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DMS# 156628

Minutes EDCTP Board meeting 2 April 2025
Teleconference – 12:00-13:30 CEST

Minutes of the EDCTP Association Board meeting by teleconference on 2 April 2025, 12:00-13:30 CEST

Participants

EDCTP Association Board Members present:

Henning Gädeke (HG) - Board Chair
Glaudina Loots (GL) - Board Vice-Chair
Alemseged Abdissa (AA) – Board Vice-Chair
Marta Norton (MN) – Board Member

Apologies:

Eric D’Ortenzio (EDO) - Board Member
Samuel Okware (SO) - Board Member

Observers:

Lara Pandya (LP) – Global Health EDCTP3 Joint Undertaking (Global Health EDCTP3) on behalf of Michael Makanga
Jan Paehler (JP) – European Commission (EC)

EDCTP Secretariat (SEC) present:

Abdoulie Barry (AB) – Acting Executive Director & Director of Finance and Administration
Isabel Reis (IR) – Executive Governance Officer.

SUMMARY OF DECISIONS AND ACTION POINTS

#	AGENDA ITEM	DECISIONS AND ACTIONS	ACTION BY
1.1	Minutes of the Board meeting of 11 February 2025	DECISION: The Board approved the minutes of the Board meeting held on 11 February 2025 (meeting document 1).	



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3.5	IKAA certification	ACTION: Board members to provide comments on the draft Certification of In-Kind Contributions to Additional Activities (IKAA) statements prepared by the EDCTP Association (meeting document 6).	
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#	AGENDA ITEM	DISCUSSION AND DECISIONS
1. Notes and matters arising from the previous Board meeting		
1.1	Minutes of the Board meeting of 11 February 2025	<p>HG welcomed the attendees to the Association Board meeting and extended a special welcome to the observers, LP and JP. HG noted that apologies had been received from EDO and SO.</p> <p>HG asked participants to declare any conflicts of interest that could be considered prejudicial to their independence in relation to the items on the agenda. No conflicts of interest were declared.</p> <p>HG guided the members through the minutes of the Board meeting held on 11 February 2024. No modifications were requested</p> <p>DECISION: The Board approved the minutes of the Board meeting held on 11 February 2024 (meeting document 1).</p>
1.2	Status of actions arising from the Board meeting of 11 February 2025	<p>AB and IR confirmed that the action point from the Board meeting of 11 February 2024 – namely, that Board members submit any further comments on the IKA certification to the SEC (page 2 of meeting document 1) – had been addressed (slide 3).</p>



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		AB mentioned that he had received comments from France, Germany and South Africa. The Global Health EDCTP3 Head of Administration and Finance, Mr Vincent Declerfayt, was copied on all the emails. AB informed the meeting that he had held a meeting with Mr Declerfayt two weeks ago, during which it was agreed that AB would develop a simplified approach for certification that would be easier for EDCTP Association members to comply with. The SEC has prepared a draft, which we believe incorporates the comments received. Further details on this matter will be discussed under agenda item 3.5. HG commented that he remains optimistic a solution will be found on this topic.
2. EDCTP2 programme		
2.1	General updates from the Secretariat	<p>AB delivered a presentation on the latest updates from the Secretariat (slides 5-7), elaborating on the following points, among others:</p> <ul style="list-style-type: none"> ○ HORIZON-JU-GH-EDCTP3-2025-03-NETWORKS-01 call - EDCTP worked with the Scientific Project Leaders and submitted 15 proposals (with EDCTP as Coordinator) to the Networks call by the deadline of 20 March 2025 ○ HORIZON-JU-GH-EDCTP3-2025-02-FELLOWSHIP-01 call - Applicants have notified EDCTP of their submissions. The Association will begin working with applicants at the second stage. Deadline for submission of second-stage proposals is 2 September 2025. The Association expects to work with applicants from June –September to prepare the 2nd stage proposals ○ Information session held on 10 March 2025 for prospective applicants to explain the role of EDCTP Association as Coordinator and about Lump Sum Funding. Guidance for applicants prepared - EDCTP Association guide on applying for funding (This guide will be updated for second stage applicants). csacoordinator@edctp.org inbox set up for enquiries which received prompt attention and response. EDCTP staff worked with Scientific Project Leaders on application submission ○ Model of trajectory of 437 EDCTP2 projects (2016-2026): As of 1 March 2025, 261 grants closed; 77 projects at final reporting stage.
2.2	EDCTP site visit report Zambia	AB reported that the EDCTP site visit to Zambia took place from 10 to 13 December 2024. The EDCTP site visit team comprised Dr Johanna Schaefer, Project Officer; Ms. Sayma Siddiqui, Grants Finance Officer; and Dr Thomas Nyirenda, Strategic Partnerships & Capacity Development Manager and Head of the Africa Office. The institutions visited were the University



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		Teaching Hospital (UTH) in and ZAMBART, both located in Lusaka. AB provided key information relating to the technical and financial assessments (slides 9-10).
2.3	Update from the European Commission	<p>JP provided an update on key policy and strategic developments at the European Commission relevant to EDCTP. He highlighted the forthcoming Life Science Strategy, which is expected to promote multi-country clinical trials both within Europe and globally. The strategy is currently under consultation and may be adopted later this year or in early 2026. He also referred to the planned release in June 2025 of a strategy on medical countermeasures and stockpiling, which will impact both research and external relations.</p> <p>Preparations are underway for the next Multiannual Financial Framework (2028–2035), which will likely include three funding streams: a competitiveness fund, country plans, and external action. JP emphasised the importance of ensuring that research and multi-country clinical trials are embedded across all three streams, particularly within external action, which also connects to local production and supply chain diversification.</p> <p>Looking ahead, he encouraged all involved to begin preparations in case a Joint Undertaking concept is re-proposed. It will be essential to address the challenges and weaknesses identified during the current implementation. JP specifically called on HG, given his previous involvement in negotiating the legal base, to help identify improvements. Contributions from all participants will be important in strengthening the future framework.</p> <p>JP reported positive progress with DG INTPA, which is considering the EDCTP Association as an implementer under its 2024 Work Programme. This would focus on fellowships and capacity building for health security and pandemic preparedness, in a One Health context. A joint meeting is scheduled with INTPA and AB's team to discuss next steps, which will also support the pillar assessment process.</p> <p>In addition, JP addressed the impact of US funding cuts, particularly to the WHO and NIH-funded projects, which may affect EU-funded grants and availability of key interventions. An assessment is being carried out by the European Commission, and in this regard, all participants were encouraged to share relevant information.</p>



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	<p>HG clarified the structure of EU funding cycles, explaining that they typically follow seven-year periods, defined by the Multiannual Financial Framework (MFF), which provides clarity on funding allocations. Traditionally, there has been a dedicated budget for research programmes. However, current discussions suggest that it is not yet clear whether a separate framework programme for research will be maintained in the future. HG further noted that the German Government, as stated in the Coalition Treaty and other official publications, supports the continuation of a standalone research programme, which would improve the visibility and manageability of such efforts. He expressed hope that colleagues with strong links to the Commission would advocate for this position. At present, there is still uncertainty regarding the structure and scope of what has been referred to as the Competitiveness Fund, which may encompass various programmes beyond research alone. He also welcomed the opportunity to provide input on whether to continue with the JU model, and to reflect on lessons learned from the current implementation.</p> <p>Furthermore, HG raised a question regarding the collaboration between EDCTP and DG INTPA. He sought clarification on whether this pertains specifically to the Team Europe Initiative, or another initiative altogether. He expressed interest in understanding the European Commission's current position, particularly of the potential linkage between EDCTP and these programmes or initiatives. On the topic of US funding cuts, he reported that according to his colleagues at the German Ministry of Health, initial findings from WHO's internal process on addressing these budget cuts are expected by the end of April. From the German Government's perspective, there is a willingness to increase commitments from WHO member states, although a funding gap is anticipated following the withdrawal of US contributions. He added that, as far as he is aware, the US has not paid its 2024 contributions and is not expected to contribute in 2025, despite remaining a WHO member until February 2026. Further clarity is expected end of April, when the WHO is scheduled to release internal findings on its plans to address the funding shortfall.</p> <p>JP explained that there are currently five Team Europe Initiatives in the health sector, four of which are relevant to EDCTP. The most substantial is the initiative on local production (MAV+), which aligns closely with EDCTP's scope. INTPA is currently programming its Team Europe Initiative on One Health, involving five to six Member States, including Germany, France, Spain, Belgium, among others, and has made a concrete request for EDCTP's involvement. If successful, this would demonstrate the added value of the EDCTP Association and significantly strengthened its position to receive grants from other Team Europe Initiatives.</p>
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	<p>GL highlighted that her concern was not about the WHO non-commitment but rather the withdrawal of USAID and NIH funding, which has led to the termination of HIV and TB programmes. She mentioned that she is currently gathering information from South Africa, which will be shared with the EU. GL echoed that several Global Health EDCTP3 calls might have been dependent on products funded by NIH. She is carefully monitoring of these calls, particularly those involving South African participation, to understand how the funding cuts could affect ongoing initiatives. She also reiterated that, while the WHO funding issue is a concern, the larger challenge for Africa is the withdrawal of USAID and NIH, and the potential impact on clinical research across the continent.</p> <p>JP noted that issues related to US funding cuts have already impacted a project from the 2024 EDCTP call, currently in grant agreement preparation. While no funds have been allocated yet, the situation could affect trials that depend on NIH-funded products, with greater risks expected in future calls. He emphasised the need to share such information promptly and acknowledged the serious implications of the WHO's budget cuts, with US funding reductions amounting to around 40%. JP pointed out that the upcoming Global Health EDCTP3 call - inviting additional contributing partners - offers a timely opportunity to gauge interest from non-US funders. He suggested this could lead to broader coordination among donors, especially ahead of discussions on the next EU Multi-Annual Financial Framework. Organisations like the Gates Foundation, Wellcome Trust, Novo Nordisk Foundation, as well as in Canada and the UK, could play key roles in shaping a more sustainable research funding landscape.</p> <p>AA stated that, beyond the WHO, there is significant concern regarding the Global Fund, which provides logistical and other support for TB, malaria, and HIV programmes. As 40% of its funding comes from the US, uncertainty remains around its future. Ethiopia and many African countries are concerned about the potential impact on these major health programmes and recognise the need to strategize accordingly. JP indicated that, according to a table submitted by the US Government to Congress outlining USAID funding cuts, the Global Fund was among the few programmes excluded - alongside the World Food Programme. While this is reassuring for now, it does not guarantee that the situation will not change in the future.</p> <p>LP noted that, in the case of the JU, only a few projects have reached out so far, reporting that they are impacted. One such case involves a grant agreement currently under preparation, which is facing delays related to ethics approval. LP clarified that the Secretariat has not actively contacted grantees, to avoid raising false expectations about additional funding beyond what is available through current calls. At present, only two projects have reported significant concerns, and the Secretariat is in the process of collating this information to assess whether further support may be required.</p>
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		<p>Meanwhile, AB explained that two categories of projects have reached out the EDCTP Association: those not currently funded by EDCTP, but who, upon hearing of EDCTP, were referred to the Association. In response, he convened a meeting with his team and the Global Health EDCTP3 Executive Director Michael Makanga to explore options. Two main approaches were proposed: first, advising these projects to respond to the ongoing Global Health EDCTP3 calls, using their existing work as a foundation; and second, asking some to provide further information so the Association could potentially approach Participating States to request funding, if available. Pauline Beattie is currently collecting details on a TB grant, and some projects have also been directed to explore the possibility of support through IKAA, a mechanism successfully used in the past.</p> <p>HG emphasised the need to closely monitor the situation, highlighting the challenge of securing additional funds from Participating States. He suggested focusing on gathering relevant information as the next step.</p>
3. Global Health EDCTP3 programme		
3.1	Update on Global Health EDCTP3 matters	<p>HG informed the meeting that he had been approached regarding the EDCTP Forum and the host country, and that these details would be further discussed under agenda item 3.4. He also reported on the concerns raised by the French colleagues, specifically regarding the work programme and its timeline. The draft for the work programme is due by the end of May, with discussions planned for the General Assembly (GA) in June in Kigali and a follow-up in October. France has suggested a more active role in the drafting process, which HG acknowledged, noting the importance of early involvement for Member States. HG highlighted the challenge of attracting European Member States to EDCTP3, particularly those not involved in the Association, and suggested organising a video conference among European countries to address the concerns raised by the French colleagues. In addition, HG mentioned the French request for sharing information on calls, which IR addressed, and he confirmed that the Association aims to share as much as legally possible.</p>
3.2	Update from the Global Health EDCTP3 Joint Undertaking	<p>LP reported that since the last Board meeting, the Memorandum of Understanding (MoU) between Global Health EDCTP3 and the Africa CDC has been signed on the 16th of February. This agreement strengthens collaboration around health research, clinical trials, and pandemic preparedness in Africa. It builds on the MoU signed between the EDCTP Association and the Africa CDC in 2021 and introduces a joint action plan for the period 2025-2027. The plan focuses on six key areas, including strengthening the public health workforce, enhancing clinical trial ecosystems across African Union Member States, advancing clinical research on infectious diseases, supporting regulatory capacity development, promoting local manufacturing of</p>



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	<p>vaccines, diagnostics, and therapeutics, and fostering partnerships to implement the Pandemic Fund. In this regard, discussions are ongoing with the Pandemic Fund secretariat on how Global Health EDCTP3 could become an implementing partner for the Pandemic Fund. LP also informed that the European Medicines Agency (EMA) issued a positive scientific opinion on a fixed-dose combination of albendazole and ivermectin for treating parasitic worm infections, following the Alive trial led by the EDCTP2-funded STOP Consortium. This will now be continued under EDCTP3's Project STOP 2030, which focuses on implementation and assessing the safety and effectiveness of the treatment in Kenya and Ghana.</p> <p>Regarding the 2025 work programme, LP reported that by the first-stage deadline on 20th March, 287 applications had been received, involving 854 partners from 82 countries. Of these, 52% of the partners were from Africa, and 42% from Europe, with a total requested amount of around €1.6 billion against an indicative budget of €239 million. The first stage evaluation is underway, with outcomes expected in June. The second stage deadline is 2nd September. Furthermore, LP acknowledged the situation with US funding and noted that colleagues would be mindful of this as evaluations proceed.</p> <p>HG raised concerns regarding cooperation with the Pandemic Fund, particularly about how research funding is managed. He expressed that the initial calls for funding were too broad and that the fund appeared to lack experience in organising such calls. HG requested further information regarding the proposed cooperation.</p> <p>LP explained that EDCTP intends to apply to become an implementing partner for the Pandemic Fund, although the process is still at an early stage. Currently, they are in a fact-finding phase to better understand the application process, timelines, and requirements. Africa CDC is further along in its application process, although it has not yet been formalised. The aim is to potentially co-apply as implementing partners to future calls, but it is unlikely that they will be ready for any calls this year, given the lengthy application process, which may take up to a year. For now, Global Health EDCTP3 is gathering information and gaining a detailed understanding of the process.</p> <p>HG indicated that despite the large financial pledge, the cuts have had a significant impact. The US had committed over USD 400 million last year; however, this amount remains unpaid and is unlikely to be paid.</p>
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3.3	General Assembly draft agenda of 14 June 2025	With reference to meeting document 5, IR delivered an in-depth overview of the draft agenda for the General Assembly scheduled for 14 June 2025, along with a summary of the in-person attendance confirmations received to date.
3.4	Twelfth EDCTP Forum in Kigali	<p>AB explained that agenda item 3.4 was included following the receipt of emails raising concerns about holding the Forum in Rwanda. AB informed the meeting that he had contacted Michael Makanga immediately after receiving the emails.</p> <p>LP reported that the Global Health EDCTP3 Executive Director, Michael Makanga, had travelled to Kigali in March 2025 to attend the Africa Health Agenda International Conference, a major event with around 2000 participants. One of the objectives of his visit was to assess the situation first-hand, and he returned feeling reassured about both safety and logistics. During his visit, he met with the Rwandan Minister of Health, the EDCTP General Assembly Representative and the local host, Claude Muvunyi. The Minister offered to record a video message to welcome delegates and provide reassurances regarding the situation in Kigali (the recording is expected to be received very shortly). Michael also met with the Ambassador at the EU delegation in Kigali, who reassured him that all scientific activities and meetings were proceeding unabated. While advice from the European Commission's external services is still pending, current feedback suggests that scientific and operational activities in the country remain unaffected, and there is no indication at this stage to cancel or postpone the Forum. Meanwhile, Michael Makanga also had a discussion with Martin Seychell from DG-INTPA, who provided similar reassurances. For the time being, the intention is to proceed with the Forum plans as proposed, with the hope that no major developments will arise in the remaining two months. LP acknowledged that some partners may choose not to attend due to their own positions on the situation, which is beyond Global Health EDCTP3's' control. It was also noted that colleagues from Belgium and DRC may opt not to participate due to the ongoing conflict. Nonetheless, this remains the current position.</p> <p>Regarding the organisation of the Forum, LP reported that planning is progressing smoothly despite the political situation. The call for abstracts closed on 20th March, and the process for reviewing has begun. The Programme Committee is expected to finalise the selection of abstracts and scientific symposia next week. As for the call for prizes, an extension was necessary due to insufficient applications for some of the prizes. Members were asked to share the call within their networks to help encourage more applications. This extension has caused a slight delay in finalising the prize outcomes; therefore, a communication will be sent requesting expedited Governing Board approval to ensure timely video arrangements for the prizes before the Forum. As for speakers, 27 have been confirmed so far, with a gender balance of 13 women and 14 men. Registrations currently stand at</p>



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	<p>315, with numbers expected to increase as the abstract outcomes are announced, as participants will confirm their attendance based on the selection of their abstracts.</p> <p>Following questions from researchers regarding the country's involvement in Eastern DRC, HG reported that he had raised concerns about hosting the Forum in Rwanda and asked Michael Makanga whether relocating the Forum was still possible. The latter confirmed that relocation was no longer an option, as all contracts have already been signed. The only alternative would be to cancel the Forum, which would result in a significant financial loss to the JU. Therefore, neither relocating nor postponing the Forum is considered a viable option at this stage. The situation is further complicated by Rwanda's severed diplomatic ties with Belgium, making it unlikely that the Belgian colleagues will attend. The matter has become highly political in Belgium. HG plans to discuss the issue further with the GA Representative from Belgium.</p> <p>GL expressed concern about the strained diplomatic relations between Rwanda and South Africa, as well the broader regional instability, particularly in the DRC. She suggested the need to be prepared to potentially scale down the Forum if the situation deteriorates further. Her primary concern is that the diplomatic fallout with Belgium could prompt the European Commission to reconsider its support for hosting the Forum in Kigali.</p> <p>JP stated that the European Commission's stance is generally aligned with that of the EU Member States. The EU has already sanctioned nine Rwandan army generals implicated in the conflict in the DRC and has called for an end to hostilities. However, no additional sanctions have been agreed. At present, it remains acceptable to proceed with the Forum, and the European Commission plans to participate. Nonetheless, the situation could deteriorate, especially if tensions with Belgium escalate further. Practically speaking, the absence of the Belgian Embassy in Rwanda presents challenges, and Belgian passport holders will need to assess the risks of travel on an individual basis.</p> <p>LP added that the International AIDS Society Conference – a significantly larger event expecting around 10,000 participants - is scheduled to take place in Kigali shortly after the EDCTP Forum and is still moving ahead with its planning. That conference has opted for a hybrid format, which was also considered for the EDCTP Forum. However, due to high costs and limited time, implementing a hybrid model for the Forum was deemed unfeasible. LP emphasised that while the option had been explored, it was ultimately not viable, particularly given high costs associated with hosting the event in Kigali. LP confirmed that all plenary</p>
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		<p>sessions, along with some additional sessions, will be live-streamed. Although remote participants will not be able to interact, this approach will still allow colleagues who cannot attend in-person to follow key parts of the Forum online.</p> <p>HG informed the meeting that the General Assembly in Kigali would be held in a hybrid format. He further requested that Board members notify him, LP, and JP if they are contacted by any parties regarding the Forum.</p>
3.5	IKAA certification	<p>AB referred to meeting document 6 and gave a presentation on the certification of in-kind contributions to additional activities (IKAA) statements. The presentation covered background key information, including Article 11.2 of the Single Basic Act (SBA), which requires each member of the EDCTP Association to provide a certificate on their annual costs incurred in implementing IKAA. AB elaborated on the definition and role of Competent Independent Public Officer (CIPO), the declaration of independence from authorisation, the recording and execution of IKAA expenditure, the model Independent Public Officer's report on the IKAA Certificate, and the accounting policies for recognising IKAA expenditure (slides 17–24).</p> <p>AB explained that he had volunteered to develop a simplified method for the certification for IKAA statements, which was shared with the Board Oversight Committee. Initial feedback was received and incorporated. AB noted that the original document was overly lengthy and complex, appearing to focus more on justifying the audit fees than adding value - an observation also echoed by Member States. The revised version aims to streamline the process, particularly for public bodies, where certification can be provided by a CIPO appointed by the reporting entity. AB clarified that the document was a concept paper and welcomed further comments from the Board prior to its submission to the Global Health EDCTP3.</p> <p>HG informed the meeting that Germany would be submitting its comments in the coming days.</p> <p>ACTION: Board members are to provide comments on the draft Certification of IKAA statements prepared by the EDCTP Association (meeting document 6).</p>
5.0 Any Other Business		
5.1	Any other business	No other business was discussed.



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6.0 Wrap-up and closing remarks		
6.1	Closure of the meeting	IR informed the attendees that the next Board meeting will be on 20 May 2025. AB and HG thanked the attendees for their participation and closed the meeting.