

Research and Training in Tropical Diseases (TDR)

Bank Contact: Responsible Sector and Bank Unit: Recipient Agency: Web Address:	Ok Pannenberg / 202-473-4415 AFTHD World Health Organization http://www.who.int/tdr
Financial Arrangements for FY09 (Amount in US \$ Million)	
Total Budget: DGF Funding Request: DGF Percentage:	39.00 1.90 5%
Objectives and Expected Outcomes	
<p>The UNICEF/UNDP/World Bank/WHO Program for Research and Training in Tropical Diseases (TDR) was started in 1975-76 with the two-fold objective of research and development of new and improved tools for the control of major tropical and neglected diseases and the strengthening of national research capabilities in countries where these diseases are endemic. The main diseases covered were: leprosy, leishmaniasis, schistosomiasis, human African trypanosomiasis, Chagas' disease, lymphatic filariasis and onchocerciasis, and malaria. TDR supports over one hundred TDR medical research institutes in IBRD and IDA countries and as such can be compared to the CGIAR for agricultural research, albeit at a smaller scale. In order to maintain its leading position in the research and development (R & D) of new technology and the training of researchers from disease-endemic countries, a new strategic vision (2007) promotes closer interaction with health systems and disease control programs, capacity strengthening, and full utilization of scientific and technological advances in the biomedical, social and information sciences. As such TDR has repositioned itself to be more closely aligned to poverty alleviation and to play a larger global role in terms of 'stewardship' of global health research priorities for needy populations and neglected diseases and in the 'empowerment' of such research leadership of the disease-endemic countries themselves.</p> <p>The vision of TDR is to 'foster an effective global research effort on infectious diseases of poverty in which disease endemic countries play a pivotal role'. It has three top level objectives and outcomes to which it makes a global contribution:</p> <p>(i) Harmonization of global research efforts through exercising stewardship based on knowledge management and stakeholder consultation; (ii) Disease endemic country leadership in health research through focused capacity building and empowerment; (iii) Enhanced access to superior interventions through supporting research on neglected priority areas.</p>	
Main Components	
<p>To effectively deliver on its strategy TDR has restructured to cover three functional areas that incorporate eleven (11) business lines as follows: 1. <u>Stewardship</u>. Stewardship constitutes a major new role as facilitator and knowledge manager to: (a) provide a neutral platform for partners to discuss and harmonize their research activities; (b) provide up-to-date analysis and an online information service on global research needs, activities and progress; (c) facilitate the identification of evidence-based research priorities through a process in which disease endemic countries play a leading role and that specifically addresses gender issues; (d) advocate for research on infectious diseases of the poor; and (e) help focus the global research effort on priority needs in disease endemic countries. 2. <u>Empowerment</u>. Empowerment of researchers and public health professionals from disease endemic countries, moving beyond traditional research training to build leadership at individual, institutional and national levels so disease endemic countries can better initiate and lead research activities, develop a stronger presence in international health research and effectively use research results to inform policy and practitioners. 3. <u>Lead discovery for drugs</u>; 4. <u>Innovation for product development in disease endemic countries</u>; 5. <u>Innovative vector control interventions</u>; 6. <u>Drug development and evaluation for helminths and other neglected tropical diseases</u>; 7. <u>Accessible quality assured diagnostics</u>; 8. <u>Evidence for treatment policy of HIV and TB co-infection</u>; 9. <u>Evidence for antimalarial policy and access</u>; 10. <u>Visceral leishmaniasis elimination</u>; 11. <u>Integrated community-based interventions</u>.</p>	

Performance Indicators

Preliminary indicators have been developed to address progress, outcome and impact of strategic functions and business lines, managerial and administrative efficiency and the mainstreaming of key cross-cutting issues such as gender. Further work is ongoing to refine these indicators. Long-term impact measurement. In five years time (2012), the three long-term overall impact dimensions that TDR would be evaluated on are: (i) Harmonization of global research efforts; (ii) Disease endemic country leadership in health research; and (iii) Enhanced access to superior interventions. Interim impact measurement. The interim impact created by TDR will be measured annually using fifteen quantitative monitoring metrics. There are three monitoring metrics for each of the strategic functions of Stewardship (1) and Empowerment (2), plus nine for the strategic function of Research on Neglected Priorities (3) - three for each of the sub-functions of: foster innovation for product discovery and development (3a), foster research on development and evaluation of interventions in real life settings (3b), and foster implementation research for access to interventions (3c). The proposed metrics for monitoring these supporting impact dimensions are outlined as a "dashboard of indicators".

Progress and Achievements

Achievements include the following: (i) Implementation research focusing on community engagement in health care delivery has continued to reap dividends. This biennium, large multi-country studies have demonstrated that community directed interventions in Africa can be expanded to cover the co-implementation of up to five interventions, including notably home management of malaria and bednet distribution. Through APOC's community-based infrastructure there is potential for rapid scale up to impact on 60 million people in sub-Saharan Africa. (ii) WHO/TDR has developed 'pre-competitive' innovation networks for drug discovery involving academia and industry from both developed and developing countries. These are beginning to feed new drug discovery projects for neglected diseases. The model has significant value for discussions associated with the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property. (iii) Guidelines from a diagnostics evaluation expert panel addressing point of care diagnostic tests in primary healthcare settings have highlighted the need for quality assured diagnostics. The main impact of this research to date has been in the area of congenital syphilis, but in the coming biennium it is anticipated it will also impact on other diseases. (iv) Increased WHO regional level engagement in research has resulted in several high level regional and inter-regional discussions on health research in which communicable diseases research has been prominent. TDR's Joint Coordinating Board approved the Special Programme's ground-breaking 10 year strategy with the vision: 'To foster an effective global effort on infectious diseases of poverty in which developing countries play a pivotal role'. This followed an external review and extensive stakeholder consultation.

Partners

UNICEF, UNDP, WHO, official bilateral donors, corporations, foundations etc.

Governance and Management

TDR is independently governed by three bodies: the **Joint Coordinating Board (JCB)**, the **Standing Committee (SC)**, and the **Scientific and Technical Advisory Committee (STAC)**. The JCB is made up of thirty-four members, which include representatives from twenty-four governments, the four cosponsoring agencies, and other cooperating parties. The Standing Committee consists of the four cosponsors: the Bank, UNDP, UNICEF and WHO, as well as the chairperson of the JCB and STAC. The STAC consists of 21 of the world's leading health scientists selected on the basis of their professional and scientific expertise in the endemic countries concerned and the relevant research community. TDR is housed in WHO in Geneva.

Exit Strategy

With the new emphasis on the need for new and more effective interventions for the MDGs and the acceleration demanded by the Bank and its shareholders to reach them by 2015, TDR has entered into several new areas and needs sustained partnership support from the Bank in the long run and as such will need to be maintained under Window One. The latest independent evaluation completed in 2006 resulted in TDR's new strategy & business plan and this has been endorsed by the Joint Coordinating Board in 2007.