

# Approved Programme Budget 2004-2005

**This Programme Budget was approved in June 2003 by the  
Twenty-sixth Joint Coordinating Board**



**UNICEF/UNDP/WORLD BANK/WHO  
SPECIAL PROGRAMME FOR RESEARCH  
AND TRAINING IN TROPICAL DISEASES (TDR)**

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### List of Abbreviations

APOC	African Programme for Onchocerciasis Control
CATT	Card Agglutination Test for Trypanosomiasis
CDS	Communicable Diseases cluster
CIATT	Card Indirect Agglutination Test for Trypanosomiasis
DALY	Disability-Adjusted Life Year
DEC	Disease Endemic Country
DEC patch	Diethyl Carbamazine patch
DF	Dengue Fever
DHF	Dengue Haemorrhagic Fever
FDC	Fixed Dose Combinations
GCP	Good Clinical Practice
G-FTE	General-service staff Full-Time-Equivalents
GLP	Good Laboratory Practice
GMG	General Management cluster
GMP	Good Management Practice
GoG	General Operations Guide (TDR/GEN/GOG/02.1,Rev.3)
HAT	Human African Trypanosomiasis
HIV	Human Immunodeficiency Virus
IDRI	Infectious Disease Research Institute
IPTi	Intermittent Preventive Treatment in Infants
IT	Information Technology
JCB	Joint Coordinating Board
LapDap	A combination malaria drug comprised of chlorproguanil and dapsone
MDT	Multi-Drug Therapy
MSU	Management Support Unit
OCP	Onchocerciasis Control Programme in West Africa
R&D	Research and Development
SMTeam	Strategic Management Team
STAC	Scientific and Technical Advisory Committee
TB	Tuberculosis
TDR	UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
WHO	World Health Organization

## 1. INTRODUCTION

The UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training (TDR) has, during the 2002-2003 biennium, continued to implement changes resulting from the Strategy 2000-2005 that was approved by the Twenty-third session of the Joint Coordinating Board [JCB(23)] in June 2000. Two major milestones have been reached in this respect, i.e.:

- TDR's administrative and managerial systems have been strengthened to support this new approach. The operational framework is documented in TDR General Operations Guide (GoG) (TDR/GEN/GOG/02.1,Rev.3).
- Indicators and targets have been developed for all expected results and are expected to be driving the performance during the 2004-05 biennium. The proposed indicators were approved by JCB(26) and forms part of the GoG.

It is anticipated that the Programme, by 2004, will have fully moved to a results-based planning and management approach, and it is planned that additional strengthening of the management systems will take place during the coming biennium in order to further consolidate the Programme's position in this regard.

The body section of the Approved Programme Budget is shorter and more strategic than for previous biennia, detailed budget tables are presented in the annexes, and references are made to the above documents. Further, underlying the budget tables presented in the Approved Programme Budget at hand is a product portfolio with detailed descriptions of each of the products foreseen for the biennium 2004-05.

It is with some concern that the Programme management, since the early 1990s, has been faced with a slowly declining level of undesignated funding, while the needs have not diminished and while global resources for development and research have not declined in general.

It is the hope that the many changes and improvements to the Programme's way of operating, its documented performance, and the new transparent and results-based Programme Budget will finally enable the JCB members to live up to the commitment they made when approving the Strategy 2000-2005. The Strategy was based on the assumption of a substantial increase in the overall budget level to be underpinned by a significant increase in undesignated contributions.

## 2. RESOURCE SCENARIO

TDR has, during the 2002-2003 biennium, continued to experience a slow decline in undesignated contributions, while the designated contributions have increased to constitute more than one-third of the total income of the Programme. The Strategy 2000-2005 foresaw a budget level for 2004-05 at \$95 million with 75% of this, i.e., \$71.3 million being in the form of undesignated funding. The overall programme budget of \$100 million for 2004-05 has been worked out under two resource scenarios.

Scenario 1: The \$54 million difference between the total budget of \$100 million and the \$46 designated funding agreed upon, or in an advanced stage of negotiation, will become available as *undesigned contributions*.

Scenario 2: Undesignated income continues at the current level (= \$36 million for the biennium) + designated income of \$46 million for the biennium.

Scenario 2 thus represents a *funding gap* of \$18 million for the biennium. Prioritization has been made within the Programme and those products that would not be implemented, should Scenario 2 happen, are indicated in the Product Portfolio Directory and indicated in the Approved Programme Budget as 'Not-funded'.

Within the \$36 million undesignated funding, \$950,000 will be kept as a Director's reserve to pursue opportunities for new products and for leveraging funding for products during the biennium. A minimum of \$550,000 is earmarked for Implementation Research under Expected Result D.

TDR's preferred funding is undesignated. The effective value of an amount received as designated funding is less than a similar amount received as undesignated because of the inflexibility and administrative complexity associated with handling of designated funding.

### **3. STRATEGIC EMPHASES AND EXPECTED RESULTS**

TDR strategizes, plans and manages its portfolio of products along two dimensions, i.e. (1) strategic emphases for diseases and capacity building, and (2) seven expected results areas.

#### **3.1 Disease Strategic Emphases**

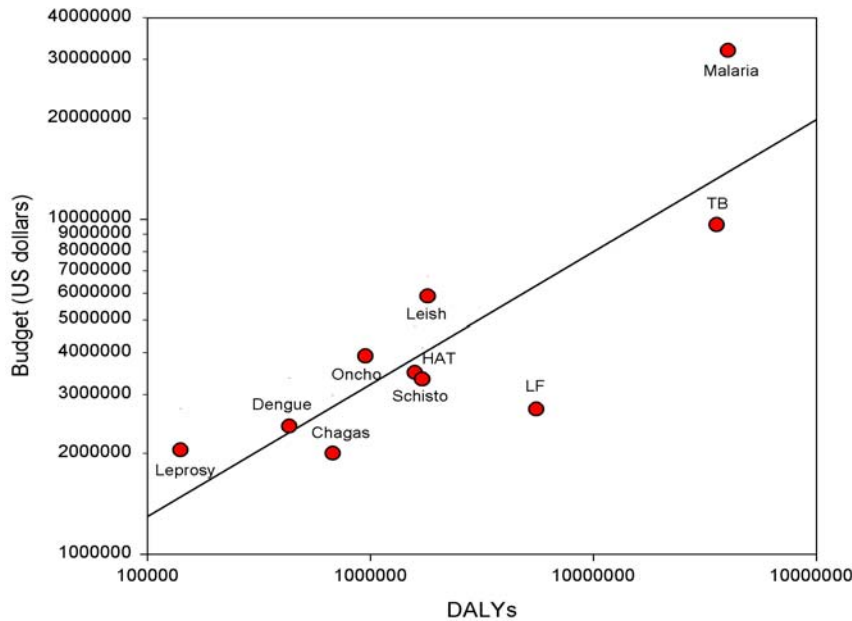
TDR's strategic emphases for each of its ten diseases are identified through a seven-step prioritization process<sup>1</sup>. The result of this prioritization process is presented in Annex 1. In addition to the ten traditional TDR diseases, the Programme also works in other diseases, using designated funds, currently this includes the area of diagnostics for Sexually Transmitted Infections, which, in the following is listed under 'other'. As a response to these identified and prioritized strategic emphases, specific products have been planned and budgeted.

A key concern when allocating resources across diseases is the burden of disease. The allocation of budget across the ten tropical diseases in the current portfolio is shown in Chart 1 as a function of the global Disability-Ability Life Year (DALYs) for each disease.

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<sup>1</sup> See Remme et al.: Strategic emphases for tropical diseases research: a TDR perspective. Trends in Parasitology Vol. 18 No. 10, October 2002, pages 421-426

**Chart 1:** Operations budget versus disease burden under resource scenario 1

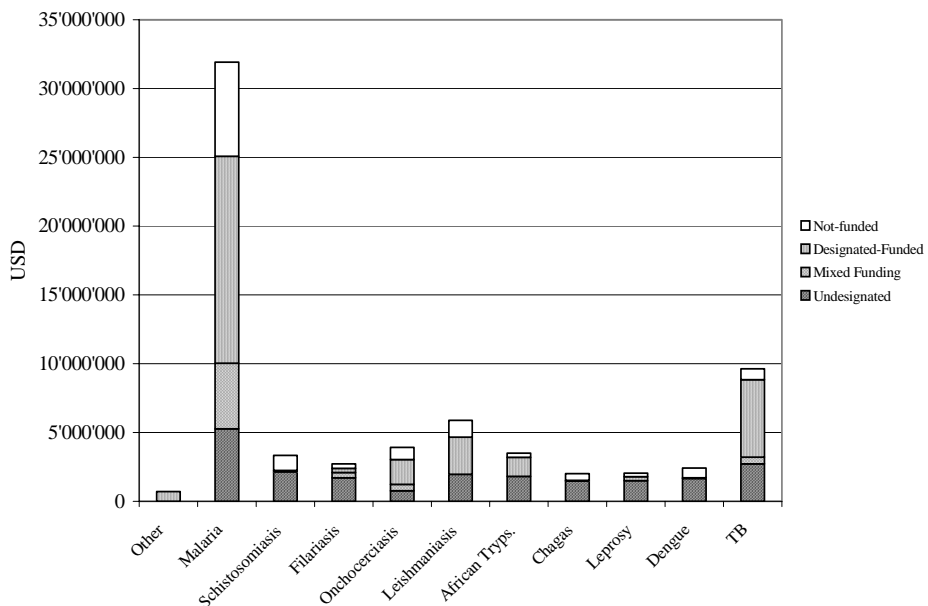


The specific allocation of undesignated funds was done using the following criteria:

1. Ensuring continuation of already ongoing products within the strategic emphases
2. Capacity building concerns (see section 3.2)
3. Availability of designated funding
4. The operations budget for a disease staying as a full TDR disease should not be less than \$2 million for the biennium

The results of this allocation can be viewed in Chart 2 below.

**Chart 2:** Operations budget in US\$ by disease and type of funding



Designated funding is primarily available for five of the ten diseases, i.e., malaria, onchocerciasis, leishmaniasis, African trypanosomiasis and tuberculosis (TB). The main funding gaps under resource scenario 2 will be in malaria, schistosomiasis, onchocerciasis, leishmaniasis, dengue and TB. The reason for the relatively high budget for leishmaniasis is the opportunity to pursue development of a second-generation vaccine in collaboration with the *Infectious Disease Research Institute* (IDRI). However, a number of priority upstream research products will be left not-funded should resource scenario 2 happen.

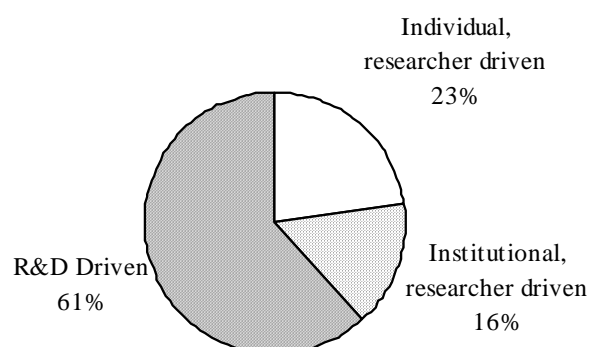
### 3.2 Research Capacity Strengthening Strategic Emphases

A specific strategy<sup>2</sup> was developed and approved by the JCB(25) in 2002 for research capacity strengthening, based on the overall TDR Strategy 2000-2005. A main feature of the strategy is three lines of capacity building:

1. Individual, researcher driven (low income countries)
2. Institutional, researcher driven (low income countries)
3. Research and Development (R&D) driven (all disease endemic countries)

The target for the TDR Strategy is, by 2004-05, to have shifted resources from primarily being research driven (all countries), to having 40% and 60% of the total operations budget respectively allocated for research capacity strengthening researcher driven (in low income countries only) and R&D driven products. The allocation in the proposed budget for 2004-05 between the three lines is shown in Chart 3.

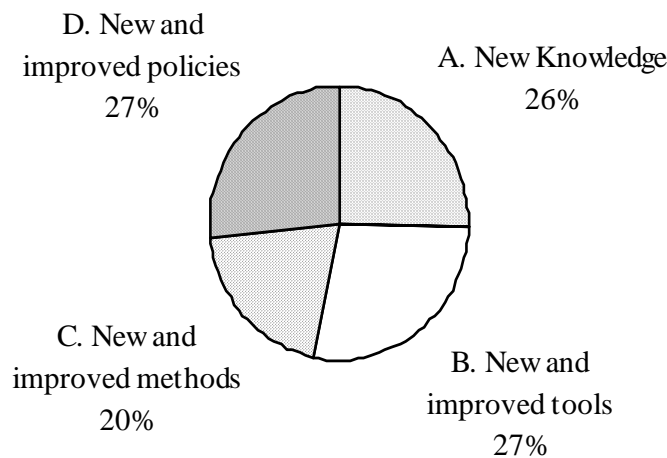
**Chart 3:** Operations budget by Line of Capacity Building



<sup>2</sup> Research Capacity Strengthening - Strategy 2002-2005 TDR/RCS/SP/02.1

For each of the three lines of research capacity strengthening, the emphases across the expected results areas of the Programme have been established and are presented in Annex 2. The relative budget allocation for the R&D driven products across the expected results is shown in Chart 4.

**Chart 4:** Distribution of R&D Driven capacity strengthening across expected results

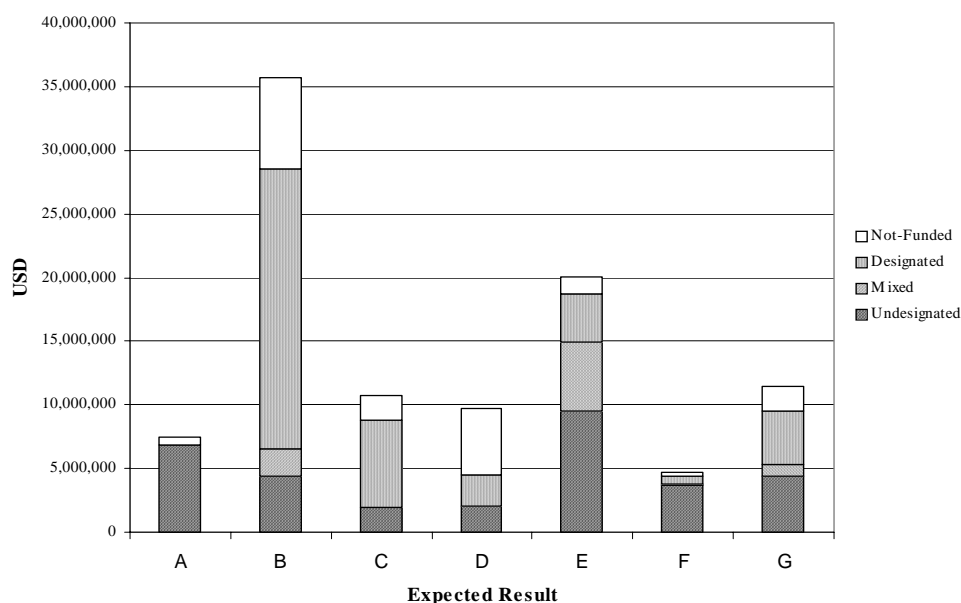


### 3.3 Expected Results and Targets

Each product in the portfolio is linked to one or two of the indicators<sup>3</sup> for an expected result, meaning that in addition to a primary outcome, each product can also contribute to one other, which does not necessarily have to be in the same expected results area in which the product is budgeted. For example, a product in Expected Results B to E can contribute to generation of new knowledge as it is measured by one of the indicators A1 to A3. Likewise a product budgeted under Expected Result A, can, in addition to its primary output of new knowledge, also contribute to research capacity building as measured by the indicators E1 to E6 and so forth.

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<sup>3</sup> Please see TDR General Operations Guide – TDR/GEN/GOG/02.1,Rev.3

**Chart 5: Total budget by Expected Result and type of funding**

The largest not-funded budgets are in expected results B and D, while A and E have the largest undesignated budgets.

More funds means, in general terms, that TDR will be able to move more products faster through the pipeline. However, the lead-time for most products is more than two years, meaning that the effect of changes in the level of funding in terms of outputs may only materialise after several years, e.g., in subsequent biennia. Higher levels of funding will mean more products in the pipeline and eventually more knowledge, tools, etc., for the control of infectious diseases will become available.

The following paragraphs describe Expected Result by Expected Result what will be produced as measured by indicators as well as the effect of the two resource scenarios.

### Expected Result A

*New basic knowledge* about the biological, social, economic, health systems, and behavioural determinants, and other factors of importance for effective control of infectious diseases generated and accessible at national and international levels

Indicator			Target
Nº	Title	Type	
A1	Number of new and significant scientific advances	OUTPUT	300
A2	Number of patents resulting from TDR funded research and development	OUTCOME	5
A3	Number of outstanding advances in scientific knowledge	IMPACT	5

The products in the TDR 2004-2005 portfolio are designed to provide TDR with opportunities to take advantage of achievements already made. It will also allow TDR to make the most of advances in science and technology, and exploit the rapidly expanding data available on the interplay between communities and diseases to generate the new knowledge needed to meet the challenges each tropical disease presents. Each of the products strengthens TDR's contributions to comprehensive applications of these advances, ranging from parasites and vector genomics for control of the disease, to a better appreciation of ethical, legal and social implications of transfer and use of new technologies in resource poor settings. The technical capability, international scientific community and cooperation for implementation of the products are well established with TDR.

Lack of funding support, i.e. scenario 2, for the entire product portfolio will become a constraint to implementation or cancellation of efforts on some of these innovative projects. These projects include the use of experience and tools built by TDR for generating new knowledge that can be applied to vector control in African sleeping sickness. Projects designed for understanding age-related risks and vulnerability to tropical diseases, eco-biosocial research on dengue and international coordination of efforts to sequence the genomes for *Aedes* responsible for dengue and tsetse flies responsible for African sleeping sickness, will also suffer from such constraints. The funding constraints will also limit the comprehensive transfer of biotechnology to the disease endemic countries.

### Expected Result B

*New and improved tools* for use in infectious disease prevention and control, e.g., drugs, vaccines, diagnostics, epidemiological tools, environmental tools, etc. developed.

Indicator			Target
Nº	Title	Type	
B1	Number of new and improved tools, such as drugs, vaccines, receiving regulatory approval and / or label extensions or, in the case of diagnostics, being recommended for use in controlling neglected tropical diseases.	OUTCOME	5
B2	Number of new and improved epidemiological and environmental tools being recommended for use in controlling neglected tropical diseases	OUTCOME	2

Expected results B - Product R&D supports activities and projects that will lead to the discovery, development, regulatory approval and use of new tools (drugs, vaccines and diagnostics) that meet the declared needs of control of TDR diseases. The partnerships through which this work is undertaken, operate under Memoranda of Understanding that ensure public sector needs are met, e.g. through preferential pricing. The work is also carried out in a way that optimizes on capacity building opportunities and utilizes disease endemic country expertise. The planned product development activities for 2004-2005 in many cases build on the successful progression of projects in 2002-2003, though in some cases new projects have been identified for support, almost all through designated funding. Some significant projects and project areas are, however, in danger of not being funded.

Insufficient funding to meet the planned budget would have particularly serious consequences for projects which have until now been managed through undesignated funding. The steady decline in such funds has now reached a stage where serious decisions have to be made about supporting certain areas of research. The most significant of these is the area of vaccine discovery, long considered a major and historically influential TDR activity. ***Unless adequate funds are provided, TDR will not be able to retain a vaccine discovery research activity or steering committee in 2004-5.*** Several vaccine development projects supported over recent years are also at risk of not being funded. Other areas which are susceptible if inadequate funding levels are not attained include: development of diagnostics for detection of ivermectin resistance and undertaking molecular high throughput screening to identify leads for drug discovery.

### Expected Result C

*New and improved intervention methods* for applying existing and new tools at the clinical and community levels developed and validated.

Indicator			Target
Nº	Title	Type	
C1	Number of new and improved intervention methods validated for the prevention, diagnosis, treatment, or rehabilitation for populations exposed to or affected by infectious diseases	OUTPUT	5

Research under Expected Result C is concerned with the development of new intervention methods, such as new surveillance and rapid assessment methods for dengue and schistosomiasis, and improvement of existing interventions, e.g. simplified treatment regimens for African trypanosomiasis and leprosy. New interventions require proper validation under real life conditions and a major share of the C budget is allocated to large-scale trials to determine the effectiveness of new interventions such as Intermittent Preventive Treatment in Infants (IPTi) and LapDap (chlorproguanil and dapsone) for malaria and Fixed Dose Combinations (FDCs) for TB.

The main implication of scenario 2 would be that the randomized controlled trials of IPTi would not be undertaken. Information on the effectiveness of IPTi will be needed by decision-makers and potential donors of future IPTi programmes, and failure to provide this information may delay large-scale implementation of IPTi. The development of a rapid assessment method for intestinal schistosomiasis would also not be funded and this would have repercussions for schistosomiasis control in Africa. Most products in Expected Result C are classified as designated-funded (63% of the C budget). This classification is based on expectations that the required funds will be made available by specific donors. If these expectations prove too optimistic and less funds become available than predicted, the implications would be particularly serious for Expected Result C.

## Expected Result D

*Improved Strategies and Policies* for large-scale implementation of existing and new prevention and control methods developed and validated, and guidance for application in national control settings made accessible.

Indicator			Target
Nº	Title	Type	
D1	Number of new and improved public health policies and strategies for which the effectiveness has been determined, and evidence on effectiveness made available to decision makers.	OUTPUT	2
D2	Number of new and improved policies and strategies for enhanced access to proven public health interventions developed, validated and recommended for use.	OUTCOME	3

The major challenge after the development of new interventions is to ensure that they reach those who need them, especially the poor. Expected Result D is concerned with implementation research to develop and test strategies for improved access, both in terms of supply and demand, to effective interventions and to facilitate the scale up of these interventions in endemic countries. A major focus of this research is on community-based interventions. A second aim of Expected Result D is to strengthen the evidence base for control strategies, e.g. lymphatic filariasis elimination through annual mass drug administration, by combining focused field research and epidemiological modelling.

More than 50% of the budget for Expected Result D is not funded and scenario 2 would be disastrous for TDR's research on new and improved strategies. Implementation research would be hit especially hard and no funds would be available for a number of research activities that are essential for improving effective access to new and improved interventions. These research activities include the development of strategies for community-based delivery of rectal artesunate, development of implementation strategies for community-based integrated fever management, research on strategies for scaling-up IPTi within the context of Immunization Plus, and strategies for improved community-based delivery of praziquantel in Africa and scaling-up the mapping of urinary schistosomiasis. Funding would stop for development of an intervention package for Chagas elimination in Andean and Central American countries, the planned research on the role of preventive therapy in prevention of TB in HIV positive individuals would not be undertaken and the investment in the development of the DEC patch test would not be followed through with the development of a surveillance strategy for the OCP countries. TDR's Strategy for 2000-2005 defines implementation research as an essential element of the research process for which TDR has to accept additional responsibility. Scenario 2 would imply that TDR's Strategy cannot be implemented as intended and that the research pipeline will have to be prematurely discontinued in a number of important cases.

## Expected Result E

*Partnerships established and adequate support for research and product development capacity building in countries provided.*

Indicator			Target
Nº	Title	Type	
E1	Number of R&D partners engaged	PROCESS	700
E2	E 2.1: Number of MSc degrees completed	OUTPUT	10
	E 2.2: Number of Doctoral degrees completed		49
	E 2.3: Number of persons trained in short courses		800
E3	Number of research institutions in low income disease endemic countries strengthened.	OUTCOME	6
E4	Proportion of partners who are from Disease Endemic Countries out of the total number of partners engaged.	OUTCOME	65%
E5	Proportion out of total new and significant scientific advances produced by scientists from disease endemic countries.	IMPACT	45%

Expected result E - Partnerships and Capacity Building will support activities across all TDR units. Support to LDCs will be pursued through individual training, individual career and institutional capacity building projects. A number of R&D-driven capacity building initiatives based on TDR priorities are proposed for the 2004-2005 biennium with a view to increasing the participation of all Disease Endemic Countries (DECs) in R&D, taking advantage of their already available research capacity.

Scenario 2, i.e., insufficient funding would affect particularly new proposed products and those that required extended funding commitment. These are: the establishment of a network of data management centres for clinical trials in Africa and Asia; capacity building to evaluate the implementation and impact of strategies for integrating leprosy elimination into general health services; sustain clinical trial and epidemiological capacity in selected high burden TB countries; and the strengthening of research capacity for implementation research for filariasis elimination.

## Expected Result F

*Adequate technical information, research guidelines and instruments, and advice accessible to partners and clients in countries.*

Indicator			Target
Nº	Title	Type	
F1	Number of research instruments and guidelines for infectious diseases developed and published.	OUTPUT	8
F2	Number of global research priority-setting reports for neglected infectious diseases published.	OUTCOME	4
F3	Mean monthly number of page views to the TDR web site.	OUTCOME	200,000
F4	Number of unsolicited requests for research guidelines and instruments.	IMPACT	2,000

This expected results area includes activities such as knowledge management, global agenda setting, disease research coordination, scientific steering committees, and publications. Much of TDR's convening power and reputation as a global leader in its field emerges out of this expected result and most of its budget comes from core undesignated funding. However, should resource scenario 2 become reality, then TDR would have to cut back on the activities in global agenda setting.

### Expected Result G

*Resources for research, product development, and capacity building efficiently mobilized and managed.*

Indicator			Target
Nº	Title	Type	
G1	Resources for research, product development, and capacity building priorities mobilized.	INPUT	\$100 Million
G2	Resources for research, product development, and capacity building efficiently managed.	PROCESS	68-21-11
G3	Resources for research, product development, and capacity building efficiently disbursed.	OUTPUT	6

This expected results area consists of a number of fixed cost items such as rent, core salaries as well as costs that vary with the level of activity. The previous mix of fixed and variable costs of services, other than rent provided to TDR by WHO has from the 2002-2003 biennium been replaced by a percentage on the expenditures incurred by the Programme.

With its current cost-structure and way of operating, the Programme would operate the most efficiently with a biennial income/expenditure level between \$100 and \$130 million. Above this level, structural changes would be required and below, the Programme will be less cost-efficient. There are no products under this expected results area that have been identified as 'not-funded'. However, lower than expected income, i.e. resource scenario 2 would have two main implications: 1) It would be necessary to delay the development of new management systems meant to increase efficiency. 2) It would also mean that the G2 indicator (see above) would come out less favourably, i.e. higher proportion of the total Programme resources would be spent on operational support and staff in management in order to cover the basic invariable costs (for further details, please see Annex 3, table 3.4).

## 4. SUMMARY BUDGET

The overall budget for 2004-2005 is \$99.8 million, out of which 11.5% goes for management and administration, while 88.5% goes directly to support science, either as direct funding of research activities in countries or in the form of technical support to these activities. The largest expected result in terms of overall budget is area B - New and Improved Tools (35.8%), followed by area E - Partnership and Capacity Building (20.1%). In terms of undesignated funding, Expected Result E is the largest with more than one quarter of the total undesignated budget of TDR, followed by Expected Result A - New Knowledge, which consumes about one-fifth of the total undesignated resources.

**Table 1:** Overall budget summary by expected result and type of funding

Expected result	Undesignated	Mixed	Designated <sup>1</sup>	Not-Funded	Total	%
A: New Knowledge	6,853,050	0	0	665,284	7,518,334	7.5%
B: New and improved tools	4,408,237	2,181,913	21,985,034	7,118,435	35,693,620	35.8%
C: New and improved methods	2,008,393	0	6,838,908	1,975,556	10,822,858	10.8%
D: New and improved policies and strategies	1,902,682	0	2,544,675	5,133,661	9,581,019	9.7%
E: Partnerships and capacity building	9,493,485	5,461,053	3,778,089	1,291,554	20,024,181	20.1%
F: Technical Information	3,698,259	130,278	599,092	275,872	4,703,500	4.7%
G: Management	4,373,048	911,945	4,193,641	1,931,104	11,409,738	11.4%
<b>Total</b>	<b>32,737,154</b>	<b>8,685,188</b>	<b>39,939,440</b>	<b>18,391,467</b>	<b>99,753,248</b>	<b>100.0%</b>

<sup>1</sup> Agreement with contributor for funding of this has, at the time of print, already been agreed.

The \$950,000 kept as a Director's reserve is not included in the above budget but will be used strategically to leverage funding for activities listed in the product portfolio as not-funded, i.e. they will, during the course of the biennium, be allocated across the expected results A to E, thus reducing the funding gap by the same amount. As mentioned in Section 2, \$550,000 has *a priori* been earmarked for area D - New and Improved Strategies and Policies to leverage new funding.

### 4.1 Budget elements

TDR continues to budget and report according to the three budget elements: Operations, Personnel Services and Operational Support. Operations are resources that go directly to

**Table 2:** Overall budget by budget element

Budget elements	US\$	%
Operations	68,055,778	<b>68.2%</b>
Personnel Services	21,006,025	<b>21.1%</b>
Operational support	10,691,446	<b>10.7%</b>
Total	99,753,248	<b>100.0%</b>

research in the form of research grants and contracts, for agenda setting or publication of materials and information used in research. The Programme strives to keep the proportion of the total expenditures spent on Operations as high as

possible, aiming at the target distribution of 70-20-10 specified by JCB. Personnel services covers all staff, whether on short or fixed-term contracts. Operational support is for staff duty travel and administrative and structural costs<sup>4</sup>. Table 2 shows the distribution between the three budget elements.

## 4.2 Comparison with 2002-2003

The total budget for 2004-2005 is slightly higher than the budget for 2002-2003. However, between expected results, there are some noteworthy changes, which mainly relate to three factors:

1. Downward adjustment of forecast undesignated income from \$42.8 to \$36 million.
2. Increase in secured designated funding from \$28.8 to \$42 million.
3. Increase in management costs due to increase in administrative support costs (\$1.9 million) and rent (\$0.7 million). For more details, please see Annex 3, table 3.4.

**Table 3:** Comparison between APB 2002-03 and Proposed Budget 2004-05

Expected results	PB2004- 2005				PB2002 - 2003			
	Total \$'000	%	Personnel P-FTE G-FTE		Total \$'000	%	Personnel P-FTE G-FTE	
A: New Knowledge	<b>7,518</b>	7.5%	3.1	2.4	11,859	12.5%	5.2	4.7
B: New and improved tools	<b>35,694</b>	35.8%	13.8	11.4	32,578	34.2%	12.7	9.6
C: New and improved methods	<b>10,823</b>	10.8%	4.1	3.2	9,648	10.1%	3.4	3.0
D: New and improved policies and strategies	<b>9,581</b>	9.7%	3.7	2.9	9,367	9.8%	3.7	3.3
E: Partnerships and capacity building	<b>20,024</b>	20.1%	7.4	6.1	18,875	19.8%	7.3	6.7
F: Technical Information	<b>4,704</b>	4.7%	6.2	1.9	4,772	5.0%	6.2	3.3
G: Management	<b>11,410</b>	11.4%	5.9	10.0	8,120	8.5%	6.0	15.7
<b>Total</b>	<b>99,753</b>	100.0%	44.0	37.8	95,219	100.0%	44.5	46.3

The above has changed the distribution between the expected results in both absolute and relative terms, most noticeably for Expected Result A - New Knowledge. This area of research has, up to now, almost exclusively relied on undesignated funding and is therefore heavily affected by the downward trend experienced in this type of funding. However, less than 10% of the total budget for this area is in the not-funded category. The overall budget for Expected Result E - Partnership and Capacity Building, has increased as compared to 2002-2003, due to a partnership project for which TDR is expected to receive \$2 million in designated funding. Further, this area has partly been able to compensate for the downward trend in undesignated resources by attracting new designated funding.

<sup>4</sup> See section 5 of TDR General Operations Guide (TDR/GEN/GOG/02.1,Rev.3)

Expected Result G - Management, is about \$3 million higher as compared to the 2002-2003 biennium for the reasons mentioned in (3) above. Further, it should be noted that general-service staff full-time-equivalents (G-FTE) for this area has decreased by 5.7 compared to 2002-2003. This is due to a shift from paying for staff time in the WHO central administration and the Communicable Diseases cluster's Management Support Unit (CDS/MSU) to paying a percentage of the Programme expenditures (see Annex 3, table 3.5)

## **5. REVISION OF BUDGET AND PRODUCT PORTFOLIO**

The product portfolio needs to be dynamic to allow it to adapt to scientific and funding opportunities as they arise, products being completed or terminated in case they turn out as non-viable. The current list of products is available in the TDR Product Portfolio Directory, which will be updated quarterly and posted on TDR's web-site.

- Products identified for undesignated funding will be implemented according to a rolling forecast of undesignated income.
- Products identified for designated funding will be implemented as the designated income is received, or firm written pledges from a credible source become available.
- Products listed as not-funded will only be initiated when funding becomes available.

The Programme will monitor trends in income and will manage the budget and the product portfolio using the Strategic Management Team (SMTTeam) and the steering committees, and will consult and inform the Standing Committee, the Scientific and Technical Advisory Committee (STAC) and the JCB as outlined in the procedures for budget revision<sup>5</sup>.

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<sup>5</sup> See Section 4 and Annex IV of TDR General Operations Guide 2002-2003 TDR(GEN/GOG/02.1,Rev.3

# ANNEXES



**ANNEX 1**

**TDR DISEASE STRATEGIC  
EMPHASES MATRIX**



<b>TDR Diseases: Category 1 (Emerging and uncontrolled diseases)</b>			
	<b>African Trypanosomiasis</b>	<b>Dengue</b>	<b>Leishmaniasis</b>
<b>New Basic Knowledge</b>	<ul style="list-style-type: none"> <li>* Bioinformatics and applied genomics for identifying targets for drugs and diagnostics</li> <li>* Pathogenesis and host/pathogen interactions</li> <li>* Socioeconomic impact of human African trypanosomiasis (HAT) and cost-benefit of control</li> <li>* Effect of health systems and policy changes on HAT control, re-emergence and epidemics</li> <li>* Factors influencing individual and community participation in control</li> <li>* Epidemiological significance of animal reservoir for <i>Trypanosoma brucei gambiense</i></li> <li>* Tsetse genomics for vector control</li> </ul>	<ul style="list-style-type: none"> <li>* Molecular tools for <i>Aedes</i> transformation; vectorial resistance to dengue; <i>Aedes</i> population genetics and ecology</li> <li>* Host/pathogen interactions, including pathogenesis, natural history, definition of high-risk groups</li> <li>* Dynamics of virus transmission and population genetics (including modelling)</li> <li>* Social, economic, biological factors related to (a) promotion and support of community-based interventions and (b) release of transformed <i>Aedes</i> vectors</li> </ul>	<ul style="list-style-type: none"> <li>* Bioinformatics and applied genomics for identifying targets for drugs, vaccines and diagnostics</li> <li>* Pathogenesis and host/pathogen interactions</li> <li>* Understanding mechanisms for drug resistance</li> <li>* Impact of inequity of access to services and health sector reforms</li> <li>* Socioeconomic, environmental behavioural risk factors for infection and disease, especially in refugee populations in complex emergencies</li> </ul>
<b>New and Improved Tools</b>	<ul style="list-style-type: none"> <li>* Discovery and development of new drugs and improved formulations</li> <li>* Dipstick format diagnostic test for patent infection with improved specificity</li> <li>* Diagnostics to monitor central nervous system disease stage and determine cure</li> </ul>	<ul style="list-style-type: none"> <li>* Development of new vaccines, including the application of guidelines for trials of dengue vaccines in endemic populations</li> <li>* Assess technical and use profiles of available diagnostics</li> </ul>	<ul style="list-style-type: none"> <li>* Discovery and development of new drugs</li> <li>* Development of <i>Leishmania</i> diagnostics tests</li> <li>* Development of vaccine candidates (new adjuvants for 1st generation vaccines, 2nd generation vaccine)</li> </ul>
<b>New and Improved Intervention Methods</b>	<ul style="list-style-type: none"> <li>* Clinical/epidemiological significance of Card Agglutination Test for Trypanosomiasis (CATT) or Card Indirect Agglutination Test for Trypanosomiasis (CIATT) in positive, but parasite-negative cases</li> <li>* Evaluation of short treatment duration for pentamidine, suramin and melarsoprol</li> <li>* To investigate the existence of melarsoprol resistance</li> </ul>	<ul style="list-style-type: none"> <li>* New or improved sampling methods and indicators for entomological surveillance, monitoring and evaluation</li> </ul>	<ul style="list-style-type: none"> <li>* Validation of <i>Leishmania</i> field diagnostic test</li> </ul>
<b>New and Improved Strategies and Policies</b>	<ul style="list-style-type: none"> <li>* Development of sustainable community-based strategies for tsetse fly control</li> </ul>	<ul style="list-style-type: none"> <li>* Validation and improvement of evidence-based dengue fever (DF)/dengue haemorrhagic fever (DHF) treatment guidelines and their implementation</li> </ul>	<ul style="list-style-type: none"> <li>* Cost-effective delivery strategies for new drugs against visceral leishmaniasis</li> <li>* Development of strategies for use of insecticide-treated materials</li> </ul>

<b>TDR Diseases: Category 2</b> <b>(Control strategy available but disease burden persists)</b>			
	<b>Malaria</b>	<b>Schistosomiasis</b>	<b>Tuberculosis</b>
<b>New Basic Knowledge</b>	<ul style="list-style-type: none"> <li>* <i>Anopheles</i> genomics and population genetics and genetic manipulation for malaria vector control</li> <li>* Bioinformatics and applied genomics for identifying targets for drugs, vaccines and diagnostics, and elucidating of pathogenesis and risk factors</li> <li>* Impact of health sector reform, globalization and inequality of access to treatment and prevention.</li> <li>* Understanding mechanisms of resistance to drugs and insecticides.</li> </ul>	<ul style="list-style-type: none"> <li>* Bioinformatics and applied genomics for identifying targets for drugs, vaccines and diagnostics</li> <li>* Pathogenesis (host-pathogen interactions) focusing on reproductive health issues and immunological aspects of co-infection</li> <li>* Socioeconomic impact and methodology for burden of disease assessment</li> </ul>	<ul style="list-style-type: none"> <li>* Bioinformatics and applied genomics for identifying targets for drugs, vaccines and diagnostics</li> <li>* Impact of health sector reform, globalization and inequality of access</li> </ul>
<b>New and Improved Tools</b>	<ul style="list-style-type: none"> <li>* Discovery and development of new drugs, including combinations and drugs for use in pregnancy</li> <li>* Discovery and development of malaria vaccine candidates</li> <li>* Development of non-invasive approach to diagnostics for use close to the home</li> </ul>	<ul style="list-style-type: none"> <li>* Discovery and development of new drugs</li> <li>* Evaluation safety and efficacy of existing drugs that are potentially anti-schistosoma</li> <li>* Identification of schistosomiasis vaccine candidates</li> <li>* Assess technical and use profiles of available diagnostics</li> </ul>	<ul style="list-style-type: none"> <li>* Diagnostic test development: detection of disease, rifampicin resistance, latent infection</li> <li>* Discovery and development of new drugs</li> </ul>
<b>New and Improved Intervention Methods</b>	<ul style="list-style-type: none"> <li>* Improve existing treatment and prevention methods for new indications in children and pregnant women</li> <li>* Development of methods/tools to improve access to prevention, early treatment and referral of malaria</li> <li>* Development and evaluation of combination therapies for drug resistant malaria</li> </ul>	<ul style="list-style-type: none"> <li>* Field evaluation of existing diagnostics</li> <li>* Rapid assessment method for prevalence of intestinal schistosomiasis</li> <li>* Optimization of praziquantel (alone or in combination with artemisinins or oxamniquine)</li> </ul>	<ul style="list-style-type: none"> <li>* Assessment of the effectiveness and safety of fixed dose combinations (FDC) for use in TB control</li> <li>* Determination of the role of preventive therapy in prevention of TB in HIV-positive individuals in high HIV-prevalence settings</li> </ul>
<b>New and Improved Strategies and Policies</b>	<ul style="list-style-type: none"> <li>* Developing strategies for cost-effective implementation and scaling up of new methods to treat and prevent malaria, focusing on home management of fever, deployment of rectal artesunate and intermittent preventive treatment</li> <li>* Provision of evidence for policy changes on combination treatment and prevention of malaria complications</li> </ul>	<ul style="list-style-type: none"> <li>* Development of strategies for sustainable control and surveillance in different endemic regions, including improved communication strategies</li> </ul>	<ul style="list-style-type: none"> <li>* Development of strategies for use of antiretrovirals in high HIV-prevalence areas for the prevention of primary and secondary TB</li> </ul>

<b>TDR Diseases: Category 3</b> <b>(Control strategy proved effective, disease burden falling and elimination planned)</b>				
	<b>Chagas disease</b>	<b>Leprosy</b>	<b>Lymphatic filariasis</b>	<b>Onchocerciasis</b>
<b>New Basic Knowledge</b>	<ul style="list-style-type: none"> <li>* Bioinformatics and applied genomics for identifying targets for drugs and elucidation of pathogenesis and risk factors</li> <li>* Genetic and entomological studies on vectors (e.g. mechanisms of resistance, adaptation to ecological changes)</li> </ul>	<ul style="list-style-type: none"> <li>** Bioinformatics and applied genomics for identifying targets for diagnostics of infection with <i>Mycobacterium leprae</i></li> <li>* Pathogenesis of nerve reactions</li> <li>* Social and behavioural constraints for leprosy elimination</li> </ul>	<ul style="list-style-type: none"> <li>* Bioinformatics and applied genomics for identifying targets of drugs</li> <li>* Progression/reversibility of disease manifestations after treatment, especially in children</li> </ul>	<ul style="list-style-type: none"> <li>* Bioinformatics and applied genomics for identifying targets for drugs</li> <li>* Understanding ivermectin resistance mechanisms</li> </ul>
<b>New and Improved Tools</b>	<ul style="list-style-type: none"> <li>* Discovery and development of new drugs</li> <li>* Clinical research on proposed prognostic markers of disease</li> <li>** Diagnostics to monitor central nervous system disease stage and determine cure</li> </ul>	<ul style="list-style-type: none"> <li>* Rifampicin susceptibility test development</li> <li>* Development of a test for infection with <i>M. leprae</i></li> <li>* Development of tools for early diagnosis and treatment of leprosy reactions</li> </ul>	<ul style="list-style-type: none"> <li>* Discovery and development of macrofilaricidal drugs or drugs to permanently inhibit microfilariae production</li> <li>* Further development and evaluation of diagnostics for <i>Brugia malayi</i></li> </ul>	<ul style="list-style-type: none"> <li>* Discovery and development of macrofilaricidal drugs or drugs to permanently inhibit microfilariae production</li> <li>* Development of diagnostics for surveillance</li> <li>* Development of ivermectin resistance test</li> </ul>
<b>New and Improved Intervention Methods</b>	<ul style="list-style-type: none"> <li>* Development of methods for control of non-domiciliated vectors</li> <li>* Insecticide effectiveness and the emergence of vector resistance</li> <li>* Evaluation of vector detection tools in low density transmission areas</li> <li>* Evaluation of non-conventional diagnostics</li> </ul>	<ul style="list-style-type: none"> <li>* Development of shorter universal treatment regimens</li> </ul>	<ul style="list-style-type: none"> <li>* Assessment of efficacy and safety of albendazole combinations</li> </ul>	<ul style="list-style-type: none"> <li>* Field evaluation of diagnostics for surveillance</li> </ul>
<b>New and Improved Strategies and Policies</b>	<ul style="list-style-type: none"> <li>* Improved strategy for control of non-domiciliated triatomines</li> <li>* Development of strategies for control of expansion of infection within the Amazon region</li> <li>* New indicators for control programmes</li> <li>* Identification of determinants of effective implementation for <i>Trypanosoma cruzi</i>-safe blood programmes</li> </ul>	<ul style="list-style-type: none"> <li>* Development of strategies for integration of multidrug therapy (MDT) into general health services</li> <li>* Modelling the impact of MDT on transmission</li> </ul>	<ul style="list-style-type: none"> <li>* Development of evidence-based guidelines for elimination strategies using available drug combinations</li> <li>* Development of improved drug delivery strategies, especially in urban settings</li> <li>* Development of sustainable strategies for management of lymphoedema and genitourinary complications</li> </ul>	<ul style="list-style-type: none"> <li>* Development of strategies for sustainable drug delivery post-Onchocerciasis Control Programme in West Africa (OCP) and African Programme for Onchocerciasis Control (APOC)</li> <li>* Feasibility and cost-benefit of onchocerciasis elimination with ivermectin</li> <li>* Development of rapid mapping strategies for <i>Loa loa</i></li> </ul>



## **ANNEX 2**

# **RESEARCH CAPACITY STRENGTHENING EMPHASES MATRICES**



### Annex 2.1 - Strategic emphases for researcher driven capacity strengthening for 'Low Income Disease Endemic Countries'

New basic knowledge	New and improved tools	New and improved intervention methods	New and improved policies
<b>Overall capacity required</b>			
<p>The generation of new basic knowledge requires: strong institutions, appropriate scientific autonomy, adequate infrastructure, sustained funding, trained human resources, research leadership, access to IT, state-of-the-art laboratory technologies, expertise including genomics, critical social science, and research collaboration.</p>	<p>Discovery/development of new and improved tools covers a wide range of research capabilities, from good research practices across laboratory-based disciplines, facilities for preclinical studies and experimental animal models, to clinical research including clinical trials in DEC according to good clinical practices and with strengthened ethical review processes.</p>	<p>The development of interventions requires competence in quantitative and qualitative research methods, including socioeconomic-behavioural research. Proof-of-principle studies require expertise in controlled community-based intervention studies and close collaboration with control programmes.</p>	<p>The introduction of research results into policy and practices requires expertise in large-scale intervention, cost-effectiveness analysis, health systems, services and implementation research. Social sciences research is critical to sustained implementation of new public health policies. Implementation of new policies requires leadership, and good interaction between R&amp;D and control staff.</p>
<b>TDR Strategic emphases</b>			
<ul style="list-style-type: none"> <li>• Individual training, development of infrastructure and enabling environment;</li> <li>• Development plans for establishing R&amp;D critical mass built on pre-existing programmes;</li> <li>• Collaboration with bilateral agencies.</li> </ul>	<ul style="list-style-type: none"> <li>• Partnerships with DECs in discovery, preclinical/clinical development, and manufacturing projects;</li> <li>• Individual training in basic and applied disciplines, promotion of technology transfer;</li> <li>• Research leadership, ethical review process, managerial capacity.</li> </ul>	<ul style="list-style-type: none"> <li>• Training in qualitative and quantitative methods and control-related disciplines;</li> <li>• Improved control/research interaction and research priority definition;</li> <li>• Development of DEC training capability and inter-institution collaboration;</li> <li>• Multi-disciplinary team building.</li> </ul>	<ul style="list-style-type: none"> <li>• National research priority-setting;</li> <li>• Development of reference centres for pilot evaluation of large-scale interventions and new policies;</li> <li>• Development of research culture within the public health sector;</li> <li>• Multi-disciplinary team building.</li> </ul>

## Annex 2.2 Strategic emphases for R&D driven research capacity strengthening

New basic knowledge	New and improved tools	New and improved intervention methods	New and improved policies
<b>Overall capacity required</b>			
<p>Technology transfer through North-South and South-South partnership projects. Application of high-tech procedures in clinical research due to proximity to disease. Under-exploited intellectual resources. Capacity to develop equitable bioinformatics expertise. Pro-active identification and promotion of research leadership.</p>	<p>South-South networking/multi-centric trials to standardize methods and quality assurance of data in order to allow results to be compared directly. Development of reference collaborator centres in DECs. Research and training capacity utilization. Capability to fully engage in late-stage product R&amp;D. Under-exploited laboratory and development skills capacity.</p>	<p>Self-reliance in identifying research needs and evaluating new or improved tools and intervention methods. Expertise in field studies and scaling-up of interventions. Interaction with control programmes. Research and training capacity utilization. Potential close interaction between research and control.</p>	<p>Increased involvement of DEC scientists and control personnel/ institutions in the evaluation and introduction of research results into policy. Need strong collaboration between research/ control programmes. The proximity to diseases and their sociopolitical contexts facilitates the development of new strategies and policies.</p>
<b>TDR Strategic emphases</b>			
<ul style="list-style-type: none"> <li>• Within-project training in socioeconomic behavioural research, molecular biology, entomology, application of genomics to drugs and vaccines.</li> <li>• Molecular tools in pathogenesis of vector parasite and host-parasite interactions</li> <li>• Development of genomics and bioinformatics</li> </ul>	<ul style="list-style-type: none"> <li>• Technology transfer for development and manufacture</li> <li>• Partnership in chemistry/ pharmacy and expression formulation</li> <li>• Preclinical/clinical R&amp;D studies • Project-based good practices (GCP, GLP, GMP, ethics)</li> <li>• Engagement in drug, vaccine and diagnostics development</li> <li>• Training in intellectual property rights</li> </ul>	<ul style="list-style-type: none"> <li>• Involvement in clinical and field evaluation of new drugs, vaccines, diagnostics and other intervention methods</li> <li>• Optimization of new drug regimens Multidisciplinary team building</li> <li>• Optimization of new control methods</li> </ul>	<ul style="list-style-type: none"> <li>• Within-project strengthening of public health and social sciences for developing strategies and policies for large-scale application of available tools</li> <li>• Capacity to evaluate innovative, integrated, intervention approaches</li> <li>• Multidisciplinary team building</li> </ul>

## **Annex 3**

# **DETAILED BUDGET BREAKDOWN**



**Table 3.1 Total budget by expected result and type of funding**

	Undesignated	Mixed	Designated <sup>1</sup>	Not funded	Total	%
<b>A: New Knowledge</b>	6,853,050	0	0	665,284	7,518,334	7.5%
Operations	5,310,999	0	0	530,541	5,841,540	
Personnel Services	1,301,411	0	0	113,521	1,414,932	
Operational Support	240,640	0	0	21,222	261,862	
<b>B: New and improved tools</b>	4,408,237	2,181,913	21,985,034	7,118,435	35,693,620	35.8%
Operations	3,136,620	1,740,000	17,532,302	5,676,705	28,085,627	
Personnel Services	1,096,152	372,313	3,751,440	1,214,662	6,434,568	
Operational Support	175,465	69,600	701,292	227,068	1,173,425	
<b>C: New and improved methods</b>	2,008,394	0	6,838,908	1,975,556	10,822,858	10.8%
Operations	1,454,093	0	5,453,792	1,575,438	8,483,322	
Personnel Services	476,137	0	1,166,965	337,101	1,980,203	
Operational Support	78,164	0	218,152	63,018	359,333	
<b>D: New and improved policies and strategies</b>	1,902,682	0	2,544,675	5,133,661	9,581,019	9.6%
Operations	1,517,323	0	2,029,290	4,093,917	7,640,530	
Personnel Services	324,666	0	434,213	875,988	1,634,867	
Operational Support	60,693	0	81,172	163,757	305,621	
<b>E: Partnerships and capacity building</b>	9,493,485	5,461,053	3,778,089	1,291,554	20,024,181	20.1%
Operations	7,474,461	4,355,000	3,055,328	1,029,970	15,914,759	
Personnel Services	1,668,045	931,853	672,921	220,386	3,493,205	
Operational Support	350,978	174,200	49,840	41,199	616,217	
<b>F: Technical Information</b>	3,698,259	130,278	599,092	275,872	4,703,500	4.7%
Operations					2,090,000	
Personnel Services					2,335,500	
Operational Support					278,000	
<b>G: Management<sup>1</sup></b>	4,373,048	911,945	4,193,641	1,931,104	11,409,738	11.4%
Operations					0	
Personnel Services					3,712,750	
Operational Support					2,510,000	
Premises rent					1,600,000	
WHO Central Services					3,586,988	
<b>Total</b>	<b>32,737,154</b>	<b>8,685,188</b>	<b>39,939,440</b>	<b>18,391,467</b>	<b>99,753,249</b>	<b>100.0%</b>

<sup>1</sup>Each designated contribution/project will contribute approximately 12% towards the Technical Information and Management Expected Result

**Table 3.2 Operations budget by disease and type of funding**

	Undesignated	Mixed	Designated	Not-funded	Total	%
Malaria	5,274,481	4,755,000	15,050,010	6,836,059	31,915,550	46.9%
Schistosomiasis	2,123,833	0	119,500	1,095,000	3,338,333	4.9%
Filariasis	1,710,721	375,000	309,500	320,000	2,715,221	4.0%
Onchocerciasis	766,059	465,000	1,801,800	880,000	3,912,859	5.7%
Leishmaniasis	1,961,200	0	2,703,600	1,220,000	5,884,800	8.6%
African trypanosomiasis	1,797,841	0	1,393,600	300,541	3,491,982	5.1%
Chagas disease	1,467,010	0	43,600	495,000	2,005,610	2.9%
Leprosy	1,505,868	0	279,600	265,000	2,050,468	3.0%
Dengue	1,662,236	0	43,600	707,500	2,413,336	3.5%
Tuberculosis	2,714,246	500,000	5,623,600	787,469	9,625,315	14.1%
Other diseases	0	0	702,302	0	702,302	
<b>Total</b>	<b>20,983,496</b>	<b>6,095,000</b>	<b>28,070,712</b>	<b>12,906,570</b>	<b>68,055,778</b>	<b>100.0%</b>

**Table 3.3 Staff full-time-equivalents by expected result and type of funding**

	Professional staff					General Service Staff				
	Undes-ignated	Mixed	Desig-nated	Not-funded	Total	Undes-ignated	Mixed	Desig-nated	Not-funded	Total
A: New Knowledge	2.8	0.0	0.0	0.2	<b>3.1</b>	2.2	0.0	0.0	0.2	<b>2.4</b>
B: New and improved tools	2.2	0.8	8.0	2.8	<b>13.8</b>	2.2	0.6	6.5	2.1	<b>11.4</b>
C: New and improved methods	0.9	0.0	2.5	0.7	<b>4.1</b>	0.6	0.0	2.0	0.6	<b>3.2</b>
D: New and improved policies and strategies	0.9	0.0	0.9	1.9	<b>3.7</b>	0.7	0.0	0.8	1.5	<b>2.9</b>
E: Partnerships and capacity building	3.6	2.0	1.4	0.5	<b>7.4</b>	2.8	1.6	1.3	0.4	<b>6.1</b>
F: Technical Information	4.9	0.2	0.8	0.4	<b>6.2</b>	0.7	0.2	0.7	0.3	<b>1.9</b>
G: Management	2.2	0.5	2.2	1.0	<b>5.9</b>	3.3	0.9	4.0	1.8	<b>10.0</b>
<b>Total</b>	<b>17.5</b>	<b>3.4</b>	<b>15.7</b>	<b>7.5</b>	<b>44.0</b>	<b>12.4</b>	<b>3.3</b>	<b>15.2</b>	<b>6.9</b>	<b>37.8</b>

**Table 3.4 Management budget, comparison with 2002-2003 biennium**

Budget items	2000-01 Actual US\$	2002-03 Approved US\$	2004-05 Proposed US\$
Governing bodies			
Scientific and Technical Advisory Committee	126,686	190,000	170,000
Standing Committee	29,174	60,000	60,000
Joint Coordinating Board	156,183	148,000	170,000
Fourth external review	0	40,000	200,000
A posteriori and value for money evaluations	0	100,000	60,000
General Management	205,000	179,000	180,000
Postage and telecommunication	154,766	300,000	200,000
Staff development	12,572	120,000	120,000
Advocacy and Resource Mobilization	84,820	500,000	500,000
Information technology	238,155	-	
TDR information technology support		398,000	400,000
TDR business and IT systems development		150,000	450,000
Operational support	1,007,356	2,185,000	2,510,000
Premises rent <sup>1</sup>	1,154,572	900,000	1,600,000
WHO central service (excluding personnel)	204,000	335,000	3,586,988
<b>Total</b>	<b>2,365,928</b>	<b>3,420,000</b>	<b>7,696,988</b>

<sup>1</sup> Premises rent 2000-2001 covers 3 years, i.e 1999-2001

**Table 3.5 WHO Administrative support cost**

	2000-01 Actual US\$	2002-03 Approved US\$	2004-05 Proposed US\$
WHO central service (excluding personnel)	204,000	335,000	3,586,988
Personnel MSU	856,378	605,000	
Personnel GMG	722,934	760,000	
<b>Total</b>	<b>1,783,312</b>	<b>1,700,000</b>	<b>3,586,988</b>

The current agreement with WHO for provision of administrative and other corporate services, covers up to \$60 million in expenditures. Above that amount, there would be a need to renegotiate the amount paid to WHO. However, it is expected that above the \$60 million threshold, the increases in cost would be marginal (see TDR/JCB(26)/03.10).

**Table 3.6 Operations budget by disease and expected result (all sources)**

Expected Result Area	Other diseases	Malaria	Schistosomiasis	Filariasis	Onchocerciasis	Leishmaniasis	African tryps.	Chagas	Leprosy	Dengue	TB	Total
A New Knowledge		2,032,278	206,231	300,742	251,097	439,100	504,318	223,617	325,043	742,204	816,908	5,841,540
B New and improved tools	702,302	13,027,982	893,697	628,914	1,530,861	4,069,523	1,841,146	501,015	105,416	569,770	4,215,000	28,085,627
C New and improved methods		5,249,230	620,000	0	0	0	120,000	299,093	285,000	180,000	1,730,000	8,483,322
D New and improved policies and strategies		3,237,207	560,000	890,000	1,520,000	217,323	0	400,000	236,000	0	580,000	7,640,530
E Partnerships and capacity building		8,099,854	889,405	726,565	441,901	889,854	857,518	412,885	830,009	752,362	2,014,407	15,914,759
F Technical Information		269,000	169,000	169,000	169,000	269,000	169,000	169,000	269,000	169,000	269,000	2,090,000
G Management		0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>702,302</b>	<b>31,915,550</b>	<b>3,338,333</b>	<b>2,715,221</b>	<b>3,912,859</b>	<b>5,884,800</b>	<b>3,491,982</b>	<b>2,005,610</b>	<b>2,050,468</b>	<b>2,413,336</b>	<b>9,625,315</b>	<b>68,055,778</b>