

IN THIS SECTION

BUILDING BRIDGES

33 Joining forces

Integrating European and African research in order to fight HIV/Aids, malaria and tuberculosis is already reaping rewards. Anthony Fletcher reports

36 Global knowledge

By investing part of its research budget into new clinical interventions against HIV/Aids, malaria and tuberculosis, the EU is helping to provide global solutions, says Romana Jordan Cizelj

38 A helping hand

A new bottom-up approach designed to encourage technological innovation within the SME sector is good news for Europe, says Luuk Borg

42 Playing catch-up

Increasing SME R&D spending in Europe is the best means of ensuring that we catch up with the rest of the pack, argues Ullrich Schröder

44 Sky's the limit

Giles Chichester explains how the EU can help SMEs take full advantage of EU research and innovation

Joining forces

Integrating European and African research in order to fight HIV/Aids, malaria and tuberculosis is already reaping positive results. Anthony Fletcher reports

The European and developing countries clinical trials partnership (EDCTP) is about applying science and research and knowledge to solve global problems. It is about using existing funding structures to better target resources. And it is fundamentally about saving lives.

Established in 2003 as a European response to global health crises, the programme unites 14 EU member states plus Norway and Switzerland with 47 sub-Saharan African countries. The partnership helps EU member states to integrate and coordinate their national research programmes and form partnerships with African counterparts. "The focus at the moment is on sub-Saharan Africa," says EDCTP executive director professor Charles Mgone. "The overall goal is to alleviate poverty, and to achieve this we are looking at using different tools."

EDCTP's purpose is to use clinical trials as a means of addressing some of the most serious problems affecting the region: namely HIV/Aids, malaria and tuberculosis. By identifying an existing weakness in tackling these issues, Mgone believes that the partnership has the capacity to make a significant difference.

"The focus of our clinical trials is on phase II and III – trials into efficacy and side effects – which we believe have been neglected. Unless we drive forward from phase I, we will never get to phase IV and eventual deployment. We also realised that there must be capacity to conduct these trials in Africa; many north-south collaborations achieve something then leave. This partnership is designed to create both sustainability and capacity."

Already some projects are coming to fruition. In Zambia, an EDCTP-funded trial designed to address the fact that there is no treatment in Africa targeted specifically at HIV/Aids-infected children is nearing completion. In

August, the US federal drug administration (FDA) gave a tentative approval to a fixed-dose anti-HIV drug specifically formulated for paediatric use. The fixed-dose combination is administered twice daily, according to a simple weight-based table, allowing for easy prescribing. It can also be snapped in half and dissolved in water for young children who cannot swallow tablets.

In addition, a €5.3m EDCTP-funded trial sponsored by medicines for malaria venture (MMV) is currently underway in Gabon and Malawi. This will evaluate the efficacy of two intravenous artesunate dosing regimens in clear-

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ing *Plasmodium falciparum* parasites in children with severe malaria. Severe malaria kills more than one million African children each year, and while anti-malarial chemotherapy is the mainstay of treatment, intravenous artesunate is now recommended by the WHO. However, there is little information on its efficacy in children in high transmission regions, such as Africa – which of course is where EDCTP comes in.

“From a research perspective, the role of the partnership is to move on from clinical trials to getting these drugs out to people,” says joint programme manager David Coles. “This means that the partnership needs to be linked to health systems and development agencies. The idea is to create an interaction with all these parts.” Mgone agrees. “It is good for us to work in parallel, and to ensure that development is firmly integrated with research. To do this, we need to work hand-in-hand.” Underlining all this of course is the free flow of research knowledge that the partnership enables. “This partnership is between European and African researchers,” says Coles. “The idea is to enhance African leadership in research and to encourage African project coordinators to take the lead.”

Tackling the health epidemics that continue to ravage sub-Saharan Africa remains the focus. The task however is daunting. About three million people died of Aids in 2003, three-quarters in sub-Saharan Africa alone. Another five million were newly infected. And each year, more than eight

million people become sick with tuberculosis. Malaria kills more than one million people a year, with 90 per cent of these deaths occurring in Africa, mostly in children under 5 years of age. But both Coles and Mgone insist that the partnership can fulfil a vital niche.

“We have representatives from all member states on the board, and are able to look at our strategy and agenda,” says Coles. “We are aware of what our objectives are, and we can see exactly where we can participate.” ★

Joined-up thinking

The EDCTP represents a new partnership between European countries and African partners based on Article 169 of the European treaty, which enables the European community to participate in research programmes undertaken jointly by several member states.

All research proposals directed to EDCTP must include funding by at least two member states and the involvement of at least one African centre. There are currently eight HIV/Aids projects, two malaria projects, nine tuberculosis projects, 38 capacity-building projects and 11 networking projects.

The total budget until 2010 is €200m from the European commission and €200m from member states. The partnership is currently part of the European commission's sixth framework programme (FP6) for research and technological development. At the end of the programme in 2010 EDCTP, is anticipated to move to the seventh framework programme (FP7).



**TB mobile clinic
in Kisumu, Kenya**