TDR For research on diseases of poverty

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TDR's RESPONSE TO THE RECOMMENDATIONS OF THE SEVENTH EXTERNAL REVIEW

# RECOMMENDATION	RESPONSE	PROGRESS STATUS
I. RECOMMENDATIONS FOR NEXT STRATEGY - ACTIONS WITHIN THE REMIT OF THE JCB		
2.4 TDR to identify ways in which it might increase its engagement and focus at country level. Possible options could include having more formal national TDR representatives within existing partner organizations and/or having national research officers within the country offices of WHO or another co-sponsor and/or structuring the Secretariat differently and/or having some staff based in regions/countries. There may be need for different solutions in different country contexts.	Our partnership model generates value via working closely with partners at global, regional and country levels. This will be further considered and clarified in the next strategy. However, as a global programme with a relatively small number of staff, having people placed in country or regional offices would require significant additional resources and would risk fragmenting our strategy and approach. Previous discussions by governance bodies have not supported such options.	After consultation with JCB
2.5 TDR to consider whether there is need to change its name with or without change of its acronym. Options might be to formally change the name to the name being used in practice, i.e. UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training on (Infectious) Diseases of Poverty with or without changing the acronym TDR which has widespread recognition and value as a brand.	To be discussed and decided by the JCB, given the broad implications, including for the Memorandum of Understanding. The key issue is the trust of a 45-year-old well-known brand. Perhaps at a key milestone like the 50th anniversary consideration could be given to (re-) branding and its implications, considering pros and cons of the options of making modification to the name of the Programme, the TDR acronym, or both. Careful attention will be given to a new "tag line" driven by the new strategy, to use alongside the acronym.	After consultation with JCB

#	RECOMMENDATION	RESPONSE	PROGRESS STATUS
	2.6 *(With regard to long-term alignment with other entities with similar profiles, such as HRP, AHPSR or WHO Academy),* to consider how agencies and programmes working in similar areas (of IR, research capacity strengthening and low- and middle-income countries) could work more closely together including potentially merging activities and/or organizations.	To be discussed and decided by the JCB. TDR is already aligning more closely with WHO-based research entities though the new Science Division.	After consultation with JCB
	9.3. To review how well this mechanism (oversight of the Global Engagement strategic priority area by the IMP and RCS SWGs and by STAC) is working and, based on this review and the assumption that global engagement remains a priority in the next strategy, decide whether global engagement merits its own unit and its own SWG.	The coordination of global engagement has served well in the last strategy and if global engagement remains part of the new strategy, the crosscutting coordination of this area may be further strengthened with the potential establishment of a specific SWG.	After consultation with JCB
	28.1. To explore ways in which collaboration and cooperation between TDR, HRP and AHPSR can be enhanced, particularly in the area of research capacity strengthening	Already in progress through a joint theory of change for capacity building and numerous joint activities, in addition to greater engagement with the Science Division.	Implementation
	28.2. To explore potential for joint/merged activities on research capacity strengthening	Such activities are already taking place through joint calls for proposals, co-funding of projects, working together on topics of importance to both Programmes (such as gender and intersectionality), etc. We will continue to explore further avenues for collaboration as recommended.	Implementation
	28.3 To discuss long-term plans for these three entities (TDR, HRP, AHPSR). Does it make sense to aim for merger with a focus on research capacity strengthening with scope for particular programmes focused on specific topics?	Needs to be a discussion by the boards of all three organizations, taking into consideration that the unique value propositions of each of the three entities need to be maintained.	After consultation with JCB

# RECOMMENDATION	RESPONSE	PROGRESS STATUS
II. RECOMMENDATIONS FOR NEXT STRATEGY - ACTIONS WITHIN THE REMIT OF THE SECRETARIAT		
1.1. In preparing the next strategy, to organize a structured process of consultation, that might be externally facilitated, with a wide range of stakeholder groups including, in particular, co-sponsors; JCB, Standing Committee, STAC, and SWG members; WHO Regional Offices; WHO Science Division; WHO relevant technical departments; WHO Academy; other similar research entities (HRP and AHPSR) and TDR staff.	We will organize a broad, structured consultation for the development of the next Strategy (2024–2029), during 2022 and 2023.	Planning
2.1 TDR's focus in the next strategy to remain on implementation research, research capacity strengthening and low- and middle-income countries.	We expect that the outcome of the planned consultations for the next strategy will be consistent with this recommendation but have to be open to other/additional outcomes.	Planning
2.2 Next strategy to be clearer as to what implementation research and its sub-divisions are avoiding having implementation research as both an overarching term and a sub-category. If sub-categories are retained, perhaps a different term could be used, such as research for delivery and access.	In the next strategy, it will be made clearer that the research for implementation strategic priority area includes implementation research, operational research, behavioural research and other types of research, and will consider renaming the respective work stream to "research for delivery and access".	Planning
2.3 TDR to clearly identify what success looks like in terms of the current and future strategic focus. This is not so much about specific indicators but about clearly describing that success is no longer about TDR identifying breakthrough products in specific diseases but is about TDR's partners improving implementation locally and nationally.	We will consider in the next strategy how to better count our new types of successes.	Planning
3.1. *(In the context of improving on measuring how countries are generating and using research evidence and the extent to which TDR's activities are contributing to this),* to conduct country-level evaluations/case studies focused on understanding the extent to which countries are generating and using research evidence and any contribution TDR and its programmes and partners have made to this, including through promoting implementation research, providing and leveraging funding, and strengthening research capacity.	The opportunity to include country case studies will be considered when developing the Terms of Reference for the next External Review of the Programme. At secretariat level, we have been doing this for specific projects, e.g. impact on VL elimination and on institutional capacity build.	Planning

# RECOMMENDATION	RESPONSE	PROGRESS STATUS
3.2. To address the following areas in preparing metrics/indicators in any performance framework for the next strategy: • Climate change metrics in TDR programmes • Measure of TDR's own carbon footprint • Measures of emergency preparedness and involvement • Measures of sustainability beyond continued use of TDR products • Indicators of gender and geographic balance in TDR staff and specific elements of TDR's governance structure, e.g. JCB • Indicator to measure proportion of spending on operations support (by designated and undesignated funding).	Recommendations will be considered in the broad consultation process for the revision of the Performance Framework, to align it with the next Strategy (2024–2029).	Planning
4.2. To determine whether TDR wishes to only be guided by locally-determined priorities or whether it wishes to continue to highlight certain thematic priorities in the next strategy that might otherwise be overlooked. Consideration to be given to shift away from these priorities being based on specific diseases or disease groups to thematic issues, such as climate change, gender and intersectionality and emergencies/outbreaks/epidemics/ pandemics.	Since 2012, we have shifted away from disease-focus to broader themes as strategic priority areas informed by global, regional and sub-regional objectives. We have already started identifying some crosscutting themes and they are part of our workplans (e.g. gender and intersectionality, mitigation of the effects of climate change, digital health) should be retained and possibly brought into clearer focus. Additional exploration of crosscutting areas will be considered in the next strategy.	After consultation with JCB
5.1. To engage with each of the co-sponsors separately on the relevance of TDR to their activities. With the World Bank specifically, identify opportunities for joint collaborative projects, as TDR has done with other co-sponsors, in one or two countries .	Will continue our engagement with UNICEF, UNDP and WHO and expand our discussion with the World Bank to identify opportunities for joint projects.	Implementation
12.1. To review the continued utility of an RCS unit and how TDR might be best structured to deliver its next strategy. One option is to keep the structure mostly as it is, with IMP and RCS units, while clarifying the situation of GE and whether this area should have a unit and SWG depending on how well the current arrangement is going. However, the new strategy might require a more radically revised structure, particularly as research capacity strengthening is currently both TDR's main way of working and the name of a specific unit.	Will be considered in the next strategy. Capacity building is at the heart of all of our work and we must not confuse internal administration with programmatic focus. Greater clarity will be given to how research capacity strengthening activities are performed both through explicit RCS training schemes and implicitly as part of research or global engagement activities. The connection of the research capacity strengthening theory of change to the administrative structure will be better described. The RCS Unit has proved a practical solution by managing the large explicit capacity strengthening programmes and working across the organization to support integrated efforts.	After consultation with JCB

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21.1. In the new strategy, to consider monitoring sustainability through other measures for example, the number of countries where TDR has made an assessment of the likely sustainability of outcomes to which they contribute and has identified contextual factors that may affect sustainability, with a rating system of sustainability likelihood (likely without additional interventions/ possible with engagement of co-sponsors and others/unlikely).	We will consider this in the discussions for the next strategy. TDR focus is on health equity and on serving the least developed and most in need populations, even when they may not live in 'environments' best suited to ensure sustainability without support exceeding that which TDR can provide. We cannot reduce support to the most needful countries simply because that reduces our chances of success.	Planning
29.1. To consider whether there is an appetite for developing a cross-cutting thematic area on climate change mitigation in the next strategy, perhaps in a similar way to what was done for gender and intersectionality.	Will be considered in the next strategy, i.e. to incorporate climate change adaptation for increased resilience of vulnerable populations to the impact of climate change to health/well-being and diseases.	After consultation with JCB
31.3. To present an analysis paper to the STAC/SC/JCB which clearly identifies the role(s) TDR would (and would not) play in future emergencies/outbreaks/ epidemics/pandemics. To then use this as the basis to clearly communicate TDR's value-added in terms of preparing for and responding to emergencies/outbreaks/epidemics/ pandemics in the next strategy.	Will be considered in the next strategy.	After consultation with JCB
31.4. To consider revising the current focus on disease groups, which implies that core health system research capacity strengthening is a by-product and not the explicit aim of TDR's work. Consider moving away from focus on disease groups in the long-term.	As noted, the focus of TDR's work will be explored during the broad consultation for the next strategy. Discussion can be held around TDR's remit and how any change may need to be reflected in the Memorandum of Understanding. Also see our response to recommendation 4.2.	After consultation with JCB
III. OPERATIONAL RECOMMENDATIONS – MAJOR		
6.1. To develop annual milestones for KPIs to aid understanding and visualisation of whether they are on track.	Recommendation will be considered in the broad consultation process for the revision of the Performance Framework, to align it with the next Strategy (2024–2029).	Planning
6.2. To decide what to do with targets that have already been reached. Options are to: i) reset targets, ii) drop the indicators or iii) continue monitoring indicators where there may be risk of falling back (e.g. on gender).	Recommendation will be considered in the broad consultation process for the revision of the Performance Framework, to align it with the next Strategy (2024–2029).	After consultation with JCB

# RECOMMENDATION	RESPONSE	PROGRESS STATUS
6.3. To decide what to do with indicator 23. "Percentage of income received from multi-year, unconditional donor agreements" which will not be reached based on current trajectory. Assuming that radical change in donor practices is unlikely in the short-term, options are to i) drop/replace the indicator or ii) revise the target down.	Recommendation will be considered in the broad consultation process for the revision of the Performance Framework, to align it with the next Strategy (2024–2029).	After consultation with JCB
6.4. To identify those indicators where targets might be better set as a range rather than as a single number. Possible indicators to consider to include #s 13-17.	Recommendation will be considered in the broad consultation process for the revision of the Performance Framework, to align it with the next Strategy (2024–2029).	Planning
7.1 *(While there is strong evidence that short-term courses reach more people at much lower cost and there is anecdotal and survey evidence of the value of longer-term training, relatively little is known about the value or otherwise of short-term courses. As a result, there is insufficient evidence to make clear strategic recommendations about any changes TDR should make to the types of training it should and should not prioritize.)* To collect more evidence on the contribution of short courses, such as the MOOC, to the broader aims of TDR, e.g. of building a critical mass of people with skills in implementation research, and the relative value-added of and the availability of other funding sources for different training modalities.	Short courses, including Massive Open Online Courses, are important ways to sensitize researchers and public health practitioners on implementation research. These courses are used as introductory and pre-requisite training for degree programmes such as Master's, PhD and post-doc programmes whose objective is to develop research leadership. We are using systematic surveys that focus on the career development of participants who attended short training courses. More in-depth surveys for Master's graduates are currently being developed.	Implementation
11.1. Given high transaction costs, to consider trying to control workloads, for example, by avoiding taking on small projects.	We will explore expanding the use of hubs in countries and regions to relieve TDR staff from a large number of smaller projects that are demanding in terms of support. Some smaller grants are instrumental to establish a relationship and open collaboration which may lead to more substantial funding.	Not started

# RECOMMENDATION	RESPONSE	PROGRESS STATUS
15.1. *(While there are more women than men among TDR staff, many are in administrative positions and women are more likely to be on lower grades than men. Also, most TDR staff are from high-income countries and from countries that are over-represented in WHO.)* To take every opportunity to address these imbalances by publishing job vacancies broadly and giving opportunities for women from low- and middle-income countries to be initially shortlisted.	We will explore what can be done beyond the current process, which is favouring diversity in case two or more candidates are equally suitable for the job. We note that the greater proportion of women administrative staff is consistent with the WHO-wide trend and our P staff ratio of 50% women is similar to the overall WHO figures.	Planning
15.2. To report regularly on the evolution of these numbers. Options include reporting annually or every biennium to JCB.	We can include this in our reporting to governing bodies.	Implementation
16.2. To decide if risks with low and moderate levels of risk should continue to be reported to JCB	Currently we are reporting to JCB all risks that are significant and could impact the Programme's existence, stability and performance. It is JCB's decision if they want not to be informed on the risks that are considered low or moderate.	After consultation with JCB
17.2. While it may not be feasible to specifically identify TDR's contribution to any progress towards SDGs, to take opportunities to seek to better understand this wherever possible including, for example, linking up more to the SDG 3 GAP.	We will explore such analysis linked to project evaluation work that will be conducted in the near future. Contribution analysis as linked to case studies could also be part of the Terms of Reference for the next External Review of the Programme.	Planning
19.1. To discuss with co-sponsors individually how engagement between the co-sponsor and TDR might move beyond participation in TDR's governance and joint projects and how TDR can be more influential on implementation research capacity and activities across the co-sponsors operations including at country level.	We will continue to approach TDR co-sponsors to identify opportunities to enhance their contribution to TDR's work, both through core contributions and also through funding joint work at global, regional and country levels.	After consultation with JCB
20.1. To conduct country assessments in order to determine the likelihood that interventions would be sustainable. If there are found to be factors that make sustainability unlikely in a particular country, options may include partnering with co-sponsors to make sustainability more likely or not prioritising interventions in that particular country/context.	Our approach in selecting proposals for funding favours projects that cover both the research aspect (providing evidence and/or innovation) and also building capacity in LMICs with transferrable skills that would support sustainability. Low-income countries, which are usually those that lack capacity, continue to remain our focus, and our approach is to partner with local institutions to foster uptake and sustainability.	Implementation

# RECOMMENDATION	RESPONSE	PROGRESS STATUS
20.2 To consider continuing/reintroducing impact/re-entry grants as important contributors to sustaining trainees' involvement in research.	We have introduced re-entry grants for the Clinical Research and Development Fellowship initiative and will explore the suitability to expand such schemes to other areas if there is strong demand.	Planning
22.1. To map potential funding opportunities in terms of the changing global health research architecture, including exploring potential other sources of undesignated funding and considering non-donor options, such as membership fees or fees for service.	We will continue to map potential funding opportunities against our strategy to identify new sources. Other potential sources, beyond traditional (government, third sector, private sector funding) to be explored with the JCB.	After consultation with JCB
22.2. Based on the mapping results, identify and prioritise potential donors from whom TDR will try to raise additional undesignated funding. To then seek to build relationships and collaborations with those donors.	We will continue to raise our efforts to identify new undesignated funding contributors and build trust and collaborations with these potential donors.	Implementation
23.1. To establish a quality assurance system which is explicitly designed for delivery through partners and not through direct delivery. This will involve identifying key areas of quality and relevant quality standards needed and then using these to assess the extent to which partners have, and continue to have, such systems in place. While this could involve sampling of products, the day-to-day responsibility of quality assuring products will be with partners.	Our quality assurance system relies on project proposals being reviewed, scored, prioritised, recommended and selected by external committees made up of internationally renowned independent experts, who then also assess the quality of implementation by our partners (i.e. funded investigators and institutions). Risks and benefits of changing this model would need to be analysed in detail before any change is made. Shifting such responsibilities to external partners may have negative consequences, as many such projects are supported by partners because they perceive TDR as a neutral global player.	Implementation
25.1. TDR to consolidate its expertise on gender by making the current position permanent and to consider the feasibility of increasing its technical and coordination capacity on gender and intersectional research by including gender and equity specialist skills in its technical teams.	To be discussed with the Standing Committee to make the current temporary arrangement for a gender officer in the Director's Office permanent.	Not started
27.4. To promote collaboration with the WHO Academy where possible recognising and tracking potential risks if the Academy's role expands as envisaged.	We will continue to engage with the WHO Academy to identify potential synergies that would see our courses promoted broadly and potentially providing us with cost savings. This will also allow us to monitor any risks.	Implementation

# RECOMMENDATION	RESPONSE	PROGRESS STATUS
31.1 To present an analysis paper to the STAC/SC/JCB on lessons learned from COVID-19 and implications for future working, which should cover key issues which have been highlighted by the pandemic including the disproportionate effects on vulnerable and marginalised populations, the importance of a One Health approach and the importance of innovative thinking particularly in the context of emergencies.	We have been researching this aspect and have published some of the evidence gathered. We will continue to build knowledge in this area and champion activities that build resilience to this and future pandemics and we will keep our governing bodies informed.	Implementation
31.2 To present an analysis paper to the STAC/SC/JCB on lessons learned from COVID-19 and implications for future working in relation particularly to the balance between virtual and face-to-face means for TDR staff, governance structure and training activities.	We are researching this aspect and will publish the evidence. We will continue to build knowledge in this area and champion activities that build resilience to this and future pandemics. We will continue to consider the balance between impact and cost efficiency.	Implementation
IV. OPERATIONAL RECOMMENDATIONS – MINOR		
4.1. To intensify communications with a wider group of stakeholders to explain TDR's strategic priorities and approaches.	Opportunities to improve communications with stakeholders are being continuously explored. We have been leveraging the podcast (Global Health Matters) as one such opportunity.	Implementation
8.1. To explicitly reference the recommendation lists in the reports of the STAC, Standing Committee and JCB and to annex them and responses to them to the reports.	Part of usual procedure.	Implementation
8.2. When responding to recommendations to state explicitly whether or not the recommendation is accepted.	We will continue to respond to recommendations in a structured and systematic way, and inform the governing bodies of the progress status.	Implementation
8.3. To determine whether it is appropriate to refer to "recommendations" from governance bodies, particularly the JCB and to consider whether these should be termed "decisions".	To be discussed with JCB, several decisions are currently made already by JCB and recorded accordingly.	After consultation with JCB
9.1. To implement the IMP SWG recommendation on having the session dedicated to global engagement before other SWG meetings.	The recommendation could be piloted at the next SWG meeting, if the Chairs of both committees agree.	Planning

# RECOMMENDATION	RESPONSE	PROGRESS STATUS
9.2. To generate joint recommendations for global engagement in the same way the SWGs do for RCS and IMP. Global engagement reports to document these recommendations and responses to them as the IMP and RCS reports do.	The recommendation could be piloted at the next SWG meeting, if the Chairs of both committees agree.	Planning
10.1. To take stock of the experience of the last two years in terms of advantages and disadvantages of the virtual arrangements for the JCB prompted by COVID-19. Consider maximising costs savings and carbon footprint reduction by continuing to hold JCB meetings virtually or, if that is not agreed, to consider alternating one virtual and one face-to-face meeting per biennium.	Pros and cons of each of the three options to be discussed with, and a decision to be made by, the JCB. In light of the lack of interactions in the past three years and the importance of the meeting in 2023 for new strategy endorsement, and in 2024 the new strategy roll out, the discussion on future meetings should probably wait until 2024.	Not started
11.2. If the RCS Unit is to be maintained in the next strategic period, it would be desirable to fill the Unit Head position sooner rather than later. The profile for this position should emphasise good organizational and management skills rather than scientific expertise, although this may be desirable. While educational/ pedagogical expertise would be beneficial for the team overall, that may be better suited to a team member rather than for the Unit Head role.	We were waiting to see if any specific recommendations would come from the Seventh External Review. We will now move ahead and fill this role, in line with TDR's new Succession Planning SOP.	Planning
13.1. *(TDR core costs are being met completely from undesignated sources.)* To hold a discussion between TDR Secretariat, the JCB and funders to decide how this should be approached. One option is for those providing undesignated funding to agree to fund all TDR's core costs as part of their investment in TDR as a programme/ organization. If that is not agreed, it may be necessary to see if those providing designated funding would be willing to pay at a higher level towards these costs and to see if a way could be found to do this through WHO systems.	We are fundraising designated funding (DF) to fund our approved expected results. There is full cost recovery for DF -funded projects, as these funds pay for salaries of staff working on the projects (technical and support) as well as operations support costs. For each dollar received as DF in 2020–2021, the equivalent of $0.40–0.45 in UD were freed up in staff and operations support costs. This allowed us to reach savings of over US$ 4 million of undesignated funding on salaries and operations support in the last biennium, which allowed us to move towards the higher budget levels for operations.	After consultation with JCB

# RECOMMENDATION	RESPONSE	PROGRESS STATUS
13.2 TDR to actively monitor this, e.g. by clearly distinguishing operations and operations support costs in salaries in its expenditure reports as previously requested by JCB and reporting on the percentage of UD/DF/total funds spent on operations support (including salaries) and potentially making this a key performance indicator, and then taking steps to try to drive this percentage down.	We will provide more granularity to the disaggregated financial data we have been providing to date.	Implementation
15.3. *(While there are more women than men among TDR staff, many are in administrative positions and women are more likely to be on lower grades than men. Also, most TDR staff are from high-income countries and from countries that are over-represented in WHO.)* In line with the evaluation of gender in WHO in the frame of the Transformation, to continue to actively address the issue of unconscious bias through training at management and other levels, including through training provided by WHO.	Hiring follows WHO rules and processes. The WHO Human Resources selection panel member provides training on unconscious bias to all other panel members on selection panels (only one of which is staff of the hiring department).	Completed
16.1. To use consistently WHO definitions of risk levels (low, moderate, significant and severe) including in reporting to JCB. This will involve reporting on impact and probability/likelihood of identified risks.	We will explore introducing risk impact and likelihood scoring in our reporting to governing bodies, in line with what is already used for the WHO risk registry.	Planning
16.3. To only close risks when they have really ended. If the risk persists but at a lower level, the risk should remain open but may not need to be reported to JCB unless the risk level rises again.	This has always been the case; any risk would be closed only upon STAC, Standing Committee and JCB agreeing they are no longer relevant and can be closed. We still include the list of closed risks in our reporting as an annex, to have them at hand in the event any of them need to be reactivated.	Completed
16.4. To introduce a more systematic way of managing project/activity-level risks, including risk scoring, regular risk reporting and ways to coordinate risk management and escalate project/activity-level risks of programmatic/organizational importance.	We will continue to systematically monitor and escalate any significant level risks from project/activity level to Programme level through proactively reaching out to staff twice a year, and we will look at ways to further strengthen project-level risk management, potentially by providing refresher training to staff and Principal Investigators.	Implementation

# RECOMMENDATION	RESPONSE	PROGRESS STATUS
18.1. To look for and take opportunities to build synergies between interventions in the units, including for example, reviewing the two sets of recommendations by SWGs on SORT IT, perhaps at STAC and considering how mainstreaming the gender work across units, e.g. IMP and GE, could be better coordinated.	We will look at ways to further enhance coordination and work on crosscutting topics in TDR. For cross-cutting themes we have core teams that include members from various units working together.	Planning
22.3. *(To map potential funding opportunities in terms of the changing global health research architecture.)* Based on the mapping results and prioritisation exercise, to communicate on the value-added of TDR in relation to the priorities of donors/new funding sources.	We will continue to communicate on the added value of TDR to potential donors who have been identified.	Implementation
22.4. To identify ways in which TDR's resource mobilisation capacity can be strengthened despite the constraints of the headcount cap. Options may include bringing someone with that skill in a role to be recruited or explicitly prioritising this role in the job of one or more existing managers.	Previous experience with bringing in consultants to map potential sources of funding proved unsuccessful. However, engaging a consultant to help map the donor landscape in light of the new strategy will be considered. We will continue to motivate Unit Heads and project managers to fundraise systematically for designated funds in support of their projects. DF targets are included in the Expected Results budgets and we monitor success in fundraising DF through management meetings.	Implementation
23.2. To update TDR's Standard Operating Procedures (SOPs) to bring them in line with TDR's way of working which is now primarily through partners.	We are working through partners in the field, while still having the overall responsibility and accountability for the results achieved. Our Standard Operating Procedures reflect this approach, however we will continue to update it as required. Refer to 23.1 for more information.	Planning

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23.3. To achieve the target of 100% of publications in open access format, TDR to better understand why some publications continue to be in non-open access formats. One option would be to review this issue with authors who have published in these formats in the last few years, seeking to identify the factors involved.	We will do an analysis to learn what factors are preventing us from reaching 100% of publications in open access. Some of the cases involve conscious decisions to publish in a journal that reaches a certain audience, to create awareness of our work and on the gaps, needs and priorities that require broad participation to be addressed. Another aspect is that sometimes grantees have to publish in local journals which may not be open access but do reach a critical target audience relevant to the setting. Therefore, we should consider whether 95% publications in open access is a reasonable target.	Planning
25.2. TDR to commission research to better understand why women were less likely to be using skills learned in responding to COVID than men	Secretariat to confirm/validate the data and act if necessary.	Planning
26.1. TDR to consider joining the UN Systemwide Action Plan (UN-SWAP) mechanism to ensure that the integration of gender considerations is fully implemented and tracked in all relevant aspects of its work. Also, to consider liaising with the WHO's Gender, Equity and Human Rights Unit, which could offer external support to identify entry points for addressing gender and equity issues.	Implications of this will be explored. Engagement with WHO's unit that deals with gender, equity and rights (GER) is already in place but hampered by weakness in staffing in this WHO department.	Planning
27.1. To discuss with the World Bank how TDR might establish joint projects with the Bank, perhaps in one or two countries.	To be explored in areas where TDR expertise overlaps with World Bank priorities (primary health care, focus countries, etc.)	Planning
27.2. To continue to monitor the effects, positive and negative of sharing the TDR Director with the Research for Health Department in WHO.	As this is one of the ten Programme-level risks, it is being monitored constantly.	Implementation
27.3. To clarify if the intention is that the current arrangement is temporary and that the expectation is that there will be separate Directors for TDR and the Research for Health Department.	Discussion between JCB and Science Division leadership to help clarify this from a strategic and operational perspective.	After consultation with JCB