

# TDR Strategy 2024-2029

Building local research  
solutions to improve  
global health



World Health  
Organization

**TDR** For research on  
diseases of poverty  
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TDR strategy 2024–2029: building local research solutions to improve global health

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# Contents

This page allows you to navigate to the different components of the TDR Strategy document. Click on the arrows to jump directly to a section or topic.

TDR's vision and mission **p. iv** →

Summary **p. v** →

**1** History and achievements **p. 1** →

**2** Principles and frameworks **p. 5** →

What is TDR?  
**p. 1** →

Who do we serve?  
**p. 2** →

What have we achieved?  
**p. 2** →

How are we evolving?  
**p. 4** →

WHO's Triple Billion Goals and the Sustainable Development Goals  
**p. 5** →

Multisectoral engagement and a One Health approach  
**p. 6** →

Equity focus  
**p. 6** →

Targeted investment  
**p. 7** →

**3** Making an impact **p. 8** →

**3.1** Research for global health challenges **p. 11**

Four challenges contributing to infectious diseases of poverty  
**p. 11** →

**3.2** Research support **p. 16**

Research for delivery and access **p. 18** →

Research for innovative solutions **p. 19** →

Research for decision-making **p. 20** →

**3.3** Research training **p. 21**

Strengthening institutional capacity to deliver research training  
**p. 22** →

Our approaches to training  
**p. 24** →

**3.4** Global engagement **p. 31**

Shaping research priorities and systems **p. 31** →

Research uptake and use  
**p. 33** →

Addressing gender and other determinants of health **p. 34** →

**4** Partnerships and governance **p. 35** →

**5** Managing for success **p. 37** →

**6** Acknowledging our funders **p. 39** →

# TDR Strategy 2024–2029



## Building local research solutions to improve global health

### Vision

The health and well-being of people burdened by infectious diseases of poverty is improved through the power of research and innovation.

### Mission

To support innovative global health research, strengthen in-country health research systems and promote the translation of evidence to improve interventions that reduce the burden of infectious diseases for the most under-served and vulnerable populations.

### TDR's unique value

TDR's focus on supporting implementation research and strengthening research capacity in low- and middle-income countries, combined with our position in the United Nations through our co-sponsors – the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the World Bank and the World Health Organization (WHO) - is our unique value. This gives TDR direct access to our co-sponsors' health programmes and country and regional offices, as well as convening power to ensure key stakeholders from health and related sectors, national governments and academia share their expertise, experience and resources. Our unique position within the United Nations family allows us to create a bridge from local communities and researchers in countries to the World Health Assembly, enabling the broadest possible scope of dialogue and debate across the spectrum of health research.

# Summary

An unrelenting series of public health emergencies in recent years has highlighted the critical role of implementation research in informing health policy and practice. But evidence is not only fundamental to emergency response efforts. Building capacity for health research strengthens the resilience of health systems as a whole, so they can serve all people all the time.

For almost 50 years, TDR has been a leader in research to address infectious diseases of poverty and in building the capacity of people, communities and institutions in low- and middle-income countries. We support evidence generation in disease-affected countries to foster innovations that improve health.



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## What is implementation research?

The systematic approach to understanding and addressing barriers to effective implementation of health interventions, strategies and policies.

- ✓ Conducted within real-life health systems and community settings, removed from controlled settings associated with other types of scientific research
- ✓ Provides evidence to support scale-up of interventions and policy changes

This 2024–2029 strategy builds on our experience, to support country-led implementation research that improves access to, and scale-up of, health interventions, strategies and policies and strengthens health systems.

We will work with implementers and social innovators, alongside researchers, to help democratize research and demonstrate that it is a useful and practical tool for people tackling health issues on the ground.



### **Democratizing research**

“I am not an academic researcher, but TDR has made it possible for me to conduct rigorous studies and generate powerful insights that my country is using to improve surveillance of antimicrobial use in the agricultural and human health sectors. In this way, TDR is expanding access to research for implementers, decision-makers, frontline health workers and communities who have a vested interest in using the evidence to make an impact on health.”

*- Dr Amara Leno, Ministry of Agriculture and Forestry, Sierra Leone*

In collaboration with universities and research organizations in low- and middle-income countries, we will meet the growing demand for implementation research training and contribute to a new generation of public health leaders.

The implementation of our new strategy relies heavily on how we partner with stakeholders. As a Special Programme based at WHO headquarters, we will continue to work closely with many WHO departments and the six WHO regional offices. This strong connection helps us to coordinate our work and leverage WHO actions that improve health on the ground.

Relationships with our other co-sponsors at UNICEF, UNDP and the World Bank, and with numerous other global health partners, are also critical to our success, particularly in optimizing our contribution to the Sustainable Development Goals.

## Implementation research is essential to understanding and overcoming challenges to accessing health care and achieving universal health coverage



Why did only **36%** of people in the world with drug-resistant TB have access to treatment in 2021?  
*Source: Global Tuberculosis Report 2022*



Why did **10 million** eligible children in sub-Saharan Africa not have access to medicines that would protect them against seasonal malaria outbreaks in 2020?  
*Source: Medicines for Malaria Venture*

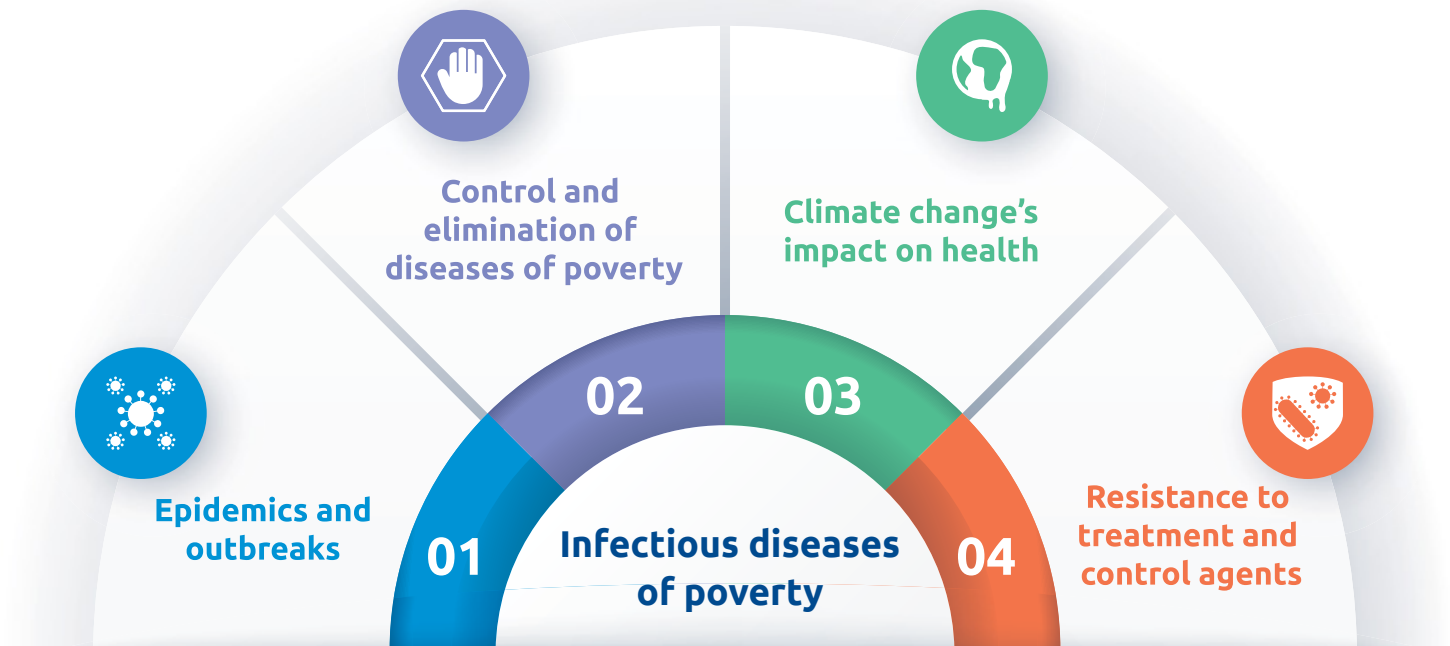


How can a new drug to treat river blindness – **moxidectin** – be rolled out in the most effective way? How can moxidectin be reformulated to treat children who can't swallow a tablet?

Our focus remains firmly on addressing infectious diseases of poverty, and our new strategy is grounded in country-led priorities. However, we recognize that this cannot be done effectively without taking into consideration the changing global context - political, economic, social and environmental (including climate change and loss of biodiversity) – in which we work. We will be proactive in identifying opportunities where our activities can contribute to building country resilience to four major global health challenges.

## Research to address global health challenges

TDR will focus on four major global health challenges affecting infectious diseases of poverty using a **One Health** approach.



These global health challenges will be addressed through three strategic approaches:

- **Research support** - We will continue to support and facilitate implementation research to improve access to quality interventions that reduce the burden of infectious diseases on the most vulnerable. This includes research for delivery and access, research for innovative solutions and research for decision-making.

- **Research training for capacity strengthening** - We will continue to respond to growing demand for implementation research training, in collaboration with partners in low- and middle-income countries. This training goes beyond academics to include those working in the community, implementing programmes and policy-makers. We will also develop health research leadership in low- and middle-income countries, through the Postgraduate Training Scheme and the Clinical Research Leadership programme.
- **Global engagement** – We will continue 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. Our unique position within the United Nations family through our co-sponsors allows us to create a bridge from local communities to the World Health Assembly, enabling the broadest possible scope of dialogue and debate across the spectrum of health research.

Our experience has shown the importance of cross-cutting, multisectoral and One Health approaches to tackling diseases. Maintaining our focus on human diseases, we will continue to engage health-related sectors such as water, agriculture, housing and education. We will work across silos applying systems thinking to understand the complex interactions between humans, animals and their shared environment in driving human diseases of poverty and seek solutions through multidisciplinary collaboration.

Our work reflects our core values of equity and sustainability. TDR strives to make research and innovation work for the benefit of the most neglected populations. This new strategy will lead to robust research evidence for innovations that improve their health and well-being.

We are also supporting researchers to apply an intersectional gender lens to infectious diseases by exploring links between health-related social inequities and solutions that enhance equality in access to health care. We will take holistic approaches, considering and addressing conditions such as noncommunicable diseases where they intersect with infectious diseases.

This strategy includes our criteria for supporting research activities and the ways in which we will monitor and evaluate our work. An updated results framework with key performance indicators will accompany this strategy. This will include measurement of impact, such as when research projects supported by TDR inform policy or practice in countries to tackle infectious diseases of poverty.

The 2024–2029 strategy will set the course for TDR to build on its past to address current and future challenges and build capacity and resilience through country-led responses.



# 1. History and achievements

## What is TDR?

A World Health Assembly resolution in 1974 called for the establishment of a research programme that became TDR, the Special Programme for Research and Training in Tropical Diseases. TDR is a global programme of scientific collaboration that helps facilitate, support and influence efforts to combat diseases of poverty. It is a cross-UN agency, co-sponsored by UNICEF, UNDP, the World Bank and WHO.

We receive core funds from a range of governments across the globe, all committed to using research evidence to improve health outcomes in low- and middle-income countries. Since its earliest days, TDR has been focused on supporting research to improve the control of infectious diseases and strengthening the capacity of disease-affected countries to perform valuable health research themselves.



## 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 and vulnerable people and communities. Many factors create environments where the burden of infectious disease is unacceptably high, for example, low socio-economic status, lack of education, inefficient and under-resourced health systems, stigma and discrimination, geographical location and limited access to water and sanitation.



## What have we achieved?

Over the last 50 years, TDR's approach has led to significant achievements, including the co-development of 13 new drugs for infectious diseases, such as malaria, leprosy, leishmaniasis, sleeping sickness and river blindness. We have also partnered with WHO and countries on five major elimination campaigns for neglected tropical diseases – leprosy, river blindness, Chagas disease and lymphatic filariasis globally, and visceral leishmaniasis on the Indian subcontinent.

TDR has invested in the expansion of national and regional research capacity to support this approach. Today, at least three generations of researchers are part of the TDR Global community, including many who have become prominent global health leaders in their countries.

## Key achievements: The impact of TDR's 2018–2023 Strategy



**Evidence to policy: new solutions applied in countries since 2018**

**115**

**instances** when research projects supported by TDR informed policy and/or practice in countries to tackle infectious diseases of poverty



**Research grantees and trainees supported since 2018**

**850**

**scientists** supported through programmes such as the Postgraduate Training Scheme, Impact Grants for Regional Priorities and the Clinical Research and Development Fellowship Programme



**Institutions and networks strengthened since 2018**

**20**

**research** institutions and networks in disease-endemic countries expanded their scope of activities or increased fundraising because of TDR support

## Evidence to policy for elimination of visceral leishmaniasis



TDR has supported scientists in Bangladesh and Nepal who have conducted implementation research on strategies for eliminating visceral leishmaniasis (also known as kala-azar). This research has informed efforts to deliver single-dose treatment to rural populations and validated an innovative diagnostic test. Such research findings have been incorporated into national elimination guidelines – a powerful example of research for decision-making. New efforts to eliminate visceral leishmaniasis in Eastern Africa are now drawing on the success and lessons learned from this project, showing how we have catalysed South-to-South learning and exchange

## How are we evolving?

An important factor in our success has been our ability to respond to changing global health challenges, while maintaining our core principles. While major milestones have been achieved with the development of new health products, implementation of these innovations remains a major challenge. A lack of solid implementation research evidence at the country level has been identified as a weak link in the chain from product discovery to health impact and was recognized as an area of research where TDR could best make a difference. Since 2012, our strategy has shifted from a focus on discovery research and product development towards a greater emphasis on research to implement these health tools and resources.



# 2. Principles and frameworks

The following principles and frameworks guide our work, to ensure it is relevant, effective and efficient in a dynamic global environment.

## WHO's Triple Billion Goals and the Sustainable Development Goals

TDR ensures the activities it supports align with other global development processes and targets. We are embedded within WHO and are contributing towards the targets set out by its Member States in **WHO's Triple Billion Goals**. By 2023, WHO aims to achieve:

- **1 billion** more people benefiting from universal health coverage
- **1 billion** more people better protected from health emergencies
- **1 billion** more people enjoying better health and well-being

We are also supporting progress towards the **Sustainable Development Goals** in the areas of health, education, gender equality and equity, water and sanitation, equitable access and countering climate change.

## Multisectoral engagement and a One Health approach

TDR delivers sustainability through multisectoral partnerships and One Health research. We will build on our pioneering initiative on operationalizing a One Health approach to tackling vector-borne diseases in the context of climate change and loss of biodiversity. The aim is to catalyse a move beyond disease-focused interventions towards a more holistic integration of health, environment and development through active engagement of the most affected stakeholders in their individual contexts.

## Equity focus

Our focus is on underserved populations heavily burdened by infectious diseases, in situations where resources, such as financing of health services or the health workforce, are limited. These populations are mostly found in low-income countries, in the poorer areas of middle-income countries or among vulnerable migrants and refugees. We also strengthen local research capacity in countries whose populations are most affected by infectious diseases of poverty.

We support gender equity – both in terms of access to services and health outcomes as well as within research systems. TDR builds on WHO's research strategy principles of impact, quality and inclusivity in its work. Mainstreaming gender equity in the way we conduct our work led to an increase in the proportion of grants and contracts awarded to women from 22% to 52% over the last decade.

We have supported researchers to generate new knowledge on the intersection of sex and gender with other axes of inequality that affect access to health services and health outcomes. Investigators in low- and middle-income countries have played a critical role in piloting and applying new research tools on intersectional gender analysis to ensure their relevance for implementers, health programme managers and decision-makers. Further information can be found in our [Intersectional gender research strategy](#).

## Targeted investment

While our work is country-led, TDR draws on many external sources to make sure its work responds to global health needs and priorities. Our secretariat and scientific committees are informed by the strategic plans of our co-sponsors and WHO disease control programmes, global health observatories and close engagement with a wide variety of communities of practice in countries and regions. We focus where TDR's unique, holistic approach can bring the most value. This means that our workplan isn't developed in disease-focused silos, but rather we prioritize our portfolio in line with our strategic direction.

### What do we mean by tools and resources?



We help develop health tools and resources that support the generation and use of evidence to tackle infectious diseases of poverty. These include:

- best practice guidance
- evidence briefs
- policies
- methodologies
- online platforms for networking

# 3. Making an impact

**TDR will continue the successful arrangement of three closely interconnected programmes:**

Research support,

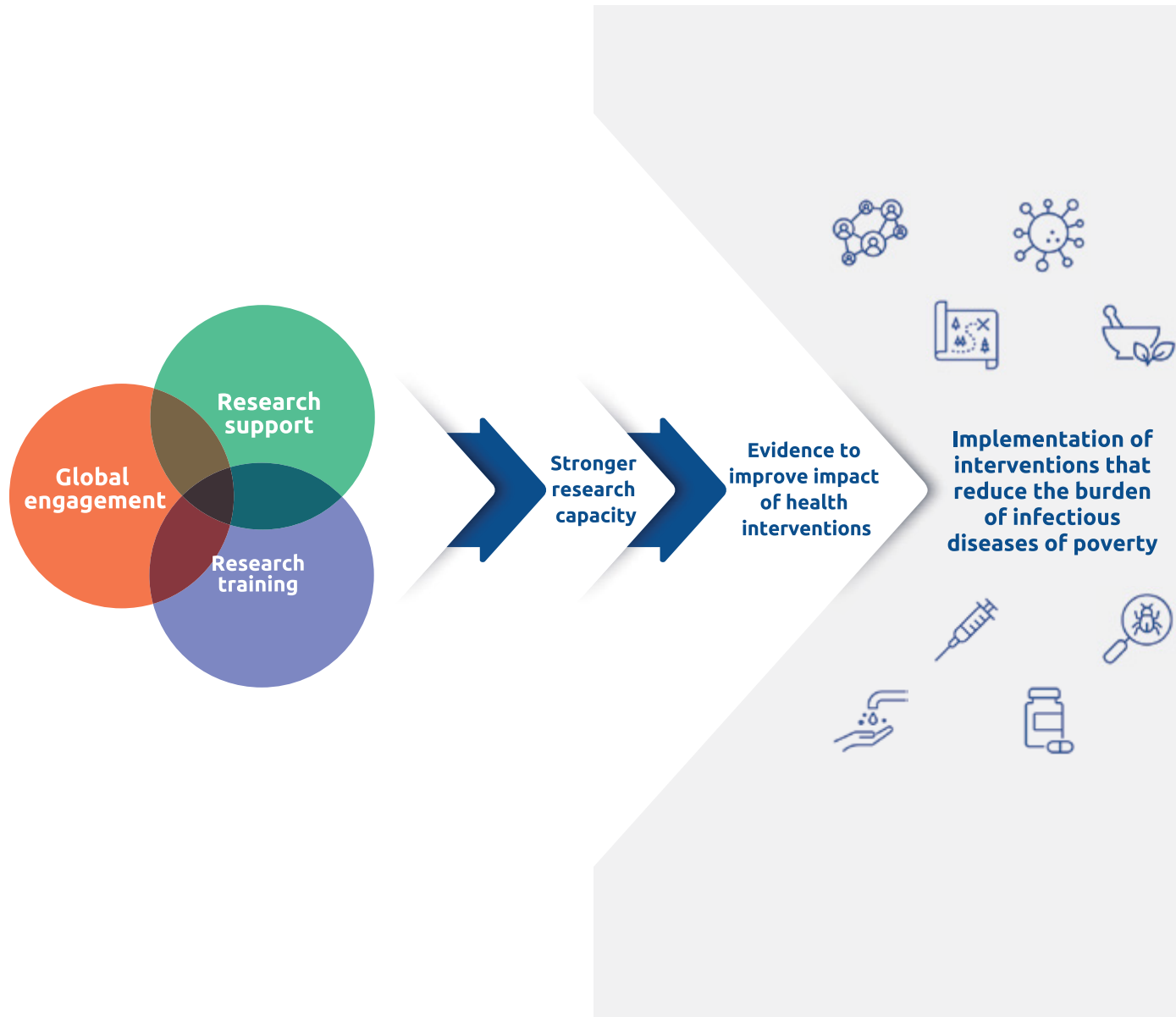
Research training and capacity strengthening and

Global engagement.

This strategy was developed as the world readjusts to the impact of the COVID-19 pandemic. There is an increasing acknowledgement that global health must respond to ongoing poly-crises if we are to reach universal health coverage and achieve the Sustainable Development Goals. COVID-19 has demonstrated the importance of the rapid uptake and use of quality health research and the resilience of national health systems.

TDR will continue to support activities that focus on research that improves our understanding of how health interventions are implemented in real-life situations. High-quality research evidence is essential to make sure that new interventions can be introduced effectively and safely, and proven interventions can be scaled up and deployed to their full potential

Our three closely interconnected strategic approaches - Research support, Research training for capacity strengthening, and Global engagement - feed into a theory of change that carries their outputs towards health impact, as illustrated below.



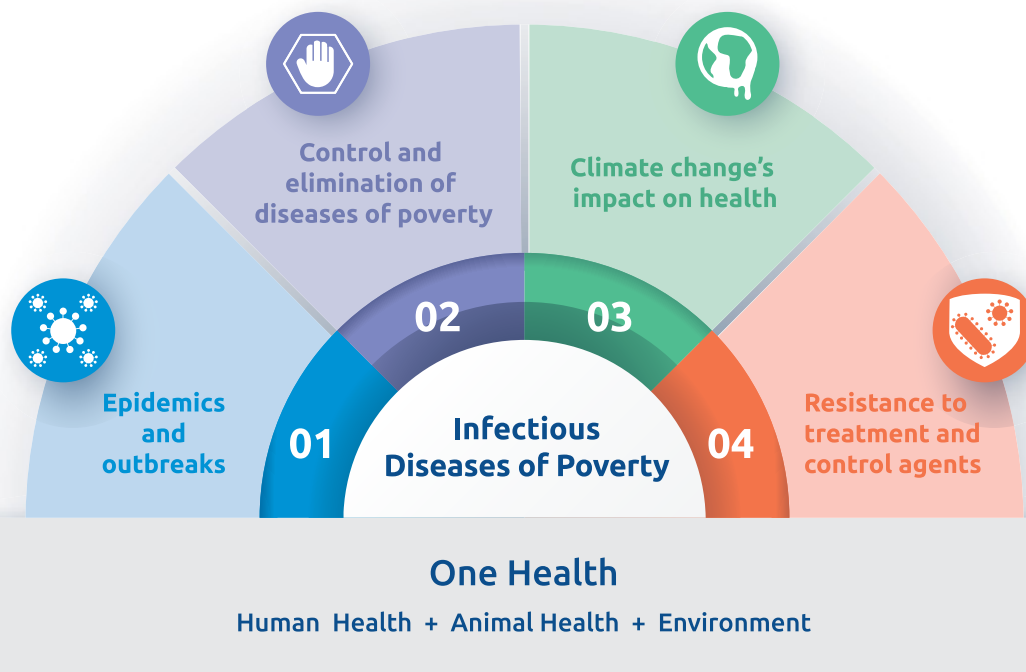
## TDR's Theory of Change



## 3.1 Country-led research for global health challenges

While sticking to our strengths and prioritizing our strategic approaches based on the principles and frameworks discussed in this strategy, we will be proactive in identifying opportunities where our activities can contribute to building country resilience to four important global health challenges:

**TDR will focus on four major global health challenges affecting infectious diseases of poverty using a One Health approach**



## Epidemics and outbreaks

Implementation research is crucial to strategies for prevention, preparedness and response in the face of public health outbreaks and emergencies. The succession of global public health emergencies the world has experienced in recent years is likely to continue, and epidemic threats remain inevitable, with potential for added reversal of public health gains, as witnessed with Ebola, Zika and COVID-19. New and improved tools, approaches and interventions are required to detect and counteract emerging infectious disease threats and population vulnerabilities early. We will support the generation of evidence that strengthens epidemic preparedness and the resilience of health systems to minimize the impact on existing programmes such as established vaccination measures. We will also support research that informs equitable and inclusive health system responses to epidemics and outbreaks, which reach the most vulnerable populations and leave no one behind. This will strengthen health security for all.

### Establishing Early Warning and Response Systems for dengue in Colombia and Thailand



TDR has been establishing and/or strengthening countries' capacities to identify signals of an impending dengue outbreak. This has led to the development of an Early Warning and Response System. We are currently supporting two countries, Colombia and Thailand, which were selected through an open call to evaluate the feasibility and effectiveness of using the system for predicting dengue outbreaks and implementing early response.

## Control and elimination of diseases of poverty

Tuberculosis, malaria and neglected tropical diseases disproportionately affect the poorest and most vulnerable. TDR will support research that leads to integrated, holistic approaches to elimination – reducing the burden of disease and building resilient health systems.

We support work that crosses the disciplines of human, animal and environmental health and promote the importance of applying an intersectional gender lens to infectious disease research.

### Supporting the NTD road map



TDR is committed to supporting the implementation of WHO's road map for neglected tropical diseases 2021–2030. In particular, TDR-supported research on **visceral leishmaniasis** and **onchocerciasis** have contributed to major milestones toward elimination.

## Climate change's impact on health

Climate change and loss of biodiversity affect the epidemiology of infectious diseases - altering drivers of disease, risks to populations and the effectiveness of control programmes. TDR will support research through a One Health approach to better understand these changes and inform adaptation strategies.

### Scaling up the One Health approach



Over the last few years, TDR has been developing and piloting a framework for **operationalizing a One Health approach** to tackling vector-borne diseases in the context of climate change in Africa. TDR, WHO's Department of Control of Neglected Tropical Diseases and the Climate, Health and Environment team at the WHO Regional Office for Africa are now supporting four research teams that are scaling up the implementation of the One Health approach.

The selected projects will contribute to WHO's 2021–2030 road map for neglected tropical diseases, the WHO Regional Office for Africa's 2019–2029 strategic action plan to scale up health and environment Interventions in Africa, and its 2022-2032 updated regional strategy for the management of environmental determinants of human health in the WHO African Region.

## Resistance to treatment and control agents

There is a dynamic interaction between interventions to control and eradicate diseases caused by microbes (bacteria, viruses, fungi, parasites, etc.) and the vectors that often transmit them (mosquitoes, flies, snails, etc.). Over time, resistance to interventions can develop and reduce their effectiveness. Antimicrobial resistance, resistance to antiparasitic diseases and insecticide resistance now all pose significant global threats. TDR will support multisectoral research to inform national action plans and strategies to prevent and combat resistance. We will contribute to research that strengthens resilience through improved surveillance, better risk assessment, enhanced awareness and better understanding of underpinning human behaviour related to the spread of resistance.

### Building systems to tackle antimicrobial resistance



Through SORT IT, TDR has been building sustainable operational research capacity to generate and utilize evidence to tackle the emergence, spread and health impact of antimicrobial resistance in low- and middle-income countries. This involves strong engagement with WHO country offices, antimicrobial resistance committees and SORT IT partners. Research priorities are tailored to national action plans and local needs.

## 3.2 Research support

**We will continue to support and facilitate implementation research to improve access to quality interventions that reduce the burden of infectious diseases on the most vulnerable.**

**This includes:**



**Research for  
delivery and  
access**



**Research for  
innovative  
solutions**



**Research  
for decision-  
making**

TDR will support and facilitate country-led implementation research to improve access to quality services among vulnerable groups. We will close the gap between research and health service practice. Our research will be led by the questions raised by stakeholders, such as frontline workers and development partners, and employ a range of methods and disciplines, depending on the challenge at hand. Our work will take into account context and the interaction of people and environment (both biological and socio-economic) to build resilient systems for health.

### **Embedding systems strengthening in our support for research**



“TDR doesn’t just give grants and wait for reports to come back. It is never a one-time transaction. Over the last eight years, TDR has worked closely with our national TB programme to not only produce research results but to empower us as well. We now feel more in control and bolder in doing research with a stronger, sustainable research system in place. We have also benefited enormously from being part of a regional network that allows us to share and exchange experiences with colleagues in other countries.”

*- Professor Dissou Affolabi, National TB Programme manager, Benin;  
Executive Secretary of the West and Central African Regional Networks  
for TB Control (WARN/CARN-TB)*

## The TDR checklist to identify research priorities

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These criteria allow TDR's portfolio to be responsive to specific country demands and give back the evidence, knowledge and tools – especially to researchers, practitioners and to communities that most need them, thus democratizing research.

Potential initiatives should address the following criteria:



**Local priority leading to effective solutions:**

the research question is identified as important to local stakeholders and the expected results can be translated into feasible and cost-effective solutions.



**Strengthens research capacity:**

the research contributes to the development of skills and capacities of individuals and institutions in low- and middle-income countries to design and undertake research.



**Addresses a global health challenge:**

the work addresses epidemics and outbreaks, control and elimination of diseases of poverty, climate change or resistance to treatment or control agents.



**Applies a multisectoral or One Health lens:**

the research brings together relevant disciplines and sectors in novel and holistic approaches.



**Promotes equity and ethics:**

the research enhances social, economic and gender equity, reaching the most disadvantaged people, including hard-to-reach, mobile, marginalized and stigmatized groups.



**Open science:** data are shared and research outputs are made accessible for policy and practice improvements in ways that are fair to those who conducted the work and the communities where the research took place.



**Value for money:**

the initiative balances economy, efficiency and effectiveness to maximize impact and builds on equitable partnerships.

## Research for delivery and access

### Inform health system practices for effective delivery and equitable access

TDR will support research to understand how new tools, strategies and interventions can deliver improved policy and practice and service delivery in 'real world' settings, with a focus on scale-up and equity.

### Supporting the development of gender-responsive health interventions



TDR is supporting researchers to generate new knowledge on the intersection of sex and gender with other axes of inequality that affect equitable access to health services and health outcomes.

Investigators in low- and middle-income countries have played a critical role in piloting and applying new research tools on intersectional gender analysis that are designed to support implementers, health programme managers and decision-makers.

Further information can be found in our [Intersectional gender research strategy](#).

## Research for innovative solutions

### Filling the gaps in tools, strategies and interventions

TDR will support implementation research that identifies gaps in existing tools, strategies or interventions and facilitates the development or adaptation of innovative solutions. Research will address gaps in treatment, control, elimination and safety monitoring, as well as in surveillance systems and outbreak response. We aim to ensure that low- and middle-income countries benefit from innovative technologies such as the digital tools available in high-income countries.

### The School Guppy Project: A multisectoral socially innovative approach to dengue control in Cambodia



In Cambodia, mosquitoes which can carry dengue virus breed in fresh water collected in containers such as large clay jars used for domestic water storage. TDR supported a study that examined interventions including putting mosquito larvae-eating guppy fish in household water containers, trapping adult mosquitoes, removing mosquito breeding sites near homes and providing community education about dengue, particularly to school children. Stakeholders that participated in the project included the National Malaria and Dengue Control Programme, the Ministry of Health and the Ministry of Education. The School Guppy Project exemplifies TDR's expertise in social science research to enable multisectoral, community-based solutions to improve health.

## Research for decision-making

### Providing data for evidence-based decisions on guidelines and policies

TDR will support research that facilitates the formulation of new guidelines and policies. We will find pathways for the accelerated translation of research into policies and guidance for practice. TDR-supported research will include:

- Addressing last-mile challenges of disease elimination where integration into primary health services is particularly important to sustain gains;
- Developing systems for the prevention, early detection and containment of antimicrobial resistance;
- Conducting situation analyses and systematic reviews; and
- Maximizing the utilization of data for public health decision-making, including strengthening researchers' capacity to communicate their findings.

### Evidence for guidelines and country policies to eliminate onchocerciasis



In 2018, U.S. regulators approved **moxidectin** as the first new treatment for onchocerciasis in 20 years. This was the result of **two decades of collaboration** between TDR, researchers in onchocerciasis endemic and other countries, WHO country offices and the not-for-profit biopharmaceutical company **Medicines Development for Global Health**.

We are currently supporting the generation of data to inform WHO guidelines and country policies on implementation of moxidectin.

## 3.3 Research training for capacity strengthening

A growing demand for implementation research training inspired TDR to develop a range of training options in collaboration with research partners in low- and middle-income countries. We aim to strengthen the capacity of people, institutions and societies to produce research evidence that is useful for reducing the burden of infectious diseases of poverty. Partner universities and training institutions in low- and middle-income countries are critical to jointly achieving this goal.



### **An innovative training model**

"TDR has revolutionized research capacity building by co-creating training models with institutions in low- and middle-income countries and identifying the best training partners through a competitive selection process. We are seeing a snowball effect where we, as a training hub in South-East Asia, have enabled other institutions in the region to access and offer TDR's gold standard research training tools. We are also learning from our counterparts in other regions of the world, where materials are adapted to different contexts and audiences. Together with TDR, we are building a global community of practice in implementation research, which inspires me every day."

*- Dr Yodi Mahendradhata, Dean of the Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada, Indonesia*

From short training courses implemented by Regional Training Centres, to fully accredited programmes in the TDR Postgraduate Training Scheme, developed in partnership with eight universities, this training goes beyond academic researchers and includes those working in the community and in implementation programmes, as well as decision- and policy-makers.

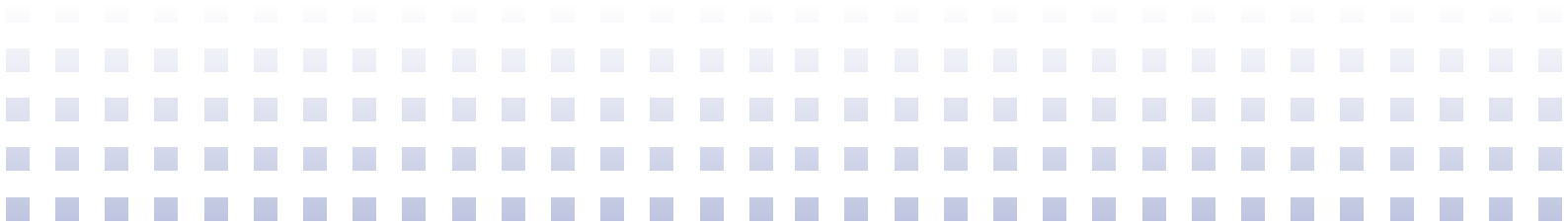


## Strengthening institutional capacity to deliver research training

In addition to strengthening research capacity of individual researchers, TDR is committed to building the capacity of research institutions in low- and middle-income countries that develop and disseminate implementation research training materials to health professionals and researchers. TDR will continue to strengthen the capacity of training institutions by:

- Supporting the Postgraduate Training Scheme and Regional Training Centres
- Developing regional networks of training institutions
- Strengthening links between learners and local institutions through information sharing on trainings on implementation research or other health policy and systems research (through the TDR Global platform and activities)

Over time, TDR has moved most of its training to institutions in low- and middle-income countries. This not only sets the training in an appropriate context, it allows the institutions to build strength and sustainability beyond TDR-sponsored students. Train-the-trainer workshops also allow for the adaptation of TDR's training materials to address region- and country-specific needs and networking among institutions.



## Regional Training Centres directly supported by TDR



## Our approaches to training

We aim to strengthen research capacity and to create health research leaders in low- and middle-income countries using the following training approaches:



### TDR's Research Training Approaches

Flagship IR training courses  
(E.g. MOOC, IR toolkit)

Postgraduate  
Training Scheme

Clinical Research  
Leadership programme

Structured Operational  
Research and Training  
Initiative (SORT IT)

Social Innovation in  
Health Initiative



### Target Audiences

Open to all

Postgraduates in LMICs

Early- to mid-career  
researchers in LMICs

Frontline workers in health,  
environment and agriculture;  
policy makers; academics

Communities, social  
innovators, health workers,  
policy-makers



### Main Outputs

Raised awareness  
on importance of IR

MSc postgraduates in IR,  
leaders in IR

Leaders in  
clinical research

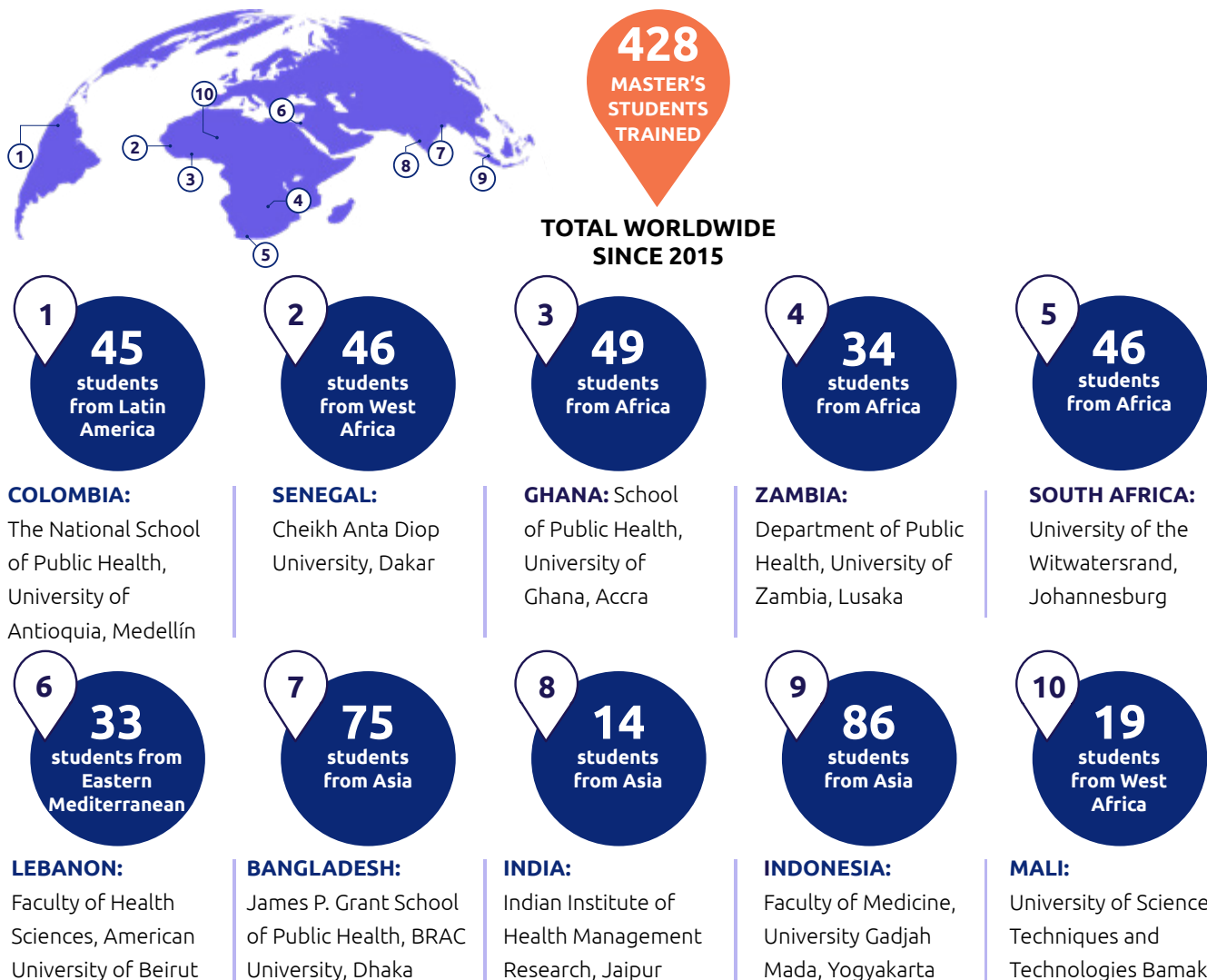
Published research –  
translated into action

Improved delivery and  
access to health services

- **Flagship implementation research training courses** - Over the years, TDR, in collaboration with partners, has developed a suite of flagship training courses relevant to implementation research, aimed at improving access to, and delivery of, public health strategies and interventions. The objective and target audience for each course are detailed below. These courses are co-developed, managed and disseminated by Regional Training Centres that have been identified as leading research and training organizations through a competitive selection process. Many have been produced in multiple languages, benefitting thousands of scientists across the world.

| Massive Open Online Course (MOOC) on IR                                                                                                                                                                                | Ethics in IR                                                                                                                                                                                             | IR Toolkit                                                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <b>Objective</b><br>To provide introduction to all concepts and principles in IR                                                     |  <b>Objective</b><br>To provide training on the important ethical considerations in IR                                  |  <b>Objective</b><br>To develop a strong IR project proposal and a plan for implementing the project                                  |
|  <b>Audience</b> <ul style="list-style-type: none"> <li>• Researchers</li> <li>• Implementers</li> <li>• Public officials</li> </ul> |  <b>Audience</b> <ul style="list-style-type: none"> <li>• Researchers</li> <li>• Research ethics committees</li> </ul> |  <b>Audience</b> <ul style="list-style-type: none"> <li>• Researchers</li> <li>• Implementers</li> <li>• Public officials</li> </ul> |
|                                                                                                                                      |                                                                                                                       |                                                                                                                                     |

- **The Postgraduate Training Scheme** – This scheme provides a full academic scholarship for master's degree training focused on implementation research, in collaboration with competitively selected universities located in low- and middle- income countries. The scheme has built cadres of skilled professionals in infectious diseases of poverty across Africa, Asia and Latin America who have become influential figures in research and public health. The partner universities have also collaborated to co-develop a standardized curriculum on implementation research.



- **Clinical Research Leadership programme** - Complementing our training programmes focused on implementation research, TDR's Clinical Research Leadership programme aims to develop internationally recognized clinical research leaders in low- and middle-income countries. The programme builds on the success of the Clinical Research and Development Fellowship programme, which ran between 1998 and 2021, developing some outstanding leaders in their field.

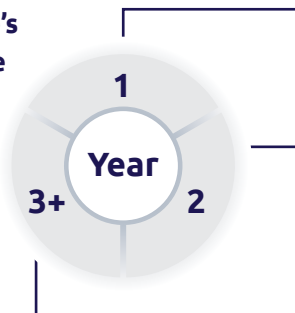
## The Clinical Research Leadership programme: Developing leadership in clinical research in low- and middle-income countries



**LYDA OSORIO**

- Former TDR fellow who advised the state government of Valle del Cauca in Colombia on COVID-19 response strategies and public outreach
- Described by Colombia's *El País* newspaper as "one of the people who knows the most about the behavior of the coronavirus in Cali"

**Fellowship  
programme's  
3-year cycle**



### **Selection through open and transparent selection process**

Flexible placement of 60 fellows

### **Placement of fellows at Training Partner Organizations**

6- to 12-month assignment at a pharmaceutical company, product development partnership or research institution

### **Post-fellowship capacity building activities**

Reintegration plan + research project at home institution

Networking activities (alumni meetings and community website for alumni)

- **The Structured Operational Research and Training Initiative (SORT IT)** – SORT IT is a global partnership coordinated by TDR and implemented in low- and middle-income countries. SORT IT supports countries and institutions to conduct operational research on national priorities, build sustainable operational research capacity and make evidence-informed decisions for improving programme performance. It targets implementers using their own routinely collected data to solve problems they face and improve the programmes they manage.

## Strengthening research communication skills to tackle antimicrobial resistance in Sierra Leone



Recently, TDR and SORT IT partners developed a new **training module on research communication** to bridge the gap between researchers and decision-makers. Amara Leno applied this training to communicate findings from his study on antimicrobial use in livestock in Sierra Leone. The study documented incomplete reporting and insufficient resources to collect surveillance data. After being presented with these findings, the Ministry of Livestock and the Food and Agriculture Organization mandated country-wide weekly reporting, conducted trainings on data collection and provided computer tablets and motorbikes to livestock officers. A year later a second study assessed the impact of these actions and found the percentage of districts reporting data increased from 3% to 100%, and report completeness from 1% to 88%.

- **Strengthening capacity in communities outside academia** - We will work at the forefront of democratizing research and building local capacity for communities and social innovators so that they engage and directly contribute to open science, while maximizing the impact of grassroots innovations. We will do this through innovative hubs that bring together communities and their innovators with academia, governments, funders and entrepreneurs. Research skills will help the innovators evaluate and scale up their programmes to reach their full potential.

## Implementation research on social innovation improves access to health services in rural Malawi



SOCIAL  
INNOVATION  
IN HEALTH  
INITIATIVE

### CHALLENGE:

In remote and rural communities, distance often prevents people from seeking health care when they need it.

### SOLUTION:

Health Centre by Phone - a toll-free hotline where callers can speak with trained health workers.

### EVIDENCE TO POLICY IMPACT:

Evidence from research on Health Centre by Phone prompted Malawi's Ministry of Health to finance and integrate the innovation in the health system.

- **Fostering mentorship and collaborative science** - We will take advantage of the wealth of expertise in our global community of trainees, grantees and experts to bridge the generational gap and ensure that young scientists can build on the wealth of knowledge and wisdom of their experienced colleagues. Using the TDR Global platform, we will promote and support career development that nurtures research impact, by leveraging recognized expertise in our networks to strengthen individual scientists and institutional capacity, while also addressing important aspects of equity in health and education.

## Our inclusive, gender-responsive approach to capacity strengthening

TDR is committed to equality, diversity and inclusivity in science as essential approaches to achieving universal health coverage. We encourage researchers to participate in our training programmes, irrespective of gender identity, sexual orientation, ethnicity, religious, cultural and social backgrounds, or (dis)ability status. For our Clinical Research Leadership programme, a flexible placement can be arranged for candidates with young families, including a mix of remote and on-site training at the home institution with intensive and well-structured mentoring. In addition, to support women with professional and personal challenges linked to this fellowship and how to overcome them, TDR has made previous women fellows available as mentors. Following efforts to encourage more applications from women, in the 2020–2021 application round, 55% of the selected fellows were women.

## 3.4 Global engagement

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



### Shaping research priorities and systems

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

- Maintaining a governance system that brings together the disease-affected countries and the research funders for joint decision-making and complementarity in programme development.
- Engaging with relevant stakeholders, including WHO disease control programmes and other implementers, to identify demand-driven research priorities and develop research strategies through specific impact grants.
- Developing multisectoral and multidisciplinary research approaches, including research on social and other innovations in response to regional and local priorities.

- Strengthening the research system by developing in-country tools to support the financing of research and by working with all stakeholders to develop and promote best practices in research management, standard methodologies and approaches to monitoring and evaluation of impact.
- Facilitating equitable open innovation through, for example, platforms to share and analyse research data in line with the **FAIR** principles and research tools and open access to research literature.
- Promoting research ethics and research integrity and strengthening local capacity for community participation in ethics oversight.
- Promoting equitable research partnerships that empower research institutions in low- and middle-income countries.

## TDR promotes open science



- Active member of the coalition for open access – cOAlition S
- Supports researchers on FAIR data sharing
- Produced a new WHO policy and guidance document for sharing research data
- Chairs Data Access Committees on malaria, Ebola, COVID-19
- Part of the COVID-19 Clinical Research Coalition

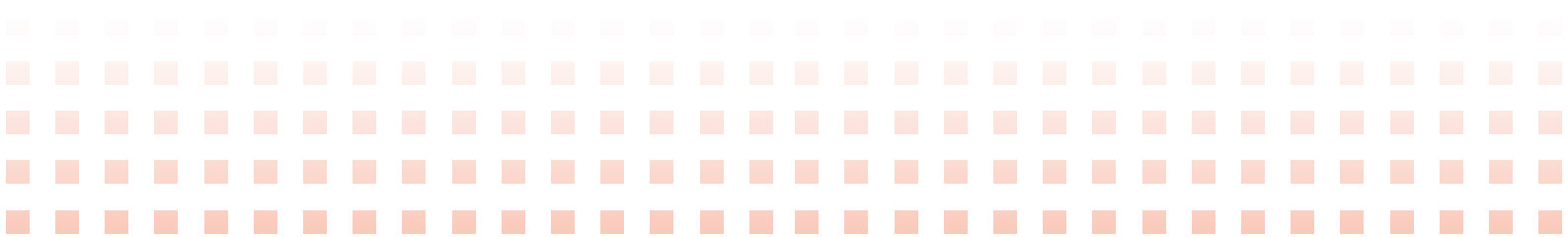


## Research uptake and use

Enabling the new evidence that is generated from research projects to reach the decision-makers and the populations they serve so that changes in behaviour and policies are informed by the best available evidence. This includes integrating research within health systems by engaging key stakeholders including decision-makers early in the research process and effective communication of research findings.

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

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



## Addressing gender and other social determinants of health

Social determinants of health such as gender influence a person's risks from exposure and vulnerability to disease. These influence a person's susceptibility to different health conditions, their access to, and uptake of, health services and the health outcomes they experience. We will strengthen gender-responsive efforts in research on infectious diseases by:

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



### **TDR Global: A network of passionate alumni**

"My 42-year affiliation with TDR has made many things possible in improving the lives of women and girls in rural parts of sub-Saharan Africa suffering from river blindness. TDR has provided funding, guidance, networking opportunities and training on social sciences and anthropology that have been instrumental throughout my career."

*- Dr Uche Amazigo, CEO, Pan-African Community Initiative on Education and Health*



# 4. Partnerships and governance

TDR's work is made possible by strong and inclusive governance. The Joint Coordinating Board oversees TDR's work and is made up of governments and institutions of disease-affected countries, UN co-sponsors, development partners and other global stakeholders. This is complemented by the managerial and financial oversight of the Standing Committee. Scientific oversight is provided by the Scientific and Technical Advisory Committee.

The implementation of our new strategy relies heavily on how we partner with stakeholders. Our core work is supported by programme funding from our long-term contributors, and specific project funding is sought to build off this to expand the scope or deepen the impact. We will provide opportunities for a range of actors to work together.

As a Special Programme based at WHO headquarters, we will continue to work closely with many WHO departments, the six WHO regional offices and other research entities in Geneva. 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 Sustainable Development Goals. For example, we will continue to work with UNICEF on common approaches to children affected by poverty-related diseases, such as malaria and tuberculosis; with UNDP, we will work to increase access to new products by engaging

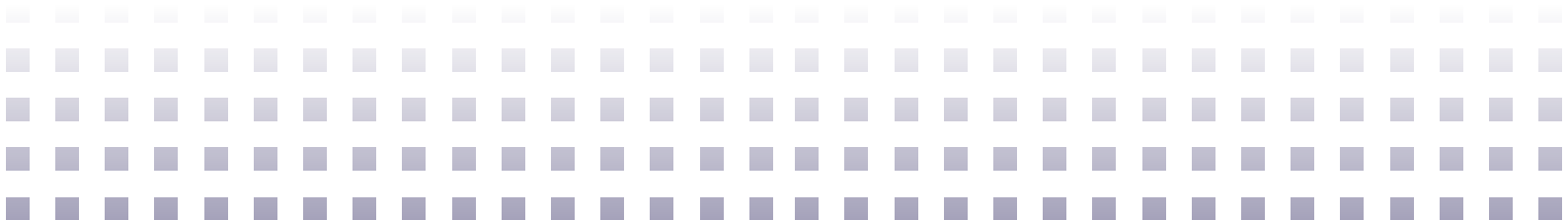
various stakeholders in countries and strengthening national capacities; and the World Bank's agenda of increased health system resilience provides an opportunity for us to work together on implementation issues specific to country needs.

In this strategy, our work will be tackling more complex issues that require different relationships with a variety of organizations. Areas such as One Health call for engagement with organizations such as the World Organization for Animal Health, the Food and Agriculture Organization and the UN Environment Programme. Health systems resilience will be built through relationships with a range of research management associations, as well as partnerships for Universal Health Coverage and primary healthcare and the ESSENCE on Health Research initiative.

We will also continue to work hand in hand with product development partnerships such as the Drugs for Neglected Diseases *initiative*, and global organizations like the Global Fund to Fight AIDS, Tuberculosis and Malaria and GAVI, the Vaccine Alliance, to provide them with the evidence they need to implement the roll-out of new products and tools.

We will work to increase our impact by putting out joint grant calls such as with the European and Developing Countries Clinical Trials Partnership, the Coalition for Epidemic Preparedness Innovations, GLOpidR, the Global Health Innovative Technology Fund and others.

We will also work with regional bodies such as Africa Centers for Disease Control and Prevention, the West African Health Organization, Eastern and Southern Africa Health Community, Oswaldo Cruz Foundation of Brazil, African Academy of Sciences, regional research and innovation management associations in Asia, Africa, Europe and the Americas, as well as the newly established Science for Africa Foundation.



# 5. Managing for success



Successful implementation of the Strategy will require sufficient resources. To secure these, we will develop fundraising strategies to maintain financing throughout the life of the Strategy and its implementation.

We will work to achieve the best possible impact for the communities with whom we engage, while demonstrating focus and value for money to those who fund our programmes. We pride ourselves that TDR's lean organization is able to anticipate change and design appropriate responses based on strong systems and careful management. Solid business and management practices at all levels of our operations, in addition to adherence to WHO rules and regulations and international standards, 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

- Value diversity and inclusiveness
- Communicate and openly share knowledge
- Nurture a motivating and conducive environment.

This six-year Strategy will cover three biennial workplans. Each of them will have clear and specific strategic goals, indicators, targets and deliverables, approved by our governance, which includes representation from countries in which we work. Progress will be measured against the agreed set of ambitious yet achievable indicators, overseen by our governance. We implement our projects in partnership with principal investigators in low- and middle-income countries. Our work is supported by a totally integrative online platform that covers everything from strategic planning to project and grant management and progress monitoring, ensuring transparency, accountability and traceability.

## Monitoring and evaluating our impact

The success of this Strategy will depend on a robust monitoring and evaluation plan. Measuring success through a participatory approach will be guided by a Performance Framework established in agreement with TDR's stakeholders. This framework provides indicators and targets that reflect TDR's contribution to global health and the Sustainable Development Goals. The monitoring and evaluation plan aligns with TDR's partnership working model, including early and continuous engagement with countries and stakeholders. The framework will be used to continually improve processes and results, in order to maximize the impact and sustainability of the outcomes. Learning from success and failure will continue to be embedded in the organizational culture in order to continuously improve performance.

# 6. 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. TDR would like to thank all donors and provide recognition here to TDR's top funders in the last five years, listed in order of their level of contribution.









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