

TDR Research Fairness Initiative report *2018*



World Health
Organization



For research on
diseases of poverty
UNICEF • UNDP • World Bank • WHO

TDR Research Fairness Initiative report 2018

TDR/STRA/18.1

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This RFI report was produced according to the RFI guidelines that are current on the date of this publication. The RFI Guides and the criteria for validation of RFI Reports can be found on the RFI website (rfi.cohred.org). The publication of this report reflects the reporting organization's commitment to provide a fair and equitable research environment.

The report has been validated by the RFI Team as compliant with current reporting criteria. The content of the report is the sole responsibility of the reporting organization. The Council on Health Research for Development does not endorse, nor take responsibility for, the specific content of the report.

COHRED / RFI Team
Geneva, 1 February 2018

TDR, the Special Programme for Research and Training in Tropical Diseases, is a global programme of scientific collaboration that helps facilitate, support and influence efforts to combat diseases of poverty. It is hosted at the World Health Organization (WHO), and is sponsored by the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the World Bank and WHO.

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Glossary

APW	Agreement for Performance of Work
COHRED	Council on Health Research for Development
ERC	Ethics Review Committee
FRC	Fair Research Contracting
IP	Intellectual Property
IPSAS	International Public Sector Accounting Standards
IRB	Institutional Review Board
JCB	Joint Coordinating Board
LMIC	Low- and Middle-Income Country
LOA	Letter of Agreement
PAF	Performance Assessment Framework
RCS	Research Capacity Strengthening
RFI	Research Fairness Initiative
RTC	Regional Training Centre
SDGs	Sustainable Development Goals
STAC	Scientific and Technical Advisory Committee
SWG	Scientific Working Group
TDR	Special Programme for Research and Training in Tropical Diseases
TSA	Technical Services Agreement
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
WHO	World Health Organization

Foreword

Since the creation of TDR in 1975, we have been committed to strengthening research capacity in low- and middle- income countries, and tackling the diseases that affect the most vulnerable and neglected populations. We believe that fairness is at the heart of our work – providing access to healthcare and the means to produce health products and systems to all.

This is why we are proud to be one of the early adopters of the new Research Fairness Initiative (RFI) led by COHRED. The RFI provides a framework that allows an organization to take a step back and challenge itself to think about how its processes and approaches affect its partners. How do we select research priorities so they are in line with the needs of the country? Does our application process favour male applicants over women? How should benefits be shared and are contributions properly acknowledged? It is vital that we all continually ask ourselves questions like these.

We found the process of completing the RFI rewarding and are ready to share our experiences with others. As more agencies undertake the RFI, we look forward to working with COHRED and others to develop new and improved practice that strengthens fairness in the research system.

We congratulate COHRED for this important new initiative, and encourage others to consider reviewing their own practices against this framework.

John Reeder
TDR Director
January 2018

Executive Summary

The Research Fairness Initiative (RFI) is a reporting system developed by the Council on Health Research for Development (COHRED) to promote and validate responsible and fair practices in international collaborative research and innovation for health. It is the first attempt at creating a systematic global evidence-based assessment of fairness in the field of global health.¹

This report outlines TDR's assessment of programme performance against these domains, which were submitted to COHRED and validated in January, 2018. Fairness, within the context of RFI, is measured in five areas:

1. Benefit sharing
2. Ethics
3. Finance management
4. Legal contracting
5. Capacity building

The RFI is divided into three main domains, which are each further divided into five subtopics. Each topic is then further subdivided into three indicators. For each indicator, COHRED asks organizations to describe their current organizational practices, reference relevant standard operating procedures, policy directives or other written guidelines through an attachment or link, and report on future steps to improve that particular indicator within the next one to two years.

The **Fairness of Opportunity** domain looks at improving the participation of all stakeholders at relevant stages of research development. The domain encourages organizations to be reflective of the relevance of their research to the communities they are working with, and whether they are using appropriate corrective measures for recognizing unequal research management capacities between partners.

Overall, TDR ranked “good” on 13 out of 15 of the indicators. Throughout its history, the Special Programme has been clear in affirming its role within the global health landscape. Efforts building a critical mass of researchers locally through grants and fellowships have led to many of the projects TDR supported are now led by low- and middle-income country communities, institutions and investigators.

The second domain, **Fair Process**, analyses how research is conducted and how research partnerships and programmes are being implemented. The domain encourages minimizing negative impacts of the research programmes and engaging in local training, hiring and sourcing.

TDR scored fairly well, with a “good” rating level on 10 of the 15 indicators. Some of these may not directly correlate to the work or structure of TDR, while others require more attention in the future. This was the Programme's lowest score across the domains, with room for improvement on five of the indicators.

The final domain, **Fair Sharing of Benefits, Costs and Outcomes**, seeks to improve fairness in these areas of research. To assess this, topics have been put forth to determine research system capacities and the expectations of all partners to adhere to best practice standards in research collaborations.

With a self-score of 4 indicators “under review”, this domain was the one with which TDR considered itself to be least aligned. Overall our assessment shows TDR is conscientious in fair sharing of benefits, costs and outcomes at the completion of its research projects and undertakings. However, the development of good practice is at an early stage and the fair sharing of benefits, costs and outcomes is the domain that will benefit the greatest from the development of good practice that the wider adoption of the RFI framework will facilitate.

¹ Musolino, N., Lazdins, J., Toohey, J. and IJsselmuiden, C., 2015. COHRED Fairness Index for international collaborative partnerships. *The Lancet*, 385(9975), pp.1293-1294.

Overview of the Research Fairness Initiative (RFI)

Purpose of the RFI

The Research Fairness Initiative (RFI) is a reporting system developed by the Council on Health Research for Development (COHRED) to promote and validate responsible and fair practices in international collaborative research and innovation for health. Fairness for global health and research innovation institutions are measured in five areas: capacity building, benefit sharing, ethics, finance management and legal contracting. While partnerships have always been acknowledged as being important within research, up until the creation of the RFI, no framework, benchmark or standard of best practices have been available to assess those collaborations. The RFI is a first attempt at creating a systematic, global evidence-based assessment of fairness in the field of global health.² The RFI seeks to assist institutions to decrease reputational risks, improve social impact, increase research capacity in and improve local ownership research outputs, benefits and products in low- and middle-income countries (LMICs).²

RFI domains, topics and indicators

The RFI is divided into three main domains which are each further divided into five subtopics. Each topic is then further subdivided into three indicators. For each indicator, COHRED asks organizations to describe their current organizational practices, reference relevant Standard Operating Procedures (SOPs), policy directives or other written guidelines through an attachment or link, and report on future steps to improve that particular indicator within the next one to two years.

The **Fairness of Opportunity** domain looks at improving the participation of all stakeholders at relevant stages of research development. The domain encourages organizations to be reflective of the relevance of their research to the communities they are working with, and whether they are using appropriate corrective measures for recognizing unequal research management capacities between partners.

The second domain, **Fair Process**, analyses how research is conducted and how research partnerships and programmes are being implemented. The domain encourages minimizing negative impacts of the research programmes and engaging in local training, hiring and sourcing.

The final domain, **Fair Sharing of Benefits, Costs and Outcomes**, seeks to improve fairness in the costs, benefits and outcomes associated with research. To assess this, topics have been put forth to determine research system capacities and the expectations of all partners to adhere to best practice standards in research collaborations.

A full listing of all the domains, topics and indicators can be found in Appendix A.

How TDR applied the RFI

During the summer of 2017, TDR conducted an exercise to analyse the RFI. Through discussions with TDR staff and assessments of TDR and RFI documents, the RFI metrics were mapped to the TDR system and the degree of synergy between TDR's work and the RFI tool was observed. An internal report with an analysis and set of recommendations was generated. The following report is a summary of the results from the RFI.

In order to assess the RFI in an objective manner and to determine the level of alignment between each RFI indicator and the current processes and projects of TDR, a scale of alignment was developed, which is outlined below. Each indicator was ranked, by self-assessment, based on its alignment to TDR's procedures and the quality of the Programme's supporting documents that correlated to each particular indicator. A summary of the rubric utilized can be found in a subsequent section of this report.

² Musolino, N., Lazdins, J., Toohey, J. and IJsselmuiden, C., 2015. COHRED Fairness Index for international collaborative partnerships. *The Lancet*, 385(9975), pp.1293-1294.

Alignment scale

Ranking	Description
Good	TDR's existing processes and current projects align well or go further than the good practices suggested by the RFI indicators. Sufficient supporting documents are referenced. These areas are kept under review through the application of the TDR governance mechanism.
Under review	TDR's existing processes and current projects align at a satisfactory level with the RFI indicator's suggested good practices but the indicator is kept under review. Areas of for improvement and building on existing processes are indicated in a future developments section. Supporting documents are referenced where available. Learning from other agencies as they complete the RFI is anticipated.
Not applicable (N/A)	This indicator did not relate to the approaches and business processes that TDR uses in its relationship with its partners. Consequently, there is limited documentation with regard to this indicator.

TDR recognises the RFI as both a measure of current performance and as an indicator for areas of improvement. We are committed to maintaining "good" rankings and improving where possible. Both our deep monitoring and evaluation programme and our governance system support these efforts.

This includes the 1978 Memorandum of Understanding (subsequently amended in 1988, 2003, 2006, 2008 and 2013) that incorporates co-sponsorship of UNICEF, UNDP, the World Bank and WHO.

TDR's Performance Assessment Framework (PAF)³ was established in 2009. Plans, activities and progress within this are reviewed and monitored internally on a regular basis, discussed at Team Leaders meetings and twice a year analysed comprehensively at Portfolio Reviews. Performance at project, team and workarea levels is aggregated at Programme level and monitored internally and externally. Scientific working groups of global experts oversee performance at work area level, while TDR's Scientific and Technical Advisory Committee reviews and makes recommendations at the Programme (organization) level. In addition, members of TDR's Joint Coordinating Board provide review, oversight, guidance and endorsement at the strategic level, while the Standing Committee oversees the management and direction of the Programme throughout the year. Every 5-7 years, TDR undergoes an external review by independent experts, commissioned by the Joint Coordinating Board, and their analysis and recommendations inform TDR's strategy, working model and long-term continuous improvement.

The Framework drives the TDR continuous improvement process and will help TDR maintain areas that are ranked "good" by the RFI process, and improve those areas ranked as under review. Where appropriate, actions needed in response to an "under review" ranking will be highlighted.

As the RFI is new, agreed good practice standards are only just emerging. TDR will look to COHRED to coordinate the inputs from various stakeholders and provide the forum where groups can work together to develop standards and consensus on best practice. This is perhaps the biggest potential benefit the RFI can bring and why TDR has chosen to engage at this early stage.

³ See <http://www.who.int/tdr/publications/about-tdr/strategy/framework/en/>

Domain 1: Fairness of opportunity

What this domain measures

Improving the participation of all concerned stakeholders at relevant stages of the research development process, particularly at the onset of the collaboration, is crucial to ensuring all partners feel integrated into the research process. When stakeholders have a seat at the decision-making table, they have the potential to influence studies or research projects at the stages of research where it most impacts their own ability to learn, contribute or participate. Community involvement is of highest importance within this domain. It is important to ensure that community priorities are placed at the forefront and research conducted with the intent of determining solutions.

How TDR ranks within this domain

As an organization that focuses on building research capacity and ensuring that research uptake occurs in a responsible and sustainable manner, TDR ranked well on the first RFI domain. Overall, TDR ranked “good” on 13 out of 15 of the indicators (with two considered not applicable). Throughout its history, the Programme’s role in strengthening local research capacity through grant and fellowship schemes has led to increased local leadership by investigators, institutions and communities in low- and middle-income countries (LMICs).

RFI summary table

DOMAIN	INDICATOR NUMBER	2017 INDICATOR STATUS		
		N/A	UNDER REVIEW	GOOD
DOMAIN 1 FAIRNESS OF OPPORTUNITY	<i>Topic 1: Relevance to communities – in which research is done</i>			
	1.1.1.			
	1.1.2.			
	1.1.3.			
	<i>Topic 2: Early engagement of all partners – in deciding about aims, methods, implementation</i>			
	1.2.1.			
	1.2.2.			
	1.2.3.			
	<i>Topic 3: Making contributions of all partners explicit – fair research contracting</i>			
	1.3.1.			
	1.3.2.			
	1.3.3.			
	<i>Topic 4: Ensuring that matching and other co-financing mechanisms do not undermine opportunities for fair participation of all partners</i>			
	1.4.1.			
	1.4.2.			
	1.4.3.			
	<i>Topic 5: Recognition of unequal research management capacities between partners and providing for appropriate corrective measures</i>			
	1.5.1.			
	1.5.2.			
	1.5.3.			

Topic 1: Relevance to communities – in which research is done

1.1.1.	Research priorities in communities where research is being conducted	Good
1.1.2.	Actions if there are no research priorities	Good
1.1.3.	Justification to research low priority topics	Good

This topic asks organizations to consider the extent to which they consider explicit national or institutional research priorities for the locations they work in, and to honestly critique the research and innovation potential for creating sustainable solutions in low-resource communities.

Since its inception in 1975, the mandate of TDR has been to “...improve the health of poor populations and to eliminate neglected tropical diseases that hinder social and economic development.”⁴ To achieve this goal, TDR works closely with local communities and governments of LMICs on a variety of endeavours. Current projects fall within either: Intervention and implementation research; Vector, environment and society research; or Research capacity strengthening, knowledge management and engagement.

TDR supports the health and health research priorities of the countries and populations it works with and identifies those priorities through a collaborative process of stakeholder engagement, which includes the World Health Organization (WHO) control programmes and the WHO Regional Offices. This type of input helps identify demand-driven research priorities and develop research strategies which fall in line with TDR’s strategic plan. The extensive process for determining organizational priorities begins with a number of internal and external consultations and health research scans of global needs for diseases of poverty. These needs are presented for review and prioritization by work area-specific external advisory committees called Scientific Working Groups (SWGs). The next step is review from the Scientific and Technical Advisory Committee (STAC), followed by approval at TDR’s main governance levels: TDR’s Standing Committee, and the Joint Coordinating Board (JCB). Each governance level contains representation from different WHO regions and disease endemic countries. These priorities are later translated into activities, including calls for applications that ask researchers and institutions in disease endemic countries to propose projects that study infectious diseases and the cultures and environments that contribute to them.

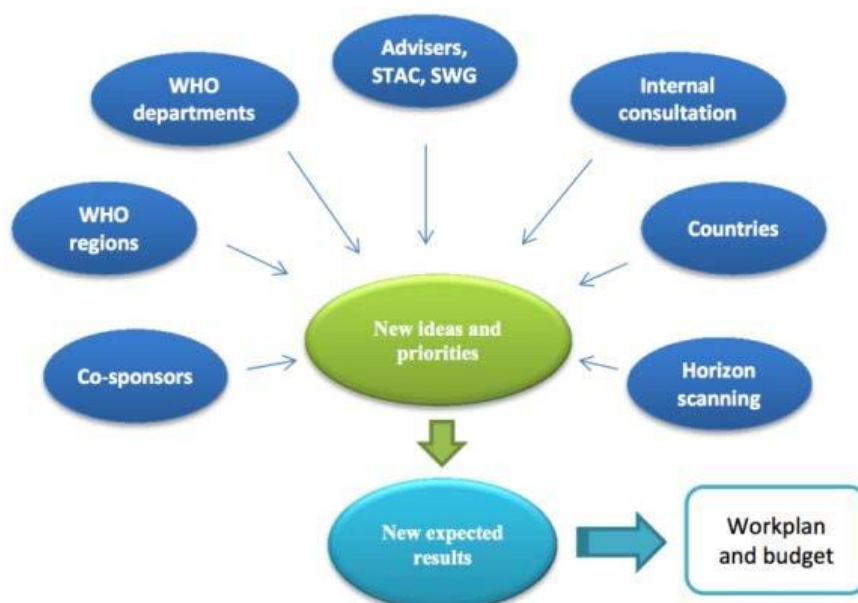


Figure 1: Actors who contribute to the prioritization determination process
 Source: TDR’s Portfolio Prioritization Model

⁴ TDR Administrative Handbook. Electronic internal WHO/TDR source of information.

Future development

The TDR priority setting criteria were reviewed and updated as part of the Strategy 2018 – 2023, which informs all the TDR activities. The impact and effectiveness of the Strategy will be reviewed by external experts in 2021/22.

Topic 2: Early engagement of partners

1.2.1.	Relationship between the “main/lead/sponsoring” and “other” partners	Good
1.2.2.	SOPs for partner inclusion in study design	Good
1.2.3.	SOPs for supportive actions to partners	Good

This topic seeks to ensure that each partner’s aims, methods and implementation plans during their participation in the research collaboration are taken into consideration at the onset of the partnership. The RFI predicts that a sense of ownership increases partners’ commitments and positive perceptions of the study outcomes. In its Strategy 2018 – 2023, TDR has set out its criteria for partnership.

TDR activities are joint undertakings between WHO, the host country, the fellow/awardee and their home government. The roles within these partnerships are described in further detail in TDR’s administrative processes, with the graphic below summarizing the early engagement process for TDR’s grant system.

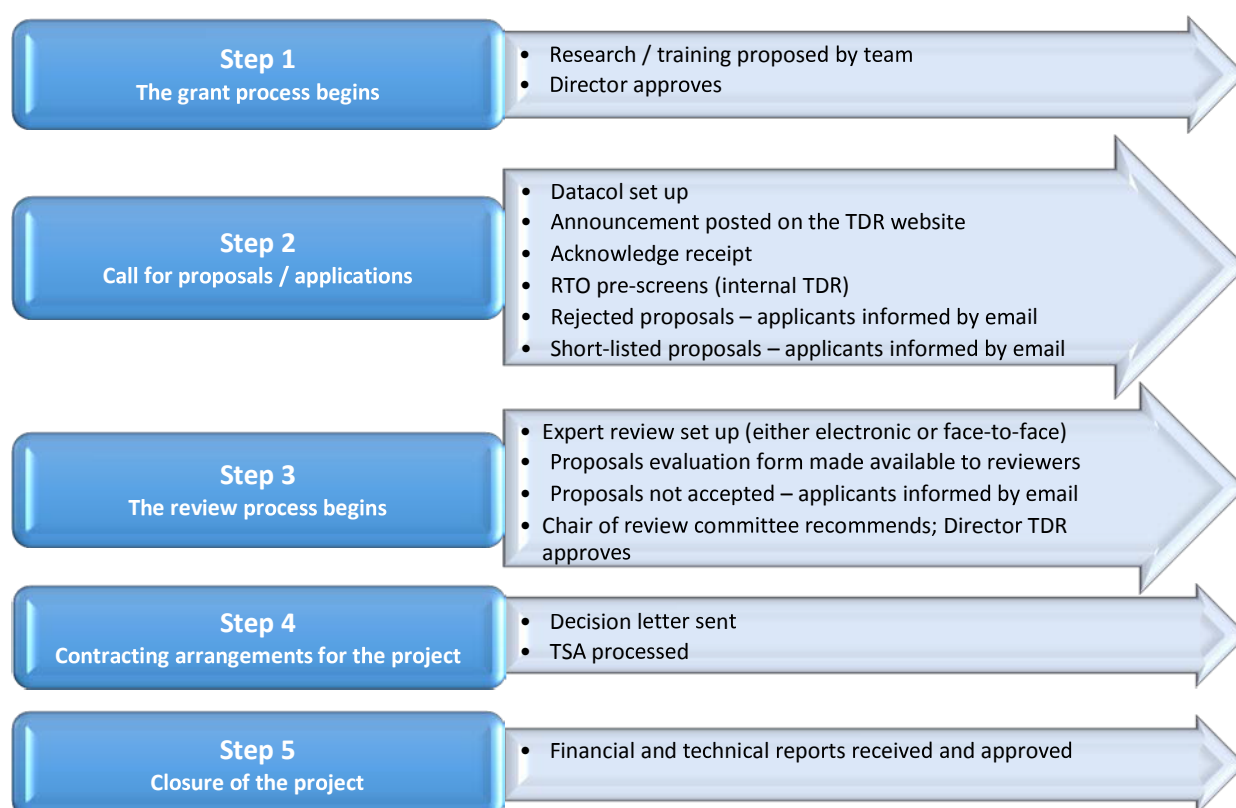


Figure 2: Summary of the grant process

Source: TDR Administrative Handbook, TDR research/training grants

Recognizing that TDR offers a variety of grants and fellowships, different documents and approaches have been created for each of the different programmes, rather than a set of SOPs. TDR does not predetermine study designs but works with partners to provide technical assistance in a study design, where appropriate. Capacity building is one of the central elements of the TDR approach and we try to support capacity at the individual researcher level, at the institutional level, at the national level and globally.

The degree to which capacity is strengthened is a component that is assessed in all the research we support. We recognise the importance of institutional strengthening by allowing the inclusion of overheads in our grants and provide further support through training in research management and budgeting. We also support research after our direct support has finished through membership in TDR global. This includes an online community of alumni which provides opportunities for continued partnerships and mentoring between members.

Future development

The TDR partnership criteria were reviewed and updated for the Strategy 2018 – 2023, which will be reviewed in 2021/22 for impact and effectiveness. TDR Global is relatively (established in November 2016) new and TDR has established a steering committee from among its alumni to guide future developments. This includes suggesting better ways to use this online resource that support increased research capacity even when our direct funding support has ended.

Topic 3: Making contributions of all partners explicit – Fair research contracting

1.3.1.	Role clarification in research partnerships	Good
1.3.2.	SOPs for conflict resolution	Good
1.3.3.	Making potential impact explicit <i>before</i> starting research	Good

The idea of ‘fair research contracting’ examines whether contract negotiations are handled in a manner that is conducive to developing good partnerships.

TDR clarifies research roles and is explicit about the potential impact of the project at the onset within its written documents. Once a recipient has been selected for a research grant or fellowship, the Programme works with the individual or institution to establish and sign a Technical Services Agreement (TSA), an Agreement for Performance of Work (APW), or a Letter of Agreement (LOA). These contractual documents explicitly outline the terms and conditions of the research partnership with regard to the rights of all involved. They also outline agreement for data ownership rights and deadlines for deliverables and financial payments. These documents are standardized by WHO in the form of TSA and APW contracts. Where a more bespoke approach is needed, TDR uses a Letter of Agreement. This is a more open form of contract, allowing room for amendment if a partner feels it necessary. These requests are handled through discussions between the partner and WHO’s Legal Department. Additionally, partners are granted an opportunity to discuss their expected outcomes and impact for their study when they complete the grant application form, which has a section that asks researchers to consider and discuss their “Expected outcomes and dissemination of results”.

It should be noted TDR is not a legal entity in its own right and operates under the legal framework of WHO, which itself is a specialized agency of the United Nations. A key element of this is that WHO has diplomatic privileges in order to undertake its public health duties, which means it is not subject to national legal jurisdictions. Complaints concerning TDR are therefore dealt with through the WHO conflict resolution process. Reaching an amicable settlement is encouraged and if that fails, then conciliation is recommended. Each party is encouraged to agree to the modalities of the conciliation, and if there is a failure to agree on the process, then the Rules of Arbitration of the International Chamber of Commerce are followed. The ruling of this court is deemed final.

WHO established at the end of 2017 a new internal policy, the Code of Conduct for Responsible Research and Policy on Misconduct in Research. TDR staff were lead authors in both documents. The process of resolving complaints requires WHO to establish an independent review committee managed by the WHO Office of Compliance, Risk Management and Ethics (CRE).⁵

⁵ WHO Code of Conduct for responsible Research. <http://www.who.int/about/ethics/code-of-conduct-responsible-research.pdf?ua=1>

Future development

TDR operates under the legal framework of WHO. Standardizing conflict resolution procedures (which may inevitably occur when working with research partners in different regions) is something that requires careful development, considering the power relationships, particularly between a funder and recipient. As such it may require the involvement of neutral third parties. This is an aspect where TDR will look to COHRED to lead on the development of good practice and be interested in contributing to any workshops or working groups on this area. Since TDR operates under the legal framework of WHO, we will engage with the WHO Legal Department if there are improvements that need to be taken into consideration.

Topic 4: Ensuring that matching and other co-financing mechanisms do not undermine opportunities for fair participation of all partners

1.4.1.	Equal co-financing	Not applicable
1.4.2.	Alternatives to equal co-financing	Good
1.4.3.	Research outside national priorities and co-financing	Not applicable

Recognizing that the concept of co-payments may not be financially feasible for all partners involved, this topic seeks to investigate how co-financing is handled within research partnerships in a way that would not hinder decision-making stakes. TDR allocates and funds international projects with the intention of building research and innovation capacity. As a general rule, matched funds or co-financing are not required in order to receive funding. Therefore, this topic is not directly applicable to TDR's processes. However, TDR does seek to work in partnership (see above) and tries to measure through the Performance Assessment Framework the in-kind financial and other support its funding generates.

TDR is funded by a number of affiliated organizations, and we re-distribute those funds to grant and fellowship projects in LMICs that build research capacity and conduct research on diseases of poverty. Co-financing is not a requirement of our current model. However, we do work with a number of partnerships and actively work towards leveraging our funds with others. Alternatively we consider the benefits of in-kind contributions as a very important part of our partnership approach. Many times, TDR grants generated leverage in that the local partner became able to access additional funds or grants from other sources, which may not have been the case otherwise.

While institutions are not required to co-finance TDR projects, TDR does expect grantees to return non-financial contributions. This includes performing responsible research and developing skills that will assist in decreasing the impact of diseases of poverty on target communities. Generally, TDR requires grantees to prepare a financial and narrative report at the completion of the study as a non-financial return. Financing for the project is provided in segments by TDR and is released in subsequent phases based on the timely completion and return of pre-specified deliverables.

Future developments

TDR will keep this area under review but there are no plans currently to introduce co-financing into its mechanisms of research support.

Topic 5: Recognition of unequal research management capacities between partners and providing for appropriate corrective measures

1.5.1.	Research management capacity	Good
1.5.2.	Financial management capacity	Good
1.5.3.	Contracting and contract negotiation capacity	Good

Institutional and organizational ability to manage research processes, such as project and financial management and contract negotiations, differ based on organizational capacity. Gaps in management capacity can place the delivery and quality of research results and reputations at risk. To mitigate these issues, the RFI recommends that it is important for "lead partners" to assess the management competencies of their partners and to take appropriate action when needed. This topic assesses the efficacy of those assessments.

TDR recognizes that the success of the Programme's strategy is dependent upon robust, consistent monitoring and evaluation with its partners. Projects are monitored with the Performance Assessment Framework (PAF) which was established in 2009. The PAF has a set of key indicators to reflect the performance of TDR across its many commitments. It includes indicators associated with early and continuous engagement with stakeholders to assess and improve project impact and sustainability. The indicators that are most pertinent to research management are effective resource mobilization and effective management. There are five specific indicators, and the results of the PAF are reported in the annual TDR Results Report. The indicators and their results for 2016 can be found in figure 3 below.

Expected results	Key performance indicators	Baseline (2011)	Target (2017)	Progress (contribution 2016)	Frequency of measurement
Management performance					
Effective resource mobilization	19. Percentage of approved biennial budget successfully funded	78%	≥100%	<i>To be measured end of 2017</i>	Measured in the second year of each biennium
	20. Percentage of income received from multi-year agreements	Not measured	tbd	<i>To be measured end of 2017</i>	Measured in the second year of each biennium
Effective management	21. Percentage of staff workplans and performance reviews (including personal development plan) completed on time	Not measured	≥90%	100%	Measured annually
	22. Proportion of expected results on track	60%	≥80%	89%	Measured annually
	23. Proportion of significant risk management action plans that are on track	Not measured	≥80%	100%	Measured annually

Figure 3: PAF management performance sections and results for 2016

Source: TDR 2016 Results Report, page 6

With regard to the research management capacity of its partners, TDR provides training via its website, and face-to-face training is offered by its seven regional training centres. TDR has also developed a project management course that has been used by organizations in several regions.

In terms of financial management, TDR is accountable to four main categories of donors: governments/public sector; intergovernmental organizations; philanthropic foundations/NGO sector; and the private sector. The TDR Portfolio and Programme Management team (PPM) is tasked with providing and preparing Programme-level budgets, workplans and financial reports to reflect the funding decisions that the Programme makes and their implementation. PPM funds the approved workplans based on the results of the budget approval process and tasks team leaders with the responsibility of managing their own budget. At the project level, TDR grantees receive guidance from technical officers for the preparation of financial reports, which are later used to analyse how and whether funds have been spent in accordance with the agreements that were previously put forth. Scientific working groups comprising external advisors oversee the budget and activity prioritisation at work area level, and review grant applications (including funding level), progress reports and final reports submitted by grantees, recommending improvement where needed. Finally, with regard to managing contracts and contract negotiation capacity, TDR uses template agreements which are amenable to changes that can be negotiated with the grantee and WHO's Legal Department. From the onset of the agreement, TDR's partners have a relative idea and are able to negotiate what their contract will entail, including their responsibilities within the research relationship, as well as technical aspects such as how much money will be provided throughout the research process.

TDR also measures technical expected results to assess the degree of capacity that has been enhanced in the disease endemic countries where it provides funding (Figure 4). Indicator 7 focuses on the extent to which partner institutions in countries expanded their scope of activities or were able to access further funding from other sources because of TDR support. In 2016, two networks initiated by TDR demonstrated these characteristics: a regional network on surveillance systems, diagnostic facilities and control of vector-borne emerging diseases in the Caribbean region, and the West Africa Research Network-TB (WARN-TB) that brings together the national tuberculosis programmes of 16 countries in West Africa in order to enhance country research capacity to support the EndTB strategy.

Key performance indicators	Baseline (2011)	Target (2017)	Progress (contribution 2016)
7. Number of DEC institutions and/or networks demonstrating expanded scope of activities and/or increased funding from alternative sources thanks to TDR support	0	5	5 (+2)

Figure 4: Source: TDR 2016 Results Report, page 16

Future developments

Existing processes have been reviewed as part of the development of the TDR Strategy 2018–2023. One of TDR's core values being equity (gender and socio-economic), we apply the best of our efforts to enhance the managerial capacity of our partners, so that they can better lead research initiatives and manage grants. Progress made against the targets set in the PAF is monitored and reviewed internally and externally by the Scientific and Technical Advisory Committee, the Standing Committee and the Joint Coordinating Board on an annual basis, based on the annual Results Report⁶. The RFI provides the opportunity to additionally learn from other agencies that publish RFI reports in the coming years.

⁶ Example: <http://www.who.int/tdr/publications/year/2017/2016-results-report/en/>

Domain 2: Fair process

What this domain measures

“Fair process” seeks to improve fairness within the research process during the implementation stage. The domain analyses how research is conducted and how research partnerships and projects are implemented. Through reflection, the RFI seeks to create greater clarity in how organizations deal with the challenges that arise during implementation and minimize the negative consequences associated with miscommunications or misunderstandings.

How TDR ranks within this domain

In general, TDR scored fairly well within this domain, with a “good” rating level on 10 of the 15 indicators. Some of these may not directly correlate to the work or structure of TDR, while others require more attention in the future. This was TDR’s lowest score across the domains, with room for improvement on five of the indicators.

RFI summary table

DOMAIN	INDICATOR NUMBER	2017 INDICATOR STATUS		
		N/A	UNDER REVIEW	GOOD
DOMAIN 2 FAIR PROCESS	<i>Topic 6: Minimizing negative impacts of research programmes on health and other systems</i>			
	2.6.1.			Good
	2.6.2.			Good
	2.6.3.		Under review	
	<i>Topic 7: Fair local hiring, training and sourcing</i>			
	2.7.1.			Good
	2.7.2.		Under review	
	2.7.3.			Good
	<i>Topic 8: Respect for authority of local ethics review systems</i>			
	2.8.1.			Good
	2.8.2.		Under review	
	2.8.3.			Good
	<i>Topic 9: Data ownership storage, access and use</i>			
	2.9.1.			Good
	2.9.2.			Good
	2.9.3.			Good
	<i>Topic 10: Encourage full cost recovery budgeting and compensation for all partners</i>			
	2.10.1.			Good
	2.10.2.		Under review	
	2.10.3.		Under review	

Topic 6: Minimizing negative impact of research programmes on health and other systems

2.6.1.	Assessing potential harm of research	Good
2.6.2.	Reducing negative impact of research	Good
2.6.3.	Compensation for unintended (negative) consequences of research	Under review

Collaborative research, regardless of its focus, can have unintended harmful consequences for the community. Research collaborations need to reflect the potential benefits, but also foresee the potential negative impacts on other parts of communities, formulating suggestions on how to mitigate and avoid potential harmful consequences.

TDR works to assess and minimize any potential harm by attempting to predict the potential harms of the research collaborations. TDR recognizes that when it comes to large scale projects, there is a possibility to reduce the human resource or infrastructural capacity for normal service delivery in LMICs. To ensure the organization is being thorough in the work it contracts through grants, TDR employs system impact assessments through ethical review and oversight by local ethics review committees. Applicants are asked to outline the ethical and environmental impacts of their proposed research, and to take adequate measures as recommended by the ethics review committees. They must identify how they plan to ensure the protection of the rights of human subjects, and what mechanisms will be in place to reduce the project's potential impact on the environment. For specific projects, TDR is utilizing the environmental review capability of WHO's specialized unit, in order to reduce the potential negative effects on the environment. To more thoroughly check and mitigate negative risks of the projects it affiliates with, TDR staff visit project sites to assess the site before study initiation and the progress of ongoing projects.

The WHO Ethics Review Committee (ERC) is another essential resource in providing guidance and approval in order to avoid negative impact on patient safety and rights. The ERC uses the World Medical Association Declaration of Helsinki (1964) and the International Ethical Guidelines on Epidemiological Studies (CIOMS 2009) to assess the risk/benefit balance and recommends action to mitigate potential negative impacts of research projects against the fundamental ethical principles of respect, beneficence, non-maleficence and justice. TDR follows the WHO policy that requires each project to have double ethics oversight: by the local ethics review committee (where the project site is located) and by WHOERC.

While TDR funds research projects, it is not officially considered the "sponsor" of those research projects as defined by Good Clinical Practice definitions. TDR does not provide direct resources to clinical trials, for example. Responsibility for third parties and unintended consequences are set out in the contracts as the responsibility of the principal investigator or the institution, and they must have the appropriate insurance in place. TDR does provide assistance with reviewing grants, offering technical assistance and receiving ethical clearance from WHO. Since the TSAs are written in accordance with WHO standards, at present there are no plans to change these statutes, unless WHO undergoes a governance change to include subject compensation.

Future developments

Compensation for unintended consequences of research is not under the control of TDR, since agreements are completed within the legal framework of WHO. However, as stated before, one of the potential benefits of the RFI and reports it will generate is a framework to share good practice. TDR will track this topic with respect to emerging good practice for both the Programme and WHO.

Topic 7: Fair local hiring, training and sourcing

2.7.1.	Local staffing	Good
2.7.2.	Local sourcing of consumables and services	Under review
2.7.3.	Support for local capacity development	Good

Beyond the research findings and implementation processes, local hiring and purchasing of consumables for conducting research projects can add to the health and economic impact of research and innovation to partners. If there are failures amongst research partners to compromise on fair agreements regarding how to handle the business aspects of research, host institutions may be unfairly deprived of these financial and resource benefits.

As an organization, TDR's main goal is to build local capacity. The majority of TDR's funded activities are centred on local hiring and training, which are outlined in the strategy. Local hiring is expected to increase local and regional capacity, project strength and sustainability, and improve individual skills. Through mentoring and training thousands of researchers in LMICs, TDR has worked to support the growth of research institutions in Africa, Asia and South America. Furthermore, TDR has helped to increase the presence of community health workers and the role of communities in delivering health interventions locally in LMICs.

With regard to the local sourcing of consumables and services, TDR has no explicit mandate that sourcing must be done locally. Purchasing decisions are left to the discretion of the research institution and principal investigator. It should be noted, however, that as part of its strategy to increase research for implementation and access, TDR aims to assist researchers and governments to take delivery arrangements into account and to help build regional training centres and product development partnerships (PDPs). In the future, these partnerships may support increased local sourcing of consumables and services.

Finally, this topic looks at whether partners support local capacity development through the projects that are undertaken. TDR is dedicated to capacity strengthening in disease-endemic, LMIC settings. A “Research capacity strengthening and knowledge management” unit is focused on this, and all research includes these aspects. Recent projects include: The Access and Delivery Partnership, clinical research and development fellowships, postgraduate training schemes, the Structured Operational Research and Training Initiative (SORT IT), regional training centres and implementation research training materials. Further details about all of these initiatives can be found on the TDR website.

Future developments

There are no plans to change the approach on requiring local sourcing of consumables and services and these decisions will remain devolved to the local institution.

Topic 8: Respect for authority of local ethics review systems

2.8.1.	Research ethics approval	Good
2.8.2.	Supporting local research ethics review capacity	Good
2.8.3.	Enabling access to global expertise	Good

Research ethics review committees and Institutional Review Boards (IRBs) are important for maximizing protection for people in research. Both have the potential to influence study design, protocol execution, population selection, and benefit sharing. However, it is important for these reviews to take place at institutional and national levels. A lack of expertise at either of these levels could result in inadequate protections and benefits for host countries, populations and/or institutions.

Clause 7 of the WHO TSA used by TDR asserts that it is the responsibility of the institution and principal investigator to ensure that the project is in accordance with the appropriate national code of ethics or legislation when pursuing research involving human subjects. In the absence of stated national ethical codes or legislation, the institution should utilize the Helsinki Declaration and any subsequent amendments to guide their research. In addition to any in-country ethical reviews, projects are also subject to WHO’s Ethical Review Committee (ERC). The ERC must approve all research involving human participants, with proposals being submitted via an internal electronic submission system. When projects undergo the WHO ERC, the work is reviewed by a 27-member committee that is established and appointed by the WHO Director-General. In addition to thorough feedback provided by the ERC, TDR also provides technical expertise through its own staff. Scientists and technical officers work with grantees to provide advice and suggestions to increase the reach and ethical issues associated with the research project. Disagreements between local and WHO ethical review are rare and on the occasion there is a difference of opinion, there is a direct exchange between the two committees until a consensus is reached.

TDR has a long history of supporting the development of training material to support research ethics. SIDCER (Strategic initiative for developing capacity in ethical review) was a TDR and WHO initiative that developed out of the capacity-strengthening activities of TDR in cooperation with national and international research organizations. SIDCER was established to address the fundamental ethical gaps and challenges encountered in health research globally. As an international partnership, SIDCER focuses its activities on developing global capacity in ethical review and Good Research Practices.⁷

⁷ <http://www.sidcer.org/>

Research ethics is also a major component of the training provided by the six TDR-supported Regional Training Centres. TDR has also worked with the WHO ERC to build a new curriculum to understand and apply research ethics within the specific area of implementation research.⁸ TDR also contributed to the development of the World Health Organization document *Guidance for managing ethical issues in infectious disease outbreaks*.⁹

Future developments

The curriculum on ethics for implementation research will be published in 2018.

Topic 9: Data ownership, storage, access and use

2.9.1.	Data ownership agreements	Good
2.9.2.	Material transfer agreements	Good
2.9.3.	Rights of use of data for publication	Good

Rules around sharing ownership of data, data storage, access to data and other collected information are contentious issues within the research arena that could place researchers and institutions from LMICs at a disadvantage. Traditionally, policies surrounding data ownership and use have been preferential towards research sponsors, high-income countries and those with access to legal support. Many LMICs do not have the necessary national legislation in place to sort through these issues, leading many to lose intellectual property rights or opportunities to publish.

TDR relinquishes its intellectual property right to any data or results collected from the projects funded by its research partnerships in its TSA, under the condition that the information is used for the purpose of promoting progress in science, technology and public health. Within the general conditions, there are also stated conditions that funded institutions should share the results of the project with TDR. Neither the grantee nor TDR are expected to keep the results confidential, unless otherwise discussed or if used for industrial or commercial purposes.

Institutions and investigators are expected to publish in an appropriate form (generally a peer-reviewed journal or monograph) based on the research that is undertaken through the WHO TSA. The publication should be in accordance with WHO's policy on open access and must indicate that financial support was received from WHO/TDR. Specifically, the acknowledgement should say: *"This investigation received financial support from TDR, the Special Programme for Research and Training in Tropical Diseases, and a co-sponsored programme of UNICEF, UNDP, the World Bank and WHO."*¹⁰ Furthermore, WHO expects publications to adhere to its open access policy and for two off-prints or copies of the publication to be sent to WHO.

With regard to material transfer agreements, the TSA states that unless it is otherwise agreed upon, equipment and materials that are acquired as a result of the TSA agreement will become the property of the grantee institution. As such, the institution and principal investigator are responsible for the safeguarding, maintenance and care of all of the equipment that is acquired through the agreement. If WHO requests that the equipment be returned or dispatched to another destination chosen by WHO at any point after the agreement is terminated or expired, the institution or principal investigator must return the equipment. In these cases, WHO would be responsible for the costs associated with transporting the returned equipment to its next intended destination.

⁸ Developing the ethics of implementation research in health. Gopichandran V *et al* Implementation Science 2016 11:161 <https://doi.org/10.1186/s13012-016-0527-y>

⁹ Guidance for managing ethical issues in infectious disease outbreaks. World Health Organization, Geneva (2016) <http://apps.who.int/iris/bitstream/10665/250580/1/9789241549837-eng.pdf?ua=1>

¹⁰ WHO/Special Programme for Research and Training in Tropical Diseases (2017) TDR administrative handbook. Geneva, Switzerland.

TDR also has a programme of support to build capacity in data management and sharing through the creation of new data management platforms and working with other stakeholders, including Wellcome Trust and the Infectious Diseases Data Observatory (IDDO).

Future developments

Data management is a developing field and TDR will continue to work with its partners to identify and disseminate good practice in data management, particularly with respect to data sharing. A report of a survey and output from a workshop will be published in the first half of 2018.

Topic 10: Encourage full cost recovery budgeting and compensation for all partners

2.10.1.	Full cost recovery budgeting	Good
2.10.2.	Improving/standardizing budgeting	Under review
2.10.3.	External financial audit	Good

“Full cost recovery budgeting” ensures that all costs that are necessary to deliver excellent and timely research outputs are covered in financial agreements of research partnerships, and not just the direct research costs. Inadequate consideration and provision of overhead costs can often result in under-funded research institutions, which can keep LMIC institutions in a perpetual state of dependence when base costs are not being met. Overhead cost considerations include but are not limited to: budgets for staff development; establishment of communication offices; subscriptions to professional literature; hiring, contracting and negotiating expertise; purchase of IT research or ethics management systems; financial management systems; and high level reporting.

Within this domain, TDR tries to provide assistance with varying costs associated with research in an endeavour to ensure project success, such as international travel for research staff, patient costs, premises renovations, vehicles and training. When applicants apply for TDR funding, they are asked to provide a breakdown budget estimating the funds needed for the project. TDR allows grantees to allocate a percentage of their total funding towards overhead costs. This overhead is reviewed by SWG and they are asked to include an evaluation of that cost as part of their overall consideration of the budget for a research project. While there are no specific guidelines or regulations on what would constitute an overhead cost, TDR refers applicants to guidance provided by the ESSENCE group of funders (TDR provides the secretariat for this group), which has published *Five keys to improving research costing in low- and middle-income countries*.¹¹ TDR applies this guidance in its own work.

This good practice document is available in English, French and Spanish. It includes a review of the funding practices related to the definition and funding of direct and indirect costs. The report provides information that will:

- help all parties to better understand the challenges and requirements of research costing;
- develop appropriate mechanisms for costing future research accurately and sustainably; and
- act as a channel for further engagement between funders and institutions.

With regard to improving and standardizing budgeting, TDR’s grantees are expected to return a narrative and financial report at the completion of their project. The financial reports break down how money was spent and whether all of the funds were used. When requested, TDR will provide assistance to grantees in both preparing a budget and reporting on expenditure.

Further support in project management and budgeting is provided through three of the six TDR-supported Regional Training Centres¹² with the TDR Effective Project Planning and Evaluation training course (EPPE).¹³

¹¹ IDRC (2012) Five keys to improving research costing in low- and middle-income countries. Available online : http://www.who.int/tdr/publications/five_keys/en/

¹² http://www.who.int/tdr/news/2015/regional_training_centers/en/

Three of the six TDR Regional Centres provide this course as face-to-face and/or online training, available in English, French, Spanish and Russian.

With respect to financial statements, TDR operates under the financial framework of WHO and all financial statements are prepared in accordance with the International Public Sector Accounting Standards (IPSAS). Every year financial statements are submitted by TDR with external audit reports to the JCB. JCB is tasked with approving and determining the budget for the biennium and approving a plan of action for the upcoming financial period. TDR does not require external audits of the projects it funds. To ensure that funds are being spent appropriately, grantees are required to provide TDR with financial reports as mentioned previously. These procedures are carried out in accordance with WHO standards and are unlikely to change in the future, unless a governance amendment is passed.

Future developments

The TDR Effective Project Planning and Evaluation training course will also be offered to participants from within Africa at the TDR training centre at the University of Ghana School of Public Health (UGSPH) from the first half of 2018.

¹³ http://www.who.int/tdr/publications/topics/project_planning_training/en/

Domain 3: Fair sharing of benefits, costs and outcomes

What this domain measures

The RFI's final domain looks at the latter part of the research process and seeks to assist institutions to improve their fairness practices in terms of the costs, benefits and outcomes of their research projects. The focus is on the short-, medium- and long-term benefits and outcomes of individual studies on attracting future research and research funding, creating a social impact and the economic benefits brought forth by the research project.

How TDR ranks within this domain

With a self-score of 10 out of 15 indicators receiving a "good" level of alignment and 4 indicators "under review", this domain was the one with which TDR considered itself to be least aligned. Overall our assessment shows TDR is conscientious in fair sharing of benefits, costs and outcomes at the completion of its research projects and undertakings. However, the development of good practice is at an early stage and the fair sharing of benefits, costs and outcomes is the domain that will benefit the greatest from the development of good practice that the wider adoption of the RFI framework will facilitate.

RFI summary table

DOMAIN	INDICATOR NUMBER	2017 INDICATOR STATUS		
		N/A	UNDER REVIEW	GOOD
DOMAIN 3 FAIR SHARING OF BENEFITS, COSTS AND OUTCOMES	<i>Topic 11: Research system capacities</i>			
	3.11.1.			Good
	3.11.2.			Good
	3.11.3.			Good
	<i>Topic 12: Intellectual property rights and technology transfer</i>			
	3.12.1.			Good
	3.12.2.			Good
	3.12.3.			Good
	<i>Topic 13: Innovation system capacities</i>			
	3.13.1.			Good
	3.13.2.			
	3.13.3.			Good
	<i>Topic 14: Due diligence</i>			
	3.14.1.			Good
	3.14.2.		Under Review	
	3.14.3.		Under Review	
	<i>Topic 15: Expectation of all partners to adhere to a best practice standard in research collaborations</i>			
	3.15.1.		Under Review	
	3.15.2.		Under Review	
	3.15.3.			Good

Topic 11: Research system capacities

3.11.1.	Training	Good
3.11.2.	Research management	Good
3.11.3.	Increase (predictable) funding	Good

Research system capacity refers to the ability of a research system to effectively deal with research needs to address priorities and remain competitive in international environments to attract personnel, investment and research partnerships. Knowledge-based societies need a strong research and innovation system with access to expertise, funding, critical technologies and populations. Therefore, key outcomes from the research

project for all stakeholders should be to increase research capacity through attracting more researchers, research funds and research partnerships.

Building research capacity within a health system is a central function of TDR, with a core priority to provide resources for the training and higher education of its grantees. TDR allocates a significant portion of its expenses towards fellowships and training. In 2016, more than US\$ 1.1 million was spent on supporting TDR fellows with expenses related to stipends, education, allowance, travel and insurance.¹⁴ Additionally, TDR also funds implementation research training materials, regional training centres and other types of grants and projects that focus on providing training to build local research and implementation science capacity.

TDR also invests in training its staff to assist them with enhancing their knowledge and professional development to perform their roles more effectively. Since TDR is housed within WHO, TDR staff have the same training privileges as WHO staff. In addition to mandatory trainings regarding WHO's information management systems, TDR staff also have the opportunity to enrol in language courses for English, French, Spanish, Chinese, Arabic or Russian. Throughout the year, WHO also organizes training on a variety of topics relating to health issues, IT, management and leadership, security and administrative processes. TDR also has its own staff development initiative that provides staff with training grants to help them attain the training they need to reach their career goals. Overall, it has been recommended that staff allocate at least 5% of their time annually towards developing their skills.

Future developments

The TDR Effective Project Planning and Evaluation training course will also be offered to participants from within Africa at the TDR training centre at the University of Ghana School of Public Health (UGSPH) from the first half of 2018.

Topic 12: Intellectual property rights and technology transfer

3.12.1.	Technology Transfer	Good
3.12.2.	Sharing Intellectual Property Rights	Good
3.12.3.	Contracting Support for IPR	Good

Unfair intellectual property (IP) sharing is a major issue in research, which has the potential to affect individuals, institutions and countries in a negative manner. IP rights and the processes associated with technology transfer have the potential to reduce benefits that could have been realized had adequate IP rights been established.

At TDR, IP is covered under the WHO TSA agreement which is signed by all grantees. The manner in which technology transfer is handled is exactly the same as materials transfers, which is outlined in detail in topic 9. Additionally, TDR relinquishes its IP rights to its partners. The LOA separately asserts that all rights to the results of the work that is performed under the agreement shall lie with the Institution or Principal Investigator of the study. However, simultaneously, the Institution and/or Principal Investigator agrees to grant WHO an irrevocable and unconditional perpetual, royalty-free, world-wide, non-exclusive, sub-licensable license to utilize the same results in any manner or for any purpose WHO may deem appropriate. As previously mentioned, TDR and WHO must also receive acknowledgement for funding the study in any publication and all publications must comply with WHO's open access policy.

If there are any issues with regard to IP or specifications within contracts for grantees and our partners, the WHO Legal Department will step in to resolve the issue. The conditions of the TSAs and LOAs are outlined by the WHO Legal Department, and as such, they would intervene in the event of a conflict.

¹⁴ [TDR financial report 2016 and outlook 2017-2019.](#) (TDR website, accessed 20 July 2017)

Future developments

TDR works closely with the WHO legal team on all the contracts it issues. WHO, and therefore TDR, relinquishes all IP rights to its partners and there are no plans to alter this position in the future.

Topic 13: Innovation system capacities

3.13.1.	Localizing innovation	Good
3.13.2.	Financing to link research with innovation	Not applicable
3.13.3.	Support innovation culture	Good

“Innovation system capacity” is the ability of institutions to transform research knowledge into useful and scalable products or services. If a project has high innovative capacity, it could lead to spin-off economic activities that could help build community capacity through producing more jobs, innovations and locally generated patents. When the innovation system capacity of a project is high, many key stakeholders are able to benefit from the results that are created beyond that of primary knowledge generation or product/service development.

As previously stated, TDR’s TSA allows partners to use the results of the project as they see fit and without consent, unless they are planning to use the information for commercial purposes. In commercial cases, appropriate confidentiality has to be maintained with respect to the results that may be eligible for proprietary right protections. Therefore, in terms of economic spin-offs resulting from the research, there would need to be a cross-consultation between the institution or principal investigator and TDR.

The TDR Director is a member of an advisory group for WIPO Re:Search that catalyses the development of medical products for neglected tropical diseases, malaria, and tuberculosis through innovative research partnerships and knowledge sharing.¹⁵ TDR was also instrumental in establishing two of the product development partnerships: Medicines for Malaria Venture (MMV) and Drugs for Neglected Diseases Initiative (DNDi).^{16, 17} The TDR Director is a board member of DNDi.

TDR itself is not engaged in direct support for health product research and development and so it is unlikely that this type of situation will arise from TDR-funded research.

As an institution, TDR does not attach itself to the outcome endeavours of the projects we fund. We provide financial assistance for pursuing research or attaining training to increase research capacity or evidence-based policy, especially in relation to implementation. While we do not fund the economic spin-offs that may arise as a result of the research or training, TDR supports an innovation culture by facilitating discussions to ensure that the work it funds results in more than a publication. Within the 2018-2023 strategy, plans to move towards building a science of solutions through an impact pathway are outlined (see figure 5). TDR funds research that identifies barriers to effective interventions, or designs and efficiently implements innovative solutions. The goal is improved health and well-being of those who are burdened by infectious diseases of poverty.

¹⁵ <http://www.wipo.int/research/en/>

¹⁶ <https://www.mmv.org/>

¹⁷ <https://www.dndi.org/>

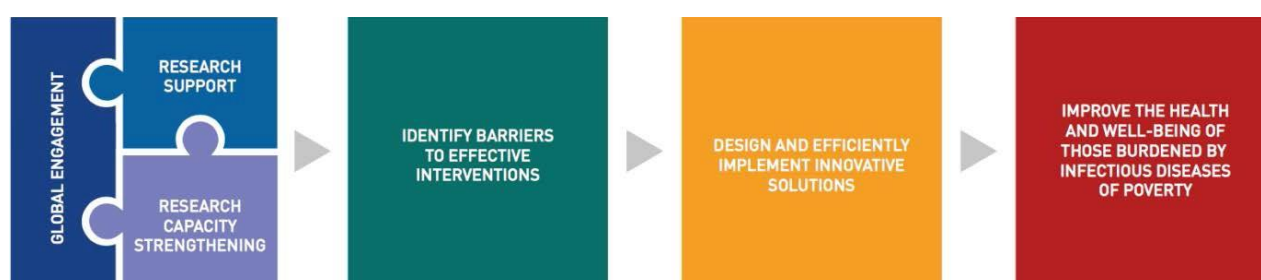


Figure 5: The TDR impact pathway for achieving innovative and effective public health impact
Source: TDR Strategy 2018-2023, page 11

Future developments

TDR has no plans to alter its current approach but one of the motivations for contributing to the Research Fairness Initiative is to understand and learn from the practices of others.

Topic 14: Due diligence

3.14.1.	Promoting participation of women in science and innovation	Good
3.14.2.	Reducing negative environmental impact	Under review
3.14.3.	Achieving SDGs	Under review

In order to ensure quality research is carried out, institutions need to think beyond the provisions of the research they conduct to the impact they may be making towards other areas, including the environment, society and culture. Research and innovation should enhance these impacts positively and actions should be adopted, such as following and implementing the Sustainable Development Goals (SDGs) and encouraging the presence and participation of women in science.

TDR places a large focus on increasing the participation of women in science and innovation. Within its own workforce and that of its partners, there is a strong movement to encourage the participation of women in research at every aspect of the research process. Within TDR's annual report, under an assessment of equity with regard to gender, the proportion of women who are involved in TDR's annual research endeavours is measured. Data is also tracked on the proportion of female grantees/contract recipients, the proportion of women on TDR advisory committees and the proportion of women who were first authors on peer-reviewed publications supported by TDR. All of these indicators have seen increases over the past five years, as outlined in the figure 6 below, which is an excerpt from the 2016 TDR Annual Report. Additionally, recognizing the barriers women in LMICs face, TDR awarded funding to nine countries in sub-Saharan Africa in 2015 to implement strategies oriented around addressing the barriers that early-career women in science face. TDR has also pledged to continuously pursue the goal of gender equality by providing analysis of strengths and weaknesses of current approaches, and establishing more inclusive policies to promote the presence of women in science, technology, engineering, mathematics and medicine careers.

Expected results	Key performance indicators	Baseline (2011)	Target (2017)	Progress (contribution 2016)	Frequency of measurement
Application of core values					
Equity <i>Social and economic:</i>	11. Proportion of TDR grants/contracts awarded to institutions or individuals in DECs (total count and total dollar amount)	59% DEC	75% DEC	82% DEC (amount) 75% DEC (count)	Measured annually
	12. Proportion of experts from DECs on TDR advisory committees	58%	60%	72%	Measured annually
Gender:	13. Proportion of women among grantees/contract recipients (total count and total amount)	35% (n) 17% (\$)	50%	41% (% count) 40% (% amount)	Measured annually
	14. Proportion of women on TDR advisory committees	32%	50%	54%	Measured annually
	15. Proportion of women as first author of peer-reviewed publications supported by TDR (within a calendar year)	Not measured	50%	39%	Measured annually

Figure 6: Proportions of women involved in TDR research and workendeavours
Source: TDR Results 2016 Report, page 15

In terms of climate change and the environment, TDR is actively increasing efforts to pursue research that accounts for environmental impact in all of its projects and day-to-day processes.

TDR adheres to the WHO Greening the Blue GoGreen initiative to reduce its carbon footprint. Where possible, face-to-face meetings and travel are replaced with video- and tele-conferencing. TDR has a no-paper policy for external meetings. Meeting documentation is shared electronically via SharePoint, and no documents are printed, resulting in a significant reduction of printing cost and paper consumption.

With regard to research, a large portion of TDR's work revolves around accounting for the implications of climate change on the spread of infectious diseases of poverty. TDR's Vectors, Environment and Society (VES) team assists grantees by providing technical assistance to help account for the implications of environmental and societal issues on vector-borne diseases such as malaria, dengue and the Zikavirus.

When highlighted during peer review, the SWG, as part of its technical assessment, will recommend an environmental impact review be conducted for specific projects. These impact reviews are undertaken in partnership with the WHO environmental unit. This occurs before the onset of the project and once a year where needed.

The initiatives undertaken by TDR to reduce its environmental impact were assessed by the last external review.

Finally, within its 2018-2023 strategy, TDR recognizes that health-related SDGs go beyond SDG 3, and it states explicitly that we intend to utilize the SDGs to create a more integrated framework. TDR has chosen to approach improving well-being by building more resilient, self-sufficient communities. Below is an infographic from the current strategy, which provides a brief overview of how TDR aims to contribute to the SDGs.



Figure 7: TDR's plans for contributing to the SDGs for the 2018-2023 period.

Source: TDR Strategy 2018-2023, page 9

Future developments

TDR contributes to the overall WHO objective of monitoring progress towards the SDGs. Exploration with WHO is underway on how the contribution of research can be monitored as one of the elements in achieving the SDGs. TDR will consider how to monitor its initiatives to reduce environmental impact either by including environmental measures to its annual reports, and/or making it a regular part of the five to seven year external review process.

Topic 15: Expectation of all partners to adhere to a best practice standard in research collaborations

3.15.1.	Partner requirements for fair research partnerships	Under review
3.15.2.	Sponsor requirements for fair research partnerships	Under review
3.15.3.	Fair research contracting	Good

Institutions or national bodies that adopt nationally or internationally recognized best practices are assumed by the RFI to be more likely to be proactive in their dealings and approach to creating partnerships. For this reason, the RFI asserts that partnering with institutions and donors who do adhere to a best practice will likely help organizations such as TDR reduce their reputational risks and increase their credibility in a network of collaborators.

TDR has committed itself to completing the Research Fairness Initiative and is making public this report and all the documents to which it refers. The RFI is seen as an important tool in developing and sharing good practice in the process of supporting research, particularly in low- and middle-income countries. Findings will be communicated to both our grantees and to the numerous agencies that sponsor our work. We will report on the RFI through our governing bodies and more widely throughout WHO.

At this stage it is too early to make the RFI a prerequisite for partnerships, but this will be reviewed further after more experience.

TDR does not use the Fair Research Contracting (FRC) tool developed by COHRED; however, the contracts used are considered to be in line with the principles of fair contracting, as they provide an opportunity for partners to amend and adapt standard clauses, among other aspects. Meanwhile, in terms of budgeting and handling finances, as previously outlined, TDR has a strict governance approval process and staff dedicated to overseeing funding allocations and budget preparations. Therefore, while TDR does not explicitly or deliberately follow FRC procedures, it does ensure that all aspects of contracts and funding are handled responsibly.

Future developments

The RFI application was completed by one staff member and an exceptionally high quality intern. However, the process did take nearly 12 months from the initial drafting of the work plan to completion of the final report. In principle, TDR was in tune with most of what the RFI is seeking to promote, and for many of the domains, there is in place good governance procedures and training material to support capacity building. As such, TDR is willing to advise others on completing an RFI report and share experience on how to achieve greater fairness in research through the approaches we take.

RFI references and descriptions

Below is a full list of the documents most commonly utilized within the RFI assessment, including a brief description. The TDR website contains the list of the TDR basic documents which set out the governance framework for TDR in relation to the co-sponsoring agencies: UNICEF, UNDP, the World Bank and WHO, including the Memorandum of Understanding between them. See:

<http://www.who.int/tdr/about/governance/documents/en/>

Doc. #	Document citation	Description
1	2016 financial report, outlook 2017-2019 and certified financial statement for the year ended 31 December 2016 . Geneva: Special Programme for Research and Training in Tropical Diseases (TDR website, accessed 20 July 2017)	A review of TDR's finances from the past year and a projection for the budget for the upcoming biennium, useful in determining patterns of TDR allocations and funding sources.
2	Application and reporting forms . Geneva: Special Programme for Research and Training in Tropical Diseases (TDR website, accessed 15 July 2017)	A listing (and links) of the forms and instructions necessary to prepare a grant application, forms and instructions for preparing other reports such as financial, progress and final reports, or renewal requests.
3	Assessment of a TDR research grant application. Geneva: Special Programme for Research and Training in Tropical Diseases . (TDR website, accessed 15 July 2017)	A rubric designed to inform prospective applicants of how applications are reviewed, and provide feedback on applications and clear recommendations to both WHO/TDR and the investigator on proper steps for moving forward with a research project.
4	Capacity strengthening . (TDR website, accessed 20 July 2017)	The processes and activities TDR has to strengthen research and evidence-based policy and strategy setting in low- and middle-income countries.
5	Effective project planning and evaluation for biomedical and health research . (TDR website, accessed 15 July 2017)	TDR's skill-building course and supportive online resources which are available for use in both biomedical and health research settings.
6	ESSENCE on health research . (TDR website, accessed 15 July 2017)	The initiative which brings donors and funders together to amalgamate synergies and increase the values of the resources and actions that are put forth for health research.
7	Five keys to improving research costing in low- and middle-income countries . Geneva: ESSENCE on Health Research; 2012. (accessed 16 July 2017)	An ESSENCE document which discusses good practice on research costing.
8	Global Service Centre Department. Guidance note 003: procurement of services: revision 7.06.02. Geneva: World Health Organization; 2017. (accessed 15 July 2017) Electronic internal WHO source of information.	A WHO guidance note to help staff, especially procurement requesters, prepare and submit registrations for financial services and monitor transaction statuses.
9	Grants and other funding activities . (TDR website, accessed 15 July 2017)	TDR's research funding calls for applications.

Doc. #	Document citation	Description
10	Implementation research toolkit. (TDR website, accessed 15 July 2017)	A website and manual that supports people to learn how to utilise a standard process for implementation research.
11	Meet the vectors, environment and society (VES) team. (TDR website, accessed 14 July 2017)	The roles and responsibilities of individuals within the “Vectors, environment and society” team that study vector-borne diseases and ways to increase resilience.
12	Postgraduate training support. (TDR website, accessed on 15 July 2017)	Information on the TDR postgraduate training programme that supports seven universities from LMICs to provide PhD and Masters degrees focused on implementation research.
13	Procurement of services. (accessed 12 July 2017) Electronic internal WHO source of information.	WHO eManual of employee and organizational regulations, policies and rules. As TDR is housed under WHO, the items discussed in the eManual are directly applicable to the work TDR does.
14	Research ethics review committee. (WHO internet, accessed 16 July 2017)	WHO’s Research Ethics Review Committee and links to the World Medical Association Declaration of Helsinki, and the International Ethical Guidelines on Epidemiological Studies.
15	Research ethics review committee (ERC). (accessed 16 July 2017) Electronic internal WHO source of information.	Detailed information regarding the WHO’s Research Ethics Review Committee and the proposal submission process.
16	Regional training centres. (TDR website, accessed 15 July 2017)	An overview of TDR’s six supported Regional Training Centres, which provide coordinated training courses across multiple countries.
17	Special Programme for Research and Training in Tropical Diseases. Conflict of interest principles for members of TDR’s Joint Coordinating Board. (TDR website, accessed 15 July 2017)	The process TDR uses to recognize and mitigate issues regarding JCB.
18	TDR Strategy 2018-2023, building the science of solutions. Geneva: World Health Organization; 2017. (Iris, accessed 15 July 2017)	The TDR strategy, including an overview of the approach to support in-country capacity on research for implementation within the framework of Sustainable Development Goals.

Doc. #	Document citation	Description
19	TDR 2015 annual report, partnering for innovation. Geneva: World Health Organization; 2016. (TDR website, accessed 15 July 2017)	An overview of the 2015 TDR key research achievements and ongoing progress.
20	TDR Administrative Handbook. Electronic internal WHO/TDR source of information.	An overview of WHO and TDR administrative procedures, with relevant links, such as to contractual documents including TSA, LOA and APW.
21	TDR's portfolio prioritization model. (TDR website, accessed 15 July 2017)	An explanation of how TDR conducts the review, prioritization and selection of proposed projects that align with the strategy and core values.
22	TDR programme budget and work plan, 2018–2019. (TDR website, accessed 17 July 2017)	The TDR budget and work plan for the 2018-2019 biennium.
23	TDR results 2016 report: measuring for improvement. Geneva: World Health Organization; 2017. (Iris, accessed 15 July 2017)	The annual report on how TDR stands against a set of predetermined performance target indicators set out in the Performance Assessment Framework for planning, monitoring and evaluation.
24	Training and fellowships. (TDR website, accessed 15 July 2017)	An overview of the TDR scholarships, fellowships, individual training and institutional development activities.
25	The WHO fellowship programme (XVI.4.2.) (accessed 15 July 2017) Electronic internal WHO source of information.	This section of WHO's eManual discusses the uniform mandates and rules WHO puts forth for its fellowships programs.
26	WHO Finance Department. Grant letters of agreement (FIN.SOP.XVI.003). Electronic internal WHO source of information.	An outline of the standard operating procedure for administering Grant Letters of Agreement in WHO.

RFI referenced case studies

Doc #	Document Citation	Description
27	EVIPNet in action: 10 years, 10 stories. (WHO website, accessed 14 July 2017)	Ten stories from the past 10 years of the impact of EVIPNet on local or national health policy.
28	Project management course making an impact. (TDR internet, accessed 20 July 2017)	A 2013 TDR news item on the project management course for grantees doing biomedical research. It has since expanded to regions in Latin America, Africa and the eastern Mediterranean region, and beyond biomedical health research projects.
29	TDR Implementation research toolkit explanation video. Geneva: World Health Organization; 2014. (WHO website, accessed 15 July 2017)	A short video providing an overview of TDR's implementation research toolkit and examples of how communities are utilizing the kit.

Appendix A: Full listing of RFI domains, topics and indicators

RFI Domain1: Fairness of Opportunity

1. Relevance to communities – in which research is done
 - Indicator 1.1.1.** Research priorities in communities where research is being conducted
 - Indicator 1.1.2.** Actions if there are no research priorities
 - Indicator 1.1.3.** Justification to research low priority topics
2. Early engagement of all partners – in deciding about aims, methods, implementation
 - Indicator 1.2.1.** Relationship between the ‘main/lead/sponsoring’ and ‘other’ partners.
 - Indicator 1.2.2.** SOPs for partner inclusion in study design
 - Indicator 1.2.3.** SOPs for supportive actions to partners
3. Making contributions of all partners explicit – *fair research contracting*
 - Indicator 1.3.1.** Role clarification in research partnerships
 - Indicator 1.3.2.** SOPs for conflict resolution
 - Indicator 1.3.3.** Making potential impact explicit *before* starting research
4. Ensuring that *matching* and other co-financing mechanisms do not undermine opportunities for fair participation of all partners
 - Indicator 1.4.1.** Equal co-financing
 - Indicator 1.4.2.** Alternatives to equal co-financing
 - Indicator 1.4.3.** Research outside national priorities and co-financing
5. Recognition of unequal research management capacities between partners and providing for appropriate corrective measures
 - Indicator 1.5.1.** Research management capacity
 - Indicator 1.5.2.** Financial management capacity
 - Indicator 1.5.3.** Contracting and contract negotiation capacity

RFI Domain 2: Fair Process

6. Minimizing negative impact of research programmes on health and other systems
 - Indicator 2.6.1.** Assessing potential harm of research
 - Indicator 2.6.2.** Reducing negative impact of research
 - Indicator 2.6.3.** Compensation for unintended (negative) consequences of research
7. Fair local hiring, training and sourcing
 - Indicator 2.7.1.** Local staffing
 - Indicator 2.7.2.** Local sourcing of consumables and services
 - Indicator 2.7.3.** Support for local capacity development
8. Respect for authority of local ethics review systems
 - Indicator 2.8.1.** Research ethics approval

Indicator 2.8.2. Supporting local research ethics review capacity

Indicator 2.8.3. Enabling access to global expertise

9. Data ownership, storage, access and use

Indicator 2.9.1. Data ownership agreements

Indicator 2.9.2. Material transfer agreements

Indicator 2.9.3. Rights of use of data for publication

10. Encourage *full cost recovery* budgeting and compensation for all partners

Indicator 2.10.1. Full cost recovery budgeting

Indicator 2.10.2. Improving/standardizing budgeting

Indicator 2.10.3. External financial audit

RFI Domain 3: Fair Sharing of Benefits, Costs and Outcomes.

11. Research system capacities

Indicator 3.11.1. Training

Indicator 3.11.2. Research management

Indicator 3.11.3. Increase (predictable) funding

12. Intellectual property rights and technology transfer

Indicator 3.12.1. Technology transfer

Indicator 3.12.2. Sharing intellectual property rights

Indicator 3.12.3. Contracting support for IPR

13. Innovation system capacities

Indicator 3.13.1. Localizing innovation

Indicator 3.13.2. Financing to link research with innovation

Indicator 3.13.3. Support innovation culture

14. Due diligence

Indicator 3.14.1. Promoting participation of women in science and innovation

Indicator 3.14.2. Reducing negative environmental impact

Indicator 3.14.3. Achieving SDGs

15. Expectation of all partners to adhere to a best practice standard in research collaborations

Indicator 3.15.1. Partner requirements for fair research partnerships

Indicator 3.15.2. Sponsor requirements for fair research partnerships

Indicator 3.15.3. Fair research contracting

TDR/STRA/18.1



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The Special Programme for Research and Training in Tropical Diseases (TDR) is an independent global programme of scientific collaboration established in 1975. It has a twin mission to improve existing and develop new approaches for preventing, diagnosing, treating, and controlling neglected infectious diseases, and to strengthen the capacity of developing endemic countries to undertake this research and implement the new and improved approaches.