



EDCTP

The power of sharing science



Science Summit at UNGA77
13-30 September 2022

UNGA77 Science Summit | EDCTP event at UNGA77 Science Summit

Funding research for impact: strengthening the role of science and evidence-based policymaking

30 September 2022 –15:00-17:00 CEST (virtual)



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About EDCTP

The European & Developing Countries Clinical Trials Partnership (EDCTP) is a public–public partnership between 14 European and 21 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 emphasis on phase II and III clinical trials. Our approach integrates conduct of research with development of African clinical research capacity and networking.

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

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Funding research for impact: strengthening the role of science and evidence-based policymaking

To achieve the health-related targets of the Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC), and to make an impactful contribution to the discussion on the post-2030 Sustainable Development Agenda, health systems in low- and middle-income countries (LMICs) need to support research and development. Innovative models – particularly through global partnerships – are required to advance the development of evidence-informed interventions against poverty-related infectious disease and their interactions with other morbidities. Failure to translate research findings into policy and practice prevents research from achieving maximum public health benefit.

Despite substantial investment by public and private partners in the development of new diagnostics, vaccines and drugs for poverty-related infectious diseases, these interventions may not reach their target populations or be used to their full potential. This is particularly the case in sub-Saharan Africa, where health systems are generally weak and not adequately prepared for the delivery and uptake of new or improved products and interventions. Therefore, concerted efforts by multiple stakeholders are needed to maximise the uptake of new or improved products and interventions to ensure that these innovations achieve their full potential in real-life clinical and community settings.

EDCTP is investing in the translation of research findings into policy and practice to increase their public health impact in sub-Saharan Africa. As a partnership between 18 African and 14 European countries, EDCTP aims to accelerate the development of new or improved medical interventions for the identification, treatment and prevention of poverty-related infectious diseases. Launched in 2003 and renewed in 2014 and 2021, EDCTP has been the focal point of European Union support for global health research in Africa and is a visible sign of commitment to the SDGs. By May 2022, the second EDCTP programme (EDCTP2; 2014-2024) portfolio comprised 436 grants awarded through 60 calls for proposals, representing a total investment of €823.40 million. Clinical trials supported by EDCTP2 involve international collaborations spanning over 60 countries and 350 institutions in Europe and sub-Saharan Africa, with broader global collaboration.

Results from these clinical trials have generated pivotal evidence which has informed national and international policy and practice.

On 10 May 2022, the European Commission and the EDCTP Association launched the Global Health EDCTP3 Joint Undertaking Annual Work Programme 2022, highlighting the importance of ensuring R&I collaboration, cooperation and funding in the area of infectious diseases and the commitment of the partners.

As part of the 8th edition of the Science Summit around the 77th United Nations General Assembly (UNGA77), this session aims to illustrate the value of global partnerships using EDCTP as a case study on advancing the production and usage of reliable research evidence in addressing unmet medical needs, especially amongst vulnerable populations in Africa.

Objectives:

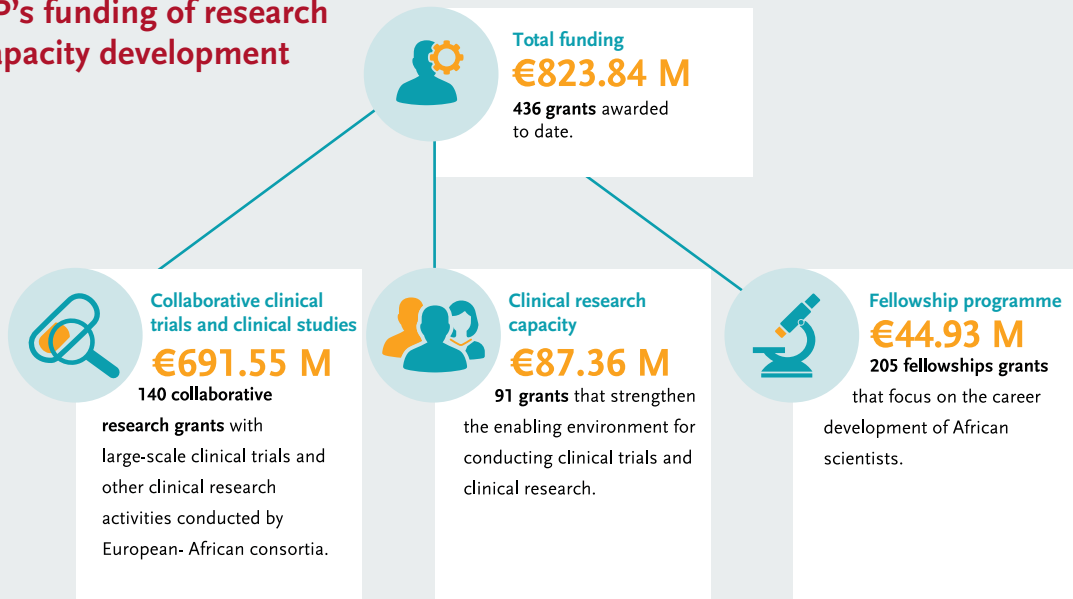
- Promote awareness about EDCTP and its role and contribution to attaining the SDGs
- Showcase examples of how EDCTP and its partners have contributed towards the generation of reliable data that informs the formulation and adoption of international guidelines as well as locally generated evidence-based policies within the national health research systems in sub-Saharan Africa
- Demonstrate how highly collaborative international research infrastructures work as a driver for international cooperation and data-driven decision making and how the new GH EDCTP3 partnership can continue this effort
- Discuss what enabling research, policy, regulatory and financial environments are needed to facilitate high-quality clinical research in Africa addressing local priorities with global alignment and policy relevance.



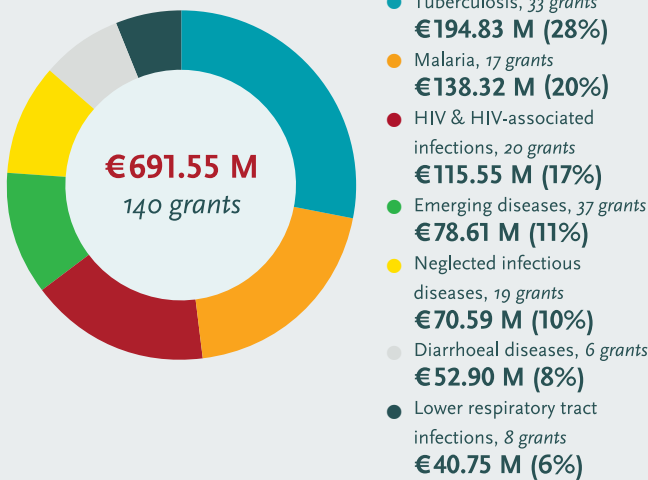
EDCTP's investment in global health and clinical trials

2014-2022

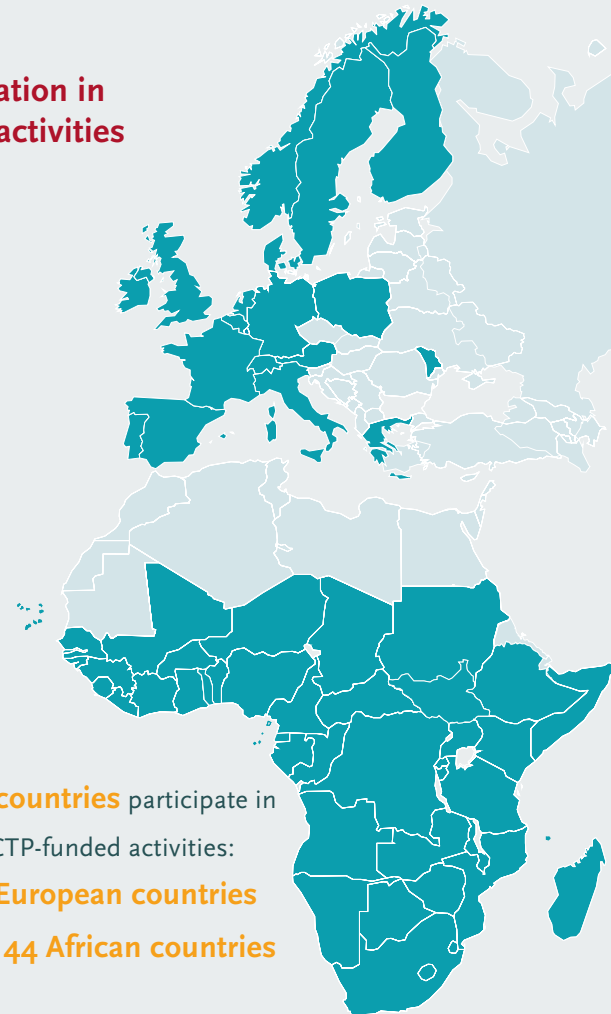
EDCTP's funding of research and capacity development



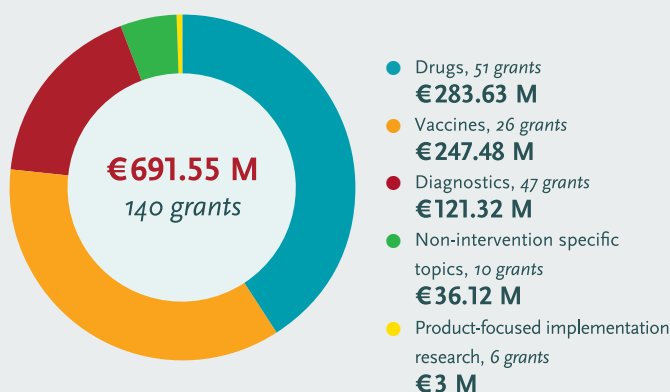
Collaborative research projects by disease



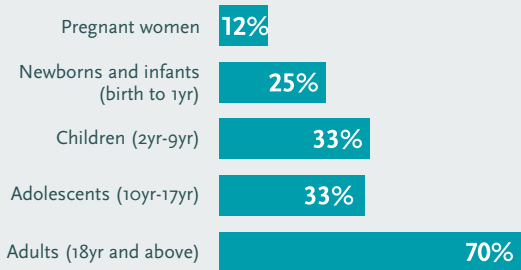
Participation in EDCTP activities



Collaborative research projects by intervention

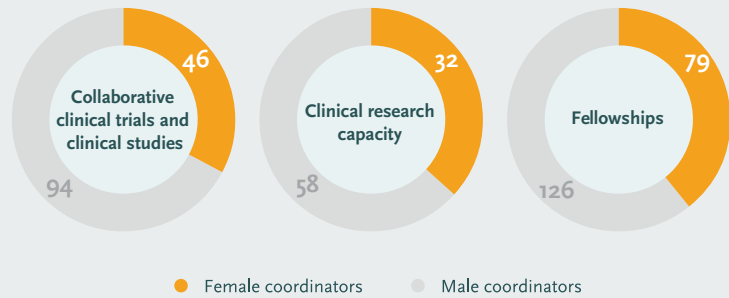


Population in clinical studies



Gender equality in science

37% of the projects in the EDCTP2 portfolio are led by a female:



46% of the 580 African academic trainees are female.

39% of the members of expert review committees for EDCTP calls evaluations are female.

Epidemic preparedness and response



€13.11 M invested to support 27 projects in sub-Saharan Africa aiming to manage and/or prevent the spread of the current COVID-19 outbreak.

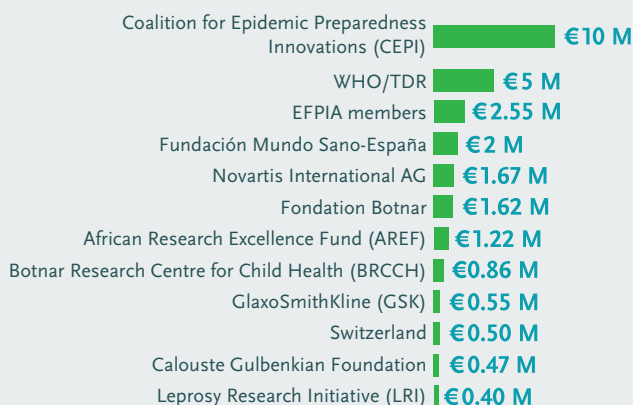
COVID-19 research response is also carried out by the two consortia, PANDORA-ID-NET and ALERRT, funded by EDCTP through earlier investments of €21 M in epidemic preparedness research.

A total of 105 institutions from 12 countries in Europe and 26 countries in sub-Saharan Africa participate in EDCTP's COVID-19 projects. Fourteen projects are coordinated by entities based in sub-Saharan Africa.

Partnerships

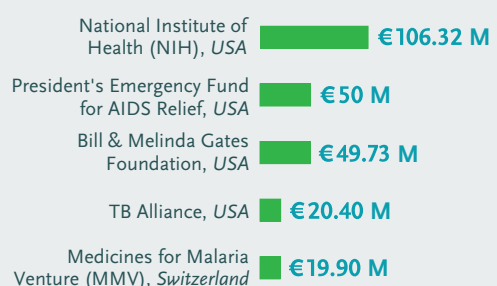
€26.84 M has been leveraged from partners for the launch of joint or coordinated calls for proposals.

Partner contributions to joint initiatives launched with EDCTP

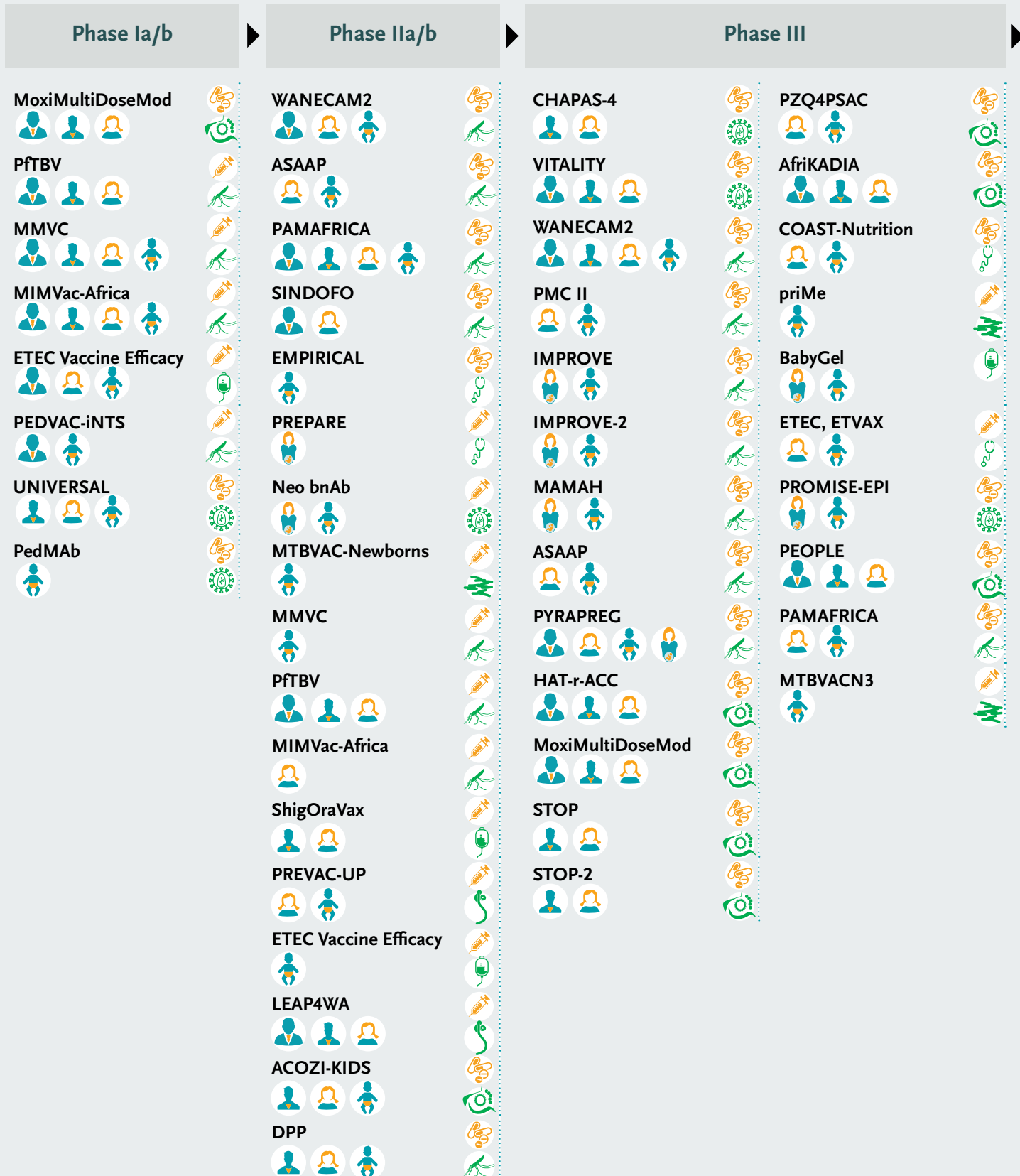


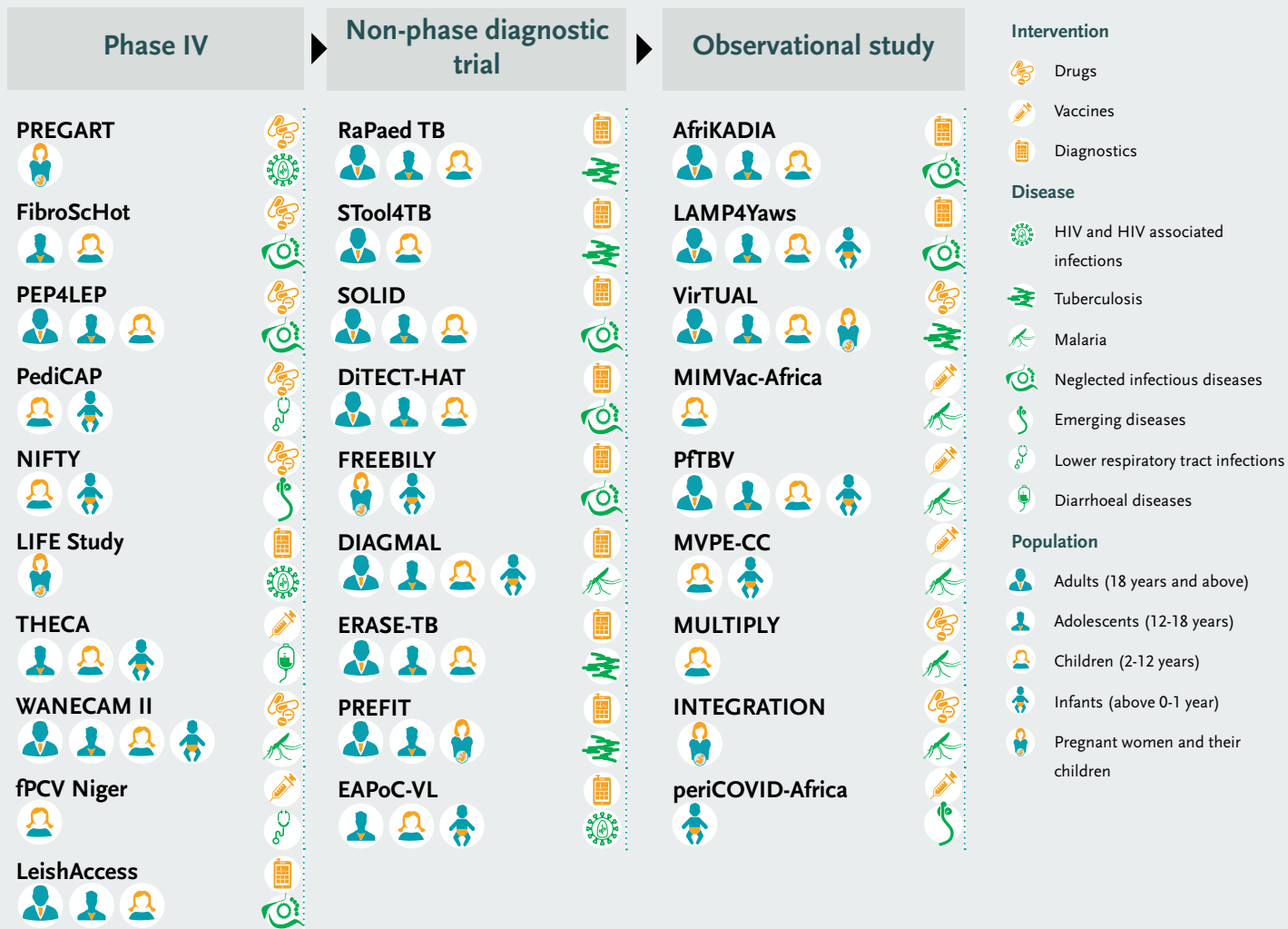
€373.95 M has been leveraged as co-funding to EDCTP projects through the EDCTP strategic calls for proposals (€271.58 M in cash and €102.37 M in-kind).

Co-funding in EDCTP projects (top 5 funders)



EDCTP-supported collaborative clinical trials and clinical studies on maternal and child health





Agenda

Chair

- **Catherine Hankins**, Chairperson of the EDCTP Scientific Advisory Committee (Canada)
- **John Gyapong**, Vice-chair of the EDCTP Scientific Advisory Committee (Ghana)

15:00-15:05	Welcome from the co-Chairs
15:05-15:15	Combatting the unmet medical challenges and policy-relevant demands attributed to PRDs in sub-Saharan Africa Michael Makanga, EDCTP (Netherlands)
15:15-15:25	Case study 1 – Simpler and safer treatment of cryptococcal meningitis (AMBITION-cm) Joe Jarvis, London School of Hygiene & Tropical Medicine (LSHTM, United Kingdom)
15:25-15:35	Case study 2 - Prevention of invasive Group B Streptococcus disease in young infants and generating vital data on COVID-19 infections in pregnant women and their offspring in sub-Saharan Africa (PREPARE & periCOVID-Africa) Kirsty Le Doare, St. George's Hospital Medical School (United Kingdom)
15:35-15:45	Case study 3 - Strengthening the evidence for policy on the RTS,S/AS01 malaria vaccine: assessment of safety and effectiveness using case-control studies embedded in the Malaria Vaccine Pilot Evaluation (MVPE-CC) Kwaku Poku Asante, Kintampo Health Research Centre (Ghana)
15:45-15:55	Case study 4 - Development of paediatric fixed-dose combination therapy for HIV-infected children in Africa (The CHAPAS trials) Mutsa Bwakura-Dangarembizi, University of Zimbabwe College of Health Sciences (Zimbabwe)
15:55-16:05	Audience Q&A
16:05-16:40	Panel discussion Working together to achieve more: Supporting research in Africa to facilitate high-quality clinical research generating valuable new evidence that can be translated into policy and practice <ul style="list-style-type: none"> • Jimmy Volmink, Stellenbosch University (South Africa) • Juliet Nabyonga-Orem, WHO Regional Office for Africa • Godfrey Biemba, National Health Research Authority (NHRA, Zambia) • Maria-Teresa Bejarano, Swedish Development Cooperation Agency (Sida, Sweden) • Chimwemwe Chamdimba, African Union Development Agency (AUDA-NEPAD) • Elmar Nimmesgern, Global Health EDCTP3 Joint Undertaking, and DG Research and Innovation, European Commission
16:40-16:50	Audience Q&A and discussion
16:50-17:00	Closing remarks





Case study 1 | AMBITION-cm: Simpler and safer treatment of cryptococcal meningitis

Infection of the brain by *Cryptococcus*, a fungal pathogen, can lead to a potentially fatal meningitis. Globally, cryptococcal meningitis is the second most common HIV-related cause of death, and most deaths occur in sub-Saharan Africa.

Current treatment is based on a one-week course of two drugs, amphotericin B deoxycholate and flucytosine. However, use of amphotericin B deoxycholate is associated with blood, kidney and other abnormalities, requiring careful patient monitoring, which may not be feasible in many resource-poor settings where the burden of disease is highest.

The AMBITION-cm team has been evaluating an alternative formulation of amphotericin B, delivered in tiny lipid-based packages (liposomes), which would be more suitable for resource-poor settings. A phase II study already showed that a single high dose of liposomal amphotericin B (AmBisome®) given with 14 days of flucytosine and fluconazole is non-inferior to the current standard of care of seven days of amphotericin B plus seven days of flucytosine, followed by seven days of fluconazole, in the treatment of HIV-associated cryptococcal meningitis (CM).

The AMBITION-cm trial is the largest HIV-associated cryptococcal meningitis treatment trial ever undertaken. The phase III AMBITION-cm trial, in five African countries, compared use of single-dose liposomal amphotericin B and flucytosine with the current recommended treatment, recruiting 844 patients with confirmed cryptococcal meningitis. Survival was not markedly different in the two arms (24.8% mortality in the liposomal amphotericin B group versus 28.7% in the control group) and fewer serious side effects were seen with liposomal amphotericin B.

Project at a glance

Project: AMBITION-cm trial

Project lead: Professor Jo Jarvis, London School of Hygiene and Tropical Medicine, UK

Countries involved: Botswana, France, Malawi, South Africa, Uganda, United Kingdom, Zimbabwe

Target population(s): Adults with HIV

Year funded: 2017

EDCTP funding: €10 M

Grant agreement: TRIA2015-1092

These results, in the [New England Journal of Medicine](#) on 23 March 2022, argue in favour of use of liposomal amphotericin B, which would be easier to deliver in resource-poor settings, have fewer treatment complications and could potentially reduce the duration of hospital stays for some patients. Furthermore, with the study conducted across five countries in southern and eastern Africa, the results should be generalisable across the region. In April 2022, the [WHO issued a rapid advice to update guidance on treatment of cryptococcal meningitis](#) based on the findings of the AMBITION-cm study

Case study 2 | PREPARE and periCOVID-Africa: Vaccinating mothers to protect newborns and generating data on COVID-19 infections in pregnant women and their offspring

Group B Streptococcus (GBS) is a leading cause of neonatal infection (including pneumonia, sepsis and meningitis) in Europe, and increasingly recognised as a significant cause of neonatal infection in sub-Saharan Africa.

Control of GBS is likely to depend on safe and effective vaccines, administered to pregnant women. The PREPARE consortium is carrying out clinical trials of two promising candidate vaccines: the GBS6, to be evaluated in Uganda), and the GBS-NN/NN2, being tested in in Uganda and South Africa. The trial that uses the MinervaX GBS-NN/NN2 vaccine candidate aims to evaluate the safety and reactogenicity of the vaccine candidate in pregnant women. Both trial sites in South Africa and Uganda have recently completed recruitment.

The PREPARE study also provided a platform for research into the impact of COVID-19 on pregnancy, immune responses in mothers and babies, and work with communities on infection control and prevention in pregnant women. The periCOVID Africa study, funded through EDCTP's emergency COVID-19 call, is being carried out in The Gambia, Kenya, Malawi, Mozambique and Uganda and aims to collect data on 70,000 pregnancies.

Project at a glance

Project: PREPARE study

Project lead: Dr Kirsty Le Doare, St George's University of London, United Kingdom

Countries involved: Denmark, France, Italy, Malawi, the Netherlands, South Africa, Uganda, United Kingdom, United States

Year funded: 2019

EDCTP funding: €10 M

Grant agreement: RIA2018V-2304





Case study 3 | MVPE-CC: Ensuring malaria vaccine safety and effectiveness

The MVPE-CC study aims to provide additional safety and effectiveness data on the RTS,S/AS01 malaria vaccine.

The safety question, which particularly concerns a potentially elevated risk of meningitis and cerebral malaria, and higher mortality in girls, is being addressed through a case-control design. Within the study area, individual cases will be identified, alongside matched controls of similar age, sex and background. Possible risk factors (including RTS,S/AS01 vaccination) will be assessed in both groups to see if any are associated with the risk of disease.

Effectiveness will be assessed by use of the case-control approach to examine any potential increase in the incidence of severe malaria in children who received three doses of RTS,S/AS01 but not the fourth dose. This will reveal any incremental value of the fourth dose and indicate whether the three-dose schedule is sufficient to give good protection.

In addition, the project is promoting the use of the case-control methodology to enable malaria control programmes more generally to monitor the safety and effectiveness of RTS,S/AS01 after introduction.

Project at a glance

Project: MVPE-CC

Project lead: Dr Kwaku Poku Asante, Kintampo Health Research Centre, Ghana

Countries involved: Ghana, Germany, Kenya, Malawi, United Kingdom, United States

Target population(s): Children

Year funded: 2021

EDCTP funding: €3.2 M

Grant agreement: RIA2020S-3310

Case study 4 | CHAPAS trials: Treatments for children with HIV

For more than a decade, the CHAPAS Consortium have conducted a series of clinical trials that have helped to shape international policy and practice on antiretroviral use in HIV-infected children. Data from EDCTP-funded CHAPAS 1 and CHAPAS 3 projects supported licensing applications for children-specific formulations and provided evidence in support of WHO recommendations on updated treatment options, opening the door to more extensive use of antiretroviral therapy in African children.

The ongoing CHAPAS 4 study is designed to identify an optimal second-line treatment for children with HIV infections. The study, being carried out in three sub-Saharan countries, will use an innovative trial design to compare a range of possible options. These include formulations incorporating dolutegravir, a relatively new drug with significant advantages over existing treatments; atazanavir/ritonavir (ATV/r), which is now available in a single pill suitable for children; and tenofovir–alafenamide (TAF), a tenofovir pro-drug that may be particularly suitable for use in children, co-formulated with emtricitabine. These agents will be tested in different combination regimens against the current standard of care for children.

The project will also explore interactions between antiretroviral drugs and anti-TB medications, and their impact on the effectiveness of treatment and toxicity. It will also examine the cost implications of the new treatments.

Project at a glance

Project: CHAPAS 4 study

Project lead: Dr Mutsa Bwakura-Dangarembizi, University of Zimbabwe College of Health Sciences

Countries involved: the Netherlands, South Africa, Uganda, United Kingdom, Zambia, Zimbabwe

Target population(s): Children with HIV (3–15 years) failing first-line treatment

Year funded: 2017

EDCTP funding: €7.6 M

Grant agreement: TRIA2015-1078



Biographies



Catherine Hankins

**McGill University and Amsterdam Institute for Global Health & Development (Canada);
Chairperson of the EDCTP Scientific Advisory Committee**

Professor Catherine Hankins is Professor and Interim Chair, Department of Global & Public Health, School of Public & Population Health, Faculty of Medicine, McGill University; Honorary Professor, London School of Hygiene & Tropical Medicine; and Senior Fellow, Amsterdam Institute for Global Health & Development. She chaired six annual INTEREST conferences in Africa (2015-2020) and EDCTP's Tenth Forum in Maputo, Mozambique (2021), and is co-chair of the Eastern Europe & Central Asia INTERACT workshop (2022 Riga, Latvia). She is co-chair of Canada's COVID-19 Immunity Task Force.

Before joining UNAIDS in Geneva 2002, she was the principal investigator of studies involving women, prisoners, and people who inject drugs and of population-based epidemiological studies. As Chief Scientific Adviser to UNAIDS, she led the scientific knowledge translation team focusing on ethical and participatory HIV prevention trial conduct, convening mathematical modelling teams, and supporting country implementation of proven biomedical HIV prevention modalities. A trustee of the HIV Research Trust and member of the International AIDS Society Industry Liaison Forum, she was named to the Order of Canada in 2013.



Chimwemwe Chamdimba

African Union Development Agency (AUDA-NEPAD)

Ms Chimwemwe Chamdimba is a Principal Policy Specialist at the African Union Development Agency (AUDA-NEPAD). She is responsible for health policy and regulatory reforms, and regional harmonization. Chimwemwe has contributed to key continental policy processes including the Science, Technology and Innovation Strategy for Africa (STISA-2024); African Union Health Strategy; the African Union Model Law on Medical Product Regulation; and the Treaty for the establishment of the African Medicines Agency. She is currently coordinating programmes on Health System Strengthening, TB, Occupational Health and Safety, and private sector engagement in health at the AUDA-NEPAD. She is leading a team that is developing the AU Framework on Private Sector Engagement in Health.



Elmar Nimmesgern

Global Health EDCTP3 Joint Undertaking, and DG Research and Innovation, European Commission

Dr Elmar Nimmesgern is interim Executive Director, Global Health EDCTP3 Joint Undertaking and Policy Officer, Global Health EDCTP3 at the European Commission. Prior to that he was Secretariat Lead of the Global AMR R&D Hub. He has worked for more than 18 years for the European Commission, where he held various positions on different aspects of health research. He was first Deputy Head of Unit in the Strategy Unit of the Health Directorate, and from 2014 to 2018 the Innovative and Personalised Medicine Unit. Before he worked five years at Vertex Pharmaceuticals in Cambridge, Massachusetts and led a pre-clinical research team on immunosuppressive agents.

Dr Nimmesgern is a biochemist by training and has also done research on molecular chaperones briefly at the University of Munich and at Memorial Sloan Kettering Cancer Center in New York City.



Godfrey Biemba

National Health Research Authority (NHRA), Zambia

Professor Godfrey Biemba is Director and CEO for the National Health Research Authority in Zambia, Adjunct Research Assistant Professor at Boston University School of Public Health, Hon. Associate Professor of Global Health at Lusaka Apex Medical University, Associate Professor of Public Health at University of Barotseland, Guest Lecturer in Health Systems Research at Levy Mwanawasa Medical University in Lusaka, Fellow of the Zambia Academy of Sciences, EDCTP Association Board Member from 2019 and inaugural member of the Global Health EDCTP3 Joint Undertaking Board of Directors. He is Medical Doctor and Public Health Specialist with training in Clinical Research, Ethics, and Health Systems.

Prof. Biemba has 36 years of experience in the health sector as a medical practitioner, researcher, capacity builder, and public health manager. He has extensive experience in conducting clinical trials, community-based evaluations, impact evaluations of public health programmes, situational analyses in the areas of malaria, health systems, orphans and vulnerable children, water, sanitation and hygiene, road safety, maternal, neonatal, and child health, and HIV/AIDS. He has 104 publications, out of which 72 are peer-reviewed articles.



Jimmy Volmink

Stellenbosch University, South Africa

Professor James (Jimmy) Volmink is a Professor of Global Health and the immediate past Dean of the Faculty of Medicine and Health Sciences at Stellenbosch University. He was the founding Director of Cochrane South Africa, South African Medical Research Council and the founding Director of Research & Analysis of the Global Health Council in the United States. In addition to a medical degree from the University of Cape Town he holds an MPH degree from Harvard University and a DPhil in Epidemiology from the University of Oxford.

He began his professional career as a general practitioner serving low-income communities in rural Swaziland (now Eswatini) and townships near Cape Town. The recipient of numerous honours, including the Lifetime Chancellor's Award at Stellenbosch University, Professor Volmink is an elected Member of the Academy of Science of South Africa and a Fellow of the Royal College of Physicians of Edinburgh. He has received the Leverhulme Medal for Distinguished Contribution from the Liverpool School of Tropical Medicine. He also received a Recognition Award for his contributions to Evidence-based Health Care in Africa and a President's Lifetime Achievement Award from the South African Medical Research Council. The Katholieke Universiteit Leuven in Belgium presented Prof. Volmink with an honorary doctorate "in recognition of his work to promote human dignity and his contribution to science and practice to improve health and well-being." More recently he received a Doctor of Science, honoris causa from McMaster University in Canada for his contributions to evidence-based medicine.



Joe Jarvis

London School of Hygiene & Tropical Medicine (LSHTM), United Kingdom

Professor Joe Jarvis is a NIHR Global Health Research Professor, currently based full time in Gaborone, Botswana, where he works for the Botswana Harvard AIDS Institute Partnership. His main research interests are advanced HIV disease, opportunistic infections, cryptococcal meningitis and other central nervous system infections, and strategies to rapidly and safely initiate antiretroviral therapy in individuals with low CD4 counts. He is the Chief Investigator for the AMBITION-cm trial examining new treatments for HIV-associated cryptococcal meningitis in Botswana, Zimbabwe, South Africa, Malawi, and Uganda. He recently worked as Research Director for the CDC Implementation Protocol of the Botswana Combination Prevention Project (BCPP).

He is a member of the external review group for the WHO Guidelines for Managing Advanced HIV Disease and Rapid Initiation of Antiretroviral Therapy, and a guidelines development group member for WHO guidelines on preventing, diagnosing, and managing cryptococcal disease in HIV-infected adults, adolescents and children. In addition to his research, he works as an infectious diseases consultant in Botswana and at the Hospital for Tropical Diseases in London.



John Gyapong

University of Health and Allied Science, Ghana; Vice-chair of the EDCTP Scientific Advisory Committee

Professor John Gyapong is a public health physician and an epidemiologist. He was the Vice Chancellor of the University of Health and Allied Science in Ghana. Prior to this, he was the Pro-Vice Chancellor for Research Innovation and Development and Professor of Epidemiology at the University of Ghana, and an Adjunct Professor of International Health at Georgetown University in Washington, United States.

Professor Gyapong received his basic medical education in Ghana and later pursued a Master of Science in Public Health in Developing Countries, and a PhD in Epidemiology at the London School of Hygiene and Tropical Medicine, University of London, United Kingdom. He was the Director of Research and Development of the Ghana Health Services for 12 years and has coordinated several large-scale field intervention studies in Ghana. He established and managed the Ghana Neglected Diseases Control Programme for eight years. Professor Gyapong has served as chair/member of several WHO Neglected Tropical Diseases (NTDs) Committees. Currently, he is a member of the Scientific and Technical Advisory Committee (STAC) of WHO-TDR. He was also the Representative of the African Ministers of Health/WHO AFRO in the EDCTP General Assembly from 2010 to 2014 and the Ghana Representative in the EDCTP2 General Assembly. He serves on several international research review committees and boards. He has over 120 publications in peer-reviewed journals and published a book on NTDs in sub-Saharan Africa.



Juliet Nabyonga-Orem

WHO Regional Office for Africa

Professor Juliet Nabyonga-Orem is the Team Leader Health Financing and Investment Program, WHO Regional Office for Africa. She is a health systems expert with experience spanning over two decades. She has been instrumental in the transformation of health systems in many African countries.

She is an Associate Professor in North-West University (NWU) Potchefstroom Campus, South Africa. Prof. Nabyonga-Orem is a graduate of Makerere University, Uganda where she obtained MB ChB, obtained a MSc in Health Economics from University of York, UK and a PhD in Public Health from Catholic University of Louvain, Belgium.

Prof. Nabyonga-Orem has published extensively in the area of health systems and services, health financing and health economics. She is a member a several scientific committees including the Africa Health Economics and Policy Association (AfHEA); Health systems Global (HSG); a member of the EDCTP Scientific Advisory Committee and a Member of the Portfolio board for Global development and international relations of the Research council of Norway.



Kirsty Le Doare

St. George's Hospital Medical School, United Kingdom

Professor Kirsty Le Doare is UKRI Future Leaders Fellow and Professor of Vaccinology and Immunology working between MRC/UVRI & LSHTM Uganda Research Unit, Makerere University and St. George's, University of London.

Her research interests are age-related immune responses to infectious diseases, in particular to Group B-streptococcus (GBS) and more recently, gram negative pathogens. She is interested in improving our knowledge of how maternal antibody in vaginal fluid, blood and breast milk is passed to babies and how this protects them from colonisation and disease. Her focus is on harnessing these tools of nature (basic pathophysiology and immunity) to improve vaccines and prevention strategies, coupled with clinical vaccine studies at her maternal vaccination platform site in Kampala, Uganda.

She leads the GASTON initiative to determine serocorrelates of protection against GBS and is part of the WHO task-force to defeat meningitis by 2030 and develop the pathway for licensing the GBS vaccine. She has close collaborations with colleagues at the UK Health Security Agency (UKHSA), Centers for Disease Control and Prevention (CDC), US Food and Drug Administration (FDA) and academic and industrial groups both in the UK and overseas.



Kwaku Poku Asante

Kintampo Health Research Centre, Ghana

Dr Kwaku Poku Asante is a medical doctor and a clinical epidemiologist. He is a Fellow of the West African College of Physicians. Dr Asante is the Director of Kintampo Health Research Centre under the Ghana Health Service's Research and Development Division. He has experience in malaria vaccine trials and has focused his research in the area of malaria and environmental health.

Dr Asante is the Principal Investigator for Ghana Malaria Vaccine Pilot Evaluation Programme, The EDCTP-funded case control study evaluating the RTSS malaria vaccine in Ghana, Kenya and Malawi, and the phase IV RTSS malaria among several other research projects.

Dr Asante has over hundred malaria related peer reviewed publications and joins over twenty local and global research and policy related committees including WHO's global working group on Immunisation Agenda 2030. Dr Asante supports teaching and research at the London School of Hygiene & Tropical Medicine and School of Public Health at University of Ghana.



Leonardo Simão

EDCTP High Representative for Africa

Dr Leonardo Santos Simão is a medical doctor by training. After his graduation from the Eduardo Mondlane University, Mozambique in 1980, he worked in rural areas of Mozambique as a medical officer at district and provincial levels. He holds a Master's degree in Public Health (Community Health in Developing Countries) from the London School of Hygiene & Tropical Medicine (United Kingdom). He also taught in the Faculty of Medicine of the Eduardo Mondlane University, Mozambique.

Dr Simão is the Executive Director of the Joaquim Chissano Foundation. He is also the Chairman of the SADC Mediation Reference Group, and Chairman of the Board of Directors of the Foundation for the Improvement of the Business Environment (FAN Foundation). Dr Simão is the Chairman of the Board of Trustees of the Manhiça Foundation, which runs the Manhiça Health Research Centre (CISM), in Mozambique. He is also a member of MEOC (Malaria Elimination Oversight Committee), of the WHO Global Malaria Program and a member of the Board of Patrons of the Barcelona Institute of Global Health (IsGlobal). Recently, he was appointed as Roving Ambassador and Special Envoy by the President of Mozambique.



Marcel Tanner

EDCTP High Representative for Europe

Professor Marcel Tanner was Director of the Swiss Tropical and Public Health Institute from 1997 to 2015 and is now President of the Swiss Academy of Sciences. He holds a PhD in medical biology from the University of Basel and an MPH from the University of London.

Prof. Tanner has lived and worked in Africa and Asia and has published extensively in many fields of health research (>650 original papers) and has received global recognition for his expertise in the field of infectious diseases research and control.

He was co-investigator and coordinator of the first African malaria vaccine trial in 1992 and participated as co-principal investigator in several major intervention trials on malaria and schistosomiasis. He developed a Swiss field laboratory to what is now the Ifakara Health Institute in Tanzania from 1981-1985 and when back in Europe as programme director 1987-1997.



Maria-Teresa Bejarano

Swedish International Development Cooperation Agency (Sida)

Professor Maria Teresa Bejarano is an international development specialist with more than 20 years progressive experience in supporting research for health programmes at national and global levels. Presently, she is Senior Research Adviser at Sida and Adjunct Professor of Infection Biology/Immunology at Karolinska Institutet.

Prof. Bejarano has been a Scientific Advisor of the World Bank/UNDP/WHO/UNICEF Special programme on Tropical Disease Research and Training (TDR). She is currently a member of the governing organs of TDR and of the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction. She has actively worked on issues related to antimicrobial resistance (AMR), as policy advisor at ReAct, Action on Antibiotic Resistance, and as AMR focal point at Sida.

Between 2018-2020 Prof. Bejarano was Global Health Advisor at UNFPA in New York. In 2020 she coordinated the production of the Report of the UN Secretary General to the Commission on Population and Development on population, food security, nutrition and sustainable development.



Michael Makanga

EDCTP, Netherlands

Dr Michael Makanga is a clinician-scientist born and raised in Uganda with 25 years of professional experience working on health and poverty-related diseases in sub-Saharan Africa. He holds a Medical Degree from Makerere University, Uganda, and has been in various clinical and research positions before and after undertaking a Master's Degree at the University of Liverpool, and then a PhD at the Liverpool School of Tropical Medicine, United Kingdom. He is also a Fellow of the Royal College of Physicians of Edinburgh, Scotland.

Before joining EDCTP he was first in clinical practice and academia, and later clinical research where he served as Head of Regulatory Clinical Trials Facility and Outpatient Clinic at the Kenya Medical Research Institute – Wellcome Trust Collaborative Centre, Kilifi, Kenya, under the auspices of the United Kingdom Universities of Liverpool and Oxford.

Dr Makanga joined EDCTP in 2004, and was appointed as Director of South-South Cooperation and Head of EDCTP Africa Office in Cape Town, South Africa, in 2008. He has served in various scientific and policy advisory boards for international product development and philanthropic organisations along with pharmaceutical companies involved in developing medicinal products for poverty-related infectious diseases.



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