



**EDCTP**

*The power of sharing science*

EDCTP High-Level meeting

# Moving forward and consolidating gains for an EDCTP successor programme

Lisbon, Portugal, 17 September 2018



**Report**

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European Union





## About EDCTP

The European & Developing Countries Clinical Trials Partnership (EDCTP) is a public–public partnership between 14 European and 16 African countries, supported by the European Union.

EDCTP's vision is to reduce the individual, social and economic burden of poverty-related infectious diseases affecting sub-Saharan Africa.

EDCTP's mission is to accelerate the development of new or improved medicinal products for the identification, treatment and prevention of infectious diseases, including emerging and re-emerging diseases, through pre- and post-registration clinical studies, with an emphasis on phase II and III clinical trials. Our approach integrates the conduct of research with the development of African clinical research capacity and networking.

The second EDCTP programme is implemented by the EDCTP Association and supported under Horizon 2020, the European Union's Framework Programme for Research and Innovation.

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Participants of the high-level meeting.

# Executive summary

## The meeting

**The objective of the 2018 High-Level Meeting was to help decide the scope and character of a future third EDCTP programme, EDCTP3, and how it might operate. The meeting was held in Lisbon, Portugal on 17 September 2018 and had approximately 100 participants**

After introductory addresses describing the history of the partnership summing up its achievements, the meeting moved on to hear two panel discussions. Participants in both panels were asked to discuss their roles and responsibilities, challenges, opportunities and commitments regarding EDCTP.

- The first panel comprised representatives from three African and three European countries, plus the West African Health Organization (WAHO).
- In the second panel, representatives from seven other stakeholders in the programme then discussed the same issues from their perspectives. Represented were two NGOs, a philanthropic foundation, a pharmaceutical company, the Africa Centres for Disease Control & Prevention, WHO and the US National Institutes of Health.

Summarised below are the main contributions made by panellists and from the floor of the meeting.

## Acknowledgements and support

Comments about the EDCTP programme's achievements were positive throughout and there were several pledges of continued support. In the meeting, representatives of **Germany, Portugal, Sweden** and the **United Kingdom** clearly stated their government's commitment to a third EDCTP programme.

Features of the programme attracting praise were as follows.

- The emphasis on partnership, including the notion of shared African ownership and the development of South-South collaborations.

- The focus on capacity building, especially human capacity and the development of young scientific talent, notably through the fellowships programme.
- Other features receiving positive comment included:
  - the focus on ethics and on governance
  - EDCTP's recognition of the importance of implementation research
  - its recognition of the need to reach and engage vulnerable and left-behind groups, including adolescents
  - the inclusion of issues such as epidemic preparedness and aspects of pharmacovigilance within the programme.

## Reflections on change

Changes that could be incorporated into EDCTP3 were also proposed.

- Vulnerable groups The current focus on vulnerable groups must be maintained but also include the elderly.
- African financial contribution There were many calls for African countries to contribute more in cash and/or kind. EDCTP was asked to do more to build the case for investment in health research and keep up the pressure on African governments.
- New models of engagement The need to develop new types of partnership ('models of engagement') was frequently mentioned, with an emphasis throughout on co-responsibility. More private sector partners were called for, and more engagement with communities.
- Scope Several participants advocated broadening the scope to include non-communicable diseases. Possible geographic enlargement of the programme was discussed by only a few participants.

### Aspects of implementing a third programme

Various topics and challenges were mentioned in relation to a successful third programme.

- Scale and uptake Scaling up access to products is challenging; not only the roll-out of interventions needs to be improved, but also their uptake by populations. Social science research can help address such challenges.
- Affordability We need to make interventions affordable to those who need them; local production of medicines could play a part.
- Philanthropy Private initiatives and philanthropy have a key role to play in leveraging investments.
- Institutional sustainability Money should be ring-fenced for struggling research institutions.
- Corruption and transparency Institutional corruption holds back implementation in many countries. We must all be transparent (so we all know what others are doing).
- Open science Knowledge sharing is vital, as is 'open science' (open access to scientific research).
- Epidemics Epidemic preparedness requires a paradigm shift.
- Climate change The impact of climate change on health must be studied.
- Language barriers Working across three (or more) languages is difficult.
- Surveillance and monitoring Surveillance and monitoring can help identify changing priorities and unmet needs.
- Antimicrobial resistance The growth of drug resistance is of great concern.

### Remarks from EDCTP

On behalf of EDCTP a few first remarks were made on the topics that had been raised in view of a third programme.

- Scope EDCTP is aware of the importance of non-communicable diseases as a growing public health issue in sub-Saharan Africa. However, infectious diseases constitute an unfinished agenda and EDCTP is realistically not able to also deal with other disease burdens. This would require considerably more funding and different approaches (e.g. on prevention).
- Shaping the strategy The important issues raised by the various participants will all receive consideration in shaping the scope and character of the third programme.
- Governance and funding models It is important to note that the meeting had not dealt with the key issue of governance. And there had been very little discussion on potential new approaches and instruments.

## Welcome and introductions

### Meeting

**The 2018 High-Level Meeting of the European & Developing Countries Clinical Trials Partnership (EDCTP) took place in Lisbon on 17 September 2018, hosted by the Calouste Gulbenkian Foundation. It immediately preceded the Ninth EDCTP Forum in the same location (17-21 September). The meeting was organised by Dr Ole Olesen (EDCTP Director of International Cooperation Europe) and Lara Pandya (EDCTP Strategic Partnerships Officer).**

Approximately 100 participants were welcomed on behalf of the Government of Portugal and of the European Commission. Introductory addresses from the Chair of EDCTP's General Assembly, Mark Palmer and Executive Director Michael Makanga described the history of the partnership and summed up what it has achieved.

The meeting then moved on to hear two panel discussions. Participants in both panels were asked to discuss their organisations' involvement with EDCTP: their roles and responsibilities, the challenges, opportunities and commitments.

The first panel comprised representatives from three African and three European countries, plus the West African Health Organization (WAHO).

Representatives from seven other stakeholders in the programme then discussed the same issues from their perspectives. Represented on this panel were: two NGOs, a philanthropic foundation, a pharmaceutical company, the Africa Centres for Disease Control & Prevention, WHO and the US National Institutes of Health.

### Welcome messages

**Mark Palmer** (UK Medical Research Council) opened the meeting as Chairman of the Board and General Assembly of EDCTP. He welcomed participants and thanked all the sponsors and the hosts – the Government of Portugal and the

Calouste Gulbenkian Foundation. EDCTP had been an experiment, bringing together different countries to find new solutions to the burden of disease. After overcoming many obstacles, the foundations were successfully laid and the EDCTP approach to partnership was established. The second phase of the programme (EDCTP2) had broadened the remit by adding neglected infectious diseases, respiratory, diarrhoeal and emerging diseases. Crucially it also involved a legal change (through the creation of the EDCTP Association) that allowed African countries to be equal partners in decision making and in the administration of the programme.

EDCTP has now reached the milestone of its 15th anniversary and its achievements justify contemplating a third stage to the programme. And EDCTP is very keen to do so. This meeting would help decide what such a programme might be like. Dr Palmer noted that EDCTP was already preparing a budget for the proposed EDCTP3 to submit to the European Commission. He added that partners within the UK, which has contributed to EDCTP largely through the Medical Research Council, were determined to continue to contribute to the programme regardless of the UK's position in the EU.

**Helena Pereira** (Vice President, Foundation for Science & Technology [FCT], Portugal) spoke on behalf of the Government of Portugal. She welcomed participants and assured them of Portugal's continuing commitment to the programme. The aims of EDCTP are close to the heart of the government – for which sustainable development is a key goal – and it sees partnership as an important feature of the process. Portugal is expanding its own investments in health research. She would like to see EDCTP broaden its geographical coverage in Africa and extend its remit beyond infectious diseases; she mentioned cancer specifically.



### Introductions

**Irene Norsted** (Acting Director of the Health Directorate, Directorate General for Research and Innovation, European Commission), then addressed the meeting. EDCTP is the largest initiative of the EU to promote the development of medicines that are most urgently needed to fight poverty-related diseases in Africa. Moreover, it has supported capacity building in 226 African institutions. By 2020 the EU will have invested nearly €900 million in EDCTP. She noted that over two-thirds of research projects funded by EDCTP were African-led. EDCTP has many years of experience that should now be drawn upon.

She also mentioned that European Commission President Jean-Claude Juncker, during his State of the Union speech, spoke of the importance of Africa on the global scene; soon one in four people on earth will be African. He said that Africa does not need charity but true and fair partnerships. The EU's ninth framework programme – Horizon Europe – will aim to contribute to both sustainable development goals and climate change targets. It will focus on maximising the impact of EU research and innovation based on a three-pillar structure: investigator-driven frontier research (pillar 1) and innovator-driven development (pillar 3), plus solution-oriented collaborative research (pillar 2) on global challenges, including health.

International cooperation will be an important part of all this. New approaches to partnership are also envisaged. She described three partnership types: co-programmed, co-funded and institutionalised. All partners will be expected to make contributions in cash as well as kind. We must now explore what continued EDCTP activity might look like – what form of collaborative partnership will it involve? She said it was necessary to identify partners committed to a third EDCTP programme, and was looking forward to hearing delegates' ideas.

**Michael Makanga**, EDCTP's Executive Director summarised the programme's achievements with a focus on its second phase. He described its strategic approach, vision and mission, and the importance of results-based management. EDCTP has implemented an integrated approach and its activities now extend to seven disease groups. The needs of vulnerable populations are considered central throughout, with adolescents now included as a vulnerable group. All phases of clinical trials are now covered; in this programme phase II and III studies require the greatest investment constitute about 56% of all clinical studies currently in progress.

EDCTP now has a very big footprint in Africa, including in the epidemic-prone countries, which previously had very limited clinical research activities. Grants totalling €579.08 million were made in 2018, 62% of this going to African institutions.

He gave details of progress made on: medical interventions, capacity development, EU coordination (joint calls), countries joining the partnership, and development cooperation. The regional networks of excellence remain an important feature of the programme, as does the fellowship programme. Health system preparedness for outbreaks is also now receiving attention, as is pharmacovigilance.



He went on to consider what might be the features of a future programme. This would include:

- Focus on the unmet medical needs of vulnerable populations
- place greater emphasis on phase III and IV trials and product-focused implementation studies within the scope of clinical development of medical interventions
- support for more patient-centred approaches that promote cross-disease interdisciplinary research and explore opportunities offered by new technologies in the context of integrated patient care
- addressing the vital gap of the interaction between infectious and non-infectious diseases
- consolidating EDCTP's current role in a) preparation for and the prevention and effective management of infectious disease outbreaks (as part of global health security), and b) the growing threat of antimicrobial resistance.

He said this should include a greater focus on unmet needs, and a greater emphasis on phase III and IV trials and implementation studies.

But he said EDCTP was open to other ideas, especially from this meeting. He also introduced a new EDCTP booklet that highlights some of the programme's success stories – *Tackling infectious disease in sub-Saharan Africa*.

Audience contributions made at this point included an appeal for EDCTP to do even more to ensure the effective roll-out of new interventions based on the findings of its research, and to go further and find ways to improve uptake. EDCTP should also consider putting more resources into infrastructure, as well as product development. People in Africa are living longer, so old people must not be left behind and need to be recognised as vulnerable group.



Dr Michael Makanga

## Panel discussion I: African and European governments in EDCTP

**The meeting then moved on to hear two panel discussions. Panellists were asked to discuss: roles and responsibilities, challenges and opportunities, and commitments. The first panel comprised representatives from three African and three European countries, and the West African Health Organization (WAHO).**

**Helena Pereira** of FCT, Portugal, spoke on the role of Portugal in EDCTP. It had originally made only a modest contribution to the programme, but in EDCTP2 it has been supporting six research projects. (Portugal itself is also of course directly involved in programmes in lusophone African countries.) She called for an enlargement of the number of organisations participating in EDCTP, particularly with regard to the private sector. Co-responsibility is crucial in partnerships. (Portugal has recently created a new legal instrument for collaborating institutions so that co-responsibility can be established; the experience gained from this could be useful to other organisations.)

She reiterated her recommendation that the scope of EDCTP should be enlarged beyond infectious diseases; this would require major investment but would be worthwhile. Other issues she wished to highlight were the importance of ethics in research, and the need for 'open science' (open access to published science). The results of scientific research must be given back to society and shared widely. Access to scientific outputs is not as easy in Africa as in Europe and must urgently be improved, so that the findings of research can be put to good use.

**Uberto Vanni d'Archirafi** (The Ambassador of Italy to Portugal) said his views were similar to those of Helena Pereira; Italy and Portugal share much of the same agenda on science, medicine and health. In fact, Italy has been involved from the start; the first EDCTP Forum

was held in Rome in 2004. Other Italian health initiatives regarding Africa include infectious disease studies in Italy, supporting malaria research in Ouagadougou, and various capacity development activities.

Collaboration on health and health research is essential for global sustainability. It is important to invest in human capital in Africa to enable the continent to move forward. He also highlighted Italian and Portuguese collaboration in space research; this enables us to see the migration of people, which will assist in the solving of many of the related problems. Migration from Africa to Europe is happening on a major scale and the EU must do more to address this issue, by helping African countries to become better places to live.

**Anne Paoletti** (Scientific Director for Biology & Health, Ministry of Higher Education, Research and Innovation, France) emphasised that France had been strongly involved with EDCTP since the beginning. This reflects its wish to collaborate with African scientists. EDCTP enables such collaboration and it is therefore important that it continues into a third programme. France will support a such a programme, in particular because EDCTP offers a greater measure of flexibility than other programmes. France wants to see African countries contribute more in cash or kind. Preparations for a third programme should also address possible liability issues.

She called for open discussion, based on epidemiological evidence, to establish the nature of the main threats to the health of Africa in the rest of this century. This will enable the prioritisation of our research.

**Stanley Okolo** (Director General, West African Health Organization [WAHO], Burkina Faso) began by describing the work of WAHO, which now has 8 francophone, 5 anglophone and 3 lusophone member countries. Working across

three language groups is challenging but also creates opportunities arising from this diversity. Disease knows no language barriers! We must bring countries together regardless of language; Africa can show the world how to do this.

WAO seeks to help countries develop their research agenda. In particular, it wants to progress “from a community of states to communities of people”. Most WAO countries are engaged in research activities but they often lack governance systems; for example, research is often conducted in universities without the health ministry being aware of it. This makes it difficult to have a coherent strategy. Creating networks is vital especially in research. Dr Okolo called for synergies between nations in developing and sharing clinical research capacity. We should encourage countries to put national funds into regional research efforts. Epidemics create challenges but also opportunities to work together; much can be learned from them.

WAO looks forward to continuing to collaborate with EDCTP (and with other international and regional organisations). Dr Okolo is pleased that implementation research is part of EDCTP's remit, and that adolescents are now regarded as a priority group. He praised the focus on ethics; we need high-quality research and to maintain the confidence of communities where research is conducted.

**Sarah Achieng Opendi** (Uganda State Minister of Health for General Duties) told the meeting that Dr Makanga's presentation had demonstrated that EDCTP was a real success story. Uganda is proud to be a member of the partnership. Research is an ongoing process. We must stay true to our goals, especially on disease elimination. We are not yet where we ought to be.

It is heartening that so much support is coming from the North, but Africa must ensure that there is more in-country funding. While North-South collaboration will still be needed, Africa must do more as a region. It is through partnership that we will in time eradicate infectious diseases.

Uganda has increased the amount it has invested in research but still needs to do more. The President has created a new Ministry of Science & Technology. There is also now an institution that regulates national research conduct, the Uganda National Health Research Organisation. More young researchers are being trained; they will be paid more to help combat the brain drain.

Research on prevention, treatment and care are all required to make it possible to reduce the burden of disease, but we must also ensure that the findings of research are used to inform policy and practice.

**Glenda Gray** (President & CEO, South African Medical Research Council) also stressed the need to increase Africa's contribution to science and its own *funding* of science; countries that signed declarations on research funding must be challenged as to how well they are doing towards their goals. We need to build the case for investment in health research and keep up the pressure on ministers.

A ‘true and fair’ partnership for science between Europe and Africa is needed but we must also focus more on developing relationships within Africa; we can share resources – for example, people can visit laboratories to learn new skills. We should put local money into partnerships and into our own local research programmes.

EDCTP's Regional Networks of Excellence have been very effective but the programme should now do something bold – ring-fence funding to help weaker and struggling institutions. We have all learned that the implementation of research findings is difficult, but it is the most important part of the process! We need to develop new ways of achieving this.

**José Manuel Viera Dias da Cunha** (Secretary of State for Public Health, Angola) thanked EDCTP on behalf of the Angolan Minister of health, Dr Silvia Lutucuta, for the invitation to contribute to the meeting.

He then elaborated on the Angolan government's short- and long-term priorities in health and education. Its National Development Plan, 2018-2022, regarding health policy, advocates fighting poverty and promoting the sustained improvement of the health of the Angolan population, supporting especially the most disadvantaged and poor social groups.

He pointed out that, national and international partnerships are required. The Angolan Ministry of Health has been supported by United Nations Agencies, in particular WHO and UNICEF, and has bilateral cooperation with Portugal and the United States of America. Angola is involved in cross-border projects with the Democratic Republic of Congo and the Republic of Congo for trypanosomiasis and with Namibia and Zambia for malaria.

Since 2016, Angola has been an observer member of EDCTP. It has been represented by the Directors of the National Institute of Public Health and the Centre for Research in Health of Angola. This centre was developed with the support of the Portuguese government and the Calouste Gulbenkian Foundation.

He reaffirmed the interest and desire of Angola to partake in this collaboration of countries, institutions and organisations, in particular the further development of research capacity. He expressed as his expectation that the country would be able to consolidate its partnership with EDCTP.

### Commitments expressed by Germany and Sweden

Contributions were then made from the floor on behalf of Sweden and of Germany. While not represented at ministerial level at this meeting, there has been no waning of Sweden's enthusiasm for the programme, its objectives and the type of projects it supports (including capacity building, ethical systems and increasing the number of young researchers). Further Swedish initiatives are under discussion. Germany has increased its commitment to global health and regards EDCTP as an important success story, which it hopes will continue under the new framework programme (Horizon Europe). One challenge will be to attract new partners from within the partner states, including the private sector.

## Tackling infectious diseases in sub-Saharan Africa

*EDCTP-funded clinical studies for  
medical interventions 2003-2018*

- Overview of supported activities
- Highlighted success stories



From left to right: Prof. Helena Pereira, Ambassador Umberto Vanni d'Archirafi, Dr. Anne Paoletti, Prof. Stanley Okolo, Hon. Sarah Achieng Opendi, Prof. Glenda Gray, and Dr. José Manuel Viera Dias da Cunha during the panel discussion 'African and European governments in EDCTP'

## Panel discussion II: Strategic partners in EDCTP

**Representatives from seven other stakeholders in the programme now discussed the same issues from the perspectives of their organisations: two NGOs, a philanthropic foundation, a pharmaceutical company, the African Union's Africa Centres for Disease Control & Prevention, the World Health Organization and the US National Institutes of Health.**

First to speak was **Juliet Nabyonga-Orem** on behalf of Dr Matshidiso Moeti, the Director of WHO Regional Office for Africa. Dr Nabyonga-Orem is Medical Officer in charge of health policies, strategies and governance at the WHO Regional Office for Africa and Head of the Health systems and services cluster of the WHO Country Support Team for East and Southern Africa.

She began by saying that the collaboration between WHO-AFRO and EDCTP has been much appreciated; common objectives are shared on research and development and the passion EDCTP has for such goals as capacity building is very welcome.

She went on asking how we can look more comprehensively and systematically at creating systems that are based on research evidence? EDCTP has created a platform to do so. We have noted the weaknesses in our health research systems, she said, and we can build on the gains. WHO-AFRO wants to work with EDCTP to build strong national health research systems and research capacity. It intends to raise the profile of research and emphasise its importance to decision makers. It will pursue this aim through events such as the Africa Health Forum (an event scheduled to take place once every three years). It will also engage other regional bodies. Further, WHO-AFRO would like to see EDCTP expand its current scope; we cannot turn a blind eye to the increasing burden of non-communicable diseases. We must ensure no one is left behind; more countries must benefit from the fruits of research. She went

on to list other areas needing more support: local pharmaceutical production, the careers of young scientists, health system research, translating findings into practice, making innovations available at affordable prices, and the development of good monitoring systems so that changing priorities can be identified.

**Lutz Hegemann** (Development Unit Head, Global Health, Novartis International AG) gave a perspective from the pharmaceutical industry. Clinical trials are at the heart of what the industry does, and its aim is to bring its products to all who need them. Regulated processes are needed to ensure quality research. It is important not just to conduct research but to build systems around it. EDCTP has done exceptional work in building human capacity. It has 'collected a wealth of expertise' and this makes it an excellent partner for the private sector. Novartis was proud to work with EDCTP but 'new models of engagement' are needed to make the most of such collaboration.

Very few trials in Africa have been on non-communicable diseases. This does not do justice to the people who live there, who face a growing burden from these conditions. EDCTP's scope should therefore be potential spread. Nevertheless, infectious diseases represent an unfinished agenda. The potential spread of resistant strains of disease organisms, e.g. in malaria, originating in Southeast Asia is of particular concern. Identifying unmet needs in communicable diseases should remain a priority.

Marcel Tanner, as moderator of this panel discussion, agreed that more should be done to facilitate collaboration with the private sector; this he said would require a mutual learning process. In the context of the discussion, he added that we also need to think of and discuss opportunities offered by local production.

**João Almeida Pedro** (Senior Project Manager, Calouste Gulbenkian Foundation), participating on behalf of **Isabel Mota** (President of the Board of Trustees, Calouste Gulbenkian Foundation, Portugal) said the Foundation and EDCTP had a shared interest in people. Philanthropy is important in the modern world, particularly in times of global financial crisis, though it is no substitute for support from the state. When the economy is in decline, governments tend to put their limited resources into projects that yield short-term results, as this buys votes.

Philanthropy can help people build resilience. The Foundation can provide a platform and bring people together. It makes long-term commitments and believes in shared decision making, sustainability and fostering autonomy. Supporting young researchers and institutions in which they can work is a priority. The Foundation shares the commitment to sharing knowledge. Transparency is needed so that research can be conducted ethically.

There are many differences between African countries. There is a danger that some will get left behind, notably the lusophone countries to which the Foundation is supplying much of its support. It wants to see these countries make an increased contribution to health research.

**Alicia Soto** (Director, Fundación Mundo Sano, Spain) outlined the work of her organisation which, since 1993, has addressed the issue of infectious diseases that are now categorised as 'neglected'. Most of this work has been in Latin America but Mundo Sano is of course also aware of the importance of such infections in Africa.

The neglected infectious diseases impose a huge health and economic burden on Latin America. This region has a unique level of high inequality; a third of the population lives in extreme poverty with no access to water, sanitation or health care. Yet this is in countries with a high GDP, where many people are extremely wealthy. The Foundation is presently considering how it might help in other parts of the world where neglected infectious diseases are holding back development.

**Frederik Kristensen** is Deputy Chief Executive Officer of the Coalition for Epidemic Preparedness Innovations (CEPI), an organisation that is not yet two years old. Its main role is vaccine development. So far, Ebola virus disease, Middle East respiratory syndrome and Lassa fever have received most attention, with candidate vaccine studies under way. Epidemiology, surveillance, diagnosis and other areas are also part of CEPI's scope.

A joint call with EDCTP on Lassa fever is in preparation but further collaboration would also be welcomed. There is considerable complementarity between the two organisations which have overlapping networks.

Challenges include: ensuring sustainability and finding ways of encouraging more investment in health research by African countries. Creative approaches have been proposed but it will be up to countries themselves to decide. It is important for organisations like CEPI to be transparent (so each knows what others in the field are doing) and open to collaboration. Meetings like this one are important so that feedback can be gathered.

**John Nkengasong** (Director, Africa Centres for Disease Control and Prevention, Ethiopia) summarised the progress made since the launch of Africa CDC two years ago. Africa is at a tipping point. The population is rising rapidly; 70% of people are aged under 30. People are increasingly moving freely between countries. There is also the development of free trade and easier air travel. All this is encouraging but it does create issues relating to the spread of disease.

Commitments have been made to public health but how far have we got? He looks forward to a time when African countries invest more in health research. He called for a shared North-South vision. We must listen to each other. Yes, the North provides most of the funding, but it should still listen to Africa. EDCTP has already done a lot to develop South-South synergy, which is also important. He noted that networks are often product-based and do not reflect the continental agenda.

He called for a paradigm shift on disease outbreak preparedness. At present, Africa CDC teams leave one site, then days later they have to rush back. It is better that each country has its own institutions that can cope. Improved and readily available diagnostics are needed to improve preparedness. Social science research is also needed to determine why the uptake and acceptability of effective interventions is often poor.

Panel moderator Marcel Tanner said that the African CDC would make a 'wonderful partner' for EDCTP. He agreed on the importance of social science; biomedical research on its own does not make for good public health. It was important to recognise that poor outbreak preparedness is an issue across the world, not only in Africa.

**Peter Kilmarx** (Deputy Director, Fogarty International Center, National Institutes of Health [NIH], USA) said it had been 'eye opening' to learn today of the level of progress made by EDCTP. NIH also strongly supports research in lower-income countries. Its investment has doubled in recent years with much of it going to Africa where NIH has funded several institutions. He also referred to the NIH Health-Professional Education Partnership Initiative (HEPI) which includes Africa.

Infectious diseases are indeed an unfinished agenda. Therefore, the present focus of EDCTP seems wise. Additional resources for capacity building are still needed. To achieve this, we need to improve coordination and collaboration. Therefore, meetings like this are informative and encouraging, to hear what is going on, who is doing what, what and where. He also referred to population increase in Africa, which he described as 'an opportunity, not a disaster'.

There was only limited time remaining for contributions from the floor. A representative of the African Community Advisory Board (AfroCAB) said he was disappointed that there had been no mention in the meeting of the importance of community partnership. The knowledge within communities can help facilitate research. Also, it is communities that create the demand for new products; there can be no uptake without them.







From left to right: Dr Juliet Nabyonga-Orem, Dr Lutz Hegemann, Dr João Almeida Pedro, Dr Alicia Soto, Dr Frederik Kristensen, Dr John Nkengasong, and Dr Peter Kilmarx participate in the second panel discussion 'Strategic partners in EDCTP'

## Closing session

**Commenting on the meeting, Mark Palmer, Chairperson of the General Assembly of the EDCTP Association, said he was gratified that it had discussed so many issues. Engaging youth, improving the remuneration of African researchers and the creation of biobanks were issues that he was pleased had been mentioned. Surveillance was another area of EDCTP's work that people wanted to see developed further.**

Regarding the important topic of non-communicable diseases, he stressed that poverty-related infectious diseases were indeed an unfinished agenda. If EDCTP were to attempt to also address non-communicable diseases (and other health issues that had been mentioned) it would require considerably more money and it would need to adopt different approaches; for example, other forms of preventive intervention would have to be studied. Other bodies that focus on non-communicable diseases do exist and perhaps they could establish a programme that drew on the EDCTP model.

Further, he was gratified that the importance of partnership had been stressed by all speakers. However, the meeting had not really dealt with the important issue of governance, with very little discussion on potential new approaches and instruments to use to help facilitate the establishment and maintenance of partnerships.

The closing address was given by **Manuel Heitor**, Minister for Science & Higher Education, Portugal. The meeting, he said, was timely as we are not doing enough on science, an important topic worldwide. When we try and understand the practice of science, we see that people, institutions and incentives are all needed to make it possible.

Nothing can be achieved without human infrastructure, which African countries must now focus on developing. We will not conquer infectious diseases without human infrastructure in the endemic regions. As Africa is losing many of its educated people through a brain drain benefiting Europe and other developed economies, this should be addressed by both Africa and Europe. A 'users infrastructure' is also needed; people need to be properly educated so that they may be able to understand why innovations will benefit them.

It was good to see ethical issues included within the programme. Surveillance is another key issue. Portugal is working in this area, including through a space research approach. We need to work across disciplines. For example, the impact of climate change on health requires more attention; again, space research can help. Research contributions from the social sciences are also needed. To the implementation of medical research findings, there are many barriers.

Rich and poor nations alike, we must all decide what makes our countries the way they are. One topic that does not receive enough attention is institutional corruption, which holds back progress in many countries. Let us put true North-South collaboration into practice. Through science we can create harmony between different nations. He closed referring to the words of the Hon. Naledi Pandor – the current Minister of Higher Education and Training, and former Minister of Science and Technology of South Africa – who at a previous meeting had called upon EDCTP to help bring people on the margins of society into its centre.

The meeting was then closed.



Minister Manuel Heitor

## Annex 1 Agenda of the meeting

TIME	AGENDA ITEM	SPEAKER(S)
11:30–12:30	<b>Lunch and introduction</b>	
12:30–12:40	<b>Welcome from the Chairperson and expectations for the meeting</b>	Mark Palmer, Chairperson of the EDCTP Association Board, Medical Research Council, United Kingdom
12:40–12:45	<b>Welcome from the host</b>	Helena Pereira, Vice President, Foundation for Science and Technology (FCT), Portugal
12:45–13:00	<b>European Union Framework Programme 9 for Research and Innovation (FP9)</b>	Irene Norstedt, Acting Director of Directorate Health, Directorate-General for Research and Innovation, European Commission, Belgium
13:00–13:25	<b>EDCTP2 achievements and scope of a future programme</b>	Michael Makanga, EDCTP Executive Director, Netherlands
	<b>Questions and discussion</b>	
13:25–14:35	<b>Panel discussion I: African and European governments in EDCTP</b> 1. Roles and responsibilities 2. Challenges 3. Opportunities 4. Commitments	<b>Moderator:</b> Leonardo Simão, EDCTP High Representative South  <b>Panellists:</b> <ul style="list-style-type: none"> <li>• Helena Pereira, Vice President, Foundation for Science and Technology (FCT), Portugal</li> <li>• Uberto Vanni d'Archirafi, Ambassador of Italy to Portugal</li> <li>• Anne Paoletti, Scientific Director for Biology and Health, Ministry of Higher Education, Research and Innovation, France</li> <li>• Stanley Okolo, Director General, West African Health Organization (WAHO) Burkina Faso</li> <li>• Sarah Achieng Opendi, Uganda State Minister of Health for General Duties, Uganda</li> <li>• Glenda Gray, President; CEO South African Medical Research Council, South Africa</li> <li>• José Manuel Viera Dias da Cunha, Secretary of State for Public Health, Ministry of Health, Angola</li> </ul>

TIME	AGENDA ITEM	SPEAKER(S)
14:35–15:45	<b>Panel discussion II: Strategic partners in EDCTP</b> 1. Roles and responsibilities 2. Challenges 3. Opportunities 4. Commitments	<b>Moderator:</b> Marcel Tanner, EDCTP High Representative North  <b>Panellists:</b> <ul style="list-style-type: none"> <li>• Juliet Nabyonga-Orem on behalf of Matshidiso Moeti, Regional Director, World Health Organization Regional Office for Africa (WHO/AFRO)</li> <li>• Lutz Hegemann, Development Unit Head, Global Health, Novartis International AG</li> <li>• João Almeida Pedro, Senior Project Manager, Calouste Gulbenkian Foundation, Portugal</li> <li>• Alicia Soto, Director, Mundo Sano Foundation</li> <li>• Frederik Kristensen, Deputy Chief Executive Officer, Coalition for Epidemic Preparedness Innovations (CEPI)</li> <li>• John Nkengasong, Director, Africa Centres for Disease Control and Prevention</li> <li>• Peter Kilmarx, Deputy Director, Fogarty International Center, National Institutes of Health (NIH)</li> </ul>
15:45–16:00	<b>Summary, recommendations and next steps</b>	Mark Palmer, and Manuel Heitor, Minister for Science, Technology and Higher Education, Portugal
16:00	<b>Close of meeting, followed by the opening ceremony of the Ninth EDCTP Forum and evening reception</b>	

## European & Developing Countries Clinical Trials Partnership

The Hague, The Netherlands, December 2018

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