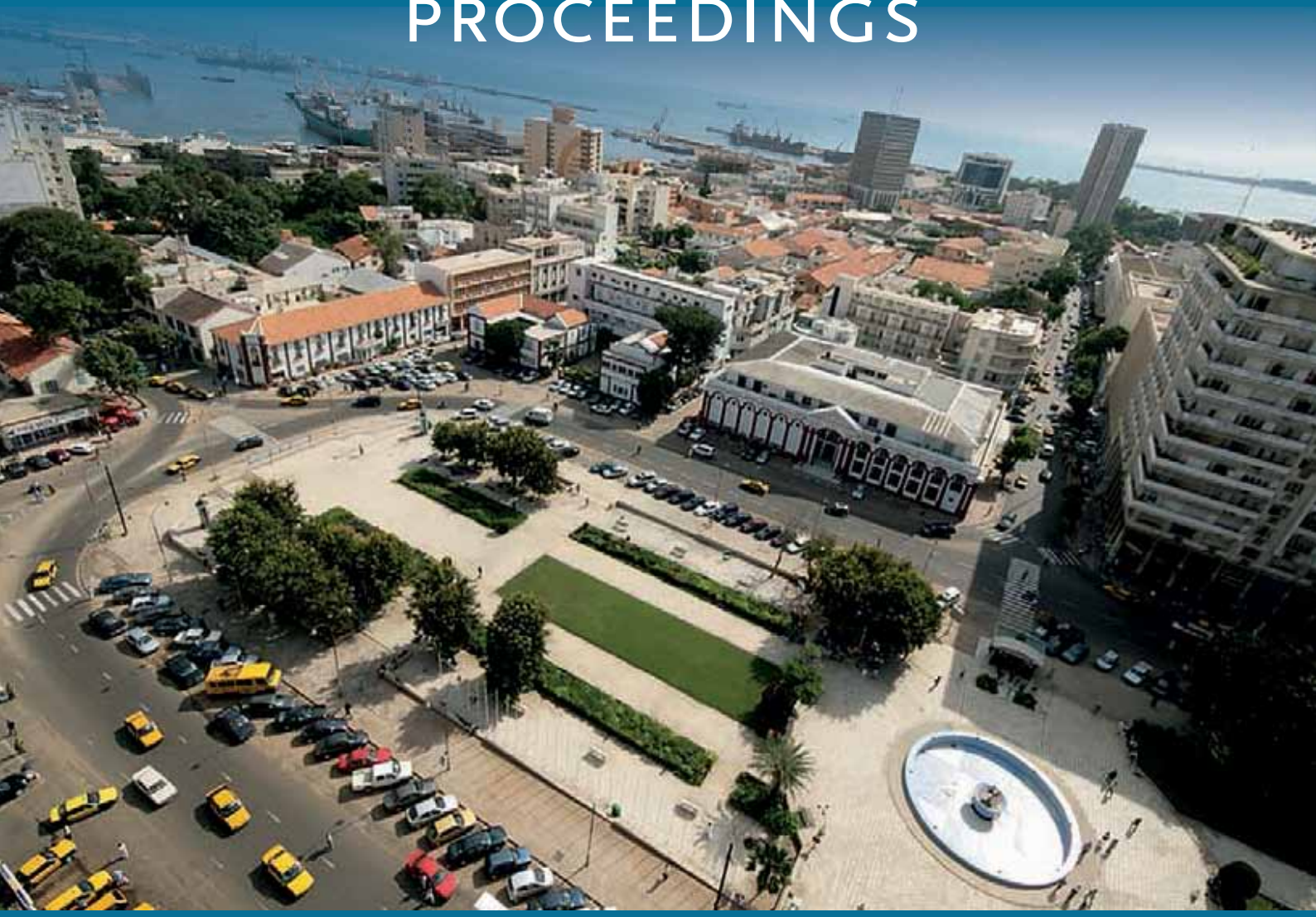
SECOND HIGH-LEVEL MEETING ON EDCTP2

PROCEEDINGS



21 OCTOBER 2013 DAKAR, SENEGAL

Towards the second EDCTP programme

The Second High-Level Meeting was held as part of the preparations for the second EDCTP programme (2014-2023; EDCTP2). It aimed to bring together representatives of African and European countries to discuss a mechanism for active involvement in and co-ownership of EDCTP2 by African partner countries.

This meeting was supported by the European Union through a Seventh Framework Programme (FP7) grant to the Coordination and Support Action project EDCTP-Plus (FP7-304786) as part of the preparations for the second phase of the EDCTP programme. This report reflects the views of the authors. The European Union is not liable for any use that may be made of the information contained herein.

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. Currently EDCTP 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 or improved drugs, vaccines, microbicides and diagnostics for 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 is expected to start in 2014 as part of the European research and innovation 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 relevant collaborative research with other developing countries outside sub-Saharan Africa.

Contents

Acronyms and abbreviations

AMCOST	African Ministerial Council on Science and Technology
ANDI	African Network for Drugs and Diagnostics Innovation
ARVs	antiretroviral drugs
AU	African Union
CANTAM	Central Africa Network on Tuberculosis, HIV/AIDS and Malaria – one of the four EDCTP networks of excellence
CDC	Centers for Disease Control (USA)
CFA	Central and West African Francs
EU	European Union
ECOWAS	Economic Community of West African States
ECSA-HC	East, Central and Southern African Health Community
EDCTP	European and Developing Countries Clinical Trials Partnership
EDCTP2	the second phase of the EDCTP programme scheduled to begin in 2014
EEIG	European Economic Interest Grouping
GA	General Assembly (of EDCTP)
GDP	Gross Domestic Product
HINARI	the World Health Organization's Access to Research in Health Programme
MRC (UK)	Medical Research Council of the United Kingdom
MRC (SA)	Medical Research Council of South Africa
MDGs	Millennium Development Goals
NEPAD	New Economic Programme for African Development
NTDs	neglected tropical diseases
PRDs	poverty-related diseases
SADC	Southern African Development Community
TESA	Trials of Excellence for Southern Africa network – one of the four EDCTP networks of excellence
WANETAM	West African Network of Excellence for Tuberculosis, AIDS and Malaria – one of the four EDCTP networks of excellence
WHO	World Health Organization
WHO-AFRO	WHO's African Regional Office

1. Executive summary

The Second High-Level Meeting on the second EDCTP programme (EDCTP2) is part of the preparations for the renewal of the European Union's financial participation in EDCTP which is expected to begin in 2014 as part of Horizon 2020, the European Union's funding programme for research and innovation for the period 2014–2020. The meeting brought together high-level representatives from African countries, delegates from European countries participating in EDCTP and other current or potential partners to reaffirm their commitment to EDCTP2. It followed up on the First High-Level Meeting held in Cape Town, South Africa on 5 November 2012, but with a clear focus on strengthening African commitment to and participation in EDCTP2 both politically and financially.

The second High-Level Meeting took place in Dakar, 21 October 2013. It was well attended, with ministers and their delegations from the Republic of Congo, Senegal, South Africa, The Gambia, Uganda, and Zambia, which is a clear indication of their government's continued commitment to EDCTP. Other countries were represented by senior officials: Burkina Faso, Cameroon, Gabon, Kenya, Mali, Mozambique, Niger, and Tanzania. Some governments sent their regrets about being unable to attend at ministerial level or send representatives: Angola, Ethiopia, Ghana, Malawi and Nigeria. This high-level representation is a clear indication of African governments' continued commitment to EDCTP. The European Commission as well as the African Union Commission of Social Affairs, New African Partnership for Economic Development (NEPAD) and the World Health Organization Regional Office for Africa (WHO-AFRO) had high-level representation. The EDCTP General Assembly was represented by the Chair, the representative of Denmark and the High Representative.

The intention was to obtain the individual and collective views of African countries on strengthening their participation in EDCTP2 and representation on the General Assembly (GA), EDCTP's governing body. All African countries represented were specifically requested to state their position in terms of political and financial commitments. The challenges imposed by the current governance structure as regards achieving African national and regional representation were also discussed.

Highlights from opening statements and keynote addresses

Mr Victor Madeira dos Santos, Representative of the Delegation of the European Union to Senegal:

- Applauded EDCTP's achievements, saying the programme continues to be an excellent example of what could be done as a result of Europe's commitment to opening research collaboration globally. In 2007, the Africa-EU Summit held in Lisbon launched the African-EU Strategic Partnership which included a roadmap for cooperation between African and Europe; EDCTP is already such a programme in research and offers a working model
- Pointed out that development of new medicines does not automatically mean that these products become available to those in most need of them. Political and financial commitment is needed to ensure new treatments are developed and also delivered. Africa is 'on the move' economically and achieving the millennium development goals remains a central goal.

Dr Pascoal Mocumbi, EDCTP High Representative:

- Reviewed the achievements of EDCTP to date – most projects are still ongoing, but

there are examples of successes already achieved
- Called for expanded commitment from African states, referring to the Bamako Call for Action urging African countries to devote at least 2% of their health budgets to research.

Professor Nkandu Luo, Zambian Minister of Chiefs & Traditional Affairs made the following points:

- African countries already make a contribution to health research, though this is often not adequately documented and thus not recognised – e.g. African governments pay staff salaries, provide basic infrastructure and pay for public amenities
- African countries have varied in the level of contributions they have delivered. This contribution should be monitored by the African countries involved
- EDCTP has been more successful in engaging African scientists than in engaging African governments
- African governments should be represented on the EDCTP GA, where they will be adequately informed and exposed to the challenges and opportunities of contributing towards EDCTP's vision and activities
- African countries must now decide *how* they will be represented on the GA. She discussed national, sub-regional and regional approaches.

Advocate Tshililo Michael Masutha, Deputy Minister of Science and Technology of the Republic of South Africa, noted South Africa's contribution to health research and spoke of the need for unity and creation of synergies. African governments must be co-owners and co-managers of EDCTP. While the mechanism of representation on the GA is an issue of some importance and has yet to be determined, what is most essential is that African governments *are* present on EDCTP's policy-making body. South Africa is ready to be a full member of the GA.

Professor Charles Mgone, EDCTP Executive Director, gave a 'whistle-stop tour' of the work of EDCTP and the plans for EDCTP2, focusing on challenges in strengthening African participation and the proposed changes to governance structure.

Mr Jean-Richard Itoua, Minister of Science and Technology, Republic of Congo, in principle favoured representation for his country on the GA but further consultations would be needed. He called for intra-national consultations between Ministries of Science and Technology, Health and Higher Education, as well as regional consultation with the African Union Commission for Human Resources and Science and Technology through the African Ministerial Council on Science and Technology (AMCOST). All stakeholders must be involved and there must be adequate monitoring and feedback of their activities. Improved efficiency is needed. He called for a 10-year plan for Africa's health research.

Professor Gilbert Kokwaro, Director, Consortium for National Health Research, Kenya, described Kenya's plans for research, which make adequate provision for co-funding. Parliament has established a national research fund, with 2% of GDP committed to research.

Professor Nkandu Luo reported that in Zambia many ministries are involved in decision making for health research, but this should be 'anchored' somewhere. She favoured a sub-regional coalition approach on GA representation, but more consultation was required nationally. She stressed the need to cut bureaucracy.

Professor Abdarahmane Dia, Dean of the Faculty of Medicine, Pharmacy and Odontology, University Cheikh Anta Diop,

Senegal, who represented Professor Mary Teuw Niane, Minister of Higher Education and Research of the Republic of Senegal, said a national research and innovation fund had been created and cooperation between different institutions will be improved. Senegal wishes to participate as an active EDCTP member initially with contributions in kind and later in cash, once resource levels make the latter possible.

Ms. Achieng Sarah Opendi, Minister of State for Health of the Republic of Uganda, gave a comprehensive account of health research under way in Uganda and supported the view that Africa should be fully represented on the GA. Uganda wants to strengthen its role as an active partner in EDCTP and favours participation as a country. However, some further consultation may be required on the latter point.

Mr Omar Sey, Minister of Health of The Gambia, described activities taking place in The Gambia, which favour the coalition approach to GA representation. He also promised to share The Gambia's interest with other ECOWAS countries in West Africa.

Dr Hassan Mshinda, Director General, Tanzania Commission for Science and Technology, United Republic of Tanzania reported that Tanzania is already supporting research infrastructure and human capacity development, as well as research itself in health and other sectors. Tanzania is committed to providing political, in-kind and cash contributions towards EDCTP-related activities. Tanzania favours national representation at GA and is ready to fulfil requirements for GA membership.

Representatives from Mozambique, Mali, Cameroon, Burkina Faso and Gabon, also expressed full support for African participation in the GA under EDCTP2 GA and favoured a coalition approach, but required more time to have further intra-national consultations with the appropriate governments. Niger has not been involved in the current EDCTP programme, but is interested in participating in EDCTP2; it requested EDCTP to assist in establishing the realities on the ground in Niger. A mapping of research priorities and current research activity needs to be done first.

Country perspectives on African representation

In the subsequent discussion there was a focus on how Africa would be represented on the GA. In summary Senegal, South Africa, Tanzania and Uganda indicated that they would prefer to join EDCTP as individual countries, while others favour regional and sub-regional representation. It was recognised that all 48 African countries cannot each send a representative to the GA, but how can the interests of those who are not there be represented? They must not be left behind in health research. National and sub-regional representations are not mutually exclusive concepts. Accountability and adequate feedback must be part of the system eventually agreed.

There were presentations on level of activity and commitment in various countries.

Speakers made it clear that health research is a multi-sectorial issue; at country level improved coordination is needed between national institutions. Health minister meetings do take place regularly in some sub-regions, but it is necessary to ensure that views of countries are carried forward to such meetings and that discussions are then fed back.

While there were different views on the mechanism of representation, the strong willingness of African countries to be represented in some way on the EDCTP General Assembly was abundantly clear.

Regional perspective on improving African participation

Professor Aggrey Ambali, Director of NEPAD's Policy Alignment and Programme Development Directorate described NEPAD's role in supporting health and research. Its 10-year strategy identifies science as a driver in health, agriculture and other sectors. NEPAD has driven recognition of research as a priority within the AU. He agreed that R&D contributions from member states have not been adequately quantified – NEPAD is now involved in tracking them. Additionally, NEPAD is working on regulatory harmonisation and is having discussions with EDCTP on this issue.

Dr Matshidisio Moeti, Deputy Regional Director of WHO-AFRO said that promoting and conducting research is a key part of the mission of WHO. Examples of what the WHO has been doing include: the 2008 meeting in Algiers at which commitments on research were made by health ministers; the ANDI initiative which aims to stimulate R&D within the region; HINARI which disseminates knowledge from research; EVINET etc. WHO applauds the investments made by EDCTP and will expand collaboration. WHO-AFRO could perhaps facilitate representation of Africa on the GA and assist in other ways. Member states should rise to the challenge at the regional committee of Health Ministers.

H.E. Dr Mustapha Kaloko, AU Commissioner of Social Affairs said research should be further intensified; new safe and efficacious medicines are needed. An 'African CDC' is required and work towards this is in progress. There are gaps in research that prevent rapid response to emergencies. Inadequate manpower is another key issue. The AU and EDCTP can consider pooling resources and also draw on the strengths of civil society and the private sector.

2. Opening session and welcome addresses

Professor Hannah Akuffo, Chair of the EDCTP-EEIG General Assembly and Chair of the opening session welcomed all the delegates. She was pleased with the excellent representation of African governments and regional bodies notwithstanding the turbulence created by the late cancellation of the Seventh EDCTP Forum which had been scheduled to follow immediately after the High-Level Meeting. She made clear that the key expected outcome from the High-Level Meeting was to secure an expanded commitment to the EDCTP2 programme from African states.

Professor Awa Marie Coll-Seck, Minister of Health and Social Action, Government of Senegal, then addressed the meeting. She apologised on behalf of the Government of Senegal that important events had created the necessity to cancel the Seventh EDCTP Forum. However, she assured the meeting that her government is strongly committed in its support for EDCTP, which was launched 10 years ago in Dakar.

Everyone should be proud of what EDCTP has already achieved against HIV, tuberculosis and malaria. Senegal has contributed through hosting coordination meetings and site visits. She gave thanks to all those involved in the transition to EDCTP2 – the programme's second phase. The High-Level Meeting demonstrated the continued commitment of the African governments participating in the event. However there had been some 'weaknesses' in the African contribution to EDCTP. This must be rectified in the course of EDCTP2. She concluded by welcoming all those present at the meeting noting that there were others, who had wanted to attend but had been prevented by circumstances, who were nevertheless, still committed to the EDCTP programme.

Mr Victor Madeira Dos Santos, Political Advisor, Delegation of the EU to Senegal, said the attendance of those present demonstrated the high regard in which EDCTP is regarded for its achievements in terms of research into HIV/AIDS, tuberculosis and malaria. He described the programme as a fine example of what was being made possible through Europe's desire to open up research collaboration globally. He stressed the importance of African partnership in the development of EDCTP; this will continue to be essential for progress to be made. He emphasised that the development of a new medicine does not automatically mean that it will become available to those in most need of it; political and economic commitment is needed to ensure such new treatments are actually delivered.

At the 2007 Africa-EU Summit held in Lisbon, the African-EU Strategic Partnership was launched which included a roadmap for cooperation between Africa and Europe. EDCTP is an example of such cooperation that is already in operation and therefore offers a model for others to follow.

Africa is 'on the move', as shown by the latest figures on the development of the continent's economy. Achievement of the MDGs in Africa must remain a paramount aim. Faster progress can now be made towards this end and EDCTP has an important part to play.

Prof. Hannah Akuffo, EDCTP General Assembly Chairperson, and Hon. Prof. Awa Marie Coll-Seck, Minister of Health and Social Action, Senegal

Dr Pascoal Mocumbi, EDCTP High Representative, briefly described some of EDCTP's achievements to date: EDCTP has made 241 grants (total value €372 million) supporting 1310 African health researchers in 185 institutions in 30 African countries. While the 133 clinical trials supported have all been on three diseases (HIV/AIDS, tuberculosis and malaria), not all of EDCTP's funding has been disease specific; capacity building is always emphasised. The majority of EDCTP-funded projects are African led always in close collaboration with European partners and EDCTP continues to support the career development of African researchers. Four regional networks of excellence, based on African regional economic communities, have been established and play a crucial role in the programme[1]. Most EDCTP projects are still on-going but some have already borne fruit, for example:

- The Kesho Bora study of highly active antiretroviral therapy during pregnancy and breastfeeding demonstrated a 43% reduction in HIV infections in infants and more than 50% reduction of mother-to-child transmission during breastfeeding. The positive findings have informed the current WHO guidelines on the prevention of the transmission of HIV from mother to child
- The 4ABC study was conducted at 12 trial centres in seven sub-Saharan African countries: Burkina Faso, Gabon, Mozambique, Nigeria, Rwanda, Uganda, and Zambia. The European partner institutions were situated in Belgium, France, Germany, Spain, and the United Kingdom. It showed that three novel artemisinin-based combination drugs were safe and efficacious in treating children with uncomplicated malaria. These results supported the WHO recommendation of DHAPQ as a treatment option for uncomplicated malaria
- The Severe Malaria in Children network (consisting of institutions in Gabon, Ghana, Kenya, Malawi and The Gambia as well as Austria, Germany, and the United Kingdom) demonstrated that three doses of intravenous artesunate over two days are as effective as a regimen with five doses over three days. The study has contributed to the development of a lower-cost regimen with the potential to reduce the risk of incomplete treatment
- The CHAPAS trial in Zambia (with northern partners from the Netherlands, and the United Kingdom as well as the United States), contributed to the FDA approval and WHO prequalification of Triomune Baby/Junior as a fixed-drug combination formulation for the treatment of HIV in children
- The Gene Xpert tool for a rapid diagnosis of treatment sensitive and rifampicin resistant tuberculosis was successfully tested in a pilot study in Cape Town, South Africa (through collaboration between partners from South Africa and Switzerland). Now it is recommended by WHO as a means to improve tuberculosis control.

These examples are extremely encouraging but many challenges lie ahead. Full and sustained commitment from African national governments is essential. The Global Ministerial Forum on Research for Health held in Bamako in 2008 led to a Call for Action urging governments to allocate at least 2% of the budgets of ministries of health to research, and for development agencies to earmark at least 5% of funding for research. He urged African governments to heed this call, particularly with regard to the co-funding of research. The aim of the Second High-Level Meeting was to develop further this move to greater commitment, with African countries becoming active partners.

1 The four Networks of Excellence are: West Africa NoE for TB, AIDS and Malaria (WANETAM); East Africa Consortium for Clinical Research (EACCR); Central African Network on TB, HIV/AIDS and Malaria (CANTAM); Trials of Excellence for Southern Africa (TESA).

3. Keynote addresses

Professor Nkandu Luo, Minister of Chiefs and Traditional Affairs, Republic of Zambia said her presentation would review the commitment of African nations to medical research. Infections have a major impact on development, and new infections continue to appear. The good news is that African governments *are* already taking action. She referred to the 2001 Abuja Declaration on malaria and the 2003 Maputo Declaration, at which commitments were made on HIV/AIDS, tuberculosis and malaria[2]. The Maputo Declaration also emphasised the need for partnership and for arrangements to be set in place to monitor the implementation of commitments. Other commitments have included those within the AU Decade for African Traditional Medicine (AU meeting of Heads of State, 2001) and within the New Partnership for Africa's Development (NEPAD), a technical body of the African Union. Commitments made have not always been honoured, but some countries have done so: for example South Africa, Tanzania and Zambia now devote 2% of their health budgets to research[3]; and South Africa and Zambia have passed legislation governing health research. African countries *do* make contributions, even though it is often claimed that they do not! So far African contributions have been poorly documented. Governments' contributions towards personnel salaries, electricity, water supply and infrastructure in the form of laboratories, clinics and hospital buildings etc. are never quantified. She called for this situation to be changed.

Prof. Luo described EDCTP as 'unique' in the way it has successfully engaged African scientists, but African governments have not been engaged to the same extent. They must have more positions on the EDCTP General Assembly (GA), where they will have the opportunity to engage with and contribute to the vision and activities of the programme. In her perception this was a 'misguided exclusion'. African governments must now decide *how* they will participate. Broadly there are two choices: representation of African nations on the GA individually, or participation through regional groupings (e.g. AU, NEPAD, WHO, SADC, ECOWAS, ECSA-HC). However, if the later approach is chosen, more thought will be required over the details; she expressed particular concern that smaller countries might be inadequately represented. Whichever approach is adopted, GA representatives must provide adequate feedback to national governments.

Prof. Luo furthermore stated that Africa must take advantage of initiatives such as EDCTP. A forum should now be created to discuss the best architecture for participation and feedback. New resources, notably those in the private sector, must also be explored and put into health research. Care should be taken to ensure that no African country is left behind as a consequence of not participating fully in EDCTP. 'The time is now'; Africa should move forward on health research.

Advocate Tshililo Michael Masutha, Deputy Minister of Science and Technology, Republic of South Africa expressed appreciation of the warmth and generosity the delegates had experienced on arrival in Senegal. He said togetherness and oneness were the themes of the Second High-level Meeting and spoke of the common ancestry of African people. Africa should invest in its own people, educating them so they have the necessary skills to address the many challenges faced by the continent. The First High-level Meeting on EDCTP2, held in South Africa in 2012, had been a good start in the development of EDCTP2 but much more still needs to be done;

2 Maputo Declaration on Malaria, HIV/AIDS, Tuberculosis, and Other Related Infectious Diseases, Assembly of the African Union, Second Ordinary Session, 10-12 July 2003, Maputo, Mozambique.

3 A commitment undertaken in the Algiers Declaration 2008 of the Ministerial Conference on Research for Health in the African region. It was reiterated in the Bamako Call to Action on Research for Health 2008.

he would share his thoughts on how Africa might make its contributions.

EDCTP has contributed significantly to research on HIV/AIDS, tuberculosis and malaria and has helped Africa develop its own research capacity. Its input complements African countries' development of their own health research capabilities; South Africa, for example continues to invest in this area. There are many opportunities for synergies. South Africa is very proud to continue to host EDCTP's African office, which is hosted by the South Africa Medical Research Council.

He reported a 'breakthrough' recently made in South Africa – the MMV390048 antimalarial candidate has been developed by a team led by Professor Kelly Chibale of the University of Cape Town. This could go on to become the first African-developed drug. Bringing such a new treatment to the people who most need it will also of course be a key challenge. Note has been taken of EDCTP2's plans to broaden its remit (including support for all clinical trial phases) and to increase African co-ownership. South Africa stands ready to support these efforts.

But the key issue for the High-level Meeting is the governance of EDCTP2, in which African governments must be co-owners, co-managers, and co-funders. He called on all partners elsewhere on the continent to join South Africa, which will continue to invest in EDCTP projects under EDCTP2 and is looking forward to taking a seat (based on the requirements) in the new EDCTP GA.

He was confident that South Africa would be joined by many African partners. Africans must be appointed within EDCTP structures, most notably on the GA. In his view it is unnecessary to choose whether representation is established on a national or sub-regional basis. National and sub-regional representatives should *both* be included in the GA.

It will not be possible to attract investment unless African ownership is in place. 'We owe it to our citizens', he said, to ensure that African governments play their part in health research. He urged governments to be guided by the principles of true and equal partnership and to show their commitment to EDCTP2, enabling the programme to develop its full potential.

Dr Matshidiso Moeti, Mr Victor Madeira dos Santos, Prof. Charles Mgone, Prof. Hannah Akuffo, Hon. Prof. Awa Marie Coll-Seck, Hon. Adv. Tshililo Michael Masutha, Hon. Prof. Nkandu Luo and Dr Pascoal Mocumbi at the opening session

4. Strengthening African commitment towards EDCTP: National perspectives

Co-chair **Dr Matshidiso Moeti**, Deputy Regional Director, WHO-AFRO, said that some suggestions as to how the desired expanded commitment could be made had already emerged from the first session and that she looked forward to hearing more.

Professor Charles Mgone, Executive Director, EDCTP agreed and said he was delighted by the contributions made so far. He said he would give a whistle-stop tour of the work of EDCTP, reminding participants of the partnership's aims to accelerate and develop new or improved interventions against poverty-related diseases (PRDs). EDCTP aims to enhance research using best practices. Sixteen European countries are part of the programme and others may soon be joining; 'by definition' all 48 African countries are partners in EDCTP. Capacity for research must be utilised and sustained, and African partners' input is essential here.

Prof. Mgone described the role of the EDCTP Regional Networks in 'proliferating' capacity and gave further examples of completed (and on-going) EDCTP-supported research (Box 1).

Box 1: Examples of completed and ongoing research

- Paediatric formulations for treating HIV in children
- Establishment of WHO guidelines for the prevention of mother to child transmission of HIV during pregnancy and breastfeeding
- Shortening and simplification of TB treatment
- Development and evaluation of point of care TB diagnostics
- Prevention of malaria during pregnancy
- Safe treatment of HIV/TB co-infection
- Treatment of malaria in special populations including PLWA, malnourished children, pregnancy.

He went on to discuss the forthcoming expansion of the scope of the partnership under EDCTP2, which will be a 10-year programme commencing in 2014. Clinical trials supported will no longer be confined to phase II and III, but will extend to I and IV, including implementation research. Neglected infectious diseases (e.g. onchocerciasis, filariasis and trypanosomiasis) will also be included.

Moving on, he described the current EDCTP governance structure, where the GA is the policy making body (Figure 1).

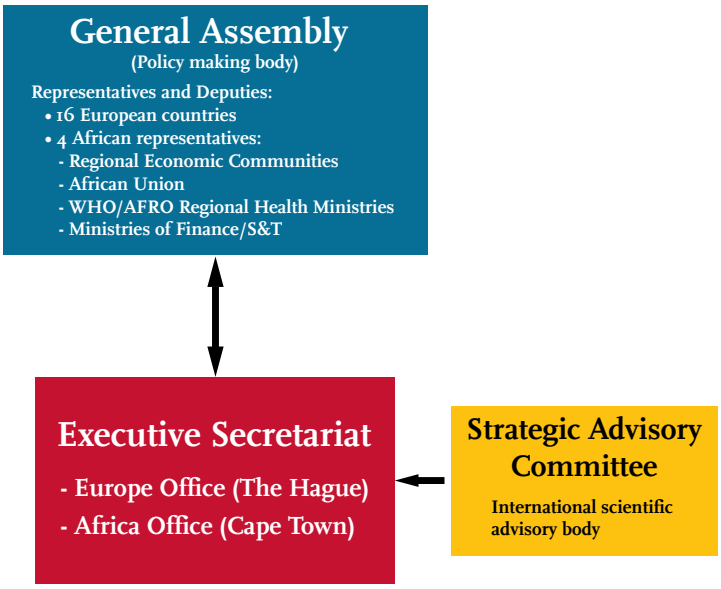
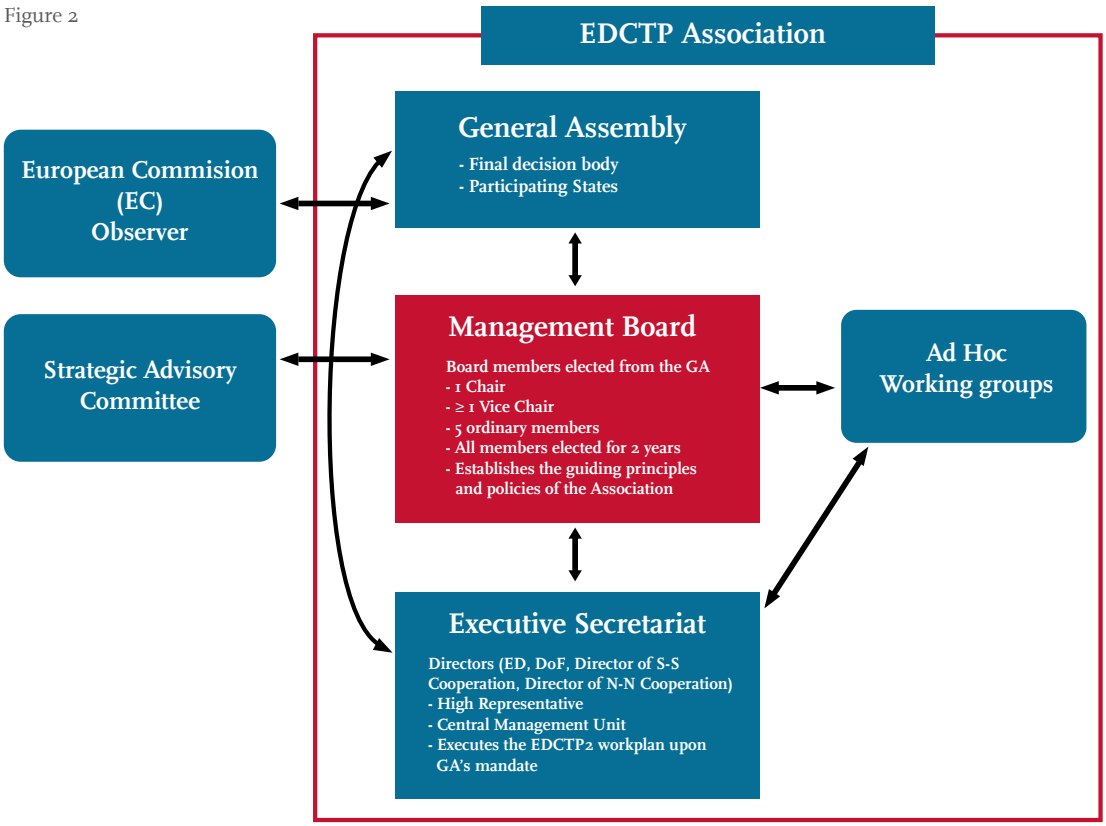


Figure 1

Previously there were two scientific advisory committees (the Partnership Board and the Developing Countries Coordinating Committee consisting of African scientists,) but this is now streamlined into one advisory structure, the Strategic Advisory Committee (SAC). The GA currently has at least four African representatives – selected from regional economic communities, the AU, health ministries and finance ministries – on a rotational basis without voting rights. He discussed the proposed new structure (Figure 2), in which EDCTP

Figure 2



could become an association which would allow for African countries to vote. But negotiations are still proceeding on this point; they will be completed early next year.

Prof. Mgone's presentation was followed by a roundtable discussion on strengthening African commitment, contribution and participation in EDCTP2. The discussants had been asked to address the following three questions.

1. In your country, what national programmes or policies are in place to fight HIV, tuberculosis, malaria and NIDs, and how would these relate to EDCTP?
2. How is your country committed to support and promote national ownership, in order to sustain health research and research capacity activities funded by partner organisations such as EDCTP?
3 What is your country's position regarding becoming an active African partner state involved in EDCTP, including participating in its governance and making contributions in cash and/or in kind?

Mr Bruno Jean-Richard Itoua, Minister of Science and Technology, Republic of Congo, said he was 'speaking on behalf of his country' and as current chairperson of AMCOST he could agree with most of the comments made by Prof. Luo. All stakeholders should be fully involved in EDCTP at all levels, and the first step was for the AU to be adequately represented on the GA.

Health research cannot be considered separately from science and technology and the goals cannot be met without the momentum that will be created by involving all the stakeholders – health ministries, science ministries, other relevant ministries, and civil society. Without adequate networking between stakeholders important factors will be neglected. Different ministries follow different procedures and this makes it hard to integrate with EDCTP's activities. Effective monitoring is needed, and feedback must be gathered from all stakeholders. Congo has just produced a draft of a new 10-year strategy for research, including health research. A similar strategy for Africa is needed. Improved efficiency will also be of vital importance as

well as close collaboration through the African Ministerial Council on Science and Technology (AMCOST).

Professor Gilbert Kokwaro, Director, Consortium for National Health Research, Kenya, and Representative of the Minister of Higher Education of the Republic of Kenya, said he saw the situation through the lenses of a funder of health research. He was not in a position, however, to speak on behalf of the government of his country. Kenya is grateful for the funding it has received from EDCTP. The country has increased its own funding for health research and has taken other actions to promote research. For effective collaboration with Kenya, the following things have to be done:

- Identification of the regulatory and coordinating body
- Establishment of an in-country funding mechanism that has legislative force behind it. Without legislation the Treasury is unlikely to release funds, whatever might have been said at conferences and other events
- Priority setting that takes into account the limited resources available.

Kenya's health policy document for the period 2014-2030 is very comprehensive. There is also a shorter plan for 2012-2017. Both could be good 'entry points' for EDCTP. An Act has been passed in parliament in March 2013 establishing a national research fund, with 2% of GDP committed to research. The fund will be able to collaborate with international donors; projects for co-funding are presently being identified. IDRC for example has recently become involved in such collaboration.

Speaking for the second time, **Professor Nkandu Luo** said she would now aim for some provocative thoughts. Politicians, she said, are good people – 'We make things happen!'

Hon. Bruno Jean-Richard Itoua, Minister of Science and Technology, Republic of Congo, and Professor Abdarahmane Dia, Representative of Minister of Higher Education of the Republic of Senegal

African governments must establish partnerships, provide funding, and make full use of the talents of African scientists. Usually three or four ministries are involved in health research; in Zambia, for example, the health, science, community, chiefs and traditional affairs ministries all play a role. African health research has created some positive results but these need to be put into practice.

Politicians must also simplify bureaucracy, exploring new ways forward in order to make things work. It is important that decision making on health research is 'anchored' in an agreed location. Africa has 'so many' regional structures and more are under consideration that the bureaucracy associated with these structures is making it difficult to move forward. But EDCTP has been made to work and Africa can learn from this.

Professor Abdarahmane Dia, Dean of the Faculty of Medicine, Pharmacy and Odontology, University Cheikh Anta Diop, Senegal, and Representative of Minister of Higher Education and Research of the Republic of Senegal, stressed the close links between health and education ministries in Senegal; the two ministries collaborate in deciding on health research policy. Several programmes are already in progress on HIV/AIDS, tuberculosis

and malaria research, some of them based at the university teaching hospital. Senegal has collaborated with EDCTP in establishing research priorities.

Following a national consultation held in April 2013, the President of Senegal has decided to devote CFA 500 billion funding to research and education over the next five years; all research laboratories in the country will be given resources. A law is to be passed on research and innovation in order to create a coherent and efficient national health research programme; a new Council will be established to assess performance. A national research and innovation fund has also been created. Cooperation between different institutions and with the business world will be improved.

Senegal wants to participate as an active member of EDCTP2. Researchers will be encouraged to apply for EDCTP support and the government will make contributions first in kind and later in cash, as soon as resource levels make possible the latter.

Ms Achieng Sarah Opendi, Minister of State for Health, Republic of Uganda, stressed that HIV/AIDS, tuberculosis, and malaria remain major problems in Uganda. There is a national health policy which defines the package of programmes in operation. Infectious diseases are a key part of this, particularly HIV/AIDS, tuberculosis, malaria and neglected tropical diseases (NTDs). She is pleased that the latter will be included in EDCTP2.

Hon. Achieng Sarah Opendi, Minister of State for Health, Uganda, speaks at the roundtable discussion session

Uganda has succeeded in bringing HIV prevalence down from 18% in 1992 to 6.2% in 2002, though in 2011 there was a small rise to 7.3%. Reducing mother-to-child transmission is a particular priority. Uganda is taking action to reduce the country's high tuberculosis prevalence; many cases are co-infections with HIV. Malaria is still perennially transmitted – whole households are now targeted with insecticide-treated bed nets (not just mothers and children) and both spraying and larviciding programmes are in operation.

Ms Opendi cited, as examples of research funded by EDCTP in Uganda: a study of hepatitis B transmission rates in HIV-infected and uninfected children, a trial of second-line therapy in HIV, and preparatory studies for trials of microbicides (to be used by sex workers in Kampala). EDCTP funding has also enabled the quantification of HIV prevalence in fishermen and in sex workers. Uganda, Tanzania and Kenya now intend to collaborate in research to identify HIV hotspots, again with EDCTP support. National treatment guidelines will reflect the outcomes of all this research.

EDCTP has assisted Uganda with capacity building and networking. For example, thanks to EDCTP, the Uganda Virus Research Institute now has a sequencer and facilities to type HIV drug resistance. Other enhancements of capacity have also been made possible. Several Ugandans have been trained and obtained degrees. The country has also benefited from ethics and regulatory affairs training. Further benefits have resulted from EDCTP's regional networks. Many researchers formerly worked in isolation; networking facilitates their cooperation across national boundaries. There

is also an East African consortium that has been established to strengthen clinical trial site capacity, again thanks to EDCTP.

While most funding has come from the North, for sustainability, it is important that African countries should also make a financial contribution. The Ugandan government has provided co-funding, plus access to its experts and facilities, which include a malaria vaccine trial site. The minister stated that Uganda was committed to making further contributions. Uganda has established funding mechanisms for research and now wishes to see similar mechanisms established at regional and other levels. Ms Opendi supported Prof. Luo's call for Africa to be fully represented on the GA. Uganda wants to strengthen its role as an active partner in EDCTP and will be happy to nominate a person to sit on the GA once the opportunity is there to do so.

Mr Omar Sey, Minister of Health of The Gambia, said his country has well established structures in place to combat HIV/AIDS, tuberculosis and malaria. EDCTP's support for capacity building is very much appreciated, particularly as regards staff development. The Gambia has long worked closely with the Medical Research Council of the United Kingdom in research on such diseases as malaria, tuberculosis, HIV/AIDS, trachoma, and acute respiratory infections and diarrhoea in childhood. The government seeks to create an environment conducive to health research and a new policy is currently under development. Embedded in the new policy will be national reference laboratories for HIV/AIDS, tuberculosis and malaria. The Gambia supports the concepts and vision of EDCTP, including recognition of the principle of co-ownership. Mr Sey will report back on the High-Level Meeting at cabinet level. He assured the meeting of his personal support for EDCTP.

Hon. Omar Sey, Minister of Health, The Gambia

Speaking for a second time, **Advocate Tshililo Michael Masutha** was interested that Kenya had used legislation as a means of achieving the 2% health research target; South Africa has a legislative framework to achieve 2% health research target, the South African National Health ACT chapter 6, 7 and 8. Departments that deliver services tend not to focus on research, and during times of economic problem research is the first sector to experience cuts. To build capacity and develop research institutions requires dedicated (ring-fenced) funding. Co-investment remains key – 'you cannot succeed unless you yourself commit'. President Zuma initiated a new approach to HIV/AIDS in his inaugural address; 80% of those who qualify for antiretroviral drugs are getting them – the biggest AIDS treatment programme in the world. Fighting the major killer diseases concerns the survival of the nation and therefore should be taken seriously. South Africa continues to stand ready to support work in this area and increase its level of funding; the government wishes to participate actively in EDCTP's governance structure.

The session Chair, **Professor Hannah Akuffo** thanked all those governments that continue to support EDCTP. South Africa and Senegal had told the meeting something of their plans to make contributions in governance, cash and in-kind. It would be helpful to know more about

the plans of other countries in this respect. Further comments were then made.

Prof. Nkanda Luo said that Africa must put its own house in order – systems already exist (e.g. the EDCTP Networks of Excellence) that will allow Africa to make contributions. A mechanism should be found very quickly so that Africa as a whole is represented on the GA, perhaps through the AU. However, she was concerned that if only individual countries were represented on the GA, some African countries would be 'left behind'. She was happy to commit Zambia to sending a country representative to the GA.

Mr Bruno Jean-Richard Itoua shared Prof. Luo's view that national, sub-regional and continental level representation for Africa are all needed on the GA. Africa could not combat malaria effectively if only a few countries were involved; all of Africa must contribute to the fight. He spoke of a 'new dynamic' at the AU, which would make it possible for the continent to be adequately represented on the GA. Avoiding bureaucracy is important and regional bodies can also help in this area. EDCTP should engage with all stakeholders; his delegation, for example, was composed of representatives of many stakeholders and on his return to Congo he would ensure that others were kept informed. Any African country that seeks to be represented on the GA should be prepared to participate actively in the programme. Specific commitments should be made. Congo was willing to host the next meeting of EDCTP if required.

Ms Sarah Achieng Opendi emphasised Uganda's recommitment to the Abuja Call for Action and to the fight against HIV/AIDS, tuberculosis and malaria. She referred again to her country's continuing national programmes against these and other diseases and confirmed that it does fund health research initiatives. **Uganda will put aside money to contribute to EDCTP2**, in which it pledges to take a leading role.

Professor Gilbert Kokwaro stressed that he could not speak on behalf of the Government of Kenya. Nevertheless, as a funder, he plans to draw up a national plan for health research in which priorities are established. In his view, Kenya should be prepared to co-fund projects that are in line with the country's own priorities. He will emphasise to Government his belief that 'you are not going to own something until you put something into it'.

The meeting was now opened to the floor for further comment.

Dr Hassan Mshinda, Director General, Tanzania Commission for Science and Technology, said that commitments made on research funding at AU meetings had for the most part not been met. He committed

Dr Hassan Mshinda, Director General, Tanzania Commission for Science and Technology

Tanzania to devoting 1% of GDP to research and development. He went on to list other research activities being funded by the Tanzanian government. There are plans to fund more medical research students, in some cases collaboration with other nations (e.g. South Africa and The Netherlands). Countries should commit to national expenditure before

they went on to decide how much support they would give to regional efforts. **Tanzania has benefited from EDCTP support and will participate actively and contribute directly to EDCTP2**.

Professor Tumani Corrah, Unit Director of the MRC (United Kingdom) Laboratories in The Gambia, pointed out that it would not be feasible or practicable to have a seat on the GA for each of Africa's 47 countries. He proposed, on his own behalf, that a regional approach should be adopted with a total of seven African seats on the GA, including the AU, NEPAD and WHO-AFRO.

Mrs Sinata Kibaru-Shiro, Permanent Secretary of the Ministry of Health of Cameroon said her country has EDCTP-funded projects but has not been very involved at the policy level. She hoped things would be different in EDCTP2; **Cameroon should both make contributions and be represented on the GA**. Sub-regions must be represented on the GA; criteria are needed to establish who represents the sub-regions. GA representatives must have power and give feedback; they must also have accountability to the countries they represent.

The roundtable discussion resumed after the lunch break.

Dr Hassan Mshinda again assured the meeting of Tanzania's commitment to EDCTP2, including the provision of resources. Human resource development is important for health research and Tanzania is setting up a new fund with a 'huge budget' for this, with UK support. He also spoke of the need for implementation studies to be part of the research agenda. He felt that sub-regional representation of Africa on the GA might be the best way forward. Nevertheless, Tanzania is willing to send a national representative.

Dr Eusébio Macete, Director, Centro de Investigação em Saúde da Manhica, Mozambique and representative of the Science and Technology Minister, Mozambique, congratulated EDCTP on its achievements in phase I and assured Mozambique's continued support to the EDCTP programme. HIV, TB and malaria are major causes of death in Mozambique. There is now a national strategic plan in place that addresses these and other health concerns. The country has for each disease a national plan. We will make our best effort in order to make this discussion that we are having today, reflect in next year's plans. The national plans of each country must be taken into account when drawing up those of EDCTP2.

African governments must be more involved in EDCTP2. As for the results from clinical trials, African countries have to be considered as key players and beneficiaries. He pointed out that EDCTP's Network of Excellence for Southern Africa (the Trials of Excellence for Southern Africa [TESA] Network) has a system of rotational leadership, which allows adequate representation of individual nations without disturbing the progress that is being made. A similar approach for representation on the GA would be worthy of consideration.

Dr Oumou Soumana Maïga Diakité, representative of the Minister of Health, Mali, said her country has always been a strong supporter of EDCTP and recognises its achievements. The HIV and malaria control programmes in Mali cooperate with EDCTP. There is also cooperation in research with other countries in the sub-region. EDCTP has sponsored students and given other support, which she described in brief. Mali supports ownership through building capacity programmes, including career development.

A strategic plan for health research is currently being refined; the new government intends

to meet the 2% target. Resources are 'being recruited' and researcher structures created will be maintained. The monitoring and evaluation of projects will also be improved, likewise the dissemination of research outcomes (knowledge management). Mali will develop its position as a centre of excellence and welcomes increased cooperation with Senegal and other African countries.

Ms Sakina Ocquet Habou, Chief of Division of Study and Research (Ministry of Health) representing the Minister of Health, Niger, said that her country was today being represented at an EDCTP meeting for the first time. Niger has specific national health care programmes addressing HIV, tuberculosis, malaria and NTDs (e.g. onchocerciasis and schistosomiasis). Research is taking place and there the number of treatment centres has grown in recent years. Monitoring and evaluation activities are also in place. A plan is also needed to engage Niger in this programme. Niger has the political will to achieve ownership and is willing to partner with other countries, for example with regard to ethics committees. All Niger's disease programmes include research; they are provided with resources by the state. The ministries of health, education and higher education maintain good levels of communication. Niger has not yet reached the 2% target of the Bamako Call to Action, but 7% of the national budget goes to health and some of this is allocated to research. Niger is committed to EDCTP2 but considers that EDCTP may not be aware of the realities of healthcare in Nige. A field visit could help address this.

Professor Sinata Koulla-Shiro, Secretary General of the Cameroon Ministry of Health representing the Cameroon Ministry of Health, said she was attending the meeting with the Ministry of Health's Director of Operational Research. Cameroon's strategic plan for health (2001-2015) includes HIV/AIDS, tuberculosis, malaria, and five NTDs (trachoma, Buruli ulcer, leishmaniasis, trypanosomiasis and leprosy). All disease programmes work within the strategic plan and conduct operational research; their results are used in decision making. Unfortunately feedback on the results is not always available. In addition to operational research, Cameroon has an Institute of Medicine and Medicinal Plants which is the responsibility of the Ministry of Scientific Research and Innovation. A committee exists to facilitate communication between ministries and other stakeholders; the Ministry of Agriculture for example is represented on this committee. There is also a national research committee.

Cameroon participates in various sub-regional programmes and in this way has drawn some benefit from EDCTP support. In future there will be joint funding of research projects based on validated criteria. Details of the money allocated to health research were not available and Prof. Koulla-Shiro said she was not able to speak on behalf of the government. Nevertheless, she assured the meeting that

Ms Sakina Ocquet Habou, Professor Sinata Koulla-Shiro and Dr Oumou Soumana Maïga Diakité at the roundtable discussion session

Cameroon is highly committed at national, sub-regional and regional levels.

Dr Sodiomon Bienvenu Sirima, representing the Minister of Health, Burkina Faso, said that as a civil servant in the ministry he was not in a position to make commitments on behalf of his government. Burkina Faso is active in the fight against infectious diseases. There are national programmes on HIV, tuberculosis and malaria and, for example, the distribution of insecticide-treated bed nets is proceeding well. Burkina Faso's institutions have been very much involved in EDCTP and have much more to contribute; for example, there are good sites for vaccine trials. The Ministry of Health currently supports 20 health research projects. There is also a Ministry of Research, which has funds to support research in several fields, including health. Burkina Faso is already committed to providing human resources to support EDCTP2 and other support is likely to be forthcoming. He felt the government was likely to be willing to send representatives to the GA but was not able comment further.

Professor Angélique Ndjoyi Mbiguino, representative of the Minister of Higher Education of Gabon. Gabon has control programmes against several diseases but, in her own view, most of these are not very dynamic; objectives set have not yet been met. Both pure and applied health research projects are under way, to which EDCTP has supplied invaluable support. It is important to conduct activities across the whole country and the whole region for progress to be made. She believed that a national health research coordinator should be appointed to enable people to work together. She was unable to comment on the level of her government's commitment to EDCTP but she assured the meeting she would be reporting back to the Minister of Health and the Minister of Higher Education; she would urge them to support the projects that are being funded under EDCTP2.

Summing up this session so far, **Dr Matshidiso Moeti** said several presentations had made it clear that health research is a multisectoral issue and that at country level improved coordination is needed between ministries, with agreement reached on their respective roles. It had been stressed that many countries already make contributions in cash or in kind. Governments should establish clear national health research priorities, and this would help determine the nature of forthcoming EDCTP support. There is also a need to improve communication between countries within the same sub-regions. Regular health minister meetings do take place in some sub-regions, but we need to make sure both that the views of countries are carried forward to such forums and that discussions at these events are fed back. The mechanism of representation of African countries on the GA had emerged as an important issue. Some speakers want individual country representation and others sub-regional representation; further discussion on this point would therefore be helpful. Concerns had been expressed that some countries (those that are small or have less capacity) could be left behind in health research. The roles of WHO-AFRO, NEPAD and the AU should also be further discussed. (She reminded the meeting that regional economic bodies, which also have a role, were not represented at this High-Level Meeting.)

Issues raised in the discussion that followed included the following.

- Cameroon has a national ethics committee undertaking tasks that in other countries would be done by institutional review boards. This demonstrates how legislation can vary between countries. EDCTP needs to know about such differences
- Each country should take stock of all its contributions in kind; perhaps EDCTP could provide assistance in this
- Countries could consider whether they will be 'full stakeholders' in EDCTP2 or whether they would be better engaging with the programme through collaborating with other nearby countries

- There was further support for the view that African countries contribute more than is recognised
- Niger is currently not involved in EDCTP activities and needs to be engaged in EDCTP2. Given its geographical location, Niger should perhaps be part of two of the EDCTP Networks of Excellence (CANTAM and WANETAM); this could also facilitate networking between the networks
- It was suggested that initially at least, national representation on the GA could be restricted to countries who are actively contributing to EDCTP.

Dr Matshidisio Moeti drew the session to a close, concluding that, despite varying opinions regarding individual-country, regional or sub-regional representation there was no lack of consensus on the need for representation. What had been made very clear is the willingness of African countries to be represented, in some way, on the EDCTP General Assembly.

Participants of the Second High-Level Meeting on EDCTP2

5. Strengthening African commitment towards EDCTP: Regional perspectives

This session was chaired by **Dr Line Matthiessen-Guyader**, Head of Infectious Diseases and Public Health Unit, DG Research and Innovation, European Commission. Three speakers (from NEPAD, WHO-AFRO and the AU) had been asked to comment on the following.

1. How is your organisation involved in supporting and sustaining health research and research capacity?
2. How do you envisage improving your partnership with EDCTP to reduce the burden of poverty-related diseases and neglected infections in Africa?

Professor Aggrey Ambali, Director of NEPAD's Policy Alignment and Programme Development Directorate said that NEPAD plays a significant role in supporting health and research with the aim of developing robust systems. Health research activities should be in line with national priorities. A 10-year strategy, in the development of which NEPAD was closely involved, has identified science as a driver in health, agriculture and other sectors. NEPAD has driven recognition of research as a priority within the AU. He also described a range of NEPAD activities related to health, which include the establishment of networks of excellence. He noted that R&D contributions from member states have not been adequately quantified – NEPAD is now involved in tracking them. Pharmacovigilance and biosafety are other areas in which NEPAD is active in building Africa's R&D capacity. NEPAD welcomes the launch of EDCTP2 and will give it its support.

Dr Matshidisio Moeti, speaking as Deputy Regional Director, WHO-AFRO, said that promoting and conducting research is an essential pillar in helping countries to improve their level of health and economic development. WHO is committed to supporting research and disseminating knowledge gained from research. Policies on health should be grounded on scientific knowledge. Examples of what WHO has been doing, include: the 2008 meeting in Algiers at which commitments on research were made by health ministers; the ANDI initiative aiming to stimulate R&D within the region; HINARI which disseminates knowledge from research; EVINET etc. WHO advises and supports countries in their efforts to put new strategies into practice. Other activities include work with national regulatory authorities. WHO applauds the investments made by EDCTP – particularly in trials and in training – and will expand its collaboration with the programme. The expanded remit under EDCTP is also welcomed. WHO-AFRO could perhaps facilitate representation of Africa on the GA and assist in other ways through its various existing structures. Member states should rise to the challenge and seize the opportunities presented by EDCTP2.

Prof. Aggrey Ambali, Director of NEPAD's Policy Alignment and Programme Development Directorate and Dr Matshidisio Moeti, Deputy Regional Director, WHO-AFRO

H.E. Dr Mustapha Kaloko, Commissioner, Social Affairs Department of the African Union Commission, said that EDCTP is doing important work against the big three killer infections but much more needs to be done. The AU is currently undergoing a period of change and the intensification of research, in order to develop new safe and efficacious

medicines, is one of the issues under discussion. One issue is access to the relevant data to enable the right policy decisions to be made. He referred to the Bamako Call to Action and subsequent meetings and discussions intended to turn the Call into action. A momentum has now been created. Nevertheless, there are still gaps in research that prevent rapid response to emergencies. Other concerns he mentioned include the continuing dependence of Africa on outside help and the loss, due to economic migration, of skilled African personnel. An 'African CDC' is needed, in order to step up the level of research. The AU is working towards the establishment of such a centre. The AU and EDTP can pool resources; this would lead to far-reaching outcomes. Also important would be to draw on the strengths of civil society organisations and the expertise and resourcefulness of Africa's private sector.

H.E. Dr Mustapha Kaloko, Commissioner, Social Affairs Department of the African Union Commission

6. Concluding session

Professor Tumani Corrah gave a brief summary of the meeting. The AU, NEPAD and WHO were clearly very supportive of EDCTP; they had outlined their activities and explained the contributions they could make in the future. It was good to learn that national representatives at this High-Level Meeting would be reporting back to their governments at cabinet level. But what the meeting had mainly discussed was how African governments could demonstrate their commitment to EDCTP and how they would be represented in its governance structure. Participants expressed two opinions on African representation on the GA, with some countries ready to join individually whereas others preferred a coalition or regional representation. However, he reminded the meeting that 19 would have to be the maximum number of African representatives on the GA (i.e. the same number as that of the European representatives) irrespective of the mechanisms used to achieve representation at the GA.

He went on to suggest that EDCTP's High Representative could play a key role in advancing progress by attending meetings of economic groupings, where he could encourage these bodies to be *much* more proactive. He also called on governments to ensure that research findings were put into policy and into practice. If the various groupings relevant to health research worked together, it would enable real advances to be made against poverty-related diseases.

As session chair, **Dr Line Matthiessen-Guyader** noted that she had been pleased with the high level of the representation at the meeting.

Professor Hannah Akuffo then brought the meeting to a close describing the discussions as 'exciting and gratifying', particularly with reference to the declared intention of the African governments represented to contribute in cash and in-kind. Now it was necessary to move forward as regards national level financial commitments. Discussions must of course continue on many of the issues raised during the meeting, particularly as regards GA representation.

Summary of the main points

1. Representatives of African governments have applauded the work of EDCTP to date and welcomed the extension of the programme's remit under EDCTP2
2. It was agreed that there had been some weaknesses in the participation of African governments in the first phase of the programme
3. African governments want to be active partners in EDCTP2 and recognise the importance of co-ownership and co-management of the programme
4. Adequate representation on the EDCTP General Assembly is essential towards this end
5. There were two opinions on how this representation should be done, with some speakers calling for individual nations to be represented while others considered that representation at regional and sub-regional level was more appropriate. It was noted that the number of African representatives could not exceed the number of European representatives (19)
6. Contributions from African governments should be both in kind and in cash
7. African countries, however, already make more contribution towards health research than is generally realised – their contributions should be monitored and quantified
8. Some of the countries represented provided outline information on their present and intended contributions
9. Other issues identified as being important included:
    - Meeting the targets specified in the Bamako Call to Action
    - Coordinating the activities of different government ministries as regards health research

- Reducing bureaucracy
- Improving the networking – across Africa – of national governments, and regional and sub-regional bodies
- Ensuring that smaller African countries and those with smaller economies are not 'left behind' in health research
- Ensuring that adequate feedback is provided, by African GA representatives, to national governments.

Annex 1. Conference programme

Monday 21 October 2013	
08:00-09:00	**Registration**
09:00-09:50	**Opening session**
	CHAIR **Prof. Hannah Akuffo**, EDCTP General Assembly Chairperson
09:00-09:15	**Prof. Awa Marie Coll-Seck**, Minister of Health and Social Action, Senegal *Welcome address and official opening of the Meeting*
09:15-09:35	**Mr Victor Madeira dos Sandos**, Political Advisor, Delegation of the European Union to Senegal
09:35-09:50	**Dr Pascoal Mocumbi**, EDCTP High Representative and former Prime Minister of Mozambique
09:50-10:30	**Keynote addresses**
09:50-10:10	**Prof. Nkandu Luo**, Minister of Chiefs & Traditional Affairs of the Republic of Zambia and former EDCTP Adviser *African commitment to supporting health research*
10:10-10:30	**Advocate Michael Masutha**, Deputy Minister of Science and Technology of the Republic of South Africa *South Africa's experience and perspective on engagement with EDCTP*
10:30-11:00	Coffee break
11:00-13:00	**Strengthening commitment of the African EDCTP participating countries**
	CHAIRS **Prof. Hannah Akuffo**, EDCTP General Assembly Chairperson **Dr Matshidiso Moeti**, Deputy Regional Director, World Health Organization Regional Office for Africa
11:00-11:20	**Prof. Charles Mgone**, EDCTP Executive Director *Background and current strategy on strengthening African participation in the EDCTP programme*
11:20-13:00	**Roundtable discussion: strengthening African commitment, contribution and participation in EDCTP2**
	DISCUSSANTS
	Hon. Mr Bruno Jean-Richard Itoua, Minister of Science and Technology of the Republic of Congo **Prof. Gilbert Kokwaro**, Representative of Higher Education of the Republic of Kenya **Hon. Prof. Nkandu Luo**, Minister of Chiefs & Traditional Affairs of the Republic of Zambia, and former EDCTP Adviser **Prof. Abdarahmane Dia**, Representative of Higher Education of the Republic of Senegal **Hon. Dr Sarah Achieng Opendi**, Minister of State for Health of the Republic of Uganda **Hon. Mr Omar Sey**, Minister of Health of The Gambia **Hon. Advocate Michael Masutha**, Deputy Minister of Science and Technology of the Republic of South Africa
13:00-14:00	**Lunch**

14:00-15:30	**Roundtable discussion: strengthening African commitment, contribution and participation in EDCTP2 (cont.)**
	Dr Hassan Mshinda, Director General, Tanzania Commission for Science and Technology, United Republic of Tanzania **Dr Eusébio Macete**, Minister of Science and Technology of the Republic of Mozambique **Diakite Oumou Soumana Maiga**, Representative of Minister of Health of the Republic of Mali **Madam Sakina Habou Ocquet**, Representative of Minister of Health of the Republic of Niger **Prof. Koula Shiro Sinata and Prof. Anne Cécile Zoung-Kanyi Bisseck**, Representatives of Minister of Health of the Republic of Cameroon Representative of Minister of Health of Burkina Faso **Prof. Angélique Ndjoyi Mbiguino**, Representative of Minister of Health Gabon
15:30-16:00	Coffee/tea break
16:00-16:35	**Strengthening African commitment towards EDCTP2: regional perspective**
	CHAIRS **Dr Line Matthiessen**, Head of Infectious Diseases and Public Health Unit, DG Research and Innovation, European Commission **Prof. John Gyapong**, University of Ghana and African Representative at the EDCTP General assembly
16:00-16:10	**Prof. Aggrey Ambali**, Director Policy Alignment and Programme Development Directorate and Adviser, New Partnership for Africa's Development (NEPAD) Science and Technology
16:10-16:20	**Dr Matshidiso Moeti**, Deputy Regional Director, World Health Organisation Regional Office for Africa
16:20-16:35	**H.E. Dr Mustapha Kaloko**, Commissioner, Social Affairs Department of the African Union Commission
16:35-17:20	**Closing session**
16:35-16:40	**Introductory remarks from the session Chairs**
16:40-16:50	**Prof. Awa Marie Coll-Seck**, Minister of Health and Social Action of the Republic of Senegal *Reflections on African co-ownership of the partnership*
16:50-17:10	**Prof. Tumani Corrah**, Medical Research Council Unit, The Gambia *Summary recommendations, conclusions and next steps*
17:10-17:20	**Prof. Hannah Akuffo**, EDCTP General Assembly Chairperson, Sweden *Closing remarks*
19:00-20:30	Meeting dinner

Annex 2. List of participants

Name	Affiliation	Country
Khalifa Ababakar	Ministere de la Recherche Scientifique et de l'Innovation Technologique du Congo	Congo
Hannah Akuffo	Swedish International Development Agency (SIDA)	Sweden
Abraham Alabi	Albert Schweitzer Hospital	Gabon
Aggrey Ambali	NEPAD STI Hub	South Africa
Cisse Badara	University of Dakar	Senegal
Abdoulie Barry	EDCTP	Netherlands
Alfonso Beltra	International Research Programmes and Institutional Relations of ISCIII	Spain
Thomas Bombelles	World Intellectual Property Organization	Switzerland
Gabrielle Breugel-mans	EDCTP	The Netherlands
Paul Chinnock	EDCTP	United Kingdom
Awa Marie Coll-Seck	Ministry of Health and Social Action	Senegal
Tumani Corrah	Medical Research Council Unit	The Gambia
Dominique Dellicour	Ambassador of the European Union	Senegal
Alioune Dieye	Institut Pasteur de Dakar	Senegal
Alexis Elira Dokekias	Ministere de la Santé et de la Population	Congo
Jean-François Etard	Epicentre	France
Lobna Gaayeb	Biomedical Research Centre	Senegal
Martin Grobusch	Academic Medical Center, University of Amsterdam	The Netherlands
Anne Herrmann	DSW	Belgium
Stéphane Hogan	European Commission	Ethiopia
Anne Charlotte Hradsky	DSW	Belgium
Bruno Jean Richard Itoua	Ministre de la Recherche Scientifique et de l'Innovation Technologique	Congo
Søren Jepsen	Statens Serum Institut	Denmark
Sinata Koulla-Shiro	Ministry of Health, Cameroon	Cameroon
Nkandu Luo	Ministry of Chiefs & Traditional Affairs	Zambia
Eusebio Macete	Centro de Investigacao em Saude da Manhica (CISM)	Mozambique
Diakite Oumou Sou-mana Maiga	Ministère de la Santé du Mali	Mali
Michael Makanga	EDCTP	South Africa
Michael Tshililo Masutha	Ministry of Science and Technology	South Africa
Line Matthiessen-Guyader	European Commission	Belgium
Fezeka Mayekiso	Ministry of Science and Technology	South Africa

Souleymane Mboup	WANETAM	Senegal
Ntombi Mchuba	Ministry of Science and Technology	South Africa
Charles Mgone	EDCTP	The Netherlands
Alice Celestine Missole Lekellet	Ministere de la Recherche Scientifique et de l'Innovation Technologique	Congo
Pascoal Mocumbi	EDCTP	Mozambique
Matshidiso Rebecca Moeti	World Health Organization, Regional Office for Africa	Congo
Hassan Mshinda	Tanzania Commission for Science and Technology	Tanzania
Mmboneni Muofhe	Ministry of Science and Technology	South Africa
Angelique Ndjoyi Mbiguino	University of Health Sciences, Faculty of Medicine	Gabon
Francine Ntoumi	CANTAM	Congo
Guillemette Nzebele	Ministere de la Recherche Scientifique et de l'Innovation Technologique du Congo	Congo
Thomas Nyirenda	EDCTP	South Africa
Sakina Ocquet Habou	Ministry of Health of Niger	Niger
Patrick Obel Okeli	Ministry of Science and Technology	Congo
Ole Olesen	EDCTP	The Netherlands
Gilbert Onyango Kokwaro	Consortium for National Health Research (CNHR)	Kenya
Sarah Opendi	Ministry of Health, Uganda	Uganda
Martin Ota	WHO Regional Office for Africa	Congo
Odile Ouwe Missi Oukem	CERMES	Niger
Lara Pandya	EDCTP	The Netherlands
Daniela Pereira	EDCTP	The Netherlands
Armel Lobet Poaty	Ministry of Science and Technology	Congo
Marie-Francke Puruehnce	Conseil national de lutte contre le sida (CNLS)	Congo
Gilles Riveau	EPLS Biomedical Research Center	Senegal
Omar Sey	Ministry of Health and Social Welfare	The Gambia
Sodiomon Bienvenu Sirima	Centre National de Recherche et de Formation sur le Paludisme	Burkina Faso
César Souza	Faculty of Medicine, University Eduardo Mondlane	Mozambique
Nathalie Strub-Wourgaft	Medical Director	Switzerland
Anne-Cécile Zoung Kanyi Bissek	Ministère Santé Publique	Cameroon

Colophon

The Hague, December 2013
European & Developing Countries
Clinical Trials Partnership

Author: Paul Chinnock
Editors: EDCTP Secretariat
Design: Sam Gobin, www.samgobin.nl

Europe Office

Postal address
P.O. Box 93015
2509 AA The Hague
The Netherlands

Visiting address
Laan van Nieuw Oost Indië 334
The Hague, The Netherlands

Phone +31 70 344 0880/0897
Fax +31 70 344 0899
E-mail info@edctp.org
Internet www.edctp.org

Africa Office

Postal address
P.O. Box 19070
Tygerberg 7505, Cape Town
South Africa

Visiting address
Francie van Zijl Drive, Parowvallei
Cape Town, South Africa
Phone +27 21 938 0819
Fax +27 21 938 0569