

TDR at a glance

FOSTERING AN EFFECTIVE GLOBAL RESEARCH EFFORT ON DISEASES OF POVERTY





“TDR ... brings the power of rigorous scientific investigation to bear on the infectious diseases of the poor.”

Dr Margaret Chan, Director-General
World Health Organization

Who we are

Our vision

“An effective global research effort on infectious diseases of poverty, in which disease endemic countries play a pivotal role.”

TDR is the United Nations' leading programme in research on diseases of poverty.

We are a global programme of scientific collaboration that helps coordinate, support and promote global efforts to combat infectious diseases of the poor and disadvantaged.

Established in 1975 as the Special Programme for Research and

Training in Tropical Diseases, we are co-sponsored by the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the World Bank and the World Health Organization (WHO) and operate under the legal auspices of WHO. Our work addresses the underlying causes of ill-health that perpetuate a vicious cycle of disease and poverty, and contributes to the achievements of the Millennium Development Goals (MDGs).

What are the ‘diseases of poverty’?

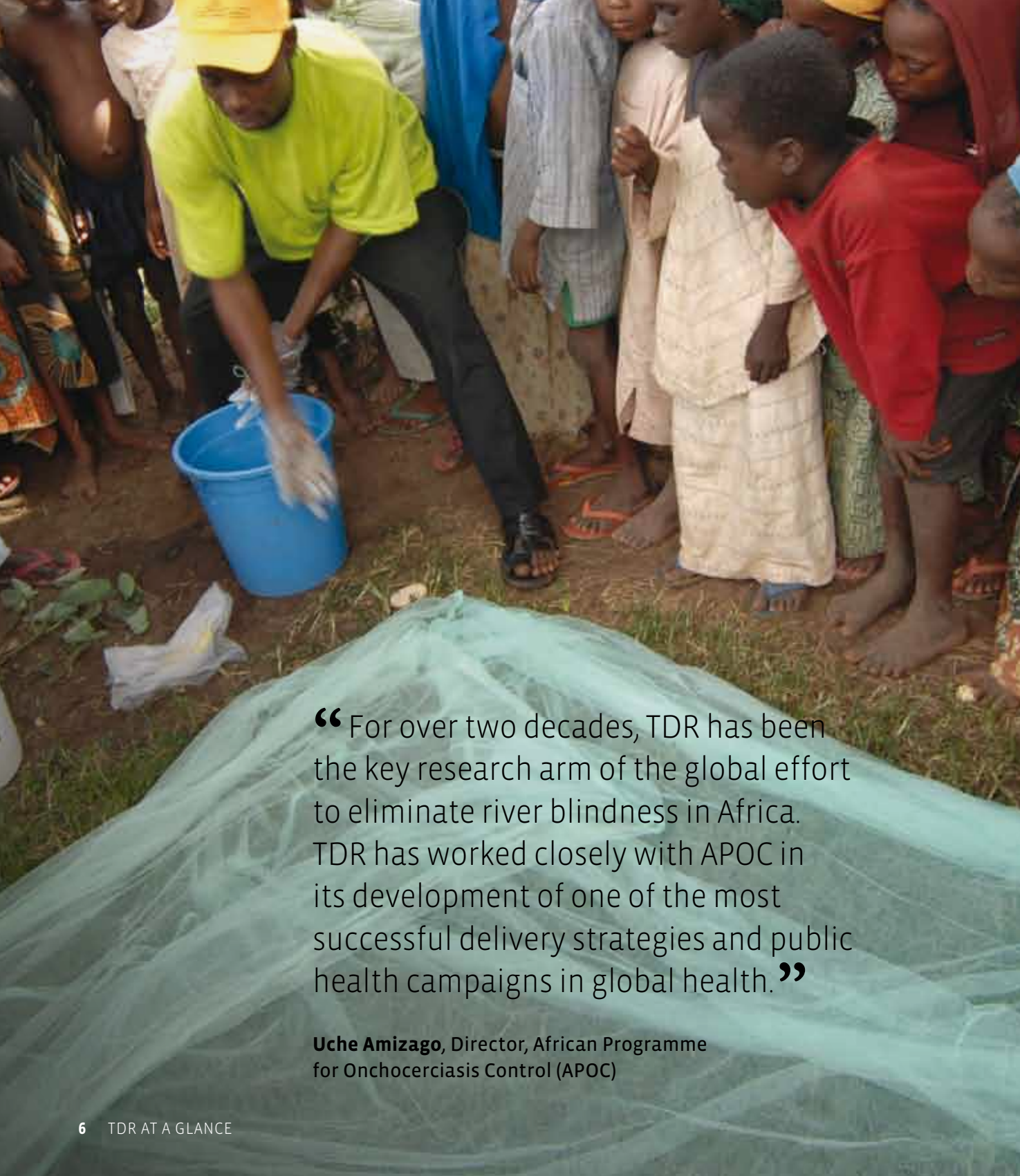
Over 1 billion children live in poverty and 10 million of them die each year. Their parents are also affected by a range of diseases that affect their ability to work and support the family.

These are diseases that affect mostly the poor in developing countries. They thrive in poor housing and sanitation and are most common in tropical climates. Mosquitoes, flies, crawling insects, and water-borne snails are among the major ‘vectors’ that transmit the diseases, which can be deadly or inflict serious disability.

TDR’s portfolio covers:

- Malaria, HIV/AIDS and tuberculosis
- Neglected diseases such as dengue, helminthic infections, human African trypanosomiasis, leishmaniasis, leprosy, lymphatic filariasis, onchocerciasis, schistosomiasis and sexually transmitted diseases.





“ For over two decades, TDR has been the key research arm of the global effort to eliminate river blindness in Africa. TDR has worked closely with APOC in its development of one of the most successful delivery strategies and public health campaigns in global health. ”

Uche Amizago, Director, African Programme for Onchocerciasis Control (APOC)

Our record of achievements

Since our founding in 1975, TDR-supported research has...

- **Led to five major elimination campaigns for neglected diseases** – leprosy, onchocerciasis (river blindness), Chagas disease and lymphatic filariasis globally, and visceral leishmaniasis on the Indian subcontinent.
- **Co-developed twelve new drugs** for tropical parasitic diseases like malaria, more than half of the new drugs developed globally for these diseases since 1975.
- **Documented the effectiveness of artemisinin-combination therapies** – now the first line treatments for malaria, **and insecticide-treated bednets**, that provide protection from disease-carrying mosquitoes, so that today both these approaches are widely used in communities and underpin the fight against malaria.
- **Trained thousands of researchers in developing countries** and played a pivotal role in the growth of several significant research institutions in Africa, Asia and South America.

Our work

Research to catalyse improvements in global health

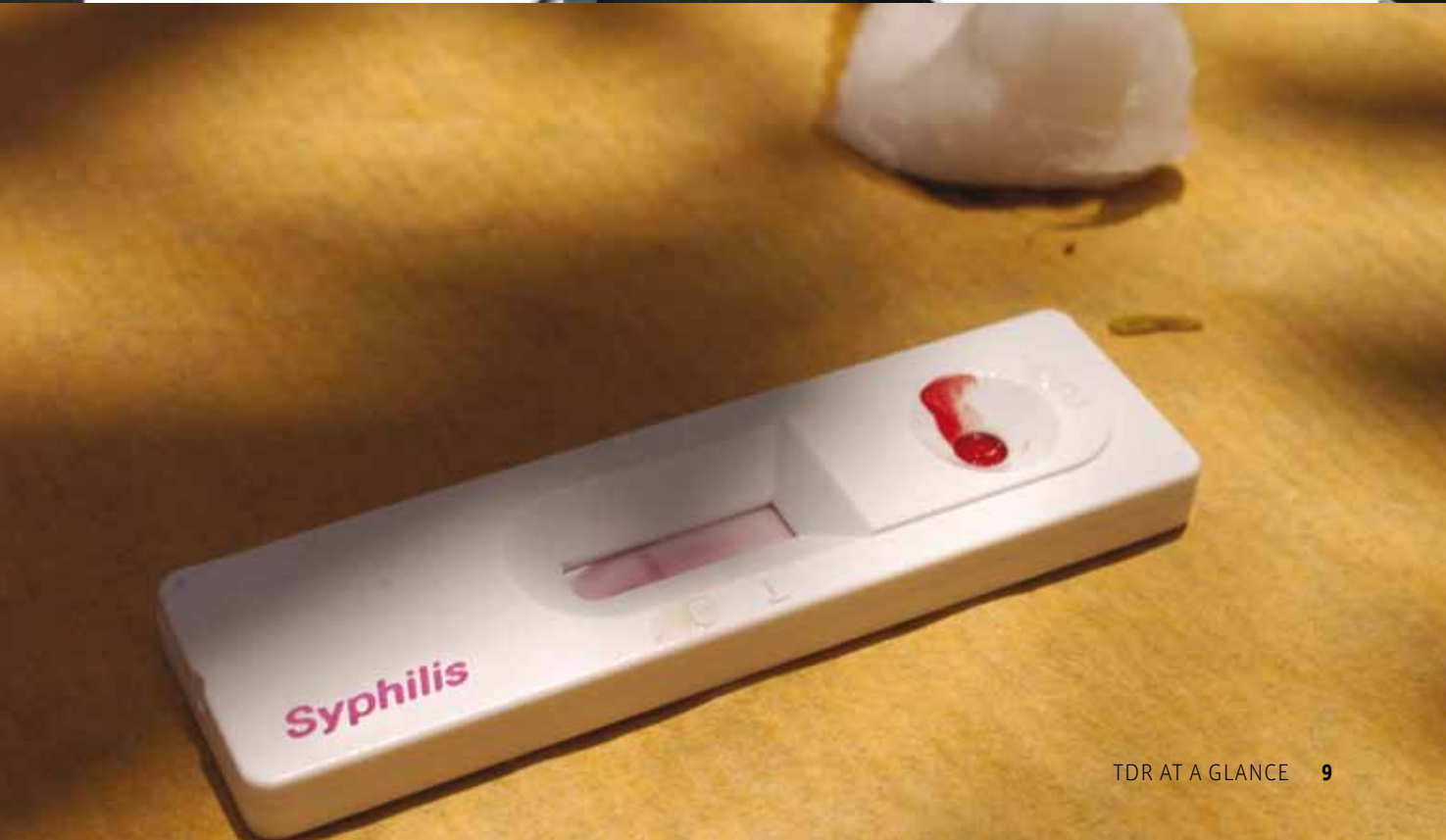
We support the development and improvement of drugs, diagnostics and preventive strategies for the most neglected diseases – and then identify the best ways to use these tools and get them to people in need.


Working closely with researchers and institutions in the countries most affected by the diseases, we bring together the world's leading experts to review needs and opportunities, and propose new approaches to diagnose, treat and prevent disease. We then work with key partners to evaluate the most promising tools and strategies, first in the laboratory and then with community members and local researchers in the field.

We use implementation research to see how best to get new interventions to the people who need them the most. We emphasize research on strategies for preventing the diseases in the first place, such as through better environmental management and control of the insects and bugs that carry the diseases.

Tackling “the big three” – malaria, HIV/AIDS and tuberculosis (TB) – with promising, innovative approaches.

We use research to test new treatments and evaluate strategies for ‘the big three’ in areas not addressed by others. Examples include improved low cost diagnostic methods for TB and treatments for TB patients infected with HIV.



A woman with short dark hair, wearing a red top and a colorful beaded necklace, is using a stethoscope on a patient's chest. She has a traditional wooden stick in her mouth. The setting appears to be an office or clinic with a window in the background.

“TDR HAS PLAYED A PIVOTAL ROLE IN ... THE DEVELOPMENT OF DRUGS TO TREAT TROPICAL DISEASES ... ADVANCES IN HEALTH POLICY, STRATEGY AND PRACTICE, AND IN THE SUPPORT OF MORE THAN TEN THOUSAND PROJECTS AND TRAINING OF THOUSANDS OF DEVELOPING COUNTRY SCIENTISTS.”

Mallam Ibrahim Talba

Former Permanent Secretary of the Ministry of Health of Nigeria

Where we work

A global partnership focusing on the developing countries where the diseases have the greatest burden – Africa, Asia and South America.



TDR supports research studies, networks and training opportunities, connecting researchers in the developing countries with other experts worldwide.

How we operate

Stewardship – providing knowledge and advocating for research

We use our global network and ‘convening’ power as a UN-based programme to provide a neutral platform for experts and stakeholders to examine gaps, needs and opportunities in health research on diseases of poverty. They then recommend priority areas that need to be addressed by global decision-makers and the broader scientific community. Our innovative global knowledge portal on infectious diseases (TropIKA.net) allows researchers, policy-makers and the public to share knowledge about challenges, innovations, events and novel approaches.

Empowerment – building research leadership in developing countries

We help researchers from developing countries play key roles in policy debates and deciding research priorities. We are also building health research capacity through collaborative projects, networks and leveraging outside resources. We do this through training and research grants to scientists from developing countries and helping to strengthen the capacity of institutions and national health research systems in countries where diseases of poverty are most prevalent.

Health research for neglected diseases and needs

We cover the entire spectrum of research – from the “starting point” of discovery and development to the “end point” of research on access – getting the right drugs and diagnostics to the right people in the right way.

Discovery and development of effective tools

We focus on diseases where pharmaceutical industry investment is weak because of a lack of commercial incentives. We partner with industry, academic groups and others to accelerate the research and development process for diseases that disproportionately affect developing countries, replacing outmoded “toxic” drugs and ineffective diagnostics with new and improved products. We seek out bright new ideas and create

networks to generate and share new knowledge and take these ideas forward. We are also addressing the broader conditions that could prevent many diseases of poverty – including better environmental control of disease-carrying insects and bugs.

Access and field testing in real life settings

We support research to ensure that new and available health tools and approaches are used effectively and widely in countries and communities. For instance, we test how to expand access to bednets to prevent malaria, as well as new and more effective treatments and rapid diagnostic tests for malaria, syphilis, leishmaniasis and other diseases.

“TDR IS THE ONLY PUBLIC HEALTH RESEARCH INSTITUTION THAT IS JOINTLY OWNED BY EVERYBODY... ALL OF THE MEMBER STATES OF THE UN AND THE WORLD HEALTH ASSEMBLY OWN TDR. THE SMALLEST COUNTRY IN THE WORLD HAS A STAKE IN IT; THE BIGGEST COUNTRY IN THE WORLD HAS A STAKE IN IT. THAT TO ME IS THE COMPARATIVE ADVANTAGE OF TDR: JOINT OWNERSHIP.”

Dr Kayode Oyegbite

Former UNICEF representative on the JCB



Key strengths

Our role as convenors

We focus our efforts on what United Nations'-based institutions can do best – bringing people together, facilitating dialogue and providing a neutral platform for scientific exchange and discussions on how best to take key research issues forward. We are helping build sustainable networks of researchers and research institutions. Developing country researchers and institutions are increasingly the leaders of our activities – many of today's leading scientists in the field have been supported by TDR grants.

Partnerships at all levels

We connect with the highest levels of national government, and with clinics in remote areas. We have broad collaborations with private industries, disease control programmes, academia, research institutions and nongovernmental

organizations. When we have identified needs that we could not fill alone, we have helped create new organizations and partnerships that could address these needs, such as the Multilateral Initiative for Malaria, the Medicines for Malaria Venture, the Foundation for Innovative New Diagnostics, and the Drugs for Neglected Diseases initiative.

Our staff

We have a highly motivated group of professionals from biomedical and social sciences backgrounds, many with international reputations in their fields. Our staff of approximately 100 come from all over the world, representing some 45 nationalities and with extensive firsthand experience of health and research issues in developing countries, so we understand and practice responsiveness to developing country needs and cultural diversity.

“MANY OF THE ADVANCES MADE IN DISEASE MANAGEMENT AND CONTROL CAN BE TRACED TO THE SUPPORT TDR HAS OFFERED DEVELOPING COUNTRY SCIENTISTS AND RESEARCH INSTITUTIONS TO COME UP WITH NEW AND REALISTIC INNOVATIONS, WHICH SHAPED HEALTH POLICIES OVER THE YEARS.”

The late Major Courage Quashigah
Former Minister of Health of Ghana

Equal governance by both developed and developing countries

Our governing body, the Joint Coordinating Board (JCB) meets once a year and includes:

- Government representatives from donor countries
- Government representatives from each of WHO's six regions
- Other collaborating parties of TDR, which may include nongovernmental entities
- TDR's 4 co-sponsoring agencies, UNICEF, UNDP, the World Bank and WHO.

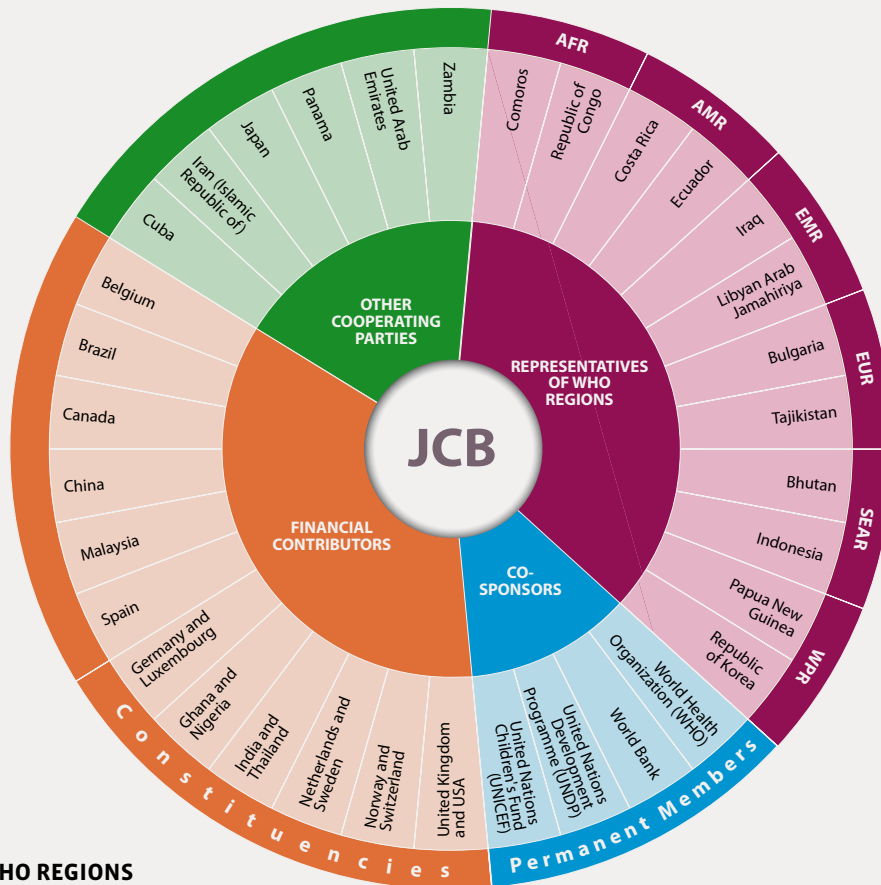
Independent scientific guidance

Our Scientific and Technical Advisory Committee (STAC) consists of some 20 leading health scientists. It technically reviews, advises upon and oversees TDR's scientific activities. In addition, other scientific committees comprised of global experts in their fields oversee the work of each of our research areas.

Administrative oversight by WHO and TDR's co-sponsors

WHO is the executing agency of TDR and oversees our day-to-day management. Together, UNICEF, UNDP, the World Bank and WHO provide direct managerial guidance as members of the TDR Standing Committee, which meets twice a year with the chairs of the JCB and STAC to review progress and follow-up of JCB decisions.

Membership of the TDR Joint Coordinating Board (1.1.2010)



WHO REGIONS (REGIONAL OFFICES)

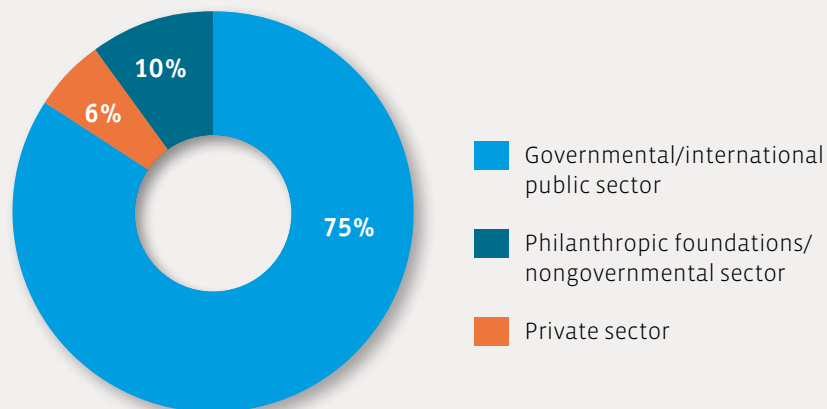
- AFR:** Africa
- AMR:** Americas
- EMR:** Eastern Mediterranean
- EUR:** Europe
- SEAR:** South-East Asia
- WPR:** Western Pacific

How we are funded

Our annual budget is about US\$ 50 million, and contributions to our programme are entirely voluntary. Most of our funds go directly to services and programme implementation in developing countries.

Our funding comes from a wide range of stakeholders, including governments and international agencies; other public groups such as philanthropic foundations and nongovernmental organizations; and private companies.

2008-2009 TDR total contributions US\$ 77,282,581



Your support makes a difference

Our research has provided not only effective, low cost treatments that have saved many lives, but has also supported developing country researchers and institutions so that they can prioritize and lead the research efforts in their areas.

Your contribution to TDR is one of the most cost-effective investments you can make in health. Research for health provides solutions and builds sustainable capacity to break the vicious cycle where poverty breeds ill health and

ill health perpetuates poverty. We are working to improve health conditions of the poor and most vulnerable people living in developing countries, which in turn will lead to human and economic development.



To support the work of TDR, please contact:

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“THE FASHION TODAY IS ‘OUTPUT-DRIVEN’ PRODUCTS. BUT IF YOU ONLY MAKE A LIST OF ALL THE PRODUCTS THAT HAVE BEEN DEVELOPED BY TDR, IT WOULD TRULY MISS THE POINT. THE POINT IS THIS: TDR DEVELOPED A CULTURE FOR RESEARCH-BASED DECISION-MAKING AND A FUNCTIONING NETWORK ORGANIZATION. THIS IS A RARE THING IN AN INTERNATIONAL ORGANIZATION. YOU HAVE TO LOOK AT THE CATALYTIC FUNCTION OF TDR AS ONE OF ITS MAIN STRENGTHS.”

Dr Bernhard Liese, Chair

International Health Programmes, Georgetown University

Former World Bank representative on the JCB



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The Special Programme for Research and Training in Tropical Diseases (TDR) is a global programme of scientific collaboration established in 1975. Its focus is research into neglected diseases of the poor, with the goal of improving existing approaches and developing new ways to prevent, diagnose, treat and control these diseases. TDR is sponsored by the following organizations:

