

EDCTP brand manual





The European & Developing Countries Clinical Trials Partnership (EDCTP) is a public–public partnership funding collaborative clinical research on medicinal products to fight poverty-related infectious diseases affecting sub-Saharan Africa.

EDCTP's vision is to reduce the individual, social and economic burden of these diseases by supporting the clinical development of accessible, suitable and affordable medical interventions.

EDCTP's mission is to accelerate—while enhancing African clinical research capacity—the development of new or improved medicinal products for the identification, treatment and prevention of infectious diseases, including emerging and reemerging diseases, through pre- and post-registration clinical studies, with emphasis on phase II and III clinical trials.

Introduction

The purpose of this manual is to provide instruction, guidance and visual examples for anyone developing communication materials for EDCTP. This brand manual contains all the elements that make up the EDCTP brand identity.

The brand manual itself is an example of how the EDCTP brand elements can be cohesively and consistently applied.

Proper and consistent use of the EDCTP brand elements ensures a clear and recognisable branding of EDCTP materials. This is essential for our visibility.

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About the EDCTP style

Consistency increases awareness and helps cement an emotional connection to a brand.

EDCTP brand elements

The main elements of the EDCTP brand consist of its logo, its slogan, its name written in full, and the acknowledgment of its main funder. These elements must be present in every publication and online media.

Brand design style

Our brand design style is influenced by International Typographic Style (or Swiss Style), which is known for its cleanliness and readability (qualities that support our focus on efficiency and transparency). Hallmarks of the style include asymmetric layouts, use of a grid based structure, sans-serif typefaces, and flush left, ragged right text.

The use of white space, or negative space, is important to understand and practice. White space is key to aesthetic composition for a classic, elegant, and rich appearance.

In print, black body text should be used unless reversed out, then white body text is more appropriate. Please use the a dark grey colour for our website. The dark grey colour enhances legibility on screens.

Limiting colour use to our pallet will help to strengthen our brand message (see page 24).

Supporting graphics

Please do not use detailed illustrations or clip art as support graphics. Flat, simple geometric shapes or icons are preferred. The idea is to reinforce the other layout elements not detract from them.

Overall, graphic elements' should increase the readability and appeal of the text without compromising legibility.

Online communication

Our organisation's website uses a white background, dark grey text, highlights of blue, and lots of white space. This style is also adopted for other online tools and social media in as far as possible.

Photography

Think simple. Our photography always has a point-of-view. Be conscious of whether the picture evokes emotion. Be conscious of composition. The core of our organisation's activities is funding clinical research and capacity development in sub-Saharan Africa. The ultimate goal is reducing disease and poverty. Therefore, our pictures should be strongly focused on science and innovation, but with human warmth.

Guidelines:

Photography must be at least 300 dpi at the expected size to ensure quality and to maintain the integrity of our photos.

Must use imagery that implies science, research, innovation, collaboration, and/or patient care.

The most powerful photos evoke emotion.

Think simple. Less is more.

The EDCTP logo

The logo elements are locked into a specific relationship to one another and form a single unit. They may not be rearranged or the relationship altered in any way to preserve the logo's graphic integrity.



The origin

Our logo was developed to portray the cooperative nature of our organisation. The figures are not the same but they stand united, holding hands, symbolising the equal partnership between Africa and Europe.

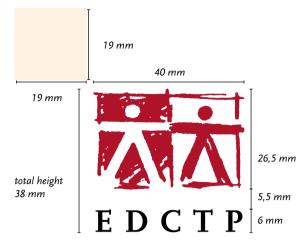
Construction

The graphic element and acronym in our primary stacked logo are brought together in a perfect square, another strong representation of equality and cooperation.

The supporting typeface is clean and minimalist to reinforce our identity as a professional and focused organisation.

Logo colour treatment

There are two full-colour options for our logo, yellow and red. The red logo is the preferred option. The yellow logo is used when contrast is needed.



Logo specifications

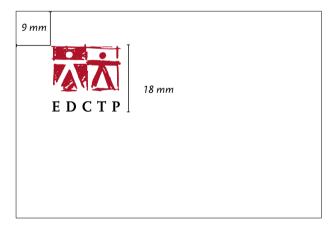
The logo should preferably be placed in the top left corner of the page, especially on cover pages. The placement is symmetric from the top corner.

The light orange block indicates the preferred distance from the edge of the page to the top left corner of the logo.

Measurements are proportional. In smaller documents the logo may be proportionally scaled, but must meet the minimum size guideline.

Minimum size

The logo must never be smaller than 22,5 mm on each side. This size is usually used on business cards.



The EDCTP slogan

The EDCTP slogan is a short powerful sentence that briefly communicates the mission of the organisation.

The slogan is used on several occasions. Below, the slogan is shown as it would appear on the back of a publication (1), and as a companion to the logo (2). The slogan is always emphasised with an EDCTP blue-green line when it accompanies the logo. For more on placing the slogan on the back of a publication, please refer to the chapter on reports and brochures.

1

The power of sharing science



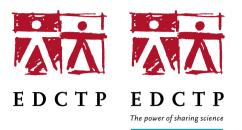


Correct use of the logo

Here we present the EDCTP logo family. If you can't find it here, please don't use it.

A few points of attention when using the logo:

- The abbreviation of EDCTP is used as standard. The full name of EDCTP is always written out inside the document, or in the document's colophon.
- When it is a two-page document, the full name should be placed in the green-blue footer area (see example flyer in page 56).
- For presenting, the logo should be used in the heading part of the page.
- When used to acknowledge EDCTP funding, use the abbreviated logo.



Abbreviated logo with and without the slogan

With these logo's there is a full organisation name in the colophon



Logo on a very dark background

Social media usage

For all round and square cornered profile destinations, such as: Twitter, Facebook, etc., the icon is placed within a rounded square container.

On social platforms such as Instagram, Google+ etc. that use round images, the logo is placed within a round container.



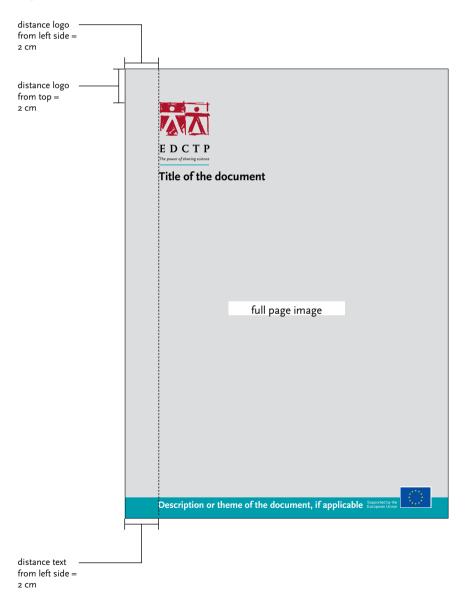


Usage of brand elements on publications

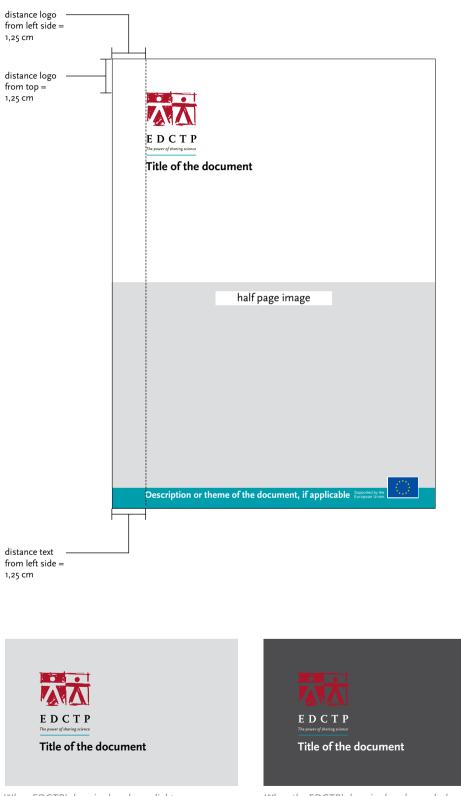
EDCTP's logo must be placed in the top left corner of the cover of publications. As the logo is often placed on top of a picture, make sure it's clearly visible.

On cover pages of publications, it is advisable to use the logo with the slogan. The blue-green bar should be used to insert any relevant description of the document (theme or type). In these cases, EDCTP's name written in full must be inserted in the footer/colophon.

Logo EDCTP on an A4 document:



Logo EDCTP on an A5 document:



When EDCTP's logo is placed on a light background, make sure the text is black.

When the EDCTP's logo is placed on a dark background, make sure the text is white.

Acknowledgment of EU funding

The delegation agreement with the European Commission stipulates that in any communication or publication related to the implementation of the entrusted tasks, made by the EDCTP Association, (including in electronic form, via social media, etc.), shall:

- (a) indicate EU support
- (b) display the EU emblem and
- (c) include the following text

The EDCTP2 programme is supported under Horizon 2020, the European Union's Framework Programme for Research and Innovation.

When displayed with another logo, the EU emblem must have appropriate prominence.

Usage

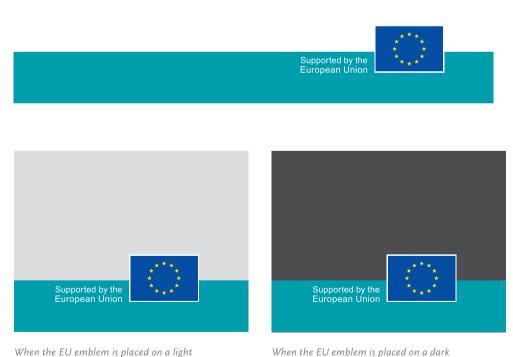
The EU emblem must be used in a prominent position at the document or in the EDCTP Bluegreen footer bar on the cover.

background, make sure the text 'Supported

by the European Union' is placed like this.

On (printed) publications the EU emblem must be placed on the Blue-green footer bar at the bottom of the cover. The text 'Supported by the European Union' has to be aligned with the flag.

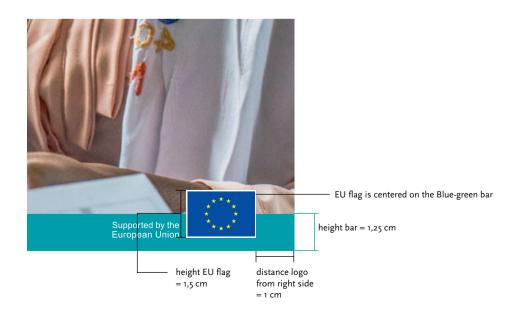
For examples see below.



When the EU emblem is placed on a dark background, make sure the text 'Supported by the European Union' is placed like this.

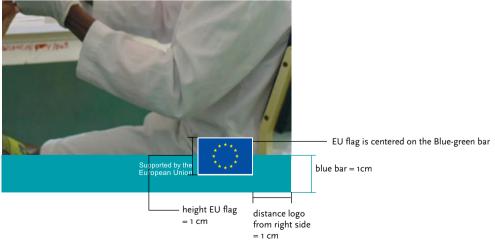
Set up of an A4 cover page

E D C T P The power of their guinese title of the document
full page image
Description or theme of the document, if applicable Support UNIX



EDCTP Brand manual





In case of EU-funded activities (either as unique funder or as main funder with associated partners), the logo of the EU can be placed at a prominent place on the communications materials. These includes in activities under the EDCTP Work plans and events organised in collaboration with other partners (e.g. EDCTP Forum).



Set up various documents

For posters and leaflets, it is advisable to use the logo with the slogan. The blue-green bar should be used to insert EDCTP's name written in full.

A0 poster

As an A0 format is 400% of an A4, all proportions (such as the position of the logo and the height of the Blue-green bar) are also 400%.



Roll up banner

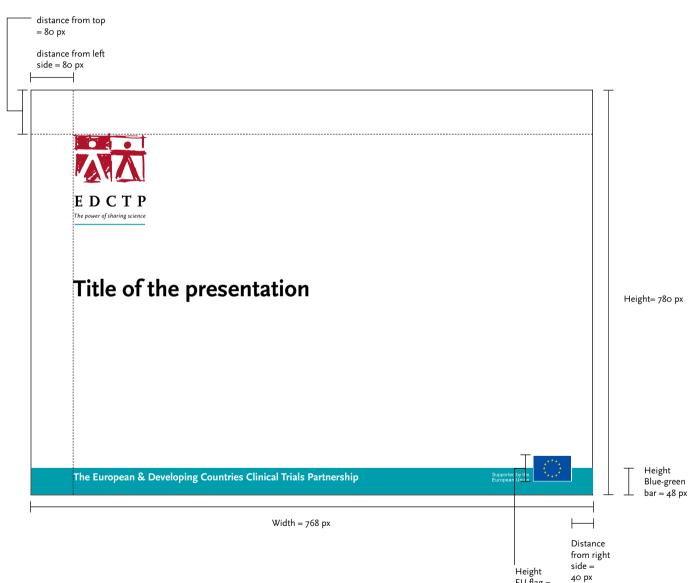
Make sure the Blue-green bar at the bottom is high enough so it won't disappear into the aluminum casing.

	EDCTP The power of values	
	content here	Height= 205 cm
Height Blue-green bar = 35 cm	Suppried by the Europeer Union	

EDCTP Brand manual

Set up various documents

(powerpoint cover slide 4:3)



Height EU flag = 48 px

3

Set up various documents

(powerpoint cover slide 16:9)

distance from top = ito px distance from left side = 110 px EDCTP The power of sharing science Title of the presentation		Heigl	nt= 1080 px
The European & Developing Countries Clinical Trials Partnership		T	Height Blue-green bar = 67 px
Width = 1920 px Dista from Height EU flag = 55 px 67 px	right		

EDCTP Brand manual

Stationary Europe and Africa

(Letterhead and businesscards)



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EDCTP-Association is registered in The Hague, The Netherlands. Chamber of Commerce file no. 60471700
European & Developing Countries Clinical Trials Partnership
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European & Developing Countries Clinical Trials Partnership
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European & Developing Countries Clinical Trials Partnership





Supported by the European Union

nerce file no. 60471700

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uropean & Developing Countries Clinical Trials Partnership

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Set up websites and online systems

The EDCTP logo and the EU emblem should always be placed on top on websites and other online systems. The logos should always be placed against a white background.





EDCTP colours

The EDCTP brand identity uses a set of bold, bright, friendly and trustworthy colors.

Here you will find EDCTP's official colours. The colours are specified for printing and digital use. Where possible, the logo should be reproduced using the CMYK colour process. Equivalent colours can be composed using the RGB and HEX references presented below when the logo is used digitally. There is a **defined colour order** as shown below. The order should be used when producing graphs (see chapters on graphs/infographics). For diverse usage a tint can be used as well. Make sure a tint is used and not transparencies.

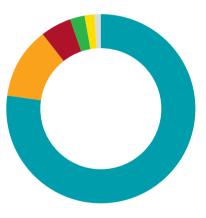
Name	Pantone	СМҮК	RGB	# Web	Pure color	tint 50%	tint 20%	tint 10%
EDCTP Blue-green	tba	75 0 20 20	0 157 173	009CAD				
EDCTP Orange	137C	0 42 100 1	250 162 27	F9A21A				
EDCTP Red	187C	7 100 82 26	174 19 42	AD122A				
EDCTP Green	361C	77 0 100 0	44 179 74	2CB34A				
EDCTP Yellow	109C	0 9 100 0	255 223 0	FFDF00				
EDCTP Gray	427C	7 3 5 8	216 220 219	D8DBDB				
EDCTP Dark Green	tba	50 0 20 75	38 81 84	255153				

Color-order

When creating coloured graphs, apply the EDCTP colours to values in descending order. For example, in the graph below, the largest segment is EDCTP Blue-green, the second largest is EDCTP Orange, the third EDCTP Red, and so on.

1	•	Clinical research, 13 grants €75.11 M
2	•	Networks of Excellence, 4 grants €11.98 M
3	•	Fellowships, 26 grants €4.88 M
4	•	Translation of research results into policy, <i>5 grants</i> €2.43 M
5	•	Ethics capacity and regulatory framework, 6 grants €1.75 M
6		Health system preparedness, 6 grants

€0.94 M



EDCTP typography

EDCTP uses the Scala font superfamily.

Scala Sans OT Bold

Bold text is used in chapter titles, in the first paragraph of a chapter and to highlight text. abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ

Scala Sans OT Black

Bold black text should be used with caution because of its heavy weight; it is usually used as part of a title, combined with a lighter weight font variant to balance it.

abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ

Scala Sans OT Regular

All body text is formatted in the regular variant; the usual font size is 9 pt on a leading of 13 pt. abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ

EDCTP type

EDCTP type

EDCTP type

EDCTP type

Scala Sans OT Italic

Italics are used in small notes, as captions or to emphasise text. abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ

Scala Sans OT Condensed

Scala Sans OT Condensed

ABCDEFGHIJKLMNOPQRSTUVWXYZ

Condensed font variants are used in large tables where space is limited. abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ

Condensed font variants are used in large tables where space is limited.

EDCTP type

EDCTP type

Note:

All EDCTP documents need to be aligned on a baseline grid of 12.5 pt.

Online

The EDCTP website uses an online version of Scala (serif) and Scala Sans. If a fall-back font is needed, use the generic font family sans-serif.

Make sure they are used in line and consistently. Use the EDCTP colours systematically, but without introducing too many colours on a page.

The variety of the Scala superfamily ensures immense flexibility and consistency for the future growth of the EDCTP identity.

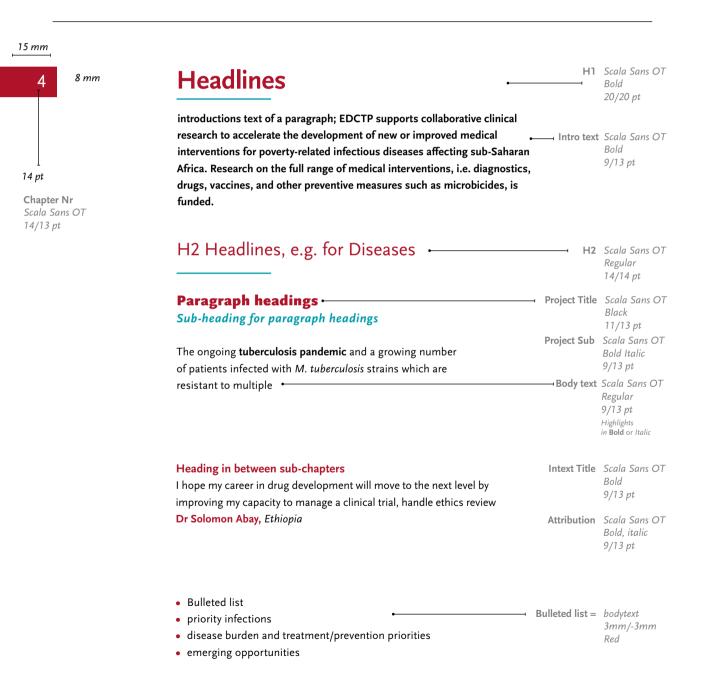
All copy should be set in upper and lowercase, and flush left with ragged right. For publications with a lot of information, body copy in Scala Sans is preferred.

Try using paragraph headings. Italics and bold text can be used for emphasis.

Bare in mind, that less is more and use of white space can be useful in achieving better legibility and an overall calm look and feel.

Examples of our typography

These pages give examples of our typography in use.



The use of quotes is limited! Make sure that they refer closely to the subject of an article.

Note:

e.g. the Annual Rreport 2016 uses quotes to tell the story of a project in the words of the coordinator in one line.

Quotes are intended to attract a reader to an article; adding quotes to all articles reduces their impact, so use them with caution.

Text highlights and add-ons

Ultimately, we want to impact point-of-care decision-making on treatment duration.	Quote-marks	Scala Sans OT Bold italic 21/13 pt Scala Bold 11,5/14 pt
Prof. Gerhard Walzl South Africa	Attribution	Scala Sans OT Italic 7/9 pt
Photo caption: Dr Sodiomon Sirima and research team at the Regional Hospital of Banfora, Burkina Faso part of the WANECAM project led by Prof. Abdoulaye Djimdé, funded under the first EDCTP programme	Photo caption	Scala Sans OT Bold + Regular + Italic 7/9 pt

Tables use a condensed version of the Scala font.

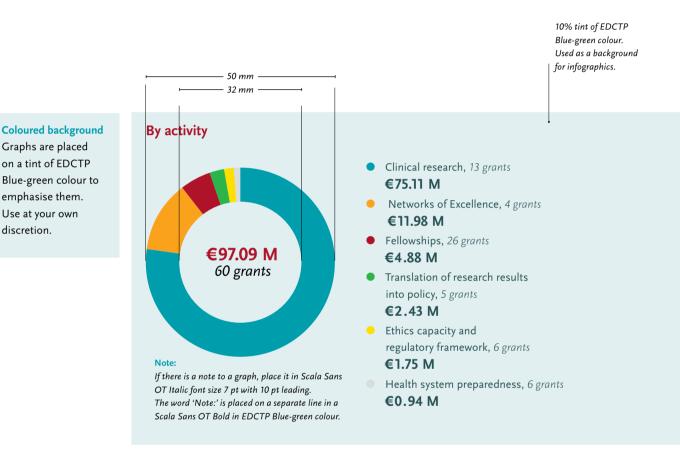
Table style

Type of Fellowship Name Reference Gender Country Table Column-title Scala Sans OT Bold 8/12 pt Michael Frimpong Career TMA2015CDF979 Male Ghana Development Fellowship Career Dziedzom De Souza TMA2015CDF976 Male Ghana Development - Table content Scala Sans OT Fellowship Bold + Regular 7/9 pt Career Humphrey Njaanake TMA2015CDF995 Male Kenya Development Fellowship

EDCTP graphs and data

The EDCTP brand identity also contains graphs. They should be simple and clear to communicate data to the viewer. Infographics can be used on a white background but also on a 10% tint of the first EDCTP colour.

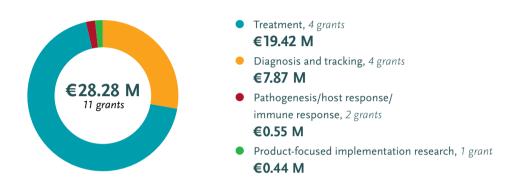
A circular diagram has a maximum diameter of 50mm. The inner-circle is 32mm. The scaling of a diagram is proportional.

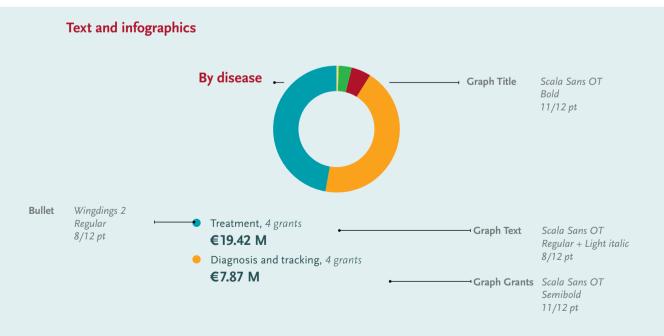


6

1 pt line running into the spine of the booklet

EDCTP Strategic Research Agenda: addressing priority areas for TB





EDCTP icons

Icons are drawn in two colours.



Social media icons



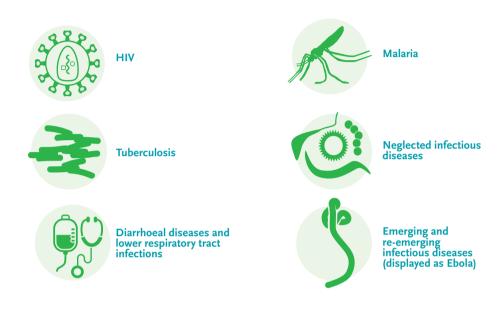


10mm

Social media icons are used in a footer or colophon. (see page 35)

Disease icons

The main diseases and diseases areas have their own icon displayed in green. Try to play with the circle and an element that just comes out of the circle.



Examples of icon usage:



Male trainees

Clinical trials €75.11 M to support 13 largescale clinical trials and clinical research projects conducted by European-African consortia. Research capacity €17.10 M to support 21

projects that focus on networking, capacity development, dissemination, policy. Fellowships €4.88 M to support 26 fellowships, research capacity

research capacity development projects and placements.

EDCTP graphic elements

Graphic elements give EDCTP documents character, identity and flair.

Height label = 8 mm

8

Chapter label

This is used to emphasise the start of a new chapter or sub-chapter. It always used flush with the left side of the page, and is never used in the middle.

Portraits



Portraits are used along with a quote, or text on a specific project led by the person who is pictured.

The diameter is always 20 mm and should have a clear view of the person. See also the photography chapter on page 38.

Line

A fine line is used under large titles H1 and H2 (but not underneath paragraph titles).

The line is 1 pt wide, 25 mm long and is positioned 2,8 mm under the title.

This line also can be used as a separate element on the side of the page at a proportional width. The example to the left is of the line together with a page number and a page streamer.

Other use of lines must be kept to a minimum. In infographics and tables lines can be used as a reference or guide. Use them at your own discretion.

Light blue area

A light blue background is used to group related information and for extra emphasis. In this example text and icons are used.



Colophon/info footer area

A block is reserved for contact details on the inside back cover of most publications, and on the back of the newsletter. The block contains a short, clear, readable overview of EDCTP's contact details.

The EU text can be placed in this block. The light blue rectangle containing the contact information can be placed in combination with the footer bar (see below).



EDCTP Blue-green colour footer area

For covers and recognizability in general, an EDCTP Blue-green band is used in the footer area. This element is used in proportion and alignment with other elements - the top of the blue-green band aligns with the short blue line above the page number in the example shown below.

Alignment

The text in the contact block must be aligned with the EDCTP Blue-green band (see circled area below).





Maps

Maps are used to show the geographical spread and connections of projects in Europe and Africa.

The continents are coloured a tint of EDCTP Bluegreen, and a fine white line (0.2 pt) is used to depict country borders. The lines showing connections between countries are dashed.

Settings in Adobe Illustrator:

Line 0,5 pt, Dash 1 pt, Gap 1 pt

Photography

EDCTP reports and media make strong use of photograpy. Photographs should evoke the following qualities: research focus, cooperation, compassionate care, and professionalism. In all cases, the picture needs to tell a story, and be bright and colourful - especially when used on a cover!

Full page usage

Photos in printed materials are used as a full page print where possible, and without borders. Photo captions are placed discreetly in the corner facing the fold (bottom).

In-set photo usage

Other smaller photos are placed on the grid at your own discretion.



Award for Outstanding Female Scientist

Subject

By overlaying the photo with a circle, attention can be drawn to the subject - in this case, the awardee.



Photo captions

Photo captions are in white text, and placed discreetly on a dark portion of the photo, starting from the bottom left corner. The caption for a cover photo is placed in the colophon.

Photo: Clinical staff and study volunteers at the Amana Hospital in Dar es Salaam, Tanzania part of the TRIP project led by Dr Sayoki Godfrey Mfinanga

How to construct covers of publications

There is a certain hierarchy when constructing the cover document. Full page photograph is used for main corporate materials, such as Annual Reports or the Strategic Business Plan. For other types of documents (e.g. leaflets), a part of the page is used for a photo.

20 mm Cover publications (e.g. leaflets, programme books) 20 mm in A4 and A5 1. EDCTP logo 2. Name of the event H1 EDCTP 3. Subline of the event H2 4. Date, time and location H3 5. If available a picture (consider the relation to the text and the type of the document) Co-infections and co-morbidities EDCTP Stakeholder meeting 6. EU emblem includinga the text: The Hague, the Netherlands, 13 September 2017 'Supported by the European Union' - 7. In the footer: when necessary, the kind of document (e.g. programme book, agenda, fact sheet) or the EDCTP name written in full. Typography styles for the cover H1 Scala Sans OT Bold 28/30 pt H2 Scala Sans OT Bold 18/24 pt Scala Sans OT Regular 14/13 pt H3 Scala Sans OT Bold H4 18 pt Report Т

I

Cover for reports (e.g. annual reports, strategic business plan, corporate brochure)



Bridging research gaps

Supported by the Line

Logo placement: top left (proportional from the top-left corner).

Align all elements to the (invisible) dotted line.

The theme of the document is placed below the logo in a colour which ensures good contrast with the background photograph

Full page photo. This one is edited so the clearness and fresh colours come out.

Blue-green footer, make sure it is 10 mm high.

The type of document can be placed herein Scala Sans OT Bold 18 pt

The EU flag icon and text is positioned in line with the design.

Use of paper

The paper on which EDCTP documents are printed influences the reader's perception of our organisation. Always use high but not 'glossy' quality paper.

Cover paper

(groundwood free) Silk MC paper. Depending on the cover content (photograph or text), an additional laminate may be applied. Please ensure that the lamination does not alter the desired final impression.

Interior pages (printed pages)

Multi Design Smooth, 115 grammes

Papers named above are used in offset printing. When digital printing is applied, please make sure a MC print version of this paper is used to keep up the consistency of the EDCTP brand. No uncoated papers are used.



01 The logo

Use the most up-to-date version of the logo. Make sure that it is accompanied by the EU emblem on all external communications.

The logo should not appear on light or busy images without the proper contrast.

02 Typography

Check that our typefaces have been used appropriately and where applicable. Also, on text pages, less is more.

03 Graphics

Check that supporting graphics/icons are flat, basic, and simple and that they do not marginalise, obscure, or overpower our logo or the design.

04 Design

Be sure to share these guidelines with other graphic designers or collaborating partners.

A final thought

When in doubt, please contact the EDCTP Communications Team at *media@edctp.org*.



13 The EDCTP brand in practice

In the following examples the brand is applied on several documents used for various occasions and events. This is a guide to help you underastand how to apply the EDCTP style.

Annual Report	46
Spread with text	
Spread with graphic elements	
Full page photos	
Text variation	
Newsletter	54
Flyer	56
Programme book A4	57
Programme book A5	60
Factsheet A4	62
Online communication	64

Spread with text

Text spread with graphs, project description and a quote.

Example page

Malaria



4.3

Malaria control has made remarkable progress in the last decade. It remains, however, a threat to half of the world's population with more than 200 million new cases of malaria in 2015 and still claims the life of almost half a million people every year, the majority of whom are children under five years of age. According to the WHO 2016 World Malaria Report, 92 per cent of malaria deaths occur in sub-Saharan Africa. To end this massive suffering, more needs to be done in research and development to improve diagnostics, develop new treatment drugs and combination regimens, as well as novel vaccines.

For its malaria funding strategy, EDCTP prioritised the following research areas:

- Evaluation of new drugs and drug combinations, with a particular focus on children and pregnant women and uncomplicated malaria. As the majority of individuals living in malaria-endemic areas are exposed to multiple infections, it is increasingly important to understand interactions between antimalarials and drugs used in the treatment of other diseases such as HIV, TB and neglected infectious diseases.
- Field-testing of diagnostics for identifying infection and resistance mutations.
- Evaluation of novel and second generation malaria vaccines effective against both Plasmodium falciparum and vivax infections.
- Evaluation of the effectiveness of intervention strategies for drugs, vaccines and diagnostics, in the context of malaria elimination.

By the end of 2016, EDCTP2 had invested €9.46 million in malaria research through six projects. These include research on novel drugs and drug combinations, and the assessment of the impact of current medicinal interventions. Importantly, the majority of the supported studies focus on high-risk populations such as children and pregnant women.

EDCTP Strategic research agenda: addressing priority areas for malaria



- Prevention, 1 grant
- €7.39 M
- Product-focused implementation research, 3 grants
 €1.48 M
- Vaccines, 1 grant
 €0.5 M
- Treatment, 1 grant
 €0.09 M

IMPROVE Malaria prevention in pregnancy

Each year over 30 million pregnancies occur in malaria endemic areas of sub-Saharan Africa. Malaria during pregnancy has devastating consequences for mother and unborn child. Pregnant women are more susceptible to malaria. When compared with non-pregnant women living in malaria-endemic areas, pregnant women have an up to 50% higher risk of infection, which places both mother and foetus at risk of adverse events.

"Pregnant women are often infected with malaria without showing any outward signs or symptoms. If left undetected and untreated, malaria can cause anaemia and interfere with the development of the foetus. This can lead to loss of the pregnancy or premature birth, and low birth weight, which in turn increases the risk of early infant death," says Professor Feiko ter Kuile of the Liverpool School of Tropical Medicine, United Kingdom.

The World Health Organization (WHO) recommends sulphadoxine-pyrimethamine (SP) as preventive treatment in pregnancy (IPTp) for women without malaria symptoms. However, its efficacy is threatened by increasing resistance to SP, while there are no acceptable alternative antimalarials. Over the last decade, several IPTp trials showed that neither amodiaquine, nor mefloquine, nor chloroquine-azithromycin are a suitable replacement for SP because of their poor tolerability for pregnant women. Furthermore, intermittent screening for malaria and treatment with artemisinin-based combination therapies has shown to be non-superior to IPTp-SP, even in areas with very high SP resistance.

Prof. ter Kuile leads the IMPROVE project which aims to address this clear and urgent need for alternative drugs for malaria prevention in pregnancy. Two earlier exploratory trials from Kenya and Uganda showed that dihydroartemisinin-piperaquine (DP) has the potential to replace SP for malaria prevention in pregnancy. It was more effective than SP in reducing malaria infection and clinical malaria. Prof. ter Kuile: "These trials were not powered to evaluate the impact on adverse pregnancy outcomes. WHO reviewed the evidence in July 2015 and concluded that DP is a promising alternative to SP but that a larger confirmatory trial is needed before implementation of IPTp-DP could be recommended for health care use."

IMPROVE will determine the efficacy, safety and cost-effectiveness of IPTp-DP, alone or combined with azithromycin (a broad-spectrum antibiotic active against sexually transmitted infections/ reproductive tract infections). The trial aims to provide definitive data to determine whether DP is a suitable alternative in endemic areas with high SP resistance. "A positive result may contribute to a change in WHO policy for countries with these levels of parasite resistance, including most countries in east and southern Africa. It may result in healthier pregnancies and healthier newborns for many women," explains Prof. ter Kuile.

The project received a €7.4 million, composed of funding from the European Union and the Joint Global Health Trials scheme, which is a partnership between the UK Department for International Development, the UK Medical Research Council, the National Institute for Health Research, and the Wellcome Trust. Additional funding of £2.7 million has been provided by the Joint Global Health Trials to include a trial with HIV-infected pregnant women alongside the main study with HIV-uninfected participants.

IMPROVE is a collaboration of institutions under the umbrella of the Malaria in Pregnancy (MiP) Consortium. The network consists of ten research groups, of which six are in Europe: Liverpool School of Tropical Medicine, London School of Hygiene and Tropical Medicine, and University College, London in the United Kingdom; the Centre for Medical Parasitology, University of Copenhagen, Denmark; University of Bergen, Norway; and University of Tampere, School of Medicine, Finland. Four centres are in Africa: Kenya Medical Research Institute, Kenya; College of Medicine, Malawi; the National Institute of Medical Research and the Kilimanjaro Christian Medical Centre, both in Tanzania.



"
WHO
recommends
a preventive
treatment in
pregnancy.
However,
efficacy is
threatened
by increasing
drug
resistance.
"

Prof. Feiko ter Kuile United Kingdom

EDCTP Annual Report 2016 • Priorities and clinical research

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EDCTP Brand manual • The EDCTP brand in practice



CANTAM2 venture Central Africa Clinical Research Network

· Fondation Congolaise pour la Recherche Médicale. · Uganda National Health Research Organisation Congo Uganda Cameroon Central African Network for Tuberculosis, Ethiopia Addis Ababa University (AAU) · Kenya Medical Reserach Institute (KEMRI)-Center HIV/AIDS and Malaria (CANTAM) Kenya • University of Yaoundé for Global Health Research (CGHR) Organisation de Coordination pour la lutte contre • KEMRI-Wellcome Trust Research Programme les Endémies en Afrique Centrale (OCEAC) Rwanda • University of Rwanda (UR) University of Buea University of Khartoum (IEND) Sudan Centre for Research on Filariasis National Institute for Medical Research (NIMR) Tanzania and other Tropical Diseases · Kilimanjaro Clinical Research Institute (KCRI) DR Congo University of Kinshasa (UNIKIN) Kilimanjaro Christian Medical Centre (KCMC) • Ministry of Health · Faculté de Médecine, Université des Sciences Gabon Uganda de la Santé Libreville MRC/UVRI Uganda Research Institute on AIDS · Centre de Recherches Médicales de Lambaréné (CERMEL) Belgium Prins Leopold Instituut voor Tropische Geneeskunde · Centre international de recherches médicales de Franceville Netherlands Stichting Katholieke Universiteit · Amsterdam Institute for Global Health and Development (CIRMF) France Institut de Recherche pour le Développement (IRD) (AIGHD) • University of Tübingen Sweden • Karolinska Institute Germany · Eberhard Karls Universitaet Tuebingen Centre Hospitalier Universitaire Vaudois (CHUV) Switzerland United Kingdom · University of Oxford Netherlands • University of Amsterdam (UVA) Academisch Medisch Centrum – Amsterdam University College London (UCL) United Kingdom · University College London (UCL) St. George's University of London

WANETAM II

West African Network for TB AIDS and Malaria

TESA II Trials of Excellence in Southern Africa II

a ---- Cráda da Markina (CICM)

Senegal	Université Cheikh Anta Diop	Mozambique	 Centro de Investigação em Saúde de Manhiça (CISM)
Burkina Faso	Centre Muraz	Angola	 Centro de Investigação em Saúde de Angola
The Gambia	Medical Research Council (MRC) Unit	Botswana	Botswana-Harvard AIDS Institute Partnership (BHP)
	National Public Health Laboratory (NPHL)	Malawi	Blantyre Health Research and Training Trust
Ghana	University of Ghana	Namibia	University of Namibia
	Noguchi Memorial Institute for Medical Research (NMIMR)	South Africa	Stellenbosch University
Guinea-Bissau	Bandim Health Project		University of Cape Town (UCT)
Mali	Malaria Research and Training Center (MRTC)		LT Clinical Research
	University of Bamako	Uganda	Uganda National Health Research Organisation
Nigeria	Nigerian Institute of Medical Research (NIMR)	Zambia	University Teaching Hospital
	University of Ibadan	Zimbabwe	Biomedical Research and Training Institute (BRTI)
France	Institut de Recherche pour le Développement (IRD)		University of Zimbabwe
Germany	Research Center Borstel	France	European Clinical Research Infrastructure Network
Portugal	Instituto de Higiene e Medicina		(ECRIN-ERIC)
	Tropical, Universidade Nova de Lisboa	Netherlands	Amsterdam Institute for Global Health and Development
United Kingdom	London School of Hygiene and Tropical Medicine (LSHTM)		(AIGHD)
		Spain	Barcelona Institute for Global Health (ISGLobal)
		United Kingdom	University College London (UCL)

EACCR II

Eastern Africa Consortium for Clinical Research II

research capacities in sub-Saharan Africa

Report 2016 • Clinical

EDCTP Annual

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Example page





Spread page: text

Text spread across two pages with several elements; an example from the Annual Report 2016.

6.4

Example page

EDCTP Forum

The EDCTP Forum, held every two years, provides a platform for scientists from Europe and Africa to share findings and ideas, and to establish new collaborative connections.

The eighth EDCTP Forum took place in Lusaka, Zambia, from 6-9 November 2016. The Eighth Forum was the first to be opened by a head of state. This was both an indication of the commitment of the Zambian Government to health research and a sign of the increasing political recognition of the value of EDCTP's contribution to health research in Africa.

His Excellency the President of the Republic of Zambia, Mr Edgar Chagwa Lungu said that his Government would continue to 'pursue a vigorous agenda' on health research. Speakers from EDCTP and the European Community congratulated Zambia on its commitment to health and health research and thanked it for the support it has given to EDCTP since the programme was first launched. Speakers at the Forum's opening session stressed that Africa and Europe are equal partners in EDCTP and called upon African countries to engage fully with the programme and make their voices heard in deciding on the priorities for health research. EDCTP aims not simply to discover new treatments but to support the entire 'pipeline' in which a new product is clinically tested and finally brought to the point where it can be used in routine health care.

The Forum presented a comprehensive scientific programme with a total of 39 sessions for more than 400 participants. The programme consisted of 123 oral presentations in plenary, parallel and collaborative sessions, panel discussions and educational workshops, as well as 133 poster presentations. Moreover, research groups and other organisations contributed a total of nine scientific symposia. Alongside the main programme were four satellite meetings.

Participants from 48 countries attended the Forum with almost 70% coming from African countries. A report with highlights from the Forum is available at *www.edctp.org*.

As part of the Forum, a closed high-level meeting took place on 7 November 2016. It brought together invited representatives and policy makers from existing and aspiring EDCTP member countries in Africa and Europe, African regional bodies, health and research councils, and funding agencies. The first part of the meeting focused on EDCTP's value to African countries through the facilitation of research uptake and the rapid translation of results into policy on poverty-related infectious diseases. The second part was dedicated to the Ebola virus disease outbreak in West Africa.

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EDCTP prizes

6.5

The award ceremonies of the 2016 EDCTP prizes took place at the eighth EDCTP Forum. Four prizes were awarded to recognise outstanding individual researchers and research teams. These prizes also aim to further research-related activities of the laureates in sub-Saharan Africa.



Award for Outstanding Female Scientist

Professor Marleen Temmerman

Professor Marleen Temmerman received the EDCTP 2016 Award for Outstanding Female Scientist on 8 November 2016. The award consisted of a trophy and 20,000 euro. The award was presented by Professor Nkando Luo, the Honourable Minister of Higher Education, Research, Vocational Training, Science and Technology of Zambia. The award recognises an excellent world-class female scientist residing in sub-Saharan Africa and working in research activities within the scope of the second EDCTP programme.



Award for Scientific Leadership

Professor Shabir A. Mahdi

On 7 November 2016, Professor Shabir A. Mahdi received the EDCTP 2016 Award for Scientific Leadership. The award consisted of a trophy and 10,000 euro and was presented by Dr Michael Makanga, EDCTP Executive Director. This award recognises an excellent world-class scientist up to 50 years of age residing in Africa and working in research activities within the scope of the second EDCTP programme.



Award for Dr Pascoal Mocumbi Prize

Professor Fred Binka

The EDCTP 2016 Dr Pascoal Mocumbi Prize was given to Professor Fred Binka in recognition of his outstanding achievements in advancing health research and capacity development in Africa. The ceremony took place at the closing session of the eighth EDCTP Forum on 9 November 2016. The award consisted of a trophy and 50,000 euro. Professor Charles Mgone, former Executive Director of EDCTP, presented the award to Prof. Fred Binka. The Dr Pascoal Mocumbi Prize rewards an individual in recognition of his or her outstanding achievements in advancing health research and capacity development in Africa with significant impact on the wellbeing of the African population.

Award for Outstanding Research Team



University of Zambia – University College London Medical School (UNZA-UCLMS)

The EDCTP 2016 Award for Outstanding Research Team was given to the UNZA-UCLMS Research & Training Program on 6 November 2016. The award consisted of a trophy and 50,000 euro. At the opening session of the eighth EDCTP Forum, Dr Peter Mwaba, on behalf of his team, received the award from His Excellency, the President of the Republic of Zambia, Mr Edgar Chagwa Lungu. The award is given to an outstanding research team in Africa or Europe working on poverty-related infectious diseases within the scope of the second EDCTP programme. EDCTP Annual Report 2016 • Collaboration to achieve mo

Newsletter

The newsletter combines multiple setups across an extended spreadpage.

Strategic capacity development

Capacity for vaccine R&D: World Bank Task Force

EDCTP's Executive Director, Dr Michael Makanga, was invited to join the World Bank International Task Force on Strengthening Country Capacity for Vaccines Research and Development (IVTF), an initiative set up in response to the urgent need to strengthen research and development capacity in low-income countries (LMICS). Dr Makanga chairs the Work Stream 'Identifying existing capacity that can be built upon in LMICS. EDCTP's commitment to research capacity development in sub-Saharan Africa will contribute to the overall response to this question. The IVTF will propose ways in which national governments and development partners can effectively and sustainably establish and finance vaccine research & development (R&D) capacity at the national level, initially focusing on the WHO R&D Blueprint priority diseases.

EDCTP supports collaborative clinical research for a comprehensive range of medical interventions, including vaccines, for poverty-related infectious diseases affecting sub-Saharan Africa. In 2017, its portfolio of vaccine projects has grown to 9 interventional studies. The vaccine portfolio includes HIV and HIV-associated infections, tuberculosis, malaria, neglected infectious diseases, and emerging and re-emerging infections.

Development and regulation of medical products in Africa

In 2017, EDCTP signed a cooperative agreement with the New Partnership for Africa's Development (NEPAD) to build on progress made by NEPAD and WHO-AFRO for further development capacity for medical product development and regulation in Africa. The main objective of the EDCTP-NEPAD agreement is to strengthen and harmonise the regulatory systems for medical products (medicines and vaccines).

NEPAD, an implementing agency of the African Union (AU), has generated important political support through the Regional Economic Communities and related institutions that are involved in African regulations development and/or harmonisation efforts. For example, the implementation of the African Medicines Regulatory Harmonization (AMRH) Initiative in the East African Community (EAC) has reduced drug approval times for several branded medicines by about 40-60% through joint dossier assessments between the EAC partner states and has contributed to saving already scarce resources.

The AMRH initiative now extends to other regional economic communities, including the Economic Community of West African States (ECOWAS); the Southern African Development Community (SADC); the Economic and Monetary Community of Central Africa (CEMAC); and the Intergovernmental Authority for Development (IGAD) in the Horn of Africa.

In November 2017, EDCTP attended in Accra, Ghana a meeting of the African Vaccine Regulatory Forum (AVAREF) and the 5th African Medicines Regulators' Conference (AMRC) in Accra, Ghana. This meeting aimed to foster the regional regulatory convergence and harmonisation in the context of the global health agenda. EDCTP was represented by Dr Thomas Nyirenda, South-South Networking and Capacity Development Manager. AVAREF is an entity of the WHO Regional Office for Africa established in 2006, partly through EDCTP support, as a network of National Regulatory Authorities (NRAs) and Ethics Committees (ECs). The aim of AVAREF is to develop regulatory capacity in Africa and to promote harmonisation of practices in support of oversight of clinical trials in Africa.

During the AVAREF's conference the attendees considered policy documents for adoption, including its strategic plan and work plan, the Guidelines for joint review of clinical trial applications and Regulatory timelines for review of clinical trial applications. AVAREF members, including EDCTP and AMRH, were also involved in an exercise based on experience gained in the last Ebola outbreaks to improve interaction between regulators, product developers and public health authorities in order to facilitate quick access to health products as part of the response to a public health emergency.

TESAII Network of Excellence launched

The EDCTP regional network of excellence for Southern Africa, i.e. Trials of Excellence for Southern Africa (TESAII)—was launched in Maputo, Mozambique on 30–31 October 2017. EDCTP will invest almost 63 million in the consortium. TESAII is coordinated by Dr Eusebio Macete of the Manhiça Foundation-Manhiça Health Research Centre (FM-CISM).

The kick-off meeting was attended by several high-level stakeholders, including Dr Zacarias Zindoga (Permanent Secretary, Ministry of Health, Mozambique), Dr Mohsin Sidat (Chair of the Manhiça Foundation), Dr Ilesh Jani (Director, National Institute of Health, Mozambique, and the representative for Mozambique to the EDCTP General Assembly) and Prof. Jorge Ferrao (Rector of the Universidade Pedagógica). EDCTP was represented by Dr Leonardo Simão, the High Representative South, and the Project Officer for TESAII, Ms Michelle Nderu.

Currently, TESAII includes 15 institutions from 8 southern African and 4 European countries, which have come together to strengthen and enhance capacities for clinical research, and increase North-South and South-South collaboration and networking activities.



Photo: The TESAII team and guests at the launch event in Maputo

Investment in research to end TB i

First WHO Global Ministerial Conference on ending TB

The First WHO Clobal Ministerial Conference on Ending Tuberculosis in the Sustainable Development Era: A Multisectoral Response' was held in Moscow, Russia on 16-17 November 2017.

The aim of the conference was to accelerate implementation of the United Nations (UN) Sustainable Development Goals (SDGs) and the WHO End TB Strategy to end the global TB epidemic by 2030. Main topics were national and global commitments, deliverables and accountability: immediate action to address gaps in access to care; and the multidrug-resistant tuberculosis (MDR TB) crisis.

"We need to join forces and call upon governments around the world to commit and tangibly contribute towards ending the suffering caused by TB through a major and sustained investment in TB research & development."

Michael Makanga, EDCTP Executive Director

The conference resulted in a Ministerial declaration that will also inform the first UN General Assembly High-Level Meeting on TB in 2018. The Conference also had several important side meetings, e.g. the 'Africa Health Ministers & Parliamentary Tuberculosis Apex Working Breakfast', and a meeting organised by Aeras, TBVI and hosted by the Ministries of Health of South Africa and Argentina on the topic of 'The Urgent Need for New TB Vaccines to End the Epidemic'.

The conference brought together 1000 participants including Ministers of Health and Ministers from other sectors (79 Ministers, and a total of 117 country delegations), diplomats, representatives of public and private organisations/institutions, civil society and patient communities. Dr Michael Makanga and Dr Ole Olesen, EDCTP Director of North-North Cooperation, participated in the conference.



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n 2030

Tackling TB: achievements of EDCTP1

The EDCTP secretariat analysed the achievements of the first EDCTP programme (EDCTP) in the field of tuberculosis (TB). An overview of the results was published in the International Journal of fuberculosis and Lung Disease on 1 December 2017⁸. The publicaion 'Tackling tuberculosis in sub-Saharan Africa: EDCTP achievements and the road ahead' – by Dr Monique Surette, Dr Pauline Beattie, Dr Thomas Nyirenda, and Dr Ole Olesen – gives an overview of EDCTP's contributions to the first three elements of the WHO DOTS TB control strategy[±]*, which mobilised European and African unding for TB-related research and generated important evidence on TB diagnostics and treatment regimens. The programme also significantly enhanced the capacity of countries in sub-Saharan Africa o undertake clinical research.

Df the €208 million in grants awarded under the first EDCTP programme, TB research received the largest share (33.2%), followed by HV/ADS (29.5%), malaria (24.1%) and HIV-TB (3.4%). Non-clinical rial activities, such as capacity building and networking, received .8%. In all, 29 TB-focused grants and nine HIV-TB grants supporting clinical trials were funded, totalling €65.6 million.

A total of 437 researchers working in 117 institutions in 33 countries participated in EDCTP-funded TB trials. Of the top 20 organisations hat received funding under the first EDCTP programme, 15 were in Africa (e33,72 million) and 5 were in Europe (e73.97 million).

An EDCTP-commissioned bibliometric analysis tracked*** the ncreasing prominence of sub-Saharan Africa in TB and HIV-TB esearch, showing that output of TB research in sub-Saharan Africa ncreased by 81% between 2003 and 2011. So far, the 29 TB grants supporting clinical trials have generated 252 journal articles. With the inticipated release of more publications, the high impact of EDCTPunded research on TB is expected to continue.

DOI: https://doi.org/10.5588/ijtld.16.0944

- ** World Health Organization. The five elements of DOTS. Geneva, Switzerland: WHO, 2017. http://www.who.int/tb/ dots/whatisdots/en/ . (accessed August 2017).
- *** See EDCTP website for the analysis: http://www.edctp.org/publication/ european-african-clinical-research-bibliometric-analysis-publications-within-scope-edctp2-2003-2011/

Photo: Dr Michael Makanga meeting Dr Matshidiso Moeti, Regional Director, WHO Regional Office for Africa (right) and Michèle Boccoz, WHO Assistant Director General or External Relations.





The power of sharing sci

EDCTPNEWSLETTER European & Developing Countries Clinical Trials Partnership January 2018 • Volume 13 • No. 1

In this EDCTP Newsletter:

- OPEN CALLS FOR PROPOSALS

 EDCTP AND GHIT IN FUNDING PARTNERSHIP
- 2017 OVERVIEW: EDCTP INVESTMENTS IN CLINICAL RESEARCH
 STRATEGIC CAPACITY DEVELOPMENT
- Capacity for vaccine R&D: World Bank Task Force
 Development and regulation of medical products
 in Africa
- in Africa TESAII Network of Excellence launched INVESTMENT IN RESEARCH TO END TB IN 2030 First WHO Global Ministerial Conference on
- First WHO Global Ministerial Conference ending TB
 Tackling TB: achievements of EDCTP
- Tackling TB: achievements of EDCTP1
 2018 PRIORITY: CO-INFECTIONS AND CO-MORBIDITIES

2018 Prizes open to nominations



EDCTP invites nominations for the following prizes: Scientific Leadership, Outstanding Female Scientist, Outstanding Research Team, and the Dr Pascoal Mocumbi Prize. The prizes will be awarded at the Ninth EDCTP Forum (Lisbon, Portugal, 17-2) September 2018).

With the prizes EDCTP aims to promote African-European scientific research collaboration, and will reward outstanding individual researchers and research teams from sub-Saharan Africa and Europe.

Nominations can only be submitted online before 28 February 2018, 17:00 CET. For more information, please go to the Prizes section on the EDCTP website.

Taking stock of progress

Esteemed stakeholders,

Three years into our programme, its contours have become clearly visible and its project portfolio has grown substantially. I am happy and proud to take stock of this progress and highlight the following achievements.



d Dr Michael Makanga Executive Director

By the end of 2017, EDCTP had launched 31 calls for proposals: three in 2014, eight in 2015, nine in 2016 and eleven calls in 2017, all to result in projects to accelerate the development of medical interventions. The calls launched in 2014, 2015 and 2016 have resulted in 125 grants with a total estimate value of EUR 263.71 million. These include 35 multicentre clinical research grants with a total estimated value of EUR 223 million (84.8% of total calls budget). The 11 calls launched in 2017 have a total value of EUR \in 156.54 million.

Sustained investment in clinical research capacity in sub-Saharan Africa remains a central priority including preparedness for (re-)emerging epidemics. To date, we have funded 58 individual fellowships to promote scientific excellence and leadership (for 39 male and 19 female African fellows), launched an Alumni Network and funded 4 regional networks of excellence focused on research capacity development. EDCTP continued to fund projects to strengthen ethics review and the regulatory framework for conducting clinical research with additional 8 grants recently awarded. We have stepped up our ability to set clear research priorities that address critical unmet medical needs, with an expanded Scientific Advisory Committee, an annually updated Strategic Research Agenda, scientific stakeholder meetings on thematic topics requiring broader input, and participation in international technical forums for the development of medicinal products.

Our funding approach has continued to enable European research alignment and coordination both at project and programme level. Through participation in high-level discussions in Europe, Africa and at global level, alignment with national and regional initiatives is becoming more clearly defined. These initiatives include open access to clinical trial results, the fight against antimicrobial resistance, and collaboration in the framework of the EU-AU strategic partnership. Several new partnerships with non-profit organisations and companies are bringing extra resources to the programme.

In concluding, I would like to express my increased expectation – based on this progress – that the EDCTP programme will achieve the desired results. The increase in the membership of the EDCTP-Association – Nigeria and Ethiopia joined as full members and Angola became an Aspirant member – strengthens my confidence in the growing trust in the longterm value of our partnership.

Dr Michael Makanga

Supported by the European Union Example page

Event flyer A5 The EU Flag has a more prominent position in this setup.



Programme book A4 How to handle a specific programme book.



EDCTP Alumni Network Launch Fostering excellence and collaboration

in the next generation of researchers

3-4 October 2017, Johannesburg, South Africa



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Speaker-biographies.



Ms Nuraan Fakier EDCTP Project Officer

Nuraan Fakier joined EDCTP in 2010 as a Project Officer in the Africa Office. Nuraan has a background in psychology, and holds a Master's degree in Psychological Research (University of Cape Town) and a post-graduate diploma in International Research Ethics (University of Cape Town). Prior to joining EDCTP, she worked as a researcher in stress and anxiety disorders and the substance abuse field. Nuraan is responsible for the Ebola viral disease grants as well as the ethics and regulatory capacity building scheme.



Ms Shingai Machingaidze EDCTP Project Officer

Shingai Machingaidze joined EDCTP in September 2015 as a Project Officer. She received undergraduate and postgraduate training in molecular and cell biology at the University of Cape Town (UCT), South Africa where she worked on probiotic strains for Kidney Stone Disease. In 2011 she obtained a Master of Public Health in Epidemiology and Biostatistics also from UCT. Shingai is currently studying towards a PhD in Public Health. Before joining EDCTP, Shingai worked as a researcher at UCT for five years with the South African TB Vaccine Initiative (SATVI) managing an adolescent tuberculosis cohort study, as well as with the Vaccines for Africa Initiative (VACFA) coordinating research on vaccination programmes (EPI) in Africa where she also gained experience in conducting systematic reviews. Some of the outputs from this research have gone on to impact policy at a regional and global level. She subsequently worked with the Centre for Tuberculosis at the National Institute of Communicable Diseases where she worked on establishing a TB sentinel surveillance system; as well as the South African Medical Research Council where she was a Project Manager for the South African Guidelines Excellence (SAGE) Project. Shingai has published in the fields of vaccines, TB epidemiology, clinical guidelines and translation of research into policy and practice. She is a peer-reviewer for several international medical journals, and is a member of faculty of the Annual African Vaccinology Course. At EDCTP her portfolio includes managing the Career Development Fellowships, Senior Fellowships, managing the EDCTP Alumni Network activities, as well as being the communications focal point for the Africa Office.



Mr Adriaan Kruger PharmaLTx, South Africa

Adriaan Kruger has more than 15 years' experience in Enterprise Application (Oracle) development and implementation including 5 years' experience in Clinical Data Management and Drug Development. He has led and managed many global and regional multinational projects and teams in various capacities. Before taking a leadership position in TCD eClinical Solutions (a company he co-founded) Adriaan worked at EOH Ltd (listed on Johannesburg Stock Exchange) as Divisional Head across various verticals, including Oracle Enterprise Application and Engineered Solutions. He recently founded a digital advertising agency specializing in Social Media Marketing and Search Engine Optimization which are currently servicing a number of national and global customers. Adriaan Kruger obtained his Bachelors and Honours degrees in Information Technology, from University of Pretoria, South Africa. He then obtained his MBA from University of South Africa, UNISA/Open University, United Kingdom.

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Example page



Dr Dermot Maher Special Programme for Research and Training in Tropical Diseases (TDR), Switzerland

Dermot Maher is Coordinator, Research Capacity Strengthening, at the Special Programme for Research and Training in Tropical Diseases (TDR), which he joined in 2014. He is based in Geneva, Switzerland, where TDR is hosted by the World Health Organisation (WHO). He trained in medicine in the United Kingdom at Cambridge and Oxford, with subsequent postgraduate training in family medicine, internal medicine and infectious diseases. He was a specialist physician in Malawi (1992-1995), a TB medical officer with WHO in Geneva (1995-2007), head of a programme of HIV research in Uganda with the Medical Research Council (UK) and Uganda Virus Research Institute (2007-2011), Senior TB Advisor with the Clobal Fund to Fight AIDS, Tuberculosis and Malaria in Geneva (2011-2012) and International Portfolio Manager at the Wellcome Trust in London (2012-2014).

His professional qualifications are in family medicine (MRCGP), general medicine (FRCP) and public health (FFPH), and he has a doctorate in public health (DM Oxford). He has broad experience in research in developing countries, particularly in TB, HIV and non-communicable diseases. His research expertise is in the following areas: clinical research, operational research, epidemiology, research methodology, health systems research (particularly the links between research and policy) and ethics. His main current interest is in strengthening research capacity in low- and middle-income countries. He is Editor in Chief of the journal Public Health Action and Editorial Adviser to the Bulletin of WHO.



Professor Catherine Hankins

Chair EDCTP Scientific Advisory Committee

Catherine Hankins MD (Calgary), MSc (London, UK), PhD (Amsterdam) is Deputy Director, Science at the Amsterdam Institute for Global Health and Development, University of Amsterdam, the Netherlands; Professor of Public and Population Health, McCill University, Canada; and an honorary professor, London School of Hygiene and Tropical Medicine. A community medicine specialist, she was principal investigator of 'The Canadian Women's HIV Study', studies involving prisoners and people who inject drugs, and population-based epidemiological studies. Chief Scientific Adviser to UNAIDS in Geneva 2002-2012, she led the scientific knowledge translation team focused on ensuring ethical and participatory HIV prevention trial conduct, convening mathematical modelling teams, and supporting country implementation of proven biomedical HIV prevention modalities. She recently developed Good Participatory Practice Guidelines for trials of Emerging Pathogens for WHO. She chairs the Scientific Advisory Comp of the US National Institutes of Health HIV Prevention Trials Network and the Scientific Advisory Committee of the European and Developing Countries Clinical Trials Partnership. Her current scientific interests include implementation science, novel biomedical HIV prevention, and participatory research conduct.

EDCTP Programme Book Alumni Network Launch • Speaker profiles

Spread page A5 *Example of a programme book with a detailed abstract page in A5.*

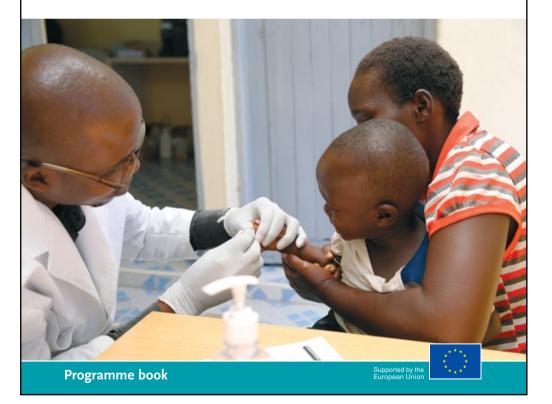
Example page



10th European Congress on Tropical Medicine and International Health Antwerp, Belgium 16–20 October 2017

EDCTP session on

Development, validation and implementation of diagnostic tools in resource-limited settings 19 October 2017 | 15:30-17:00 | Gorilla 5



Syndromic approach to the diagnosis of Neglected Infectious Diseases

¹ Institute of Tropical Medicine, Antwerp, Belgium Boelaert, M.¹, Verdonck, K.¹, the NIDIAG Consortium

Introduction: In 2010, the European research network NIDIAG on better diagnosis for neglected infectious diseases (NIDs) was launched to carry out collaborative clinical research and product development in order to improve the diagnosis and management of NIDs.

Aim: NIDIAG's overarching goal was to improve diagnosis of NIDs by generating evidence about the spectrum of causal pathogens of selected syndromes in different epidemiologic settings, developing clinical guidance and optimizing specific diagnostic devices.

Methods: Syndrome-specific investigations were set up using a series of prospective clinical studies. Patients with one of three syndromes were recruited at primary care level in NID-endemic areas and a final diagnosis was established. The knowledge on specific pathogens causing the pre-specified syndrome was then used in a second stage to elaborate diagnostic algorithms. In an interaction with product developers several immediate gaps were identified and addressed.

Results: This talk focusses on the clinical research of the NIDIAG consortium and some of the challenges and lessons learned. The harmonisation of diagnostic and clinical procedures in multi-country studies is frequently not sufficiently addressed and, particularly in low- and middle-income countries, training and adherence to GCP/GCLP guidelines are particularly challenging. The contribution of qualitative studies assessing the provider perspective was essential to develop appropriate clinical guidance.

Conclusion: The establishment of a quality assurance system that includes internal and external quality control and monitoring activities was a condition for success. The development of clinical diagnostic guidance for resource-constrained settings should take the provider perspective into account.

Reference(s):

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EDCTP

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Factsheet A4



Calls for proposals

Fact sheet • October 2017

The EDCTP calls for proposals are supported through three distinct types of Horizon 2020 'actions':

- Research & Innovation Actions (RIA) are multicentre clinical trials conducted by research consortia involving both European and African research teams, with integrated capacity development and networking elements.
- Coordination & Support Actions (CSA) support activities that strengthen the enabling environment for conducting clinical trials and clinical research, including ethical review and regulatory capacity.
- Training & Mobility Actions (TMA) are fellowships that focus on the career development of individual researchers or research team members.

Poverty-related diseases covered by EDCTP

HIV, tuberculosis, malaria, neglected infectious diseases (Buruli ulcer, chikungunya, dengue, dracunculiasis (guinea-worm disease), echinococcosis, foodborne trematodiases, human African trypanosomiasis (sleeping sickness), leishmaniasis, leprosy (Hansen's disease), lymphatic filariasis, mycetoma, onchocerciasis (river blindness), rabies, schistosomiasis, soil-transmitted helminthiases, taeniasis/cysticercosis, trachoma, yaws (endemic treponematoses)); diarrhoeal diseases, lower respiratory tract infections, and emerging and re-emerging infectious diseases affecting sub-Saharan Africa (such as Ebola and yellow fever).

Calls for proposals in 2017

EDCTP is launching 11 calls for proposals in 2017 to support clinical research and capacity building in sub-Saharan Africa. These calls represent a total investment of more than C156.5M to tackle poverty-related diseases (PRDs), including neglected ones. Please visit www.edctp.org to access the full call texts.

Treatment innovations for poverty-related diseases

Call budget:	€30 M
Funding level:	Up to 100% of eligible costs
Procedure:	Two-stage application procedure
Open to applications:	3 July 2017
Deadline for applications:	19 September 2017

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Purpose: to provide funding for the clinical evaluation and development of new and innovative drug candidates for HIV/AIDS, malaria, tuberculosis, diarrhoeal infections or lower respiratory infections, including co-infections.

Strategic actions supporting large-scale clinical trials

Call budget:	€43 M
Funding level:	Up to 100% of eligible costs
Procedure:	Two-stage application procedure
Open to applications:	3 July 2017
Deadline for applications:	19 September 2017

Purpose: to support strategic actions (clinical research activities) that are part of a large-scale clinical trial with the potential to achieve rapid advances in the clinical development of new or improved medical interventions (drugs, diagnostics, vaccines, microbicides) for PRDs.

Clinical trials to reduce health inequities in pregnant women, newborns and children

Call budget:	€38.23 M
Expected number of grants	5-10
Funding level:	Up to 100% of eligible costs
Procedure:	Two-stage application procedure
Open to applications:	4 July 2017
Deadline for applications:	13 October 2017

Purpose: to accelerate the adaption and/or optimisation of treatment and prevention products (excluding vaccines) for PRDs in sub-Saharan Africa for use in pregnant women, newborns and/or children. This call is restricted to the following diseases: HIV, malaria, tuberculosis, diarrhoeal diseases and lower respiratory tract infections.

Targeting control and elimination of NIDs through clinical trials

Call budget:	€18.8 M
Expected number of gra	ants: 4-6
Funding level:	Up to 100% of eligible costs
Procedure:	Single-stage application
Open to applications:	4 July 2017
Deadline for application	ns: 31 October 2017

Purpose: to provide funding for clinical trials to accelerate the development of new or improved therapeutics for neglected infectious diseases (NIDs) in sub-Saharan Africa.

> Supported by the European Union



Example page

Targeting control and elimination of NIDs through product-focused implementation research

Call budget: Funding level: Procedure: Open to applications:

€11.2 M Up to 100% of eligible costs Single-stage application 4 July 2017 Deadline for applications: 2 November 2017

Purpose: to provide funding for product-focused post-registration implementation studies for NIDs in sub-Saharan Africa.

EDCTP-AREF Preparatory Fellowships

Call budget:	€800,000
Funding level:	Up to 100% of eligible costs
Procedure:	Two-stage application procedure
Open to applications:	14 July 2017
Deadline for applications:	13 October 2017

Purpose: This joint call by EDCTP-AREF (Africa Research Excellence Fund) aims to enhance the competitiveness of up-and-coming postdoctoral African scientists and clinicians aspiring to win international/ regional/national fellowships or grant support through short-term placements at a host organisation in EU Member States, in countries associated to Horizon 2020 or in sub-Saharan Africa which will be contracted by the home organisation to host the fellow.

Ethics and regulatory capacities

Call budget:	€2.5 M
Funding level:	Up to 100% of eligible costs
Procedure:	Single-stage application
Open to applications:	3 August 2017
Deadline for applications:	21 November 2017

Purpose: to support sub-Saharan African countries to establish and develop robust national medicines regulatory systems and capacities for ethical review of clinical research and use of medicinal products and technologies for use in humans.

Career Development Fellowships

Call budget: Funding level: Procedure: Open to applications:

€2.5 M Up to 100% of eligible costs Single-stage application 3 August 2017 Deadline for applications: 21 November 2017

Purpose: to support junior to mid-career researchers ('fellows') to train and develop their clinical research skills.

EDCTP-TDR Clinical Research and Development Fellowships

Call budget:	€1.5 M
Funding level:	Up to 100% of eligible costs
Procedure:	Single-stage application
Open to applications:	9 November 2017
Deadline for applications:	8 February 2018

Purpose: The purpose of this Call for Proposals is to provide funding to support researchers and key members of clinical trial research teams from sub-Saharan Africa to acquire specific skills in clinical trials research through placements in pharmaceutical companies, CROs, clinical or academic affiliated research organisations and PDPs. Please note that the Special Programme for Research and Training in Tropical Diseases (TDR) will not participate in the 2017 Call for

Senior Fellowships

proposals.

Call budget: Funding level: Procedure: Open to applications: Deadline for applications: 2 February 2018

€3 M Up to 100% of eligible costs Single-stage application 3 November 2017

Purpose: to support capacity development of potential African research leaders using the train-the-trainer model and to mentor junior researchers with emphasis on hands-on research training linked to clinical trials activities conducted in sub-Saharan Africa.

EDCTP-GSK Senior Fellowships for co-morbidities between poverty-related diseases (PRDs) and non-communicable diseases (NCDs)

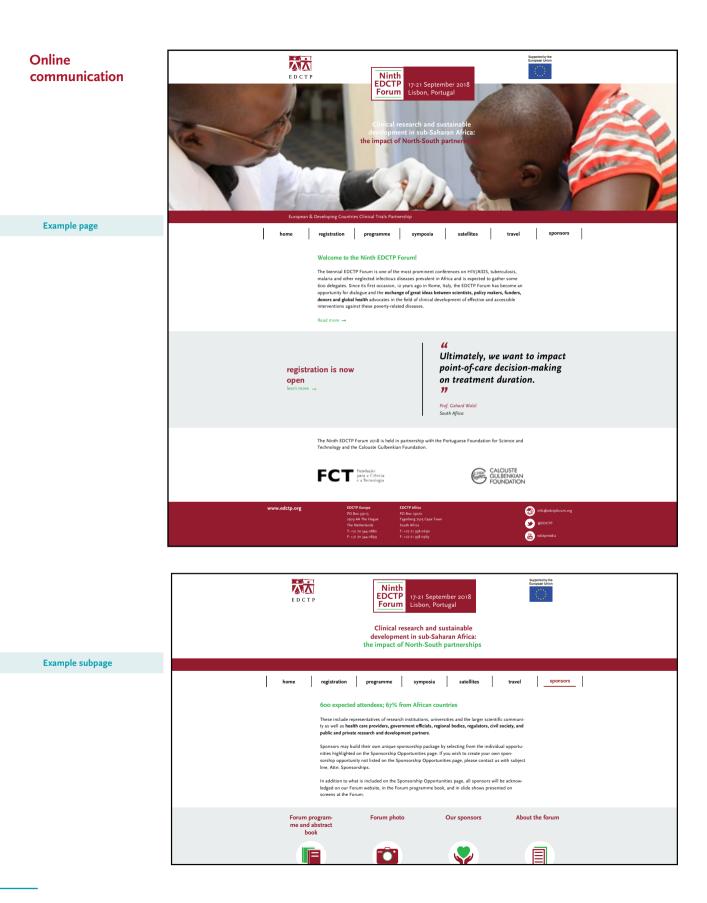
Call budget:	€3 M
Funding level:	Up to 100% of eligible costs
Procedure:	Single-stage application
Open to applications:	3 November 2017
Deadline for applications:	2 February 2018

Purpose: This call aims to support capacity development of potential African research leaders using the train-the-trainer model and to mentor junior researchers with emphasis on hands-on research training linked to clinical trials activities in sub-Saharan Africa in the area of prevention. therapeutic management and prognosis of PRD and NCD co-morbidities.

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The EDCTP programme is supported under www.edctp.org @EDCTP Horizon 2020, the European Union's Framework . info@edctp.org Programme for Research and Innovation.



Colophon

O European & Developing Countries Clinical Trials Partnership The Hague, The Netherlands, September 2017

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