Report of the 37th Meeting of the TDR Scientific and Technical Advisory Committee – STAC37

Geneva, 18-19 March 2015

Introduction

The thirty-seventh meeting of the Scientific and Technical Advisory Committee (STAC) of the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) took place at WHO headquarters in Geneva on 18 and 19 March 2015. The meeting was chaired by incoming Chair STAC, Professor Charles Mgome, and attended by all STAC members, except Professor Frank Nyonator and Dr Ana Rabello, who sent their apologies. The Chair of the Joint Coordinating Board (JCB), Professor Hannah Akuffo, together with representatives of departments at WHO headquarters and the TDR secretariat, also attended the meeting.

Summary of proceedings

Opening of the meeting

Key messages

Professor Charles Mgome, Chair STAC, called the meeting to order and requested Dr Hiroki Nakatani, Assistant Director-General, HIV/AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases (HTM) Cluster and TDR Special Programme Coordinator, to formerly open STAC37. Dr Nakatani welcomed STAC members and acknowledged their significant contribution to the work of TDR. He mentioned that the Ebola outbreak of 2014 showed that there is still a lot to be done globally to address the issue of research into neglected diseases of poverty. He gave his wishes for a productive meeting.

Professor John Reeder, Director, TDR, highlighted the overall focus of the meeting on informing the scientific and technical priorities in preparing the work that will be done in 2016-2017.

All participants were invited to introduce themselves.
AGENDA ITEM 1 – Introductions, adoption of the agenda and role of STAC

Statutory business

Professor Reeder introduced Professor Charles Mgome, Executive Director of the European & Developing Countries Clinical Trials Partnership (EDCTP), who was appointed Chair of STAC for the next two years.

Professor Mgome, Chair of STAC37, invited members to provide good scientific advice that can move TDR’s portfolio of projects forward. He reminded STAC members of their role: to advise on planning and implementation, and to give guidance on prioritization within TDR.

A call was issued for any conflicts of interest. Dr Ikram Guizani declared that Institut Pasteur de Tunis, where she works, had recently been selected through an open call as the regional training centre in the WHO Eastern Mediterranean Region but that this would have no influence on issues which would compromise her position on STAC.

Decisions:

• Dr Xiao-Nong Zhou was appointed Rapporteur of STAC37.
• STAC adopted the agenda as proposed.
• Declarations of interests were accepted as presented to the Secretariat with no conflicts foreseen.

AGENDA ITEM 2 - Message from the Chair, TDR Joint Coordinating Board (JCB)

Key messages

• Professor Hannah Akuffo, Chair JCB, mentioned the importance of STAC’s role in supporting TDR’s secretariat and JCB’s work.
• Professor Akuffo presented highlights from the JCB meeting in 2014 which noted the financially stable position of the Programme thanks to its reorganization, refocused strategy and improvement in processes and controls.
• The emphasis on improving work in partnership according to the new working model has been noted and commended.
• The increasing emphasis on working towards gender equity in a systematic way was also commended.
• Regarding TDR’s work on the Pooled Health R&D Fund (commonly known as follow-up to the CEWG), as stated previously by the JCB, this should be implemented with additional resources and separately so that it does not impact on the good work that is currently being done. The existing governance arrangements for TDR should be used to administer the Fund, under the aegis of the JCB.
AGENDA ITEM 3 – Follow-up on STAC36 recommendations

- Dr Aslanyan presented an overview of the follow-up on recommendations from previous STAC meetings.
- To address the greater emphasis on gender equity issues, TDR is using a multi-pronged approach. A working group was created. As STAC and SWG memberships come to term, replacements will be sought that would bring the proportion of women in advisory roles even closer to the 50% target. As a first step to developing an adapted agenda for more women being awarded research grants, a call was issued to look into issues that women researchers encounter during their career. The call is being managed as a “One TDR” activity.
- There has been further emphasis on research ethics through collaborations with WHO ethics unit (on implementation research ethics, and on supporting review of Ebola drugs and vaccines studies). In addition, TDR leveraged significant resources working with two networks TDR had created 15 years ago (SIDCER and FERCAP) on improving patient protection and on evaluating ethics review committees for continuous improvement.
- TDR has had a number of collaborative projects with WHO disease control programmes, increasing the interaction and alignment between the research and the disease control components.
- Work in collaboration with WHO regional offices and TDR Regional Training Centres has accelerated through various projects such as full scale launch of the small grants scheme and diversification of the courses disseminated by the training centres.

AGENDA ITEM 4 - Director’s Report

Key messages

- Professor Reeder acknowledged with thanks all financial contributors who provided support to TDR in 2014.
- His presentation contained a high-level overview of progress made in 2014. In line with TDR’s Results Chain, the Programme’s activities aim at a positive impact on reducing the burden of infectious diseases of poverty around the world.
- TDR achievements ranged from enhancing research capacity in countries to evaluating the impact of WHO policies in countries and to innovative research providing evidence for disease intervention and control. Some examples were shown in more detail:
  - A number of projects are done in collaboration with external organizations, as well as jointly with WHO regions, the Regional Training Centres and WHO disease control programmes. These interactions have improved quantitatively and qualitatively and TDR is looking at continuing these kinds of collaboration.
  - TDR has reinvigorated the Regional Training Centres and has recently selected two new ones, one in the WHO African region and the other in the Eastern Mediterranean region, so that now each WHO region has one training centre supported by TDR.
  - TDR worked with the WHO ethics unit to define the needs for ethics oversight in operational and implementation research, a project that is ongoing. Existing networks established by TDR were supported in 2014 to evaluate the quality of their research ethics review and oversight work and to innovate in improving the informed consent process.
• Work on gender equity and research ethics accelerated in 2014 through the establishment of a TDR working group on gender equity and the launch of a call to identify models that may help women researchers develop their careers.

• The Strategic Development Fund allowed a number of innovative initiatives to start, leveraging resources from partner organizations and allowing projects to be implemented without taking a big toll on staff time. The areas involved addressed core values such as gender equity and research ethics, capacity strengthening and innovative research.

• The African Network for Drugs and Diagnostics Innovation (ANDI) was fully transferred to Addis Ababa and is now hosted by UNOPS.

• TDR attracted new talent in 2014 to replace outgoing staff members and also allowed staff members to grow and develop their careers through its new staff development programme.

• The financial implementation rate showed a slow start in 2014 with around 35% of the biennial funds being implemented. TDR is actively managing the issue of the level of disbursement and is using specific tools in order to increase implementation in 2015.

• Professor Reeder explained the strategic approach to the 2016-2017 budget and workplan, reflecting two scenarios (as per JCB endorsement). The US$ 45 million scenario is the starting scenario, based on a conservative income forecast of around US$ 46.7 million. Moving to the next level of US$ 55 million will be done incrementally if new funding, which is unknown today, is received; the work plan must be ready to be implemented.

• Director TDR presented some highlights of the 2016-2017 workplan, with projects that are continuing from 2015 as well as new projects, some of which are evolving from initiatives funded from the Strategic Development Fund in 2014 and 2015.

• An external review of the Programme is in the initial planning phase and will take place in 2016, aiming to provide input into a new strategy from 2018.

Discussion points:

• TDR’s contribution to the Ebola outbreak response has been significant. While implementing the approved workplan, substantial staff time and effort was affected to working on Ebola. One staff was sent to the field for three months, another worked on designing and preparing clinical trials for Ebola, while a third worked extensively on WHO’s ethics research committee to review Ebola trials. Administrative support was also provided. TDR not being an emergency response programme, the focus will continue to be on building country capacity in responding to outbreaks; work that is ongoing in partnership with EDCTP and MRC, and potentially with other partners.

• It was suggested that work on research ethics be expanded to build further capacity in Latin America as well as collaborations with other networks from that region. The discussion pointed to the fact that TDR’s projects with SIDCER (the Strategic Initiative for Developing Capacity in Ethical Review created by TDR in 2001) were a low-hanging fruit which could leverage resources for innovative approaches that the global network is already developing. The two projects span three WHO regions. TDR aims at expanding the work on research ethics through supporting sustainable initiatives elsewhere that do not become dependent on TDR funds in the long run.

Decision:

• STAC endorsed the Director’s report.
AGENDA ITEM 5 – Programme finance and performance overview

Preliminary financial report for 2014 and outlook for 2016-2017. Progress made against TDR key performance indicators and progress on the implementation of TDR risk management plan – presented by Dr Beatrice Halpaap, TDR Portfolio and Programme Manager

Key messages:

• Preliminary financial report for 2014 and outlook for 2016-2017
  ▪ The financial position of TDR is sound and income is materializing as planned.
  ▪ The forecast for the remainder of the biennium is in line with expectations. Planned costs have been revised and financial targets set in line with the revised forecasted income.
  ▪ Although implementation started with the US$ 50 million scenario in January 2014, it was scaled up to US$ 55 million in line with strong evidence of increased income.
  ▪ Financial implementation in 2014 was 35%, or US$ 19.1M, as compared to the planned cost of US$ 55 million for the entire biennium.
  ▪ Disaggregated data was presented by unit and also by separating direct activities from personnel and support cost.
  ▪ Optimization of implementation is supported by planning and monitoring sessions, portfolio review and close monitoring of high-risk projects at team level and by TDR’s senior management group.
  ▪ Preparing the 2016-2017 workplan: TDR is forecasting a conservative US$ 46.7 million budget which will allow implementation to begin with the US$ 45 million budget scenario and then scale up towards the US$ 55 million scenario as more funds become available. This is in line with the recommendations of the Standing Committee.
  ▪ The budget allocation in 2016-17 shows around 80% of funds going to operations and 20% to operations support (figures inclusive of personnel cost).

• Progress made against TDR key performance indicators
  ▪ Dr Halpaap presented progress on the key performance indicators that TDR is measuring. The majority of technical expected results are on track to deliver as planned.
  ▪ Dr Halpaap presented progress on core values indicators. The leadership role of disease endemic countries (DECs) is reflected in the proportion of advisors from and of funds awarded to DECs, which has remained high. There was noticeable improvement in 2014 in indicators reflecting equity (proportion of women as first authors of TDR-supported publications, proportion of publications in open/free access, etc.). The number of women first authors of TDR-supported publications increased to 47% in 2014. There is more work to be done on the amounts (in monetary terms) granted to women, which are lower on average than those granted to men.
  ▪ Project site audits for financial implementation are being planned for 2015 and selection of an audit firm is ongoing.
  ▪ Preparing for the Programme’s external review in 2016, which will inform the future strategy as well as provide advice on improving the processes and systems of TDR.
• Progress on the implementation of TDR’s risk management plan
  ▪ Risk management in TDR is done in a systematic way in line with the existing policy.
  ▪ Three additional risks at the Programme level were added in 2014 which relate to:
    - WHO budget ceiling being set low for TDR’s 2014-2015 biennium budget
    - Hosting a pooled funding mechanism for R&D for neglected diseases
    - Impact of the WHO staff mobility policy on TDR

Discussion points and questions:
• Mitigation of the risk of countries not translating research into practice is not under the full control of TDR, yet the Programme can influence research uptake by engaging users from the start of a project.
• TDR is endeavoursing to keep the Pooled Health R&D Fund mechanism and TDR’s activity and staff workplans completely separate in reporting and in communicating with donors, so as to reduce the risk of donors shifting their contributions away from TDR and towards the R&D mechanism. The risk of TDR not engaging in this initiative was seen by the JCB as higher than the risk of not engaging in the R&D funding mechanism. However the risk is being managed.

Decision:

Recommendation:
• TDR should continue to promote its core values such as gender equity, ethics and capacity strengthening across all of its activities.

AGENDA ITEM 6 - Confirmation of the Scientific Working Groups (SWGs) – membership and chairs
• Professor Reeder mentioned the progress made in 2014 in establishing the Scientific Working Groups and the implementation of working mechanisms for these groups as approved by the JCB.
• SWGs were important in 2014 to provide support and advice and to assist with implementation of the current workplan, as well as with developing the 2016-2017 workplan.
• Feedback from SWG Chairs was provided:
  ▪ IIR SWG: In the absence of the Chair, Dr Rosanna Peeling (SWG member) and Dr Piero Olliaro (IIR Team leader) provided high-level insight about the group’s work. Gradually diversifying members’ background and expertise is envisioned as membership terms come to an end.
  ▪ VES SWG: Professor Moses Bockarie presented highlights of the group’s work in 2014. Diversity of expertise remains essential for the group to address trans-disciplinary projects in an effective way. The group enjoyed working with the secretariat on the current projects and on defining 2016-2017 priorities for VES.
• RCS/KM SWG: Professor John Gyapong mentioned that the advisory group was very useful and that the processes are working. The opportunity to set up ad hoc review groups to address specific issues and projects is a useful approach to add to the range of expertise of the SWG and reduce its workload.

Discussion points and questions:
• The fact that STAC members are chairing and being part of the SWGs provides a deeper insight about the secretariat’s work and this is something of value.

Decisions:
• STAC approved the membership and chairpersons of the three Scientific Working Groups as proposed.

AGENDA ITEM 7 – Report on technical progress in 2014 and planned activities for 2015

7.1 Intervention and implementation research (IIR) team
• Dr Olliaro presented a summary of the technical progress as reflected in the work of the IIR team in 2014.
• Dr Olliaro updated the STAC on the outcome of the product R&D projects that were phased out or transferred with the advent of the 2012-2017 strategy.
• The IIR portfolio was further streamlined in 2014, following recommendations from the SWG.
• He highlighted a list of main achievements related to the following:
  ▪ Review of the impact that WHO recommendations have on country policies: the analysis showed that countries look at the quality of the evidence and that there is strong correlation between the strength of recommendations and the adoption rate by countries.
  ▪ TB clinical trial data sharing: making use of shared data to analyse the Gatifloxacin and Moxifloxacin may lead to new knowledge. TDR is working to create a new platform to store, share and analyse data transparently, in collaboration with several external partners. The platform is expected to be launched by the end of 2015.
  ▪ Innovative approaches to safety monitoring: to allow collecting data and analysing large-scale datasets from mass drug administration campaigns. Use of adapted technology such as mobile technology may increase the feasibility of this initiative.
  ▪ Visceral Leishmaniasis research for elimination: effective options were identified for vector control and case identification. This will evolve in the 2016-2017 IIR portfolio to improve the cost effectiveness of elimination interventions.
  ▪ TB screening project: intensified detection in high-risk populations is needed. There are plans to leverage from an existing initiative involving three pilot countries in West Africa.

7.2 Research on vectors, environment and society (VES) team
• Dr Florence Fouque presented the approach to promoting research, building capacity and involving communities which is applied to her team’s work.
• The new organization of the VES portfolio reflects advice from the JCB, STAC and the SWG. Dr Fouque presented the organization of new work streams.
• She provided updates on the eco-bio-social research project in Latin America. The project resulted in large community involvement in countries, with the implementation of vector control measures such as window screens and water tank protection.

• The research project on the impact of environmental changes on vector-borne diseases in Africa progressed in 2014.

• New initiatives under VES were presented. Both projects that were presented in more detail showed a strong reliance on partnership and collaboration with external institutions in countries as well as WHO control programmes.

### 7.3 Research capacity strengthening & knowledge management (RCS/KM) team

• Dr Dermot Maher presented highlights of the 2014 achievements in the areas of research capacity strengthening and knowledge management.

• A regional training centre was selected in Ghana through a competitive process in the WHO Africa region.

• Focus on open access led to the vast majority of TDR-supported publications in 2014 being freely accessible by researchers around the world.

• Dr Maher mentioned the shift from centralized management of individual grants to decentralized grant management by partner institutions. The goal is to be able to disburse more grants at the same level of quality with a greater level of efficiency of TDR staff members.

• Financial implementation of the US$ 13.1 million biennial planned cost was relatively slow in 2014 but the plan is to scale up significantly in 2015 with some big-ticket calls for proposals for the training grants and impact grants schemes.

**Discussion points and questions:**

• TDR is doing better at collaborating with WHO departments at individual project level. However, collaboration at the strategic level could be improved from both sides. As far as research goes, some departments develop their priorities in a different way from TDR, which creates issues with synergizing for a common agenda.

• A good experience was presented concerning the impact of research evidence on the use of bednets to interrupt malaria transmission, which influenced policy change in The Gambia and led to cost savings by eliminating the mass drug administration element.

• Helping countries who come closer to elimination of VL to adopt cost-effective detection measures is an important aspect. Current interventions to detect one case become very costly and new strategies should be identified which cost less and are adaptable to situations where prevalence is low. There is collaborative work ongoing with the directors of control programmes as a group to identify other options.

• Regarding the Chikungunya fever spreading in the Americas, the approach that TDR intends to take is to support the creation of a network where information can be exchanged and possible work conducted in conjunction with signalling an outbreak and work on containing it.

• TDR is working on streamlining the list of topics and diseases on its website. The list will be revised to be more reflective of the current portfolio; however it will be left broad enough in order not to restrict too much potential areas for future research, while at the same time allowing the search engine to work effectively.
• Combining data from many sources and using it transparently may bring additional benefits in terms of ‘big data’. TDR will try to replicate the approach of working in partnership and data sharing that exists in the Climate Change project, applying it to future projects as well.

• Mentoring is an important component in the context of capacity building and gender equity, and TDR intends to develop it further.

• TDR is developing a tool that maps implementation research funding, implementers and collaborations which will soon be available online.

**Decision:**

• **STAC endorsed the reports on technical progress of the three teams: Intervention and implementation research, Research on vectors, environment and society, and Research capacity strengthening and knowledge management.**

**Recommendations:**

• **STAC recommended that TDR take a lead in identifying innovative options for case identification in diseases targeted for elimination when case identification is no longer cost effective.**

• **STAC recommended TDR engage in identifying lessons learned from the Ebola outbreak and facilitate putting together research priorities, including research capacity strengthening and community engagement to address future outbreaks of Ebola and other emerging infectious diseases.**

**AGENDA ITEM 8 – TDR interface with WHO departments**

Guest speakers representing the WHO departments who collaborate with TDR extensively presented updates on joint projects, areas of potential collaboration and synergy with TDR.

**Key messages**

**8.1 Global Malaria Programme (GMP)**

*Dr Pedro Alonso*

• Dr Alonso presented areas of collaboration with TDR through projects addressing the causes of residual malaria (through a dedicated project), and operational research for malaria elimination (mainly through SORT-IT programmes).

• Surveillance and fast response would be topics of interest for operational research to be conducted in malaria control and elimination.

**8.2 Control of Neglected Tropical Diseases (NTD)**

*Dr Raman Velayudhan*

• TDR collaborates with the NTD department on dengue control strategies and contributes to four out of the five pillars of the dengue elimination effort. TDR guidelines are widely used by countries. Community involvement has been vital for the success of interventions.

• TDR has also guided systematic reviews in several areas related to surveillance, which greatly helped improve the surveillance system. Further collaboration in the area of outbreak detection has led to important new knowledge on the indicators to measure and monitor outbreak response planning.
Potential collaboration with TDR will be welcome in many areas such as: Chikungunya management, revising the Dengue guidelines, quality assurance of dengue diagnostics and fine tuning the warning signs for dengue management, etc.

8.3 Public Health and Environment (PHE)

Dr Diarmid Campbell-Lendrum

- Main points of connection: environmental change and impact on vectors and populations; insecticides use.
- Potential cooperation: water and sanitation at community level

8.4 Special Programme of Research and Training in Human Reproduction (HRP)

Dr Ahmet Metin Gulmezoglu

- Dr Gulmezoglu presented areas of collaboration between HRP and TDR. Areas highlighted were: implementation research platform and working on research networking tools as well as information management systems development.

8.5 Alliance for Health Policy Systems Research

Dr Abdul Ghaffar

- Dr Ghaffar presented areas of collaboration with TDR, such as work on the implementation research platform in WHO and the fact that the Alliance is using the implementation research toolkit in countries.
- SORT-IT is another area of collaboration between TDR and the Alliance.

Recommendation:

- STAC commended the TDR secretariat for its engagement with WHO disease control departments and recommended continued collaboration.

AGENDA ITEM 10 – Discussion on specific issues

10.1 TDR and Ebola

- Doctors Olliaro, Andrew Ramsay and Annette Kuesel from the IIR team presented last year’s experience with addressing priorities related to the Ebola outbreak. TDR contributed staff time (in field coordination, in the clinical trial platform and in WHO’s ethics research committee, plus administrative support work).

- A joint call for research and capacity development applications related to Ebola virus disease response was prepared and will be issued soon. This has been done in collaboration with the EDCTP and MRC. TDR will award grants in line with its priorities (emphasising capacity building, research on community engagement and research ethics). The aim is to learn and develop good practices that can be used in similar outbreaks. Other donors have expressed interest to fund this joint research project and have committed significant funds.
Discussion points:

- TDR considers this as a pilot to see what can be learned from the current outbreak (identifying elements that are lacking) and prepare further research in this area.

- Some research on how to approach febrile cases in the geographical area of the outbreak may be useful to understand what works and what does not work in case management. However, recording data from patients suspected of Ebola was not an organized effort and was practically very difficult to do, therefore there is only limited data on case management.

- NTD programme managers in countries are utilizing the infrastructure created by TDR in those countries for distribution of medicines and for community mobilization. TDR should continue to focus on its area of expertise, which is research and capacity building.

- Lessons learned from other outbreaks (e.g. the utility of shared specimen banks) could not be applied to the Ebola outbreak (i.e. inability to ship patient specimens). This hampered efforts for product R&D to address Ebola. There is a legitimate question as to whether TDR should have a role in fostering product R&D during emergencies, albeit not directly conducting this type pf research itself. It would be useful to have an inventory of research questions coming out of the current outbreak and to address them before a future outbreak occurs.

- TDR may want to consider research on community outbreak preparedness in endemic and other countries in the subregion. This would identify and address rumours about potential trials taking place in various countries, which stir concern about accelerated product development, conspiracy theories, etc. It would be useful to know how to prepare the population for research done on this kind of sensitive topic.

10.2 TDR and Global Health Initiatives

Dr Garry Aslanyan, Dr Miriam Faid

- In 2014, TDR initiated a scoping exercise of global health initiatives. The objectives of the scoping report are to: a) provide a broad review of the existing GHIs and their interaction with TDR, and b) identify further opportunities for interaction and synergies.

- Dr Faid presented the scoping report, together with the background, rationale and methodology used. Twenty-five global health initiatives were profiled in this exercise. The report comes with a set of recommendations including TDR being strongly positioned as the partner of choice for research capacity strengthening in disease endemic countries.

Discussion points:

- The list of GHIs profiled was designed to cover a great diversity of players. If TDR intends to engage with a certain cluster of players, then a more detailed mapping exercise needs to be done to identify all the significant players in that area.

Further detailed analysis is recommended to identify information that will help TDR to prioritise next steps on this initiative.
10.3 TDR and follow-up to the CEWG

Professor John Reeder

- Professor Reeder provided a concise update on the current status. TDR was selected by the World Health Assembly (and confirmed in January 2015 by the WHO Executive Board) to administer the coordinating mechanism and the scientific and technical mechanisms for the Pooled Health R&D Fund for health research.
- Fundraising in support of this mechanism will be a function of the World Health Assembly, not of TDR.
- Dr Reeder presented a diagram of the mechanism and the role TDR plays, including as the secretariat, SWG, STAC and JCB.
- The JCB (through a subcommittee and through the Standing Committee) has been engaged since very early on in the assessment of risks and benefits and in the design of the approach to this global mechanism.
- The scientific element of the decision-making needs to be firewalled against political influence, in order to select and implement the best projects that can have an impact on policy and practice. STAC needs to be involved in the governance, in the same way it does for any other area TDR is implementing.
- STAC is invited to provide input on the four main ongoing tasks: creating a compendium of target product profiles, financial modelling of the fund, creation of an SWG and engaging stakeholders through a conference in 2016.

Discussion points:

- In theory the scope of the fund might expand to everything from the initial focus on infectious diseases of poverty, in which case TDR may partner with other organizations to oversee this.

AGENDA ITEM 11 - Programme budget 2016-2017

Professor John Reeder

- Director TDR presented the budget and workplan cycle that need to be followed in preparation of the 2016-2017 biennium.
- There are two budget scenarios as requested by the JCB, for 2016-2017 these are at the level of US$ 45 million and US$ 55 million respectively.
- TDR’s income is made of undesignated (core) funding, which allows higher flexibility and of designated (specified) funding earmarked to specific projects. The income forecast for 2016-2017 at a conservative level shows US$ 46.7 million.
- The plan is to start implementing the US$ 45 million budget at the outset and then, if additional funding is received, activities can move towards the US$ 55 million budget scenario.
- The more designated funds are raised, the more undesignated funds used to pay personnel costs will be freed up for operations.
- Allocation of undesignated funds favours the research capacity strengthening core projects, where TDR wants to have as much freedom as possible to design and target its grants. TDR is also allocating undesignated funds to start research projects and intends to seek designated funds to implement them fully.
• When prioritizing the proposed expected results, TDR is following its Prioritization Model approved by the JCB in 2014. TDR is consulting with its co-sponsors, WHO regional offices, WHO disease control departments, STAC, SWG, ad hoc advisers, regional training centres and other partners, in order to gather the ideal amount of information when deciding on which priorities to address.

• Director TDR presented the budget of each work area and explained how the main items of each workplan work together.

Discussion points:
• The issue of the WHO budget ceiling will no longer be actual in 2016-2017, since TDR’s budget will be included in the “special arrangements” section of the WHO budget in the future, similar to how the polio elimination programme is currently listed.

AGENDA ITEM 13 - Programme workplan 2016-2017

13.1 IIR
• The approach used by the IIR team is through four work stream that group the expected results of the 2016-2017 workplan. Some expected results are continuing from the current biennium and remain unchanged, others will expand their scope, while others will be new.

• The team presented their portfolio of projects. For a selection of projects there was a brief explanation of the essentials, with reference to the detailed project strategic plans available in the STAC portfolio documentation.

Discussion points:
• Regarding the healthy housing project, TDR needs to define its role and narrow it to its area of expertise, for example around health risks related to housing.

13.2 VES
• Dr Fouque gave an overview of the four work streams the VES team proposes to implement in 2016-2017.

• Some of the current projects will continue and be integrated into work streams grouping together similar areas of research. For example the project on the impact of environmental change in Africa on vector-borne diseases will be integrated into a broader ‘biodiversity loss’ work stream.

• VES consulted with partners inside and outside WHO when designing the proposed expected results.

Discussion points:
• The proposed ecohealth projects need to consider systematic thinking rather than region-based distribution.
13.3 RCS/KM

- Dr Maher presented the proposed projects for the 2016-2017 biennium. These are mainly a continuation of the activities of the current biennium. The main difference will come from increased efficiency through implementation of the working model that uses external partnerships to increase synergies and compensate for the limited staff resources in TDR.

- One innovative approach will be piloting Massive Online Open Courses (MOOC) as an alternative to traditional learning, with the scope to reach a dramatically increased number and range of course participants. If the pilot proves successful, it may be used in future in TDR training programmes and in relation to dissemination of materials by TDR Regional Training Centres.

- TDR training grants schemes will be evaluated by external independent evaluators. The input provided will help refine the 2016-2017 planning and implementation. Another area that will be evaluated in 2015 is the collaboration with and the role of the TDR Regional Training Centres, with an opportunity to learn and improve at organizational level.

Discussion points:

- TDR will explore solutions, together with other partners, to address the specific issues of internet access (e.g. low bandwidth) in some geographical areas, which may hamper the dissemination of MOOC.

- In order to align the biggest budget item of the workplan (MSc and PhD grants) with TDR’s focus on implementation and operational research, TDR will select universities that have courses related to implementation research.

- In the long term, south-south institutional collaboration (e.g. mediated by student exchanges) may be considered as a means to measure the success of training grants and networking activities.

- A discussion point that addressed all presentations referred to the content of the slides. One STAC member suggested the slides should contain, aside from references to processes and outputs, additional information on the outcomes of the projects (reflecting the information on outcomes in the documentation provided to STAC).

Decision:

- STAC endorsed the workplans for 2016-2017 operations presented by the technical teams and made recommendations to specific projects

AGENDA ITEM 15 - Date and place of STAC38

Decision:

- STAC37 agreed that the thirty-eighth meeting of the STAC (STAC38) will take place in Geneva from 16-17 March 2016, with a briefing and introduction to TDR on 15 March.
STAC37 summary of decisions and final recommendations

Recommendations

• STAC recommended that TDR take a lead in identifying innovative options for case identification in diseases targeted for elimination when case identification is no longer cost effective.

• STAC recommended TDR engage in identifying lessons learned from the Ebola outbreak and facilitate putting together research priorities including research capacity strengthening and community engagement to address future outbreaks of Ebola and other emerging infectious diseases.

• STAC recommended TDR continue to promote its core values such as gender equity, ethics and capacity strengthening across all of its activities.

• STAC commended the TDR secretariat for its engagement with WHO disease control departments and recommended continued collaboration.

Decisions

• Dr Xiao-Nong Zhou was appointed Rapporteur of STAC37.

• STAC adopted the agenda as proposed.

• Declarations of interests were accepted as presented to the Secretariat with no conflicts foreseen.

• STAC endorsed the Director’s report.


• STAC approved the membership and chairpersons of the three Scientific Working Groups as proposed.

• STAC endorsed the reports on technical progress of the three teams.

• STAC endorsed the workplans for 2016-2017 operations presented by the technical teams and made recommendations to specific projects.

• STAC37 agreed that the thirty-eighth meeting of the STAC (STAC38) will take place in Geneva on 16-17 March 2016, with a briefing and introduction to TDR on 15 March.
## Draft Annotated Agenda

**Wednesday, 18 March (09:30-17:30)**

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<td>Dr Hiroki Nakatani, Assistant Director-General, HIV/AIDS, TB, Malaria and Neglected Tropical Diseases (HTM) Cluster</td>
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<td>Prof. John Reeder, Director, TDR</td>
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<thead>
<tr>
<th>09:45-10:00</th>
<th>1.</th>
<th>Statutory business</th>
<th>Decision</th>
<th>Draft STAC37 agenda TDR/STAC37/15.1</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>In accordance with the TDR Memorandum of Understanding, the Chair of STAC has been appointed for a two-year term of office.</td>
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<td></td>
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<td>1.1 Appointment of the Rapporteur</td>
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<td>1.2 Adoption of the Agenda</td>
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<td>1.3 Declaration of interests</td>
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<td></td>
<td>Prof. Charles Mgone, incoming Chair STAC</td>
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</table>

| 10:00-10:15 | 2. | Message from Prof. Hannah Akuffo, Chair, TDR Joint Coordinating Board (JCB) | Information | Report of JCB37 TDR/JCB37/14.3 |

<table>
<thead>
<tr>
<th>10:15-10:45</th>
<th>3.</th>
<th>Follow-up on STAC recommendations</th>
<th>Information</th>
<th>Report of STAC36 TDR/STAC36/14.3 Follow-up on STAC recommendations TDR/STAC37/15.4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Dr Garry Aslanyan, Manager, Partnerships and Governance</td>
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</table>

**10:45-11:00**  
Coffee break and group photo

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<thead>
<tr>
<th>11:00-11:30</th>
<th>4.</th>
<th>Director’s Report</th>
<th>Information</th>
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<td></td>
<td></td>
<td>Prof. John Reeder</td>
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| 11:30-12:15 | 5. | Programme finance and performance overview | Information | Financial report TDR/STAC37/15.5  
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<tr>
<td></td>
<td></td>
<td>Dr Beatrice Halpaap, TDR Programme and Portfolio Manager</td>
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<td>2014 TDR results report TDR/STAC37/15.6</td>
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<td></td>
<td></td>
<td>5.2 Progress made against TDR key performance indicators</td>
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<td>5.3 Progress on the implementation of TDR’s risk management plan</td>
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<td></td>
<td></td>
<td>20 minute presentation followed by 25 minutes discussion</td>
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</table>
### Wednesday, 18 March (09:30-17:30) - continued

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<thead>
<tr>
<th>Time</th>
<th>Item</th>
<th>Topic</th>
<th>Action</th>
<th>Reference documents</th>
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</thead>
<tbody>
<tr>
<td>12:15-13:45</td>
<td>Lunch break</td>
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<td>13:00-13:30</td>
<td><strong>LUNCH-TIME SEMINAR (OPTIONAL)</strong> – Room D42022 (near the main elevators, 4th floor)</td>
<td>A web based research network to enable career tracking and facilitate research interaction</td>
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<td></td>
<td><strong>Presenters:</strong> Beatrice Halpaap, Pascal Launois <strong>Moderator:</strong> Garry Aslanyan</td>
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<td>13:45-14:15</td>
<td>6. <strong>Confirmation of the Scientific Working Groups (SWGs)</strong> – membership, chairs and working mechanisms</td>
<td>Prof. John Reeder Feedback from SWG Chairs Dr Ana Rabello (IIR) Prof. Moses Bockarie (VES) Prof. John Gyapong (RCS/KM)</td>
<td>Decision</td>
<td>TDR’s STAC and scientific working groups: Terms of reference List of SWG members TDR/STAC37/15.8</td>
</tr>
</tbody>
</table>
| 14:15-15:15   | 7. **Report on technical progress in 2014 and planned activities for 2015** | 7.1 **IIR** Dr Piero Olliaro 15 minute presentation followed by 15 minutes discussion  
7.2 **VES** Dr Florence Fouque 15 minute presentation followed by 15 minutes discussion | Recommendation(s) | TDR Portfolio of Expected Results for 2014-2015: Progress report TDR/STAC37/15.9 TDR IIR Report TDR/STAC37/15.10 SWG IIR report TDR VES Report TDR/STAC37/15.11 SWG VES report |
| 15:15-15:45   | **Coffee break**   |                                                                        |        |                     |
| 15:45-16:15   | 7. **Report on technical progress in 2014 and planned activities for 2015 - continued** | 7.3 **RCS/KM** Dr Dermot Maher 15 minute presentation followed by 15 minutes discussion | Recommendation(s) | TDR RCS/KM report TDR/STAC37/15.12 SWG RCS/KM report |
| 16:15-17:00   | 8. **TDR interface with WHO departments** | • Global Malaria Programme  
Dr Pedro Alonso  
• Control of Neglected Tropical Diseases  
Dr Raman Velayudhan  
• Public Health and Environment  
Dr Diarmid Campbell-Lendrum | Recommendation(s) |                       |
<p>| 17:00-17:30   | 9. <strong>Summary recommendations of the day</strong> |                                                                        |        |                     |</p>
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<thead>
<tr>
<th>Time</th>
<th>Item</th>
<th>Topic</th>
<th>Action</th>
<th>Reference documents</th>
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<tbody>
<tr>
<td>09:30-10:45</td>
<td>10.</td>
<td>Discussion on specific issues</td>
<td>Recommendations</td>
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<td></td>
<td>10.1</td>
<td>TDR and Ebola</td>
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<td></td>
<td></td>
<td><em>Dr Piero Olliaro</em></td>
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<td></td>
<td>10.2</td>
<td>TDR and Global Health Initiatives (GHIs)</td>
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<td><em>Dr Garry Aslanyan / Dr Miriam Faid</em></td>
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<td></td>
<td>10.3</td>
<td>TDR and follow-up to CEWG</td>
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<td><em>Prof. John Reeder</em></td>
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<td>10 minute presentations, each followed by 15 minutes discussion</td>
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<td>10:45-11:15</td>
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<td><strong>Coffee break</strong></td>
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<tr>
<td>11:15-12:00</td>
<td>11.</td>
<td>Programme budget 2016-2017</td>
<td>Recommendation(s) and</td>
<td>Programme Budget 2016-2017</td>
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<td></td>
<td>Proposed programme budget scenarios, consultation process and</td>
<td>Endorsement</td>
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<td>expected results</td>
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<td><em>John Reeder</em></td>
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<td></td>
<td><strong>Discussion</strong></td>
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<td>12:00-13:00</td>
<td>12.</td>
<td><strong>Lunch break</strong></td>
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<td>13:00-13:30</td>
<td>13.</td>
<td>Closed session with Director TDR</td>
<td>Recommendation(s)</td>
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<td>- STAC members only closed discussion with Director TDR on issues</td>
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<td>requiring special attention.</td>
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<td>13:30-15:15</td>
<td>13.</td>
<td>Programme workplan 2016-2017</td>
<td>Recommendation(s) and</td>
<td>TDR Portfolio of Expected Results for 2016-2017</td>
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<td>Proposed programme workplan 2016-2017</td>
<td>Endorsement</td>
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<td>13.1 IIR</td>
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<td>13.2 VES</td>
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<td>13.3 RCS/KM</td>
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<td><strong>Discussion</strong></td>
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<td>15 minute presentations by Team Leaders, each followed by 20 minutes</td>
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<td></td>
<td>discussion</td>
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<td>15:15-15:45</td>
<td></td>
<td><strong>Coffee break</strong></td>
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<tr>
<td>15:45-16:30</td>
<td>14.</td>
<td>Draft recommendations by STAC37</td>
<td>Recommendation(s)</td>
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<td>STAC rapporteur will present STAC recommendations made during the</td>
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<td></td>
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<td>meeting</td>
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<td>16:30-16:45</td>
<td>15.</td>
<td>Date and place of STAC38</td>
<td>Recommendation(s)</td>
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<td>March 2016, WHO HQ, Geneva</td>
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<tr>
<td>16:45-17:00</td>
<td>16.</td>
<td>Any other business</td>
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</table>

CLOSE OF STAC37
Annex 2. List of participants

STAC Members

Dr Graeme BILBE, Research and Development Director, Drugs for Neglected Diseases initiative (DNDi), Geneva, Switzerland

Professor Moses BOCKARIE, Director, Centre for Neglected Tropical Diseases, Liverpool School of Tropical Medicine, Liverpool, United Kingdom

Dr Ikram GUIZANI, Head, Programme on Applied Molecular Epidemiology and Experimental Pathology to Infectious Diseases, Institut Pasteur de Tunis, Ministry of Health, Tunis-Belvedere, Tunisia

Professor John GYAPONG, Pro-Vice Chancellor for Research Innovation and Development, University of Ghana, Accra, Ghana

Dr Poloko KEBAABETSWE, Director Health Systems Research Unit, BoMEPI - Botswana Medical Education Partnership Initiative, University of Botswana School of Medicine, Gaborone, Botswana

Dr Florencia LUNA, Director, Bioethics Program of FLACSO, Latin American University of Social Sciences, Ciudad de Buenos Aires, Argentina

Professor Lenore MANDERSON, Professor, School of Public Health, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa

(Chair) Professor Charles MGONE, Executive Director, European & Developing Countries Clinical Trials Partnership (EDCTP), The Hague, The Netherlands

Professor Frank NYONATOR*, Gro Harlem Brundtland Senior Leadership Fellow, Harvard School of Public Health, Boston, USA

Professor Rosanna PEELING, Chair of Diagnostics Research, Department of Clinical Research, ITD, London School of Hygiene & Tropical Medicine, London, United Kingdom

Dr Ana RABELLO*, Senior Researcher, Fundação Oswaldo Cruz, Centro de Pesquisas René Rachou, Belo Horizonte, Brazil

Dr Ananda Rajitha (Raj) WICKREMASINGHE, Dean of the Faculty of Medicine & Professor of Public Health, Faculty of Medicine, Ragama, Sri Lanka

(Rapporteur) Professor Xiao-Nong ZHOU, Director, National Institute of Parasitic Diseases; Chinese Center for Disease Control and Prevention, Shanghai, People's Republic of China

* Not able to attend
Other participants

JCB Chair

Professor Hannah AKUFFO, Lead Specialist, Research, Swedish International Development Cooperation Agency (Sida), SE-105 25 Stockholm, Sweden

Technical Presenter

Dr Miriam FAID, Visiting Professor, CAPES, Centre for Technological Development in Health (CDTS), Oswaldo Cruz Foundation (Fiocruz), Rio de Janeiro, Brazil

COHRED - Council on Health Research for Development (Incorporating the Global Forum for Health Research)

Dr Najia MUSOLINO, Senior Specialist - Global Action, The COHRED Group, Geneva, Switzerland

WHO Headquarters Staff

Dr Hiroki NAKATANI, Assistant Director-General, HIV/AIDS, TB, Malaria and Neglected Tropical Diseases (HTM)

Dr Pedro ALONSO, Director, Global Malaria Programme (HTM/GMP)

Dr Diarmid CAMPBELL-LENDRUM, Team Leader, Climate Change, Public Health, Environmental and Social Determinants (FWC/PHE)

Dr Abdul GHAFFAR, Executive Director, Alliance for Health Policy and System Research (HSS/HSR)

Dr Laragh GOLLOGLY, Coordinator, WHO Press

Dr Ahmet Metin GULMEZOGLU, Coordinator, Maternal Perinatal Health, Prevent Unsafe Abortion (FWC/RHR/MPA)

Dr Raman VELAYUDHAN, Coordinator, Control of Neglected Tropical Diseases (HTM/NTD)

Special Programme staff

Director’s office

Dr John REEDER
Dr Garry ASLANYAN
Ms Jamie GUTH

Administrative Support to the STAC

Ms Izabela SUDER-DAYAO
Ms Christine COZE
Ms Flora RUTAHAKANA

Portfolio and programme management

Dr Beatrice HALPAAP
Ms Nelly BERTRAND
Ms Caroline EASTER
Ms Annabel FRANCOIS
Dr Mihai MIHUT

Research capacity strengthening and knowledge management

Dr Dermot MAHER
Ms Elisabetta DESSI
Ms Najoua KACHOUI ABOUDI
Dr Edward KAMAU

Director’s office

Dr Pascal LAUNOIS
Ms Irina NOZDRINA
Dr Olumide OGUNDAHUNSI
Mr Rob TERRY
Dr Mahnaz VAHEDI

Intervention and implementation research

Dr Piero OLLIARO
Dr Christine HALLEUX
Ms Ekua JOHNSON
Dr Annette KUESEL
Mr Abdul MASOUDI
Dr Corinne MERLE
Dr Andrew RAMSAY
Ms Michelle VILLASOL

Vectors, environment and society

Dr Florence FOUQUE
Ms Flor CABANEL
Ms Madhavi JACCARD-SAHGAL
Dr Bernadette RAMIREZ
Dr Johannes SOMMERFELD