires developing and managing effective strategies, planning processes and systems to track and report against expected results and providing effective budgetary, financial, administrative, contract management, human resources management and facilities support.

PIM ensures that the portfolio of projects remains strategically focused and relevant to the global health context. In 2022–2023, technical and financial planning, monitoring and evaluation processes will continue to be based on results as per the TDR Performance Framework 2018–2023 and management review system.

Staff development, fostering continuous learning, monitoring TDR’s risk management framework, internal controls, maintaining and improving TDR’s information systems and supporting TDR Global work, are part of PIM’s objectives for 2022-2023. PIM works closely with other TDR units and with other departments in WHO as and when needed.

Annex 2: 2022–2023 Contingency plan – to be implemented in January 2022 in the event that other sources of funds are not identified

The contingency plan proposes cost reductions as per tables below:

- Approximately US\$ 2 million in personnel costs
- US\$ 2 million in operations activities costs
- US\$ 0.1 million in operations support costs

Expected result	Research for Implementation	US\$ 40 million scenario			Contingency plan		
		UD	DF	Total	UD	DF	Total
	Research for policy						
1.1.1	Country preparedness for disease outbreaks	150 000	0	150 000	125 000	0	125 000
1.1.4	Country resilience to the threat of drug-resistant infections	200 000	3 400 000	3 600 000	170 000	3 400 000	3 570 000
1.3.3	Vector-borne diseases and increasing resilience under climate change conditions	400 000	0	400 000	340 000	0	340 000
	Research for implementation						
1.1.7	Maximized utilization of data for public health decision-making	250 000	400 000	650 000	210 000	400 000	610 000
1.1.8	Maximized utilization of safety information for public health decision-making	0	0	0	0	0	0
1.2.1	Strategies to achieve and sustain disease elimination	740 000	200 000	940 000	575 000	200 000	775 000
1.2.6	Optimized approaches for effective delivery and impact assessment of public health interventions	600 000	500 000	1 100 000	550 000	500 000	1 050 000
1.3.12	Strategies to promote gender-responsive health interventions on prevention and control of infectious diseases of poverty	300 000	100 000	400 000	250 000	100 000	350 000
	Research for innovation						
1.1.5	Directions for development and accelerated access to new tools and strategies	160 000	0	160 000	135 000	0	135 000
1.3.10	Urban health interventions for vector-borne and other infectious diseases of poverty	150 000	0	150 000	125 000	0	125 000
1.3.14	Testing of innovative strategies for vector control	100 000	600 000	700 000	100 000	600 000	700 000
	Research for integrated approaches						
1.3.11	Multisectoral approach for malaria and emerging arboviral diseases	200 000	200 000	400 000	170 000	200 000	370 000
	Total	3 250 000	5 400 000	8 650 000	2 750 000	5 400 000	8 150 000

Expected result	Research Capacity Strengthening (RCS)	US\$ 40 million scenario			Contingency plan		
		UD	DF	Total	UD	DF	Total
2.1.1.1	TDR support to regional training centres	1 050 000	200 000	1 250 000	923 000	200 000	1 123 000
2.1.2	Targeted research training grants (MSc, PhD)	3 050 000	500 000	3 550 000	2 683 000	500 000	3 183 000
2.1.4	Career development fellowship grants	0	1 500 000	1 500 000	0	1 500 000	1 500 000
2.1.6	Structured capacity building in IR (ADP Initiative)	0	500 000	500 000	0	500 000	500 000
2.1.7 (new)	Strengthening OR capacity in Global Fund programmes	50 000	50 000	100 000	44 000	50 000	94 000
	Total	4 150 000	2 750 000	6 900 000	3 650 000	2 750 000	6 400 000

Expected result	Global Engagement	US\$ 40 million scenario			Contingency plan		
		UD	DF	Total	UD	DF	Total
1.3.5	Research on social innovation to enhance healthcare delivery	150 000	300 000	450 000	150 000	300 000	450 000
2.1.1.2	Regional office collaboration and impact grants for regional priorities	1 000 000	100 000	1 100 000	500 000	100 000	600 000
2.2.1	Shaping the research agenda	100 000	750 000	850 000	100 000	750 000	850 000
2.2.2	Capacity strengthening to bring research evidence into policy	100 000	150 000	250 000	100 000	150 000	250 000
2.3.1	Collaborative networks and engagement with global health initiatives	0	300 000	300 000	0	300 000	300 000
2.3.3	TDR Global	300 000	0	300 000	300 000	0	300 000
2.3.4	Effective engagement in gender and equity	100 000	100 000	200 000	100 000	100 000	200 000
2.3.5 (new)	Community engagement and ethics	100 000	0	100 000	100 000	0	100 000
	Total	1 850 000	1 700 000	3 550 000	1 350 000	1 700 000	3 050 000

Expected result	Strategic Development Fund	US\$ 40 million scenario			Contingency plan		
		UD	DF	Total	UD	DF	Total
7.1.1	Total	700 000	0	700 000	200 000	0	200 000
Total Operations		9 950 000	9 850 000	19 800 000	7 950 000	9 850 000	17 800 000

Expected result	Operations Support	US\$ 40 million scenario			Contingency plan		
		UD	DF	Total	UD	DF	Total
8.1.1	Governance meetings	360 000	0	360 000	360 000	0	360 000
8.1.2	Director's activities	100 000	0	100 000	100 000	0	100 000
8.1.3	Advocacy and communication	240 000	0	240 000	240 000	0	240 000
8.1.4	Resource mobilization	110 000	0	110 000	110 000	0	110 000
8.1.5	Portfolio planning, monitoring and evaluation	160 000	0	160 000	160 000	0	160 000
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	70 000	0	70 000
8.1.8	Running costs	720 000	0	720 000	720 000	0	720 000
8.1.9	Information systems	350 000	0	350 000	280 000	0	280 000
8.1.10	WHO administrative charges	1 320 000	500 000	1 820 000	1 320 000	500 000	1 820 000
	Total	3 500 000	500 000	4 000 000	3 400 000	500 000	3 900 000

Expected result	Personnel	US\$ 40 million scenario			Contingency plan		
		UD	DF	Total	UD	DF	Total
9.1.1	Total	14 550 000	1 650 000	16 200 000	14 550 000	1 650 000	16 200 000
	RCS position				- 670 000		- 670 000
	IMP position				- 551 000		- 551 000
	Director 50/50 TDR / RFH				- 400 000		- 400 000
	Retirement P5				- 279 000		- 279 000
9.1.1	Personnel total	14 550 000	1 650 000	16 200 000	12 650 000	1 650 000	14 300 000

	Grand total	28 000 000	12 000 000	40 000 000	24 000 000	12 000 000	36 000 000
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