



*European & Developing Countries Clinical Trials Partnership*

# STAKEHOLDER MEETING

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REPORT ON CAPACITY  
DEVELOPMENT  
BERLIN, 3 JULY 2014



## **Towards the second EDCTP programme**

The EDCTP Stakeholder Meeting on Capacity Development took place in Berlin on 3 July 2014. It was part of a series of thematic stakeholder meetings organised to contribute to the shaping of strategy and funding approach of the second EDCTP programme. EDCTP held meetings on HIV/AIDS, tuberculosis and other mycobacterial infections, malaria, neglected infectious diseases, as well as on research ethics review and regulatory affairs.

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EDCTP was created in 2003 as a European response to the global health crisis caused by the three main poverty-related diseases (PRDs) of HIV/AIDS, tuberculosis and malaria. The first EDCTP programme is a partnership between 16

European countries, the European Union and sub-Saharan African countries. The aim of the programme is to accelerate the development of new and improved drugs, vaccines, microbicides and diagnostics against HIV/AIDS, tuberculosis and malaria through a balanced partnership of European national research programmes on PRDs with their African counterparts in collaboration with the pharmaceutical industry and like-minded organisations.

The second EDCTP programme will start in fourth quarter 2014 as part of the European research framework programme Horizon 2020. Its scope is based on the current objectives and achievements and will be expanded to include: all clinical trial phases I-IV including health services optimisation research; other neglected infectious diseases; closer collaboration with industry, like-minded product development partners and development agencies; and collaborative research with other developing countries outside sub-Saharan Africa when possible and desirable.

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## Acronyms and abbreviations

ANDI	African Network for Drugs and Diagnostics Innovation
CANTAM	Central African Network on HIV/AIDS, TB and Malaria
ECSA-HC	East, Central and Southern African Health Community
EDCTP	European & Developing Countries Clinical Trials Partnership
EDCTP <sub>2</sub>	The second programme (2014-2024) of EDCTP
ESSENCE	Enhancing Support for Strengthening the Effectiveness of National Capacity Efforts
NIDs	Neglected infectious diseases
NoEs	EDCTP Networks of Excellence
OCEAC	Organisation for Coordination and Cooperation in the fight against Endemic Diseases in Central Africa
PACTR	Pan-African Clinical Trials Registry
PRDs	Poverty-related diseases
PRNIDs	Poverty-related and neglected infectious diseases
SIDA	Swedish International Development Cooperation Agency
WAHO	West African Health Organisation
WAHRNET	West African Health Research Network
WHO-CC	WHO Collaborating Centre for Advocacy and Training
WHO-TDR	WHO's Special Programme on Research and Training in Tropical Diseases

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# 1. Executive summary

The EDCTP Stakeholder Meeting on Capacity Development was held in Berlin, Germany, on 3 July 2014. The objective of the meeting was to identify current and emerging capacity development gaps in order to inform the development of the strategy and operational plans of the second EDCTP programme.

EDCTP was created in 2003 as a European response to the global health crisis caused by the three main poverty-related diseases (PRDs) HIV/AIDS, tuberculosis (TB) and malaria. The first programme of EDCTP is a partnership between 16 European countries, the European Union, and countries in sub-Saharan Africa. The overall aim of EDCTP is to accelerate the development of new and improved drugs, vaccines and microbicides against HIV/AIDS, TB and malaria through a balanced partnership of European national research programmes on PRDs with their African counterparts in collaboration with the pharmaceutical industry and like-minded organisations.

The second programme of EDCTP (EDCTP2) as part of the European research framework programme Horizon 2020 will be launched in Cape Town, South Africa, on 2 December 2014. Based on EDCTP's current objectives and achievements, its scope will be expanded to include clinical trial phases I-IV including health services optimisation research; other neglected infectious diseases (NIDs); closer collaboration with industry, like-minded product development partners and development agencies; and, where possible and desirable, collaborative research with other developing countries outside sub-Saharan Africa.

As part of its consultative process, EDCTP has been conducting a series of thematic stakeholder meetings to shape its strategy and funding approach. These meetings have been based on disease and intervention themes. Recommendations arising from the meetings have contributed, and will continue to

contribute, to the EDCTP strategic and operational business plan.

The Stakeholder Meeting on Capacity Development on 3 July 2014 was the last of a series of stakeholder meetings held by EDCTP, aimed to consolidate previous recommendations, identify gaps and areas not yet addressed, and shape strategy and inform policy going forward to EDCTP2. The 103 participants included researchers from academic and research institutions, representatives of product development partnerships and the pharmaceutical industry, policymakers, funding agencies and other like-minded organisations. Among the topics discussed were: EDCTP's integrated approach for capacity development in clinical trials projects; the role of the regional Networks of Excellence (NoEs); and development of African scientific leadership through different fellowship schemes. Following the opening addresses and keynote address, several presentations were made by experts in the field, who shared their experiences on various aspects of capacity development. A panel discussion on coordination of funding for research capacity development followed, with panellists representing national and regional development partners from Africa (panel one) and Europe (panel two). The discussion was opened to the floor after each session of presentations. In the proceedings, the discussion was presented at the end of the presentations. The meeting closed with recommendations made for future strategy.

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## 2. Introduction

Various global health initiatives and programmes exist to develop capacity for health research and health services optimisation research in resource-limited countries, particularly in sub-Saharan Africa. Each of these initiatives individually supports valuable activities. However, there is a lack of coordination and alignment between the different funding agencies, donors and/or with national governments. Often this has resulted in failure to integrate such activities into the local health services and systems, and in reduced effectiveness of new products and poor sustainability of the built capacities and competencies.

Among the main challenges are: the fragmentation of resources; competing/conflicting funder/donor investment priorities; poor harmonisation of performance and impact measuring tools; as well as lack of synergy and limited communication between research and development partners. There is a need for improved coordination, mobility and linkage between the research, policy and development aid communities. The complementarity of related activities has to be taken into account so as to align, integrate and simplify coordination and maximise the impact of the investments and initiatives.

To date, there have been varying levels of collaboration between EDCTP and stakeholders involved in research capacity development in Africa. This stakeholder meeting was part of the consultative process regarding how EDCTP can increase cooperation with partners supporting clinical research capacity development. The meeting was based on the rationale that improved collaboration between development partners, through implementation of a common, coordinated strategy, would greatly contribute to sustainable capacity development activities in Africa during EDCTP's second programme (EDCTP<sub>2</sub>) and beyond. Specific objectives of the meeting were to:

- Review and identify current and emerging clinical research capacity development gaps
- Ensure that EDCTP remains focused on high priority capacity development needs and opportunities, and align these with its strategic planning and funding
- Identify priority areas and implementation approaches to be addressed in future calls for proposals and other funding modalities
- Identify interested and potential partners to collaborate with in the execution of future EDCTP capacity development activities, especially in large and long-term undertakings
- Harness the views of stakeholders to promote integration of national programmes of EDCTP participating states and strengthen the partnership with researchers from sub-Saharan Africa.

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## 3. Proceedings

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### Opening and keynote addresses

The meeting was opened by **Dr Detlef Böcking**, second Vice-Chair of the EDCTP General Assembly, and **Professor Charles Mgone**, EDCTP Executive Director. Dr Böcking told the audience that those who had not attended the Forum<sup>1</sup> had missed a very stimulating meeting of great importance with regard to capacity development and research capacity strengthening. Professor Mgone stated that capacity development is one of the pillars of EDCTP and said that the main aim of the stakeholder meeting was to get ideas from those present, which would inform and help prepare EDCTP<sub>2</sub> strategy. It was hoped that the meeting would yield sound recommendations for EDCTP to take home.

Chairpersons **Associate Professor Eleni Akillu**, from the Karolinska Institute, Stockholm, Sweden, and **Dr Modest Mulenga**, from the Tropical Diseases Research Centre, Zambia, reminded the audience that the stakeholder meeting was being held in preparation for EDCTP<sub>2</sub> under Horizon 2020. Recommendations from the meeting were expected to contribute to capacity-building initiatives and enhance joint EDCTP<sub>2</sub>-partner activities. In preparation for the stakeholder meeting, EDCTP had set up an online consultation facility<sup>2</sup> to gather views from stakeholders. These would inform discussions and, where appropriate, future strategy.

A background on EDCTP's capacity development programme was given by **Dr Michael Makanga**, EDCTP Director of South-South Cooperation and Head of the Africa Office. He spoke of EDCTP's recent structural changes<sup>3</sup>

and EDCTP's significant membership increases<sup>4</sup>, as well as significantly increased North-North, North-South and South-South collaboration. Listing EDCTP's successes, he detailed the organisation's grants scheme; the training ranging from Master's to Postdoctoral level of 514 individuals with EDCTP grant support; and the setting up of regional Networks of Excellence (NoEs) and of the Pan-African Clinical Trials Registry (PACTR) which is a WHO accredited registry hosted by the Cochrane Centre at Medical Research Council in Cape Town.

Transitioning to EDCTP<sub>2</sub>, it was important to keep focused on Horizon 2020's goal to reduce the social and economic burden of poverty-related and neglected infectious diseases (PRNIDs) in sub-Saharan Africa. NIDs would for the first time be included in EDCTP's programmes. Clinical trials phases I-IV and health systems optimisation research would be included. EDCTP<sub>2</sub> would need to go beyond supporting only scientific activities, by also addressing management of these activities. To achieve these goals, ways to collaborate with partners – private, institutional and governmental – would be explored during this meeting. In closing, Dr Makanga referred the audience to recommendations on capacity development from previous stakeholder meetings<sup>5</sup>.

**Professor Fred Binka**, from the University of Health and Allied Sciences, Ho, Ghana, began his keynote address by stating that progressing from EDCTP<sub>1</sub> to EDCTP<sub>2</sub> is a victory for Africa. However, he reminded the audience that Africa still bears the burden of communicable diseases in the world. Though there are

<sup>1</sup> Seventh EDCTP Forum, held in Berlin on 30 June-2 July 2014

<sup>2</sup> <http://www.edctp.org/towards-edctp2/stakeholder-meetings/stakeholder-meeting-on-capacity-development>

<sup>3</sup> EDCTP is now an association with a General Assembly, Board, Executive Secretariat, WHO observers, a strategic advisory committee, and provision for ad hoc working groups on specific areas to provide guidance.

<sup>4</sup> EDCTP's membership includes 16 EU countries (14 full members and two associated countries) as well as four aspiring members, and 48 countries in sub-Saharan Africa.

<sup>5</sup> A document titled 'Recommendations from earlier stakeholder meetings' was included in the stakeholder meeting information pack prepared for attendees. The list of recommendations can also be found at: [http://www.edctp.org/fileadmin/documents/Stakeholder\\_meeting/EDCTP\\_SHM\\_Capacity\\_Development\\_-\\_Michael\\_Makanga\\_presentation.pdf](http://www.edctp.org/fileadmin/documents/Stakeholder_meeting/EDCTP_SHM_Capacity_Development_-_Michael_Makanga_presentation.pdf)

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clear signs that the health picture is changing, we need to work faster and implement more changes. We need to publish our scientific findings in highly rated peer reviewed publications. He itemised past achievements, including establishment of NoEs by EDCTP and other similar collaborations funded by other agencies like the Wellcome Trust African Institutions Initiative.

The first gap of capacity in Africa is competent research centres. He demonstrated from recent literature that with a structured objective and sufficient funding quality research centres can be created in Africa. A clinical research unit established at Nanoro in Burkina Faso was cited as an example<sup>6</sup>.

The second gap of research capacity in Africa is lack of critical mass of well networked researchers. From published literature Professor Binka demonstrated the efforts being made to address these gaps. EDCTP's regional Networks of Excellence have trained 966 personnel since their existence<sup>7</sup>.

The third gap of research capacity is lack of strong South-South links. Prof. Binka used an example of HIV research collaborations published in 2006<sup>8</sup> that showed that publication teams predominantly comprised of North-South partnerships. Despite numerous success stories major challenges still remain. These include the need to sustain internationally competitive research centres and the need to empower Africans to lead these centres, win international grants and remain competitive. EDCTP2 will need to partner with other consortia, e.g. the African Network for Drugs and

Diagnostics Innovation (ANDI), to promote clinical trials and product development. He cautioned that inter-African collaborations are still virtually non-existent, as most collaboration is with the USA and Europe. We need to work within the African continent and support each other.

He called for more capacity for information generation; more, and more predictable, funding; more clinical trials and fellowships; and partnerships with industrial partners. A recommendation for EDCTP was to broker with industry on behalf of institutions. Finally, he called for establishment of an Africa-wide regulatory authority.

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## Research capacity: field experiences

**Professor Francine Ntoumi**, Chair and Executive Director of the Congolese Foundation for Medical Research, and Project Coordinator of the Central Africa Network on HIV/AIDS, TB and Malaria (CANTAM), shared CANTAM's experiences<sup>9</sup>, one of the four NoEs created in 2009. Its activities have included training of scientists, training workshops for nurses, building of new facilities, e.g. a molecular biology laboratory; as well as publication of scientific papers; and ethics review work. CANTAM's strongest clinical research area to date has been malaria. For the future (CANTAM2), it is hoped to address shortcomings in biostatistics and to form new strategic partnerships<sup>10</sup>.

Recommendations on research capacity were made by research fellow **Dr Collen Masimirembwa**, from the African Institute of

6 Tinto et al. (2014) The impact of clinical research activities on communities in rural Africa: the development of the Clinical Research Unit of Nanoro (CRUN) in Burkina Faso. *Malaria Journal*. 13:113. Doi:10.1186/1475-2875-13-113

7 Miiro et al. (2013) EDCTP regional networks of excellence: initial merits for planned clinical trials in Africa. *BMC Public Health*. 13:258. Doi:10.1186/1471-2458-13-258

8 Nwaka et al. (2010) Developing ANDI: A Novel Approach to Health Product R&D in Africa. *PLoS Med*. 7(6): e1000293. Doi:10.1371/journal.pmed.1000293

9 CANTAM consists of three African member states, Cameroon, Gabon and the Republic of the Congo, and a European partner, Germany.

10 A question from the audience was how the presenter saw the link between CANTAM's achievements and the health system? (Answer: It is difficult to assess the impact CANTAM has had on the population in the 5 years since CANTAM's formation.)



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Biomedical Science and Technology in Harare, Zimbabwe, who said that we need senior fellows who can mentor upcoming scientists. African research groups need strengthening as there are as yet very few African scientists with leadership qualities. Africans are often encouraged to do PhDs with limited scientific innovation and there is little scope for post-doctoral work. Post-doctoral students do not stay with their institutions/in their countries as there is no career path for them. Closer collaboration with universities could address these retention issues. Further, research groups need more stability. With funding being short (often only covering 2 years) it is difficult to build strong, sustainable groups. He suggested that EDCTP should negotiate with/encourage local governments to support research through grants for sustainability. Grants should include post-doctoral fellowships and should be made to fund a specific training course or project.

Relating his field experiences on site preparedness for clinical trials, **Dr Eusébio Macete**, from the Centro de Investigação em Saúde de Manhiça (CISM), in Manhiça, Mozambique, spoke of his institute's decision to run clinical trials in response to a national need. He outlined the steps taken to prepare the site: a regulatory committee had been established, training courses developed and infrastructure built with support from other institutions and Spain. There were outstanding needs, in the areas of data storage, and a system of accreditation. One recommendation to EDCTP and message to funders was that across the region, the issue of data ownership needed addressing. This could be done by drawing up standard contracts to ensure that both the funder and the research institution benefit from data.

Talking about trial sponsorship and problems related to sponsorship, **Professor Abdoulaye Djimde**, from the University of Science, Techniques and Technologies in Bamako, Mali, outlined the lessons his institution learned

before it was able to sponsor a first trial for which he is a coordinator. He said that there is a need to develop capacity for trial sponsorship in Africa. Universities have no experience in sponsoring trials. His recommendation was that sponsorship challenges, including legal and regulatory challenges, be addressed by EDCTP2.

**Dr Michael Kilpatrick**, from the Medical Research Council, UK, discussing finance management capacity and financial governance in sub-Saharan Africa, made several recommendations regarding the need: (1) to increase collaboration among donors regarding mechanisms of funding (often, several funders funded the same institutions, with no collaboration between them; collaboration would enable them to share processes such as audits); (2) to raise the standard of financial governance within recipient organisations (to reduce misuse of funds, and duplication); (3) to offer anti-bribery and corruption training; and (4) for information repositories. Also, donors and funding agencies should use a self-assessment questionnaire regarding financial management to identify areas in need of financial capacity development. Future objectives were to adopt a good financial practice accreditation approach and have an international accreditation standard that could be applied across the donor community.

**Dr Hilda Ampadu**, from the WHO Collaborating Centre (WHO-CC) for Advocacy and Training in Pharmacovigilance, in Accra, Ghana, spoke of pharmacovigilance and post-registration studies capacity. The safety of patients and the management of side effects in post-registration use is an area not previously covered by EDCTP's programme, although pharmacovigilance has been included in previous stakeholder meeting recommendations. As yet, there is very little local support for pharmacovigilance. The WHO Collaborating Centre (WHO-CC) for Advocacy and Training

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in pharmacovigilance have developed a training fellowship and skills training in pharmacovigilance intended to enable trainees to return to their own settings and implement pharmacovigilance. Dr Ampadu said the WHO-CC would like to welcome EDCTP on board, e.g. by negotiating with local governments regarding building capacity for pharmacovigilance. The harmonisation efforts across the continent should consider pharmacovigilance as an essential component of regulatory capacity building. A recommendation for EDCTP going forward was that a pharmacovigilance component incorporated into clinical trials should be part of grant applications as it is an essential component of a clinical trial.

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## Partners supporting research capacity development in Africa

A panel session on coordination of funding and collaborative approaches for research capacity development took place in the afternoon. The session comprised two panels, the first consisting of national and regional development partners in Africa, and the second consisting of national and regional development partners in Europe. Panellists introduced their organisation and then answered a question related to capacity development, posed by the chair. An open discussion with the audience followed the presentations from each panel.

### Panel I: national and regional development partners from Africa

Panellists in Panel I were: Dr Constant Roger Ayenengoye representing the Organisation for Coordination and Cooperation in the fight against Endemic Diseases in Central Africa (OCEAC); Ms Glaudina Loots, from the Department of Science and Technology, South Africa; Mr Edward Kataika, representing the East, Central and Southern African Health Community (ECSA-HC); and Dr Jean Bosco

Ouedraogo, from the West African Health Organisation (WAHO).

Asked to identify needs and priorities in infrastructure, training and systems capacity development at OCEAC that EDCTP could help address, **Dr Constant Roger Ayenengoye** spoke of a need to strengthen capacity in ethics review processes; as well as training in project planning and management and in grant application. OCEAC's regional centre for higher education and its research centre in Cameroon were addressing gaps, but resources were limited. He asked EDCTP for funding support.

**Mr Edward Kataika** spoke of the need for a platform to engage policymakers. One of the challenges ECSA-HC was facing was in coordinating the efforts of, and liaising between, different representatives from its member countries. The recommendation was for EDCTP to help in this process, especially in the area of implementation challenges, where each member country had its own implementation mechanism and approval process.

Mr Kataika also outlined his organisation's success in setting up a regional research advisory panel consisting of institution heads. Drawing membership from countries in the region, this provides a good platform and coordinates research at regional level. He saw a role for EDCTP in setting up similar panels elsewhere.

Finally, discussing capacity strengthening in the form of training, Mr Kataika outlined the activities of the ECSA College of Health Sciences, an umbrella college which, with support from the local government, strengthens research capacity in various health areas and, importantly, collaborates with regional counterparts in research<sup>11</sup>.

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<sup>11</sup> A question directed to the OCEAC and ECSA representatives was: EDCTP has been supporting a regional OCEAC project and an ECSA project. Do you see these as models that work? (Answer: Yes.)

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Also collaborating with regional research counterparts is the Department of Science and Technology in South Africa whose representative **Ms Glaudina Loots** said her organisation is working towards building capacity across the region, collaborating especially on TB research. South African centres also provide region-wide training in grant writing and the Department plans to extend its data management courses to other African countries.

WAHO presenter **Dr Jean Bosco Ouedraogo** was asked to suggest practical ways in which the communication between development partners can be improved. To support his answer, he outlined field experience from the West African Health Research Network (WAHRNET) which promotes research and capacity development of institutions and universities in the West African subregion. It further collaborates between research institutes to reach common views on health problems in the subregion. He suggested organising a biennial scientific forum for all institutions in the subregion, to serve as platform for all development partners to highlight their needs and present their topics to other regional institutions. Another practical way of improving communication was by promoting mobility of scientists between Francophone and Anglophone Africa, breaking down language barriers, and providing training across the region. EDCTP was requested to consider supporting these efforts<sup>12</sup>.

#### **Panel II: national and regional development partners from Europe**

The second panel was asked to make recommendations to EDCTP on how to work with the regional development partners in Europe to develop capacity in Africa. The panelists were Dr Brigitte Jordan-Harder, of the

German Society for International Cooperation (GIZ) and the ESTHER Alliance, Germany; Dr Marta Tufet, of Wellcome Trust, UK; Dr Garry Aslanyan, representing ESSENCE and the WHO's Special Programme on Research and Training in Tropical Diseases (TDR); and Professor Hannah Akuffo, representing the Swedish International Development Cooperation Agency (SIDA).

Challenges to collaboration in relation to research were identified by **Dr Brigitte Jordan-Harder**, who argued that structures to translate research results into health policies/practices are often lacking. She also said that in many European countries, research falls under the Ministry of Education, whereas implementation falls under the Ministry of Health. The collaboration between the two processes needs to be better coordinated. She said a model for such collaboration was the European ESTHER Alliance, which has created a network of European and African research institutions and sites aimed to facilitate collaboration, cooperation and exchange. As recommendations for EDCTP2, Dr Jordan-Harder suggested help with: 1) guiding researchers in aligning their research with national strategies; 2) facilitating communication between different ministries and governmental institutions; and 3) developing means for continuous dialogue with the different parties involved.

Many such communication mechanisms for continuous dialogue are already employed by Wellcome Trust. **Dr Marta Tufet** spoke of programmes to 1) coordinate financial governance among different funders and 2) achieve harmonisation in communication by sharing activities in pipeline and lessons learnt, and identifying areas for further collaboration. A recent strategy is to develop a long-term vision for capacity strengthening and research excellence in Africa. The emphasis will be on African-led programmes, where African groups or institutions identify research and funding needs, and

<sup>12</sup> A question directed to the OCEAC and WAHO/WAHRNET presenters was: Financial contributions from African states are few. How will you help EDCTP get involved in mobilising regional support? (Answer: Six countries are contributing financially. - WAHO has experience in supporting research in the subregion. Funds will enable WAHO to give more support to research.)

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enter into partnerships with funders and collaboration with other donors and funders. The recommendation was for EDCTP to facilitate and support this process<sup>13</sup>.

Asked to share experiences with tools that might be employed to add value to the work being supported by EDCTP and others, **Dr Garry Aslanyan** spoke about the recently published ESSENCE good practice document<sup>14</sup> which outlines principles of donor harmonisation and country alignment through policy dialogue between members. He named three areas in particular which are important for collaboration between members: monitoring, evaluation, and planning for capacity development programmes to ensure that all participating partners can use the same tools. Harmonisation of costing of research and planning for continuity are likewise important. Dr Aslanyan identified three areas for possible EDCTP involvement: research management; capacity development for research optimisation; and knowledge translation skills and capacity.

**Professor Hannah Akuffo** was asked to share her experience of the role of development agencies and other organisations supporting research capacity in a coordinated manner, minimising duplication of efforts. Based on her experience, universities are the organisations best equipped to strengthen research capacity, not only because of their holistic approach but because they have research supporting

facilities as well as governmental support. One area which has to be addressed in the context of universities is ownership by the country. Regarding inter-agency cooperation, she said that many health systems have a sector-wide approach, making it difficult to communicate clinical trial results to the decision makers. Therefore, advocacy at many levels is needed, involving research and development funders. As a model of dialogue on research results, she said, the ESSENCE group of health funders operates by harmonising, but not homogenising, research funding. This loose, but committed group of funders meet regularly to discuss their various approaches, learn from each other and share their experiences with the scientific community. She suggested that EDCTP play a more active role within ESSENCE. Planned advocacy was a further area for EDCTP involvement.

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## Discussion

The discussion with the floor raised several wide-ranging issues. One of these was access to treatment. The argument was that clinical trials yield products, but that the patients often have no access to these. It was agreed that health facilities need to be strengthened so that treatment is available to patients. This needs to be done in collaboration with the local governments, calling for advocacy.

A funding-related issue discussed was that funding needs to be applied to the daily work of researchers, e.g. to help with equipment needs. This underlined the importance of funding for technology and equipment. Core funding is all too often neglected and needs to be included in funding provisions – a message for funders.

A further message to funders was that research grants are often too short, allowing for little continuity of and between projects and inside

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<sup>13</sup> Following Dr Tufet's presentation, comments from the floor were that the focus has been on sub-Saharan Africa. The question was: how is cooperation taking place in Europe? (Answer: Very little coordination is taking place between funders of research and development cooperation. Funding is split into different ministries. Wellcome Trust is working on this collaboration between European funders. EDCTP's role might be to facilitate ways of continuous communication.) A member of the audience cautioned that collaboration must leave room for individuality and creativity. (Answer: Yes, we should not burden research centres with duplicative work; we should focus on strategic issues.)

<sup>14</sup> Seven Principles for Strengthening Research Capacity in Low and Middle-Income Countries: Simple Ideas in a Complex World (2014): [http://www.wellcome.ac.uk/stellent/groups/corporatesite/@sf\\_central\\_grants\\_admin/documents/web\\_document/wtp057115.pdf](http://www.wellcome.ac.uk/stellent/groups/corporatesite/@sf_central_grants_admin/documents/web_document/wtp057115.pdf)

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institutions, resulting among other things in problems in maintaining staff. This limitation of funding was commonly due to donor/funder regulations regarding the structure of funding. Collaboration between funders can address this challenge, e.g. resulting in better overlap between projects. It was agreed that if local governments could be encouraged to support research, they could step in and span funding gaps, thus providing continuity. Further, if African governments invested more into research, the former North-South relationships of giving/accepting 'hand-outs' would be replaced by true partnerships. The recommendation was for EDCTP2 to liaise with African governments, interest them in research by pointing out its benefits, and secure regional government spending on research. A further role for EDCTP in this context would be to provide a platform for liaison between funders, assuring continuity. Strengthened capacity of the institutions themselves would further address the problem of short grant duration, as it would enable the research teams to continue irrespective of any gaps between grants. The ultimate aim of capacity strengthening was to enable the African researchers themselves to identify research needs, write grant applications and also involve their governments, and lead their own projects. The role of EDCTP and like-minded organisations would then increasingly shift to advocacy and collaboration, as discussed below.

The meeting agreed that part of the challenge of capacity strengthening was the challenge to train and retain senior scientists – PhDs and scientists working at post-doctoral level. Research institutions needed such senior staff to lead projects and mentor junior scientists. Only in this way would a research culture be developed and nurtured. The question was, how would such a culture be created? This could be done firstly, by supporting high quality training to PhD level and secondly by providing post-doctoral fellowships and career

development grants for post-doctoral scientists. Thirdly, in a bid to retain scientists and create a research culture in the region, it was suggested that post-doctoral fellowships should be made conditional on the fellows staying with the institution for a specified period and in the course of that period should also be encouraged to share their knowledge by providing training and mentorship to junior scientists.

Some attendees raised the need for training, in all areas identified, to be made more accessible across the region in order to strengthen capacity regionally. This could be done by holding workshops, providing online courses, encouraging exchange programmes and offering cross-regional training in areas such as grant writing, and producing quality data. (Interregional training should also include language training, e.g. for scientists working in Francophone African countries in order to bridge the Anglophone-Francophone communication gap.) Several such efforts are already in place. Examples are the work done by ECSA and the South African Department of Science and Technology. EDCTP's role could be to support these training that leverages on these initiatives. Cross-regional training of various kinds, it was said, would result in better regional communication and achieve standardisation. Standardisation was desirable to ensure the quality of the research data as well as a coordinated approach to common health questions.

Coordination also needed to be addressed at funder level. Too often there is duplication of and unnecessary overlap between processes, with cost consequences. Resources needed to be optimised, activities between different funders and organisations integrated and the tools for impact measurement harmonised. The clear message arising from the meeting was that this could only be achieved by collaboration and linkage between the different development partners. However, it was cautioned

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that harmony between them does not have to mean homogeneity. Collaboration should ensure that linkage of efforts would leave space for individual approaches. For this reason, it was vital that funders and organisations in capacity development came together to collaborate and exchange ideas. Models for such exchange exist and were described during the meeting, one example being ESSENCE, a platform built on the principle that networking and collaborating creates harmony and ensures optimisation of effort.

A growing area of engagement for EDCTP2 will be to aid in this collaboration process, by providing a communication platform between the different parties and thus ensuring continuous North-North, North-South and South-South communication. It should do so by: (1) using, and building on the work of, existing networks and platforms (e.g. the NoEs, ESSENCE); and (2) itself providing more such opportunities for discussion (e.g. by holding another 'Connecting the Chain' meeting between academia, industry, governments and non-governmental organisations); and (3) advocacy. It should further develop a long-term vision and long-term goals for capacity development and advocacy work.

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## 4. Conclusions and recommendations

The main recommendations that arose from the meeting are given below.

### Capacity development:

- Follow-up of research results publication and translation into practice) should be supported and systematic reviews performed
- Training gaps need to be addressed in all the areas identified including data analysis and statistics; ethics; pharmacovigilance, and financial management/governance
- The Portuguese-French-English language gap needs to be bridged through e.g. language training
- PhDs and fellowships should be supported, and career development grants and opportunities offered
- More long-term grants to ensure optimal research implementation are needed. Gaps between grants can be bridged by strengthening research capacity. Regional governments need to be encouraged to support research and contribute towards sustainability of research and capacity development initiatives
- Researchers need support in communicating their research needs/results to, and in actively engaging with policymakers
- EDCTP should leverage research and capacity development activities funded by regional organisations like OCEAC and ECSA-HC
- EDCTP should develop a database on capacity strengthening, including a summary of projects, budgets and grants.

### Collaboration:

- Collaboration on ethics, pharmacovigilance, financial management/governance and post-doctoral programmes is needed
- EDCTP should use existing meeting platforms, e.g. ESSENCE, to strengthen collaborations with other agencies supporting health research capacity development

- EDCTP should advocate for increased communication between local governments and research institutions
- EDCTP should encourage strengthened collaboration among the existing NoEs
- Dialogue inside countries, with local governments, needs to be enhanced, ensuring that money is made available for research and not just for development. This consultation should, however, be reciprocal, as governments too should be consulted as to their needs. African politicians/policymakers should be involved in long-term planning, with long-term health and health research targets.

The online recommendations were too many for each to be mentioned. Some of the points raised at the meeting had also been raised online. Among other online recommendations were:

- Training is needed in bioinformatics and data management
- Basic research facilities such as molecular biology laboratories are often lacking, meaning that samples have to be sent to other (often non-African) countries. Funding is needed to build such facilities locally
- Donors should be more specific regarding granting of funds: e.g. funding should be commensurate with a country's funding needs
- There needs to be long-term planning for capacity development.

The full list of online recommendations can be viewed at [www.edctp.org](http://www.edctp.org). The chairpersons said it was hoped that both the Forum and the stakeholder meeting had triggered many thoughts and sparked ideas, which attendees would feedback online.

## Annex 1. List of participants

Name	Institution	Country
Adegnika, Ayola Akim	CERMEL	Gabon
Agwale, Simon	Innovative Biotech/National Institute for Pharmaceutical Research (NIPRD) and Development	Nigeria
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Ampadu, Hilda H.	WHO Collaborating Center for Advocacy and Training in Pharmacovigilance	Ghana
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Aslanyan, Garry	TDR, World Health Organization (WHO)	Switzerland
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Beattie, Pauline	EDCTP	Netherlands
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Deloron, Philippe	IRD	France
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## **Colophon**

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