Stewardship for research on infectious diseases of poverty

TDR STEWARDSHIP FUNCTION (BL1)
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List of abbreviations

ACHR  Advisory Committee on Health Research
ANDI  African Network for Drugs and Diagnostics Innovation
ASTMH American Society of Tropical Medicine and Hygiene
BIOTEC National Center for Genetic Engineering and Biotechnology (Thailand)
BIREME Latin American and Caribbean Centre on Health Sciences Information
CDC  Center for Disease Control and Prevention (China)
COHRED Council on Health Research for Development
DALY Disability-Adjusted Life Year
DEC  Disease-Endemic Country
DRG  Disease-specific Reference Group
EC  European Commission
ECOWAS Economic Community of West African States
ESSENCE Enhancing Support for Strengthening the Effectiveness of National Capacity Efforts
EU  European Union
GFHR  Global Forum for Health Research
GOG  General Operations Guide
GSPA  Global Strategy and Plan of Action on Public Health Innovation and Intellectual Property
HINARI Health Internetwork for Access to Research Information
IDP  Infectious Diseases of Poverty
IDRC International Development Research Centre (Canada)
IGWG Intergovernmental Working Group on Public Health Innovation and Intellectual Property
IHLAG International High Level Advocacy Group
JCB  Joint Coordinating Board
malERA Malaria Eradication Research Agenda
MDG  Millennium Development Goal
NEPAD New Partnership for Africa’s Development
PLoS  Public Library of Science
R&D  Research and Development
RPC  Research Policy and Cooperation
SAC  Strategic Advisory Committee
SADC Southern African Development Community
STE  Stewardship (TDR unit)
TRG  Thematic Reference Group
TropIKA Tropical Disease Research to foster Innovation and Knowledge application
UNESCO United Nations Educational, Scientific and Cultural Organization
UNICEF United Nations Children’s Fund
WEHI Walter and Eliza Hall Institute of Medical Research (USA)
WHA  World Health Assembly
WHO  World Health Organization
Overview and highlights

The scourge of infectious diseases of poverty remains a formidable stumbling block to human development and the attainment of the health-related Millennium Development Goals (MDGs) in most low-income countries, where these diseases are responsible for 45% of annual deaths.1 Significant increases in health research funding in recent years have had minimal impact because of the fragmentation of efforts and scientific inequality between low-income and developed countries. There is little coherence among different research initiatives. Stakeholders find it difficult to know what research is being undertaken and how these research efforts address the needs and challenges posed by the most severe health problems affecting the greatest number of people throughout the world. Several recent global initiatives have called for stewardship activities to facilitate coherence, alignment, harmonization, effective management of aid for results, and the active participation of all stakeholders in priority- and agenda-setting.

This report describes the progress achieved in establishing TDR’s new Stewardship Function to address these needs. As the only United Nations-based programme dedicated to infectious diseases research, TDR has implemented this new global outreach with the goal of reducing the imbalance in global resources for research. To accomplish this, TDR’s stewardship activities will be used to produce, publish and distribute a Global Biennial Report on Research on Infectious Diseases of Poverty—a comprehensive overview of opportunities, challenges, gaps and recommendations for research and development (R&D). Four end-products are being developed to feed into the production of this report and disseminate its findings.

1. Knowledge management platform (TropIKA.net) for sharing scientific information.
2. Establishment of disease and research topic expert groups for strategic analysis; identification and prioritization of control needs; and specific research gaps.
3. Advocacy by high-level groups and consortiums for increased support for research and utilisation of research outputs in the areas identified in the Global Report.
4. New and innovative networks to expand opportunities and link researchers worldwide.

These activities are designed to foster participation and ownership among disease-endemic countries (DECs), institutions, investigators and decision-makers, and to support their pivotal roles in setting and implementing relevant research agendas.

In 2008, two key achievements were attained.

1. Use of web-based, global knowledge platform (TropIKA.net) to facilitate dialogue and enhanced stakeholder participation in two research agenda-setting forums – the Ministerial Conference on Research for Health in the African Region3 and the Global Ministerial Forum on Research for Health.4 These were achieved through successful partnerships with the Global Forum for Health Research (GFHR), United Nations Educational, Scientific and Cultural Organization (UNESCO), WHO Regional Office for Africa and the ministerial meetings’ steering and organizing committees.
2. Establishment and positive evaluation of a thematic reference group (TRG) on environment, agriculture and infectious diseases, hosted by the WHO Representative Office in China and chaired from the National Institute of Parasitic Diseases, Shanghai.

In 2009, an additional seven reference groups will be set up on: (1) malaria, (2) health systems and implementation research, (3) social sciences research and gender, (4) dengue and other viral diseases of major public health importance, (5) African sleeping sickness, leishmaniasis and Chagas disease, (6) helminth infections and (7) tuberculosis.

In 2010, two additional expert groups on other infectious diseases (including zoonoses and innovation and biotechnology platforms) will be established.

The output of all ten reference groups will be consolidated and serve as a platform for a think-tank for infectious diseases of poverty. The goal is to provide a comprehensive, strategic overview of research opportunities, gaps, priorities and recommendations useful for decision-makers and stakeholders in agenda-setting.

TropIKA.net will be strengthened with increased input from networks of scientific contributors and research institutions, as well as new technical developments of brokering tools and collaborative platforms to make it a one-stop shop for research on infectious diseases of poverty.

A new partnership and funding has been established with the European Commission (EC). This complements the strong partnerships already developed and identified with WHO offices and the organizations described above.
1. Context, strategic objectives and framework

1.1. Context and rationale

In recent years, increased funding for global health has in turn increased funding for health research. This has resulted in new knowledge and evidence and better understanding of the interplay between infectious disease agents, the diseases they cause and the communities affected. At the same time, access to this new knowledge and its utilization is limited across regions, and even countries, by a number of factors. Developed countries (which control most of the funding resources and generate much of the scientific innovation) are making more research discoveries than the countries in which most of the disease burden occurs. Disease control efforts are hampered in low-income countries that have limited or no access to relevant research evidence that should guide policy and action against diseases of poverty. TDR’s Stewardship Function is set up to help increase access to, and utilization of, scientific output regardless of where it is generated.

Another identified challenge is the need to develop stronger coherence among the different research activities and initiatives. It is becoming increasingly difficult for all stakeholders – researchers, DECs, health planners and resource contributors – to know what research is being undertaken and to what extent current research efforts meet the priority needs for infectious disease control. More importantly, the destructive impact of infectious diseases of poverty also remains a threat to human development and a formidable stumbling block to the attainment of the health-related MDGs. This situation demonstrates the need for effective collaborations between all stakeholders to avoid fragmentation and utilize available resources more efficiently. As the only United Nations-based programme dedicated to infectious diseases research, TDR is setting up this Stewardship Function to facilitate joint agenda-setting in close collaboration with our many cosponsors, stakeholders and partners.

Several recent global initiatives reinforce this approach, including the effort to implement the Paris Declaration on Aid Effectiveness – ownership, harmonisation, alignment, results and mutual accountability, March 2005 and the call to action from the Bamako 2008 Global Ministerial Forum on Research for Health. The latter stresses the importance of allowing research priorities to be determined by countries rather than global institutions. To this end, the multilateral contributors to Bamako (WHO, UNESCO, World Bank) were asked to promote, expand and implement research strategies with an emphasis on listening to countries’ agendas and responding to their priorities. Element 1 of the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property (GSPA) provided additional background and a basis for the objectives of TDR Stewardship for research on infectious diseases of poverty.
1.2. Strategic objectives

The overall strategic objective of the Stewardship strategic function is to facilitate and foster knowledge management, needs assessment, priority-setting and comprehensive strategic analysis of health research on infectious diseases of poverty. Also, this BL serves to provide a neutral platform that enables stakeholders to discuss and harmonize their activities and DECs to play a pivotal role in the agenda-setting.

Specific objectives

The six specific objectives are set out below.

1. Assess stakeholder environments (including donors’ initiatives) and provide a global knowledge platform on health research needs, opportunities and activities on infectious diseases of poverty.

2. Develop an evidence- and analysis-driven forum for the identification of priority needs and major research gaps through stakeholder consultations and to enhance the relevance of infectious diseases research priorities to control needs.

3. Provide a neutral platform for partners/stakeholders to discuss their activities, reach the highest possible level of consensus and enhance their collective efficiency and advocacy for infectious diseases of the poor with the active involvement of DECs.

4. Synthesize global evidence and provide a strategic overview of infectious diseases research.

5. Advocate for support of health research and effective utilization of its results in the control of infectious diseases of poverty at international, regional and national policy levels.

6. Foster research networks and kick-start innovative research initiatives.
1.3. Strategic framework

Expected end-products of the Stewardship Function

The major goal of TDR’s Stewardship Function is the production, publication and distribution of a comprehensive overview of opportunities, control challenges and gaps in research and development for public health needs in DECs. This will include top-level, stakeholder-endorsed strategic recommendations on priorities to be addressed. The Global Report on Research on Infectious Diseases of Poverty (working title) will be produced every two to three years. It will be based on strategic analysis by international experts and a comprehensive framework for the acquisition of research information, knowledge sharing, dissemination and advocacy of research priorities and stakeholders’ agendas.

Specific expected end-products that will culminate in the production of this global report are:

1. knowledge management platform (TropIKA.net) for sharing scientific information
2. harmonized stakeholder-endorsed top-level research priorities
3. effective advocacy for research and research outputs by high-level group/consortium
4. new and innovative networks.

The strategic framework of the Stewardship Function, its objectives, end-products and outcomes are shown in Fig. 1.

Indicators for end-products and outcomes are detailed in Table 1.
### TABLE 1. INDICATORS FOR END-PRODUCTS AND OUTCOMES

<table>
<thead>
<tr>
<th>Business line objectives</th>
<th>End-products (by 2013)</th>
<th>Indicators for end-products</th>
<th>Expected outcomes</th>
<th>Indicators for expected outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assess stakeholder environment and provide a global knowledge platform on health research needs, opportunities and activities on infectious diseases of poverty</td>
<td>Effective knowledge management platform (tropiKA.net)</td>
<td>TropiKA.net maintained (up-to-date comprehensive research and control information)</td>
<td>Equitable access to research information</td>
<td>Open access and compilation of knowledge</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TropiKA.net utilized by increasing number of global health initiatives</td>
<td></td>
<td>Increased number of relevant and up-to-date references in research proposals, agenda-setting and supporting documents</td>
</tr>
<tr>
<td>2. Develop an evidence- and analysis-driven forum for the identification of priority needs and major research gaps through stakeholder consultations and to enhance the relevance of infectious diseases research priorities to control needs</td>
<td>Harmonized stakeholder-endorsed top-level research priorities</td>
<td>Annual reports from expert groups (6 DRG and 4 TRG annual reports)</td>
<td>Evidence-based regional and national agenda-setting</td>
<td>Number of citations of tropiKA.net reviews</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Stakeholder consultations (international, DECs, Advisory Committee on Health Research – ACHR)</td>
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<tr>
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<td></td>
<td>Comprehensive biennial Global Report</td>
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<tr>
<td>3. Provide a neutral platform for partners/ stakeholders to discuss their activities, reach the highest possible level of consensus and enhance their collective efficiency and advocacy for infectious diseases of the poor, with active involvement of DECs</td>
<td>Harmonized stakeholder-endorsed top-level research priorities</td>
<td>Annual reports from expert groups (6 DRG and 4 TRG annual reports)</td>
<td>Evidence-based regional and national agenda-setting</td>
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<td>Stakeholder consultations (international, DECs, Advisory Committee on Health Research – ACHR)</td>
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<tr>
<td></td>
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<td>Comprehensive biennial Global Report</td>
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<tr>
<td>4. Synthesize global evidence on infectious diseases research</td>
<td>Effective advocacy by high-level group/ consortium</td>
<td>Research priority tool kit developed for advocacy by consortium of 21 decision-makers/opinion leaders from DECs and Northern countries</td>
<td>Research priorities based on national and regional needs</td>
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<tr>
<td>5. Advocate for support of health research and effective utilization of its results in control of infectious diseases of poverty at international policy level</td>
<td>Effective advocacy by high-level group/ consortium</td>
<td>Research priority tool kit developed for advocacy by consortium of 21 decision-makers/opinion leaders from DECs and Northern countries</td>
<td>Research priorities based on national and regional needs</td>
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<tr>
<td>6. Foster research networks and kick-start innovative research initiatives</td>
<td>New and innovative networks</td>
<td>Three innovative networks developed</td>
<td>International leverage for infectious diseases research</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Increased global funding for R&amp;D for infectious diseases of poverty by disability-adjusted life years (DALYs)</td>
</tr>
</tbody>
</table>

**TropiKA.net**

- Maintained (up-to-date comprehensive research and control information)
- Utilized by increasing number of global health initiatives

- Annual reports from expert groups (6 DRG and 4 TRG annual reports)
- Stakeholder consultations (international, DECs, Advisory Committee on Health Research – ACHR)
- Comprehensive biennial Global Report

- Increased number of relevant and up-to-date references in research proposals, agenda-setting and supporting documents
- Number of citations of tropiKA.net reviews

- Increased number of national research policies developed based on acceptance of, and advocacy for, research to support public health
2. Main stakeholders and partnerships – roles and responsibilities

Definitions and categories of stakeholders on Stewardship for infectious diseases of poverty have been established in line with the newly adopted World Health Assembly (WHA) resolution 61.21 on GSPA and other global initiatives. The main stakeholders include groups of individuals, networks, organizations and institutions with a legitimate interest (stake) in infectious diseases of poverty which can benefit from the activities of TDR’s Stewardship Function.

The stakeholders and partners currently engaged in Stewardship activities are:

- Eleven WHO country offices
- Six WHO Regional Offices
- Global Forum for Health Research (GFHR)
- UNESCO Management of Social Transformation (MOST) Programme
- Malaria Eradication Research Agenda (malERA)
- United States National Library of Medicine
- Access to Research Initiative (HINARI)
- Public Library of Science (PloS)
- Researchers and institutions:
  - University of Cambridge, UK, hosting the Review Coordinating Committee
  - Harvard University, USA, in the development of the framework for postdoctoral fellowships and collaborations with co-sponsors
  - Latin American and Caribbean Center on Health Sciences Information (BIREME).

The nature of the collaborations and partnerships are detailed below.

2.1. Users/contributors

- Researchers and research institutions.
  Researchers both use and contribute to TropIKA.net, acting as rapporteurs and generating information for dissemination. Post-doctoral fellows from Brazil, China, Ghana, Nigeria and the United Republic of Tanzania acted as rapporteurs for the TropIKA.net knowledge hub used for sharing information on the Ministerial Conference on Research for Health in the African Region held in Algiers and the Global Ministerial Forum on Research for Health held in Bamako. Academic journal clubs have been set up at Harvard University, the London School of Hygiene and Tropical Medicine, Germany’s Heidelberg University and the National Institute of Parasitic Diseases in Shanghai (China). These have provided a forum for discussions on research. Senior research leaders convened through Hughes Hall, Cambridge University, serve as members of the TropIKA.net review coordinating team.

- Patients, patient groups or populations at risk.
  Future activities to stimulate interaction with this category of stakeholders are to be developed.

2.2. Support (donors and intergovernmental organizations, policy-makers, public-private partnerships)

- National, regional and international research funding agencies and other international organizations. TDR and the EC have developed a partnership agreement that will promote collaborations and provide funding support for stewardship activities in TDR. TDR is hosting
the secretariat of the new initiative on Enhancing Support for Strengthening the Effectiveness of National Capacity Efforts (ESSENCE), a collaborative framework of funding agencies. TropIKA.net will provide the virtual collaborative space for ESSENCE to improve coordination and impact among funders and African countries.

- **Public-private partnerships (PPPs), foundations and other agencies/initiatives working in, or advocating for, research on infectious diseases of poverty.** TDR has worked with GFHR to support its annual meeting and with the Global Ministerial Forum on Research for Health, and the Council on Health Research for Development (COHRED) on priority-setting methodologies.

- **Policy- and other decision-makers at ministries of health, science and technology, education and environment and their technical advisers.** The new meeting functionality and knowledge hub initiative of the TropIKA.net global knowledge platform was used for sharing information, facilitating stakeholder dialogue and agenda-setting at the Ministerial Conference on Research for Health in the African Region and the Global Ministerial Forum on Research for Health. The Stewardship group continues to collaborate with the ministries of health in China, Ghana and Nigeria, primarily to establish and support the disease-specific reference groups (DRGs) and TRGs.

### 2.3. Implementers

- **Research networks.** In response to the 2008 Joint Coordinating Board (JCB) recommendation to facilitate activities in basic research, TDR has renewed engagement with a number of networks. These include the Transfection Network which involves institutions in Thailand (National Center for Genetic Engineering and Biotechnology [BIOTEC], Bangkok), Brazil (University of Sao Paulo), Nigeria (University of Ibadan), Australia (Walter and Eliza Hall Institute of Medical Research [WEHI] and Burnet Institute), United States of America (University of South Florida), and the Netherlands (Leiden University). The work of the group was presented at the annual meeting of the American Society of Tropical Medicine and Hygiene (ASTMH). An Asia-wide network of research groups working on ecosystem management interventions against dengue has also been developed and is being transferred to other areas of TDR activities.

- **Regional health information centres.** BIREME hosts and operates the TropIKA.net knowledge platform. The partnership provides computer hardware and software for enhanced capacity and infrastructure in DECs.

### 2.4 Special international initiatives focusing on infectious diseases of poverty

- **Collaborations have been established to provide support to malERA.** Supported by a grant from the Bill and Melinda Gates Foundation, malERA aims to develop a specific R&D agenda to support the global elimination of malaria. TropIKA.net is providing the framework to facilitate the consultative, multidisciplinary process of the scientific working groups and stakeholders.

- **Discussions at the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property (IGWG) emphasized the need to develop methodologies for identifying gaps in research on diseases that disproportionately affect developing countries.** In support of this call, a TDR-funded workshop was co-convened with the WHO Department of Research Policy and Cooperation (RPC) on Priority Setting Methodologies in Health Research (10–11 April 2008).
3. Implementation plan 2009–2013 and progress

Balanced and harmonized involvement and ownership by global stakeholders is pivotal to the success and acceptance of the Stewardship initiative. It is critical that countries affected disproportionately by diseases of poverty participate, contribute and share ownership of research for health agendas with their counterparts from donor countries. For these reasons, significant efforts have been taken to implement the Stewardship Function’s activities using the following basic guidelines of equity, gender and regional balance:

1. Committees and groups have strong representation and leadership (chair/co-chair) positions from low-income and developed countries.

2. DEC expertise is engaged throughout, wherever feasible.

3. Expert reference groups are hosted in DECs by developing-country institutions – national stakeholder discussions on specific issues will be held at 20 meetings in 10 countries over 2 years.

4. The (12) regional consultations will be organized in the 6 WHO regions over a two-year period and be organized back-to-back with regional ACHR meetings to ensure appropriate regional input.

The overall process focuses on outreach to facilitate organizational and institutional input. Key participants will continue to be drawn from national ministries, national research bodies, regional economic organizations, philanthropic foundations, civil society, the scientific community and other stakeholders.

3.1. Key milestones, plans and progress

Key achievements

Two key milestones have been achieved during the period.

1. Effective partnerships with the GFHR, UNESCO, WHO Regional Office for Africa and the steering and organizing committees of ministerial meetings to facilitate stakeholders’ dialogue and outreach for non-participating stakeholders, using TropIKA.net at the Ministerial Conference on Research for Health in the African Region10 and the Global Ministerial Forum on Research for Health.11 Traffic to the TropIKA.net site rose significantly during the weeks of these conferences. There was a 38% increase in new visits during June 2008 when the ministerial conference took place, with 7634 pages viewed. During the ministerial forum 9669 pages were viewed. Visitors spent an average of 6:45 minutes per visit – the TropIKA.net average is 3:35 minutes; the average for visitors who did not read content from the forum was 2:09 minutes.

2. A regional stakeholder consultation was held in China, facilitating the establishment of a TRG on environment, agriculture and infectious diseases, hosted by the WHO Representative Office in China. This is chaired by Professor A McMichael from the National Centre for Epidemiology and Population Health, Canberra, Australia, and co-chaired by Professor Xiao-Nong Zhou, deputy director of the National Institute of Parasitic Disease, Shanghai, China.
In 2009, seven reference groups will be set up on: (1) malaria; (2) health systems and implementation research; (3) social sciences research and gender; (4) dengue; (5) African sleeping sickness, leishmaniasis and Chagas disease; (6) helminth infections; and (7) tuberculosis. In 2010, two additional expert groups on other infectious diseases (including zoonoses) and biotechnology platforms will be set up (Table 2). Output of the ten reference groups will be consolidated and serve as a platform for a think-tank for infectious diseases of poverty through cross-cutting expertise and harmonized approaches. The goal is to provide a comprehensive, strategic overview of research opportunities, gaps, priorities and recommendations useful for decision-makers and stakeholders in agenda-setting.

Oversight

The Stewardship Function was initiated successfully in 2008 with the creation of two advisory committees to provide oversight for activities and ensure appropriate monitoring and evaluation of objectives and milestones. The first advisory body is the top-level Strategic and Scientific Advisory Committee (SAC) that oversees all of TDR’s stewardship activities and outputs. This is chaired by the former minister of health for Nigeria, Professor Eyitayo Lambo, and co-chaired by Dr Gillian Samuels, current chair of the Foundation Council of the Global Forum for Health Research (GFHR). The committee also includes Professor Chitr Sitthi-Amorn, the current Chair of the SAC for the TDR Empowerment Function, to provide cross-membership and synergy with Empowerment activities in TDR. The committee will meet biannually in 2009 and 2010 to provide sustained input during the early development of this function.

In addition to the SAC, an international Advisory Board was set up to assist in the management and oversight of the TropIKA.net initiative. The Advisory Board for TropIKA.net is chaired by Professor Gerald Keusch, associate dean for global health, Boston University School of Public Health, USA. The co-chair is Professor Zulfiqar Bhutta, Aga Khan University, Pakistan. Professor Keusch is also a member of the SAC for Stewardship providing direct reporting and link between the oversight for TropIKA.net and the SAC for Stewardship. A list of the two committees, members is attached in Annex 6.3. An overview of the governance for the Stewardship Function in relation to the overall TDR governance is shown in Fig. 2.

At the SAC’s first meeting in September 2008, the value of the business plan was commended although concern was expressed about the limited resources for the scope of work outlined. A second meeting of the SAC is planned for 11-14 January 2009.
### TABLE 2. DRGS, TRGS AND THEIR HOST SITES

<table>
<thead>
<tr>
<th>Reference group</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. DRG 1 Malaria – to be hosted by the WHO Regional Office for Africa, Republic of Congo</td>
</tr>
<tr>
<td>2. DRG 2 Tuberculosis – to be hosted by the WHO country office for India</td>
</tr>
<tr>
<td>3. DRG 3 Chagas disease, human African trypanosomiasis and leishmaniasis – to be hosted by the WHO country office in Sudan, in collaboration with the WHO country office in Brazil (to emphasize Chagas disease component)</td>
</tr>
<tr>
<td>4. DRG 4 Helminthiasis (including onchocerciasis, filariasis, schistosomiasis and soil-transmitted helminths) – potentially to be hosted by the WHO country office in Uganda</td>
</tr>
<tr>
<td>5. DRG 5 Dengue and emerging viral diseases of public health importance – hosted by the WHO country office for Cuba</td>
</tr>
<tr>
<td>6. DRG 6 Other infectious diseases including zoonoses – potentially to be hosted in Egypt</td>
</tr>
<tr>
<td>7. TRG 1 Social science and gender – hosted by the WHO country office for Ghana</td>
</tr>
<tr>
<td>8. TRG 2 Innovation and biotechnology platforms for health interventions – potentially to be hosted by the WHO country office for Thailand</td>
</tr>
<tr>
<td>9. TRG 3 Implementation research and health systems research – hosted by the WHO country office for Nigeria</td>
</tr>
<tr>
<td>10. TRG 4 Environment, agriculture and infectious diseases – hosted by the WHO country office for China</td>
</tr>
</tbody>
</table>
3.2. Implementation plans 2009–2013

Table 3 provides an overview of planned activities for the period between 2009 and 2013, including milestones and progress made.

The following Gantt chart (Fig. 3) shows the planned timeline of activities and their related milestones regarding the implementation of different strategic objectives.

<table>
<thead>
<tr>
<th>ID</th>
<th>Task name</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Research needs and opportunities for neglected diseases</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Global knowledge management among stakeholders</td>
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<tr>
<td>2</td>
<td>Development and editorial management of the knowledge platform</td>
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<tr>
<td>3</td>
<td>Commissioning and publishing authoritative reviews on infectious diseases of poverty</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4</td>
<td>Modelling and profiling of diseases, opportunities and simulation of control needs</td>
<td></td>
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<tr>
<td>5</td>
<td>Screening donors initiatives</td>
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<td>6</td>
<td>Desk work and investigative consultations and studies</td>
<td></td>
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<tr>
<td>7</td>
<td>Gap analysis and initiatives value assessment / report publication</td>
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<tr>
<td>13</td>
<td>Screening developing countries’ priorities in public health-related research</td>
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<td>14</td>
<td>Desk work and investigative consultations and studies</td>
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<td>15</td>
<td>Establishment of reference groups and WHO Country Office host arrangements</td>
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<td>61</td>
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<td>62</td>
<td>Establish and facilitate global stakeholder consultations</td>
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<tr>
<td>63</td>
<td>Consultation of key international actors in the field of health research</td>
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<td>64</td>
<td>Preparation</td>
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<td>70</td>
<td>Interviews and focus group discussions</td>
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<td>76</td>
<td>Qualitative analysis of information / report</td>
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<tr>
<td>82</td>
<td>Consultation of relevant stakeholders in developing countries</td>
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<td>83</td>
<td>Preparation</td>
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<td>89</td>
<td>Interviews and focus group discussions</td>
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<td>Regional workshops at ACHR meetings to discuss findings</td>
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<td>Preparation</td>
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<td>Regional workshops at ACHR meetings to discuss findings</td>
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<td>114</td>
<td>Report writing</td>
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<td>120</td>
<td>Desk work, collected data analysis, summary, reporting</td>
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<td>121</td>
<td>Preliminary findings discussion</td>
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<td>122</td>
<td>Initial major stakeholder meeting to discuss findings and finalize recommendations</td>
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<td>123</td>
<td>Smaller EU stakeholder meeting</td>
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<td>124</td>
<td>Biennial stakeholder meeting to discuss findings and finalize recommendations</td>
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<td>125</td>
<td>Production of biennial comprehensive reports</td>
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<td>126</td>
<td>Ministerial consortium/high-level advocacy group to support priorities</td>
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<td>129</td>
<td>Establishment and maintenance of innovative networks</td>
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<td>130</td>
<td>Monitoring and evaluation</td>
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Fig. 3. Implementation plans and timelines

3.3. Prioritization and specific activities for 2009

The first (highest) priority will be the constitution of seven additional reference groups in 2009 focusing on (1) malaria; (2) health systems and implementation research; (3) social sciences research and gender; (4) dengue and other viral diseases of major public health importance; (5) African sleeping sickness, leishmaniasis and Chagas disease; (6) helminth infections; and (7) tuberculosis. Output of the ten reference groups
will be consolidated and serve as a platform for a think-tank for infectious diseases of poverty. Cross-cutting expertise and harmonized approaches will provide comprehensive strategic overviews to identify research opportunities, gaps, priorities and recommendations useful for decision-makers and stakeholders in agenda-setting.

The second priority – linked to the first – will be the drafting of a framework for the Global Report on Research on Infectious Diseases of Poverty. Led by an experienced programme manager, a team that includes science writers and editors has been constituted to develop the framework for layout and production of the report.

The third priority will be to strengthen the position of TropIKA.net as a unique knowledge base and research tool for scientists and policy-makers in the field of infectious diseases of poverty.

The new EC partnership provides additional implementation support. The proposed activities for 2009 are shown in Fig. 3 and are outlined below.

1. Analysis of current financing and overall coordination of R&D, including a map of European Union (EU) action (new activities to be based on EC partnership). Specific reports will be produced and validated by web-based and physical stakeholder consultations. The reports will involve analysis of research priorities for infectious diseases of poverty or groups of diseases; funding initiatives and coordinating schemes on research into infectious diseases of poverty, and regional analysis and consultations involving expert groups and key stakeholders.

2. Screening of donor initiatives, including EC and EU Member State initiatives, through: (a) desk work and investigative consultations and studies; and (b) gap analysis and assessment of the value of the initiatives.

3. Screening of developing countries’ priorities in public health and related R&D policy, including: (a) desk work and investigative consultations and studies; (b) establishment of expert reference groups based in developing countries for in-depth investigation of specific areas of research; and (c) gap analysis and assessment of the value of the initiatives.

4. Enhancing stakeholders’ access to information and for stakeholders to provide feedback through TropIKA.net, paying particular attention to access for least-developed and other developing countries.

5. Consulting key international actors in the field of health R&D (international agencies, scientific community, research institutes, infectious diseases associations, pharmaceutical industry, sponsors) using: (a) one-on-one structured interviews by phone or in person; (b) structured group discussions whenever possible and appropriate; and (c) qualitative analysis of information to define common messages.

6. Consulting stakeholders in developing countries (relevant national authorities, scientific community, pharmaceutical industry, private actors, other non-state actors) using: (a) one-on-one structured interviews by phone or in person; (b) structured group discussions whenever possible and appropriate; and (c) qualitative analysis of information to define common messages.

7. Holding regional workshops for focus groups (Latin America, North Africa/Mediterranean, sub-Saharan Africa, and Asia/Pacific) to discuss data collected in different countries of the region and the priorities and options for supporting R&D, including South-South cooperation.

8. Collaborating with WHO regional ACHRṣ in each of the six WHO Regions (African, Americas, South-East Asia, European, Eastern Mediterranean and Western Pacific) to facilitate formal input in priority-setting.

9. Consulting with appropriate regional organizations. For example, the African consultation will invite participation from the African Union and New Partnership for Africa’s Development (NEPAD). There will be involvement with regional development banks and regional representatives of key United Nations’ agencies such as the United Nations Children’s Fund (UNICEF) and UNESCO. Sub-regional economic groupings such as the Economic Community of West African States (ECOWAS) and the Southern African Development Community (SADC) will also be represented. Significant research and academic representation, e.g. through academies of science, will also be encouraged.
<table>
<thead>
<tr>
<th>Business line objectives</th>
<th>Activities (2008–2013)</th>
<th>Milestones and target dates</th>
<th>Progress made</th>
<th>Revised dates (if relevant)</th>
</tr>
</thead>
</table>
| **Strategic objective 1** | **1. Global knowledge management among stakeholders**  
• Development and editorial management of the knowledge platform  
• Commissioning and publishing authoritative reviews on research into infectious diseases of poverty  
• Modelling and profiling of diseases, opportunities and simulation of control needs  
• TropiKA.net launched October 2007  
• TropiKA.net international editorial and management teams established by January 2008  
• Review coordinating team established by February 2008  
• Developed and implemented TropiKA.net special features to support international health forums in Algiers by June 2008  
• First set of TropiKA.net reviews published June 2008  
• TropiKA.net reviews published/planned: 20 in 2008, 30 in 2009 and 40 in 2010  
• TropiKA.net collaborative workspaces for expert groups developed by December 2008  
• Framework for epidemiological models established 2009  
• Global and regional models on disease epidemiology established 2011  
• TropiKA.net launched October 2007; international editorial team operational January 2008; knowledge platform fully populated April 2008; special features to support international health forums (knowledge hubs) implemented (Algiers: June; African Network for Drugs and Diagnostic Innovation [ANDI]: October; Bamako: November 2008)  
• Collaborative workspace for malaria eradication research agenda (maleRA) established December 2008  
• TropiKA.net reviews –review coordinating team operational February 2008, review of framework (general operations guide [GoG]) established September 2008, first set of reviews commissioned | First set of TropiKA.net reviews originally planned to be published by mid-2009. Delayed until fourth quarter of 2009 in order to define product specificity |
**Table 3 CONT. Implementation Plans and Progress, 2008–2013 Activities**

<table>
<thead>
<tr>
<th>Strategic objective 2</th>
<th>Activities (2008–2013)</th>
<th>Milestones and target dates</th>
<th>Progress made</th>
<th>Revised dates (if relevant)</th>
</tr>
</thead>
</table>
| Develop an evidence- and analysis-driven forum for the identification of priority needs and major research gaps through stakeholder consultations and to enhance the relevance of infectious diseases research priorities to control needs | 2a. Screening donors initiatives  
2b. Screening developing countries’ priorities in public health-related research  
- Establish DRGs, TRGs and WHO office host arrangement (January–June 2009)  
- Gap analysis and initiative value assessment (6 DRG and 4 TRG meetings per year)  
- Write and publish ten annual reference group reports (from July 2009, after each group meeting) | - GOG developed  
- DRG/TRG network set up 2007–2009  
- Network of six DRGs/TRGs fully operational June 2008  
- Six annual reports compiled and published on TropiKA.net by end of 2008  
- Ten annual reports compiled and published on TropiKA.net by end of 2009 | - Screening of donor initiatives conducted for tuberculosis research  
- First meeting of chairs and co-chairs of DRGs/TRGs May 2008  
- GOG reviewed and endorsed by SAC, September 2008  
- Membership, location and structure for six DRGs/TRGs established  
- TRG on environment, agriculture and infectious diseases inaugurated in Beijing, China. Meeting followed by first stakeholder consultation October 2008 | Screening of donor initiatives June 2009  
Set up eight DRGs/TRGs December 2009  
Full network of ten DRGs/TRGs expected to be operational by January 2010  
Six annual reports of DRGs/TRGs to be compiled and published on TropiKA.net by end of 2009 |
| Strategic objective 3 | Provide a neutral platform for partners/stakeholders to discuss their activities, reach the highest possible level of consensus and enhance their collective efficiency and advocacy for infectious diseases of the poor with the active involvement of DECs | 3. Establish and facilitate global stakeholder consultations  
- Consultation of key international actors (focus group meetings, analysis and reporting)  
- Consultation of relevant stakeholders in developing countries (focus group meetings, analysis and reporting)  
- Regional workshop at ACHR meetings to discuss findings (three per year, analysis and reporting) | - Global stakeholder forum conceptualized and planning document compiled by end of 2009  
- Stakeholder consultations held | Concept and framework for Global Stakeholder Forum December 2009  
Stakeholder consultation on maximizing opportunities for cohesion in North–South and South–South partnerships for tropical disease research, Berlin, March 2009 |
### TABLE 3 CONT. IMPLEMENTATION PLANS AND PROGRESS, 2008–2013 ACTIVITIES

<table>
<thead>
<tr>
<th>Business line objectives</th>
<th>Activities (2008–2013)</th>
<th>Milestones and target dates</th>
<th>Progress made</th>
<th>Revised dates (if relevant)</th>
</tr>
</thead>
</table>
| **Strategic objective 4** Synthesize global evidence and provide a strategic overview of infectious diseases research | 4a. Desk work, collected data analysis, summary and reporting:  
- Compile and publish biennial report on global progress in infectious diseases research and control | On annual basis:  
- First draft approved early 2010  
- First set of annual reports compiled by end 2009  
- Compilation of annual DRG/TRG reports ready for submission to stakeholder consultation by end of 2009 |  
- Production team established November 2008 | Based on discussions with first operational TRG and their workplan, the most reasonable date for the production of the report is November 2010 |
| 4b. Preliminary findings discussion  
- Initial major stakeholder meeting to discuss findings and finalize recommendations  
- Biennial stakeholder meeting to discuss findings and finalize recommendations | | |
| **Strategic objective 5** Advocate for support of health research and effective utilization of its results in the control of infectious diseases of poverty at international, regional and national policy levels | 5. Ministerial consortium/high-level advocacy group to support priorities |  
- GOG and framework established September 2008  
- Coordinating team established 2008  
- First meeting of ministers 2009  
- Advocacy tools developed for 21 decision-makers/opinion leaders, implemented third quarter of 2010 |  
- Concept note on ministerial consortium established and discussed in SAC (Sept 2008) and TDR’s Standing Committee | 
- Delayed due to request for further discussions by TDR Standing Committee.  
- Operational framework finalized following Standing Committee endorsement in March 2009 (June 2009)  
- Hosting institutions for coordinating team meetings agreed December 2009 |
### TABLE 3 CONT. IMPLEMENTATION PLANS AND PROGRESS, 2008–2013 ACTIVITIES

<table>
<thead>
<tr>
<th>Business line objectives</th>
<th>Activities (2008–2013)</th>
<th>Milestones and target dates</th>
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<th>Revised dates (if relevant)</th>
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<tr>
<td>Strategic objective 6</td>
<td>6. Establishment and maintenance of innovative networks following stakeholders’ recommendations</td>
<td>• Stakeholder consultation on South–South initiative to be held at Bellagio Center in March 2009</td>
<td>• Framework for nature of networks and role in TDR defined and presented to SAC-STE and TDR in September 2008 • New strategy for South-South initiative developed in October 2008 • Initiation of new networks delayed</td>
<td>Three innovative networks developed by 2010</td>
</tr>
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</table>
4. Leverage; contributions to empowerment and stewardship; and synergies within the functions in the new TDR strategy (business lines)

4.1. Leverage

Stewardship’s main function is to leverage the knowledge and links of the players in the field of research on the diseases of poverty. By enhancing participation and facilitating dialogue, TDR will identify and draw out people who and institutions that can identify gaps and provide the skills to fill them. Specific examples include the South-South and North-South networks involving researchers and institutions in Thailand, Brazil, Nigeria, Australia, the United States of America and the Netherlands – all providing unpaid support to the effort. The expert groups bring in additional highly skilled expertise (at no charge) to aid identification of gaps and opportunities. This in-kind contribution will be quantified for the next annual report.

The University of Ghana has taken advantage of the expertise offered by the new TRG on environment, agriculture and infectious diseases to develop a framework for the establishment of an Institute of Environment and Sanitation Studies. This will be a gift to the university from the President of the Republic of Ghana and will continue to benefit from association with the TRG.

4.2. Contributions to overall empowerment and stewardship objectives

A strategic framework for collaboration between the Stewardship and Empowerment functions was developed in early 2008 and has been discussed and developed in the line management team meetings. Each unit has a network framework within the new TDR strategy. The Stewardship Function will contribute to the empowerment mission of the overall TDR programme through its career development fellowships for TropIKA.net (6) and the DRG/TRG network (10). Equitable access to research knowledge through TropIKA.net will also contribute to fulfilling the mission of empowering DECs. Ensuring alignment between donors’ activities and country strategies will empower DECs to play a pivotal role in setting up and implementing health research agendas and policies.

The new partnership with the EU will provide additional stewardship funds (estimated at € 2 million) towards the work of donor harmonization.
4.3. Synergies with the work of TDR business lines

The Stewardship Function has established strong collaborations with other units and activities within TDR and WHO. Leaders and members of TDR’s Empowerment Function and of the business lines for research on neglected priorities areas are key contributors in establishing the DRGs and TRGs. Other activities are being jointly implemented as follows:

- **Strategic Alliances.** Stewardship, Strategic Alliances and the Global Fund to Fight AIDS, Tuberculosis and Malaria worked on the framework for operational research. Discussions and activities have resulted in a TDR and Global Fund joint proposal to establish a strategic framework and tools for implementation research. The strategic alliance also collaborates with the Hepatitis C initiative in Canada to increase attention to a disease that is not well-known but that has public health implications.

- **External Relations and Governing Bodies.** Organization of stakeholders’ meeting, in collaboration with the German government, in March 2009.

- **Portfolio Policy and Development.** Working together on the ESSENCE initiative on donor harmonization.

- **Lead Discovery for Drugs for Infectious Tropical Diseases.** TropiKA.net utilized for the ANDI meeting in Abuja, Nigeria, October 2008.

Various TDR business lines pursue specific stewardship activities. A framework and systematic approach for collaboration with the overall Stewardship Function is being developed and strengthened to ensure effective global stewardship.
5. Critical issues and suggested solutions

The concept of stewardship for research for health is now global and well-accepted. However, TDR must earn the trust necessary to play this role as a major facilitator for infectious diseases of poverty, an effort that needs to be built upon and nurtured. Some stakeholders may be critical if TDR is perceived to be setting the priorities for meetings convened for research priority-setting on infectious diseases. Therefore, it will be important to clarify that all key partners will collaborate in the process. TDR is only facilitating objective, scientific processes for analysing research needs and opportunities and identifying evidence-based research priorities. The challenge of convincing any skeptics that the stakeholder platform is a useful mechanism for enhancing decision-making and consensus-building will continue to require concerted efforts. It will be important to achieve some early and important milestones in the strategic plan as well as consistent and effective partnerships to work towards common goals with other organizations. The new partnership with the EC is an important start.

Other critical issues include the following:

• Unrealistic expectations for the scope and timing of the Global Report (e.g. to cover all infectious diseases within such a short time frame) can lead to unfulfilled goals. The Stewardship Function should commit itself to deliver only quality products that can be produced with the available resources.

• The knowledge platform content will need to be updated regularly. The platform is hosted at BIREME in Brazil, where a team of webmasters and information specialists maintain the content of the site and emphasize the DEC perspective. There is also the challenge of including perspectives from all those DECs beyond the hosting group’s base.

• Rapid evolution of web-based information systems and possible development of competing systems or web sites (e.g. Google Medicine) could create competition that draws away resources and attention from TropIKA.net. The knowledge platform will need to keep evolving and be open to new opportunities and new partnerships that enable it to achieve its objective.

• Poor Internet facilities could cause some DEC scientists and health professionals difficulty in accessing the knowledge platform. To address this potential problem, the knowledge platform web site is being developed specifically for low-bandwidth connections.
6. Annexes

6.1. Details of progress and key achievements 2008

Strategic objective 1. Assess stakeholder environments (including donors’ initiatives) and provide a global knowledge platform on health research needs, opportunities and activities on infectious diseases of poverty

The new knowledge hub initiative has strengthened TropIKA.net’s ability to facilitate participation and dialogue at international health research forums. Daily summaries and briefs allow attendees and those elsewhere real-time access to background materials, blogs, session summaries, commentaries and more. In addition, CD-ROMs of the content are made available after the meetings. The initiative was validated with positive feedback (Figs. 3 and 4) at the Ministerial Conference on Research for Health in the African Region, Algiers, 23–26 June 2008 and at the Global Ministerial Forum on Research for Health, Bamako, Mali, 17–19 November 2008.

The CD-ROM version of the Algiers meeting was distributed at the WHO Regional Office for Africa’s regional committee meeting to assist ministers and delegates to prepare for the Bamako forum. A “self-service” version of TropIKA.net’s meeting knowledge hub was developed and implemented at the first meeting of ANDI in Abuja, Nigeria, 6–8 October 2008. TropIKA.net also provided coverage through two rapporteurs at the Third High-Level Forum on Aid Effectiveness held in Accra, Ghana, 2–4 September 2008.

TropIKA.net has set up and monitored 25 collaborative workspaces to support activities carried out by the DRGs, TRGs and other TDR business lines and areas (Integrated Community-Based Interventions and Strategic Alliances) as well as activities carried out with external partners (Global Fund). TropIKA.net has been invited to assist the Bill and Melinda Gates Foundation’s R&D group on malaria eradication (malERA) in setting up an innovative cyber workspace to foster dialogue, collaboration and consensus building for a common research agenda among various expert groups and stakeholders (stakeholders’ commons).
A TropIKA.net review coordinating team, consisting of three senior research scientists (hosted at Hughes Hall, University of Cambridge, UK) and a managing editor in Malawi, was established in February 2008. The General Operating Guides, Instructions to Authors and structure of the reviews are being finalized. The first set of reviews, comprising 20 public health and research topics, is expected to be published in the second quarter of 2009.

A web dashboard (Fig. 4) set up to monitor the web site’s usage through a collection of metrics has shown a continuous increase of activity on TropIKA.net, with a significant rise in the number of visitors to the site during the Algiers and Bamako ministerial conferences (Figs. 5 and 6).
Strategic objective 2. Develop an evidence- and analysis-driven forum for the identification of priority needs and major research gaps through stakeholder consultations and to enhance the relevance of infectious diseases research priorities to control needs

Reference groups

The global distribution of reference groups is shown on the following map (Fig. 7).

A GOG for the DRG/TRG initiative was established in late 2007. In early 2008, the Stewardship Function embarked on widespread negotiations with WHO Regional Offices and country offices. Chairs and co-chairs have been identified for all six Regional Offices and an informal consultation on implementation, operations, management and expected outputs of the DRGs and TRGs was held in Geneva, 15–16 May 2008. The GOG has been finalized, including work plan arrangements for each of the groups, and the chairs and co-chairs have identified potential members of these new reference groups.

By October 2008, the first TRG on environment, agriculture and infectious diseases was fully operational. This is chaired by an international expert on the environment, Professor McMichael, and co-chaired by Professor Zhou, deputy director of the National Institute of Parasitic Disease, Shanghai, China. While the group’s analytical efforts will be focusing on global issues and trends in environment, agriculture and infectious diseases, its activities and output are expected to contribute to infectious diseases’ control in China. Consequently, the first annual meeting of the TRG (22–23 October, 2008 in Beijing, China) was co-organized by the WHO Representative Office in China, TDR and the Chinese Center for Disease Control and Prevention (China CDC). This was preceded by a stakeholder consultation on 21 October; further regional stakeholders’ consultations were held in China. Detailed reports of the structure and stakeholders’ perspectives on the TRG are attached in Annex 1. The nomination processes have been completed for five other reference groups and the appointment of members is imminent.

Fig. 7. Disease-specific and thematic reference groups (DRGs/TRGs) – global distribution by WHO region
Career development fellowships

Career development fellowships are being developed so that researchers in DECs can play a pivotal role in agenda-setting for infectious diseases of poverty. The framework for the fellowships is being developed to take advantage of activities in DRGs/TRGs and TropIKA.net, and in partnerships with other organizations, institutions and agencies that could enhance value. Discussions are under way with the ASTMH, USA, about co-sponsorship of the fellowships. Also, collaborations to enhance the experiences are being discussed with the School of Public Health, Harvard University; and Hughes Hall, Cambridge University.

Strategic objective 3. Provide a neutral platform for partners/stakeholders to discuss their activities, reach the highest possible level of consensus and enhance their collective efficiency and advocacy for infectious diseases of the poor with the active involvement of DECs

Discussions at IGWG have emphasized developing methodologies for identifying gaps in research on diseases that disproportionately affect developing countries. In support of this, a workshop on Priority Setting Methodologies in Health Research was held 10-11 April 2008, funded by TDR and co-convened with the RPC. The overall objective was to develop practical proposals for user-friendly methodologies for priority setting in health research for application in developing countries. Specifically, the workshop: (1) reviewed the main priority setting methodologies utilized to date, (2) reviewed and assessed case studies of priority setting in various countries and for various topic areas and (3) developed a framework of guiding principles and a practical approach to bring together salient elements of existing methodologies. The workshop was attended by 22 participants representing experience with national priority setting in 12 countries, joined by experts in priority setting methodologies. Also present were 16 WHO staff representing various technical and research departments.


Strategic objective 4. Synthesize global evidence and provide a strategic overview of infectious diseases research

Stewardship activities will culminate in the production of a comprehensive overview of opportunities, control challenges and gaps in R&D for public health needs in developing countries, with recommendations on how the priorities should be addressed. This will be compiled in a comprehensive Global Biennial Report on Research on Infectious Diseases of Poverty, to be published in 2010. A production team was established in November 2008.

Strategic objective 5. Advocate for support of health research and effective utilization of its results in the control of infectious diseases of poverty at international, regional and national policy levels

Advocacy represents an important effort necessary for disseminating research priorities and needs. Consultations with stakeholders have been initiated to develop the nature and levels of advocacy. A conceptual framework of a high-level advocacy group has been developed and shared with both Stewardship’s SAC and TDR’s Standing Committee. This group will be charged with helping to create an environment in which institutions and decision-makers in resource-poor countries can play pivotal roles to promote and facilitate priorities in research on infectious diseases of poverty, in partnership with their counterparts from resource-rich countries. In 2008, a detailed GOG was commissioned.
Efforts in 2009 will be devoted to finalizing the concept, the GOG and the constitution of a facilitating group of five to six international leaders. This activity will be pursued in collaboration with the TDR communications and advocacy group and others in WHO, with the goal of launching the High-Level Advocacy Group in 2010.

**Strategic objective 6. Foster research networks and kick-start innovative research initiatives**

TDR’s Stewardship Function has a critical role to play in incubating innovative research concepts. Synergies with other major research funding organizations are critical. TDR’s international research reference groups (DRGs/TRGs) will assess the need for, and value of, such research innovation. They will also play an important role in determining whether innovative research initiatives can spin off into separate TDR business lines or other non-TDR opportunities.

Since 2003, TDR has been collaborating with the International Development Research Centre (IDRC), Canada, on an innovative, transdisciplinary research concept, Eco-Bio-Social Research on Dengue. This TDR/IDRC collaboration started with a small pilot programme in Brazil and Colombia in 2003 and 2004. Since 2005 it has expanded into six countries of Asia. The goal is to identify how best to manage dengue through cross-disciplinary approaches of environmental vector control; social and gender issues that affect diagnosis and treatment; and case management.

In early 2008, a US$ 6 million grant application for eco-bio-social research on dengue and Chagas disease in Latin America and the Caribbean was developed and submitted to the Ecosystem Approaches to Human Health Program of IDRC. The grant was approved to start in October 2008.

**6.2. Responses to specific JCB/STAC comments**

**JCB (2008) on the Stewardship Function**

1. Stressed importance of the Stewardship Function and encouraged the outreach of this function to a wider constituency. The programme has positively responded with partnerships with other stakeholders and new initiatives, including tools used to support Algiers and Bamako meetings, new partnerships and funding support by EC (see Section 3).

2. Continue holistic view of research from basic and product innovation through to implementation research and health systems. The Stewardship Function should include identification of priority areas for basic research within its objectives. The programme has re-engaged with networks focusing on translational research and application of basic research in infectious diseases of poverty. The network for the South-South initiative has developed a new strategy under the auspices of TDR Stewardship Function and will discuss the implementation with a wider stakeholder forum with support from the Rockefeller Foundation in February 2009. The engagement with the transfections network and IDRC collaborations is providing a framework for defining priorities in basic research as directed.

3. Importance of efforts by TDR and JCB participants at political level for strengthening national institutions and research at international level. Progress is being made towards the establishment of the High-Level Advocacy Group for Infectious Diseases of Poverty. The SAC for the Stewardship Function has provided input into the framework and the Standing Committee has also provided guidance and suggestions.
4. Pay attention to research on the impact of climate change on tropical and vector-borne diseases. The establishment of the TRG on environment, agriculture and infectious diseases was elevated to the highest priority and inaugurated in China following the JCB recommendation. The area is being implemented in collaboration with WHO departments and the WHO Representative Office in China.

5. Requested continuous monitoring of business lines (to determine when new ones are needed and old ones should be phased out) and close interaction among business lines. This is in progress. TDR has set up TDR14, in which old projects can be phased out and new ones brought in. The development of the Asia network on dengue and its transfer is one example of this. This provides a proof of principle of the concept of nurturing new initiatives as part of the new strategy.

**STAC (2008) on STE**

1. Adequate funding to perform and make impact. Documentation should include clarity on the level of budget and gaps to make it more credible & informative. Funding has been increased. The EC partnership is providing additional resources. Details of funding will be provided.

2. Exercise rapid adequate human resources recruitment to allow smooth implementation of planned activities. Recruitment of new personnel is on course. Leaders of other functions in TDR are participating in the finalization of reference group implementation.

3. Development of indicators of progress and impact should be a priority. This is ongoing. The Gantt chart and tables in this report illustrate the progress made.

4. Develop more innovative ways to reach the intended audience of researchers, policy- and decision-makers and control personnel, including enhancing interpersonal relations and not relying mainly on electronic media. Partnerships with other organizations have been developed. Plans for 2009 include regional consultations including TDR participation at regional meetings of the WHO Advisory Committee on Health Research (ACHR) and other stakeholder forums. A stakeholder consultation on maximizing opportunities for cohesion in North-South and South-South partnerships for tropical disease research is to be held in Berlin in March 2009.

5. Ensure involvement of national health research councils and ministries. Collaborations with ministries are being strengthened (Brazil, China, Ghana and Nigeria are actively being engaged). Plans with other ministries and councils are in progress, especially as part of the high-level advocacy groups.

6. Consultation with existing networks and partnerships is essential to provide a wider selection of additional candidates. This is in progress.

7. Climate change to be included as a cross-cutting issue to ensure inclusion in all business lines. Actions should reflect its concerns and responsiveness towards climate change. The establishment of the TRG on environment, agriculture and infectious diseases was elevated to the highest priority and inaugurated in China following the recommendations of JCB and STAC. It is being implemented in collaboration with WHO departments and the WHO Representative Office in China. Strategic outputs of the TRG will be made available to support business line activities in TDR.
6.3. Stewardship SAC and TropIKA.net advisory board members

**Strategic Advisory Committee (SAC) on Stewardship for Research on Infectious Diseases of Poverty (STE)**

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<thead>
<tr>
<th>Role</th>
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<th>Institution</th>
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<tbody>
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<td>International Management and Health Consultants, Abuja, Nigeria</td>
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<td>Dr Gillian SAMUELS</td>
<td>President, Foundation Council GFHR, Sandwich, United Kingdom</td>
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<td>CHAIR, SAC on Empowerment</td>
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<td>RAPPORTEUR</td>
<td>Dr Pamela ANDANDA</td>
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<td>Director, Instituto Oswaldo Cruz, Rio de Janeiro, Brazil</td>
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<td></td>
<td>Professor Lenore MANDERSON</td>
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<tr>
<td>REPRESENTATIVE of CHAIRS/ VICE-CHAIRS Research Reference Groups (DRGs/TRGs)</td>
<td>Professor Xiao-Nong ZHOU</td>
<td>National Institute of Parasitic Diseases, Shanghai, China</td>
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TropIKA.net Advisory Board

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<td>National Institute of Parasitic Diseases, Shanghai, China</td>
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6.4. List of supporting documents

(available under separate cover)

- Algiers CD (provided in SAC and STAC package with link)
- GOG TropIKA.net
- GOG DRGs/TRG
- Concept note High-Level Advocacy Group
- Special issue TB and gender (http://www.who.int/tdr/svc/publications/journal-supplements)
- Schistosomiasis bibliography (http://www.who.int/tdr/svc/publications/tdr-research-publications/social-context-schistosomiasis)
References

2. Tropical Diseases Research to Foster Innovation and Knowledge Application (http://www.tropika.net/svc/home).
5. http://www.oecd.org/document/18/0,2340,en_2649_3236398_35401554_1_1_1_1,00.html, accessed 7 February 2009.
6. See also Indicators of progress to be measured nationally and monitored internationally (http://www.oecd.org/dataoecd/57/60/36080258.pdf, accessed 7 February 2009).
The Special Programme for Research and Training in Tropical Diseases (TDR) is a global programme of scientific collaboration established in 1975. Its focus is research into neglected diseases of the poor, with the goal of improving existing approaches and developing new ways to prevent, diagnose, treat and control these diseases. TDR is sponsored by the following organizations:

[Logos of participating organizations]