

Minutes of the EDCTP Association General Assembly (GA) hybrid meeting on 7 October 2024

Date and time: Monday, 7 October 2024, 09:00-16:30 hours CEST

Brussels, Belgium

MEETING PARTICIPANTS

General Assembly Member Representatives present:

Austria (AT) (<i>in-person</i>)	Elisabeth Tischelmayer (AT-ET)
Belgium (BE) (<i>in-person</i>)	Saskia Decuyper (BE-SD)
Benin (BJ) (<i>in-person</i>)	Géraud Padonou (BJ-GP)
Benin (BJ) (<i>virtually</i>)	Marius Kêdoté (BJ-MK)
Burkina-Faso (BF) (<i>in-person</i>)	Sodiomon Sirima (BF-SS)
Congo, Republic (CG) (<i>virtually</i>)	Francine Ntoui (CG-FN)
Côte d'Ivoire (CI) (<i>virtually</i>)	Louis Penali (CI-LP)
Denmark (DK) (<i>virtually</i>)	Mikkel Lyndrup (DK-ML)
Democratic Republic of the Congo (CD) (<i>virtually</i>)	Julien Ntaongo (CD-JN)
Ethiopia (ET) (<i>virtually</i>)	Alemseged Abdissa (EDCTP Board Vice-Chair) (ET-AA)
Finland (<i>virtually</i>)	Sirpa Nuotio (FI-SN)
France (FR) (<i>virtually</i>)	Eric D'Ortenzio (EDCTP Board Member) (FR-EDO)
France (FR) (<i>in-person</i>)	Sheyla Mejia Gervacio (FR-SMG)
France (FR) (<i>in-person</i>)	Marion Fanjat (FR-MF) – <i>technical adviser</i>
Gabon (GA) (<i>in-person</i>)	Ayola Akim Adegnika (GA-AA)
Gabon (GA) (<i>in-person</i>)	Jean-Bernard Lekana Douki (GA-JLD)
Gambia, The (GM) (<i>virtually</i>)	Mustapha Bittaye (GM-MB)
Germany (DE) (<i>in-person</i>)	Henning Gädeke (EDCTP Board Chair) (DE-HG), <i>Chairperson</i>
Germany (DE) (<i>in-person</i>)	Andrea Spelberg (DE-AS)
Germany (DE) (<i>virtually</i>)	Anne Schmöle (DE-ASc) – <i>technical adviser</i>
Germany (DE) (<i>virtually</i>)	Arlena Liggins – <i>technical adviser</i>
Guinea-Bissau (GW) (<i>virtually</i>)	Baltazar Cá (GW-BC)
Guinea, Republic of (GN) (<i>virtually</i>)	Karifa Kourouma (GN-KK)
Kenya (KE) (<i>virtually</i>)	Dickson Andala (KE-DA)
Luxembourg (LU) (<i>virtually</i>)	Helena Burg (LU-HB)
Malawi (MW) (<i>in-person</i>)	Matthew Kagoli (MW-MK)
Malawi (MW) (<i>in-person</i>)	Evelyn Chitsa Banda (MW-ECB)
Malawi (MW) (<i>in-person</i>)	Dzinkambani Kambalame (MW-DZ)

Abbreviations:

Africa CDC - Africa Centres for Disease Control and Prevention
 AMA - American Medical Association
 AMR – Antimicrobial Resistance
 AU – African Union
 AUDA-NEPAD - African Union Development Agency - New Partnership for Africa's Development
 AVAREF - African Vaccine Regulatory Forum
 BMGF - Bill & Melinda Gates Foundation
 CANTAM - Central Africa Clinical Research Network
 CEPI - Coalition for Epidemic Preparedness Innovations
 CSAs – Coordination and Support Actions
 DG INTPA – Directorate-General for International Partnerships
 DG RTD – Directorate-General for Research and Innovation
 EC – European Commission
 EY – Ernst & Young
 FCT- Foundation for Science and Technology
 GA – General Assembly
 GB – Governing Board (of the GH EDCTP3 JU)
 GH EDCTP3 JU – Global Health EDCTP3 Joint Undertaking
 HR – High Representative
 IPC - Infection prevention and control
 HVTN - HIV Vaccine Trials Network
 IKAA – In-Kind contributions to Additional Activities
 JU – Joint Undertaking



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Mali (ML) *(virtually)*
Mali (ML) *(virtually)*
Mozambique (MZ) *(in-person)*
Mozambique (MZ) *(virtually)*
Nigeria (NG) *(virtually)*
Norway (NO) *(in-person)*
Portugal (PT) *(in-person)*
Portugal (PT) *(in-person)*
Senegal (SN) *(virtually)*
South Africa (ZA) *(virtually)*
South Africa (ZA) *(in-person)*
South Africa (ZA) *(virtually)*
South Africa (ZA) *(virtually)*
South Africa (ZA) *(virtually)*
Spain (ES) *(virtually)*
Sweden (SE) *(virtually)*
Tanzania (TZ) *(virtually)*
Uganda (UG)) *(virtually)*
United Kingdom (UK) *(in-person)*
United Kingdom (UK) *(in-person)*
United Kingdom (UK) *(in-person)*
United Kingdom (UK) *(in-person)*
Zambia (ZM) *(virtually)*
Zambia (ZM) *(virtually)*
Zimbabwe (ZW) *(virtually)*
Zimbabwe (ZW) *(virtually)*

General Assembly Members absent:

Cameroon (CM)
Ghana (GH)
Ireland (IE)
Italy (IT) (Representative TBD)
Liberia (LR)
Netherlands, The (NL)
Niger (NE)
Rwanda (RW)
Sierra Leone (SL)

Abdoulaye Djimdé (ML-AD)
Mahamadou Ali Thera (ML-MT)
Sérgio Chicumbe (MZ-SC)
Francisco Saúte (MS-FS)
Ayoola Olusola (NG-AO)
Karine Kalsas (NO-KK)
Marta Norton (EDCTP Board Member) (PT-MN)
Carlos Almeida Pereira (PT-CP)
Samba Cor Sarr (SN-SS)
Glaudina Loots (EDCTP Board Vice-Chair) (ZA-GL)
Eudy Mabuza (ZA-EM)
Andiswa Zitho (ZA-AZ) – *technical adviser*
Tugela Matubatuba – *technical adviser*
Anita Mnisi – *technical adviser*
Elena Doménech (ES-ED) – *technical adviser*
Markus Moll (SE-MM)
Bugwesa Katale (TZ-BK)
Samuel Okware (EDCTP Board Member) (UG-SO)
Jill Jones (UK-JJ)
Samia Majid (UK-SM) – *technical adviser*
Val Snewin (UK-VS)
Yessica Alvarez-Manzano (UK-YM) – *technical adviser*
Godfrey Biemba (ZM-GB)
Victor Chalwe (ZM-VC)
Collen Masimirembwa (ZW-CM)
Nyaradzo Mgodzi (ZW-NM)

MoU – Memorandum of Understanding
NICD – National Institute of Communicable Diseases
NoE – Networks of Excellence
PANDORA-ID-NET – Pan-African Network for Rapid Research, Response, Relief and Preparedness for Infectious Diseases Epidemics
PALOPs – Portuguese-speaking African countries
RBC – Rwanda Biomedical Centre
R&D – Research and Development
RIAs – Research and Innovation Actions
RTD – Directorate-General for Research and Innovation
PEPFAR – President's Emergency Plan for AIDS Relief
PS – Participating State
PSIA – Participating State Initiated Activities
SBA – Single Basic Act
SEC – EDCTP Secretariat
SRIA – Strategic Research and Innovation Agenda
SSA – Sub-Saharan Africa
TB – Tuberculosis
UNGA – United Nations General Assembly
WHO – World Health Organization
WHO-AFRO – World Health Organization – Regional Office for Africa.



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Somalia (SO)

General Assembly Observers present:

European Commission (EC) (in-person)	Kasia Jurczak (EC-KJ) (attended the GA from the agenda item 4.3)
European Commission (EC) (in-person)	Jan Paehler (EC-JP)
GH EDCTP3 JU (in-person)	Michael Makanga (EDCTP3JU-MM)
GH EDCTP3 JU (in-person)	Vincent Declerfayt (EDCTP3JU-VD)
GH EDCTP3 JU (in-person)	Liesbet De Cock (EDCTP3JU-LC)
GH EDCTP3 JU (in-person)	Lara Pandya (EDCTP3JU-LP)
GH EDCTP3 JU (in-person)	Natalia Kapetanaki (EDCTP3JU-NK) (for agenda item 4.3)
GH EDCTP3JU (in-person)	Antónia Forte (EDCTP3JU-AF)
GH EDCTP3JU (in-person)	Monica Ford (EDCTP3JU-MF)
Scientific Committee of the GH EDCTP3JU (virtually)	John Gyapong (SC-JG)
WHO Regional Office for Africa (WHO-AFRO) (in-person)	Joseph Okeibunor (WHO-AFRO-JO)

EDCTP Secretariat (SEC) present:

Executive Director & Director of Finance & Administration (SEC) (in-person)	Abdoulie Barry (SEC-AB)
High Representative Europe (SEC) (in-person)	Marcel Tanner (SEC-MT)
Operations Manager & Scientific Advisor (SEC) (in-person)	Pauline Beattie (SEC-PB)
Strategic Partnerships & Capacity Dev. Manager – Head of Africa Office (SEC-TN) (in-person)	Thomas Nyirenda (SEC-TN)
Project Officer (SEC) (virtually)	Michelle Singh (SEC-MS)
Senior Administrative Officer (SEC) (in-person)	Jennifer Stamatelos (SEC-JS)
Communications Officer (SEC) (in-person)	Daniela Pereira (SEC-DN)
Executive Governance Officer (SEC) (in-person)	Isabel Reis (SEC-IR)

SUMMARY OF DECISIONS AND ACTION POINTS

#	AGENDA ITEM	DECISIONS AND ACTIONS	ACTION BY	DUE DATE
1.3	Approval of the agenda	DECISION: The agenda of the GA meeting of 7 October 2024 (document 1) was approved.		
1.5	Approval of the minutes of the GA meeting of 28 June 2024	DECISION: The minutes of the GA meeting of 28 June 2024 (document 2) were approved.		



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4.3	JUC discussion on matters included in the GH EDCTP3 JU Work Programme 2025	ACTION: Additional comments from the EDCTP3 members on the Work Programme 2025 should be sent to the SEC (SEC-IR) by 14 October 2024, cob.	asap	14 October 2024
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MINUTES FROM THE EDCTP GA OF 7 OCTOBER 2024		
#	AGENDA ITEM	DISCUSSION AND DECISIONS
1. Welcome		
1.1	Welcome	<p>The Chairperson, DE-HG, welcomed all participants to the second GA meeting of 2024, taking place in Brussels. A special welcome was extended to the new GA member representatives from the Kingdom of Eswatini and the United Kingdom, as well as to the delegation from Malawi, attending the GA in-person for the first time. A warm welcome was also extended to all GA observers, notably the High Representative, Marcel Tanner; the GH EDCTP3 JU Executive Director, Michael Makanga, along with several staff members from the GH EDCTP3 JU; Jan Paehler from the European Commission, DG Research & Innovation, and joining later, the newly appointed Head of Unit for RTD D1 - Combatting Diseases, Kasia Jurczak; and from WHO-AFRO, Joseph Okeibunor.</p> <p>DE-HG informed the meeting that an apology for absence was received from Ireland.</p> <p>DE-HG reported that 12 member countries are represented in-person at the GA, and an additional 22 member countries confirmed online attendance. In total, 34 (77%) out of the 44 member countries are represented at the GA meeting, which meets the quorum (of two thirds) required to take decisions.</p> <p>DE-HG further informed that at the end of the GA, there would be a closed session for African member countries only to discuss matters relating to membership.</p>
1.2	Meeting expectations and objectives	<p>With reference to presentation slide 4, SEC-AB presented an overview of the main meeting expectations and objectives for the GA meeting, as follows:</p> <ul style="list-style-type: none"> ○ Provide an update on the EDCTP2 programme implementation, including the Africa Office (AO) grant ○ Provide an update on the recently concluded complementary Pillar Assessment by Ernst & Young (EY) ○ Provide updates on the Participating States Initiated Activities (PSIAs), EDCTP2; and In-Kind Contributions to Additional Activities (IKAAs), GH EDCTP3 Work Programme 2025

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		<ul style="list-style-type: none"> ○ Receive updates from the European Commission and WHO-AFRO ○ Discuss the proposed call topics of the GH EDCTP3 Work Programme 2025 ○ Remind the EDCTP Association members of their obligations to comply with requirements for membership ○ Receive updates on the preparations for the Twelfth EDCTP Forum 2025.
1.3	Approval of the agenda	<p>DE-HG noted that SEC-IR had sent a slightly revised agenda (version 2) on 4 October. He requested approval of the agenda.</p> <p>DECISION: The agenda of the GA meeting of 7 October 2024 (document 1) was approved.</p>
1.4	Declaration of Interests	<p>DE-HG requested the participants to declare orally if they had any conflicts of interest that might be considered prejudicial to their independence in relation to the items on the agenda of the meeting. No conflicts of interests were declared.</p>
1.5	Approval of the minutes of the GA meeting of 28 June 2024	<p>DE-HG requested the approval of the draft minutes of the GA meeting of 28 June 2024.</p> <p>DECISION: The minutes of the GA meeting of 28 June 2024 (document 2) were approved with no amendments.</p>
1.6	Status of actions arising from the GA meeting of 28 June 2024	<p>With reference to meeting document 2 and presentation slide 9, SEC-IR provided an update on the status of the two actions arising from the GA on 28 June 2024. The first action involved re-establishing a working group on IKAAAs. In August 2024, the SEC sent a request for volunteers to all members of the EDCTP3 JUC. Several positive responses were received, but there is a need to add a few more volunteers. Thus, progress has been made and further discussion will take place under agenda item 4.4. The second action was related to the date of the next GA, which is scheduled for 14 June 2025 in Kigali, Rwanda. A "save the date" notice was sent to all GA members on 5 August 2024.</p>
2. Updates from the Association Secretariat		
2.1	Important updates from the Secretariat and Board	<p>SEC-AB provided updates from the Association Secretariat (slides 10-19) on:</p> <ul style="list-style-type: none"> ○ EDCTP Association membership ○ Updates on GA members representation ○ Pillar Assessment

2.2	Update on EDCTP2 grants – key highlights	SEC-PB provided a status update on EDCTP2 grants, projects and clinical trials and studies (slides 20-28) since the previous GA meeting.
2.3	Update on PS contributions	SEC-JS provided an update on the PS contributions to the EDCTP2 programme, including the PSIAs (slides 29-31).
3. Updates from GA observers		
3.1	Update from WHO-AFRO	<p>WHO-AFRO-JO delivered the updates on WHO-AFRO (slides 32-46), elaborating on the topic of Mpox in Africa, the Mpox continental preparedness and response plan for Africa, the EDCTP contribution to R&D in the African Region, and the future collaboration with EDCTP.</p> <p>GA-AA inquired about how WHO-AFRO can assist EDCTP at the country level and whether there is a strategy for this. WHO-AFRO noted that the country offices can help by liaising with the Ministers of Health. WHO-AFRO operates in countries through the Ministries of Health, with the country office that links to the Ministers of Health. He suggested using the WHO-AFRO country office to channel EDCTP's activities in order to increase the awareness of Ministers of Health about EDCTP initiatives. The county offices are aware of every WHO' activity and can be informed of the planning and implementation of EDCTP activities in the countries.</p> <p>SEC-MT emphasized the importance of interlinking priorities in public health collaboration to identify the most urgent issues. He raised concerns about singling out areas, such as "One Health", for capacity strengthening, saying that it should be integrated with other health initiatives rather than treated separately. This separation could lead to fragmented project proposals, reducing overall effectiveness. He advocated for a comprehensive, unified approach to public health priorities to ensure efficient investment in health capacities and health development, enabling a stronger partnership and impact in countries.</p> <p>WHO-AFRO-JO agreed on the importance of an integrated approach but warned against neglecting specific aspects within the "One Health" framework. He pointed out that, while One Health encompasses various elements - such as surveillance, infection control, and research - there's often a tendency to prioritize immediate response efforts over research. For example, during the COVID-19 pandemic, resources that were sent to countries primarily focused on infection prevention and control (IPC). Countries</p>

		<p>focused on interrupting the outbreak through IPC and surveillance, with research being left on the periphery as a separate priority. He emphasized the importance of integrating response and research to avoid missing critical elements.</p> <p>UG-SO shared the experience of Uganda and the need for a national system in place. Because there are several regulators in this area, efforts have been strengthened at the national level by implementing joint processing, joint review, and joint undertaking, which have been very helpful.</p> <p>FR-EDO commented that, over the past years, the system has proven its efficacy and reactivity during outbreaks. He asked if there have been any discussions at the GH EDCTP3 JU regarding the Marburg virus in Rwanda.</p> <p>EDCTP3JU-MM responded that this matter hasn't been addressed yet, as the 2024 budget was allocated to respond to Mpox, which they have progressed with the last set of projects recently initiated. The JU is following the same procedure used for Mpox: if a situation is flagged as a national concern, they begin considering it. When recognized by Africa CDC or WHO as a public health emergency of international concern, the JU may activate their emergency response mechanism. In this case no steps have been taken at this stage.</p> <p>SEC-TN appealed for support from all GA members to operationalize the collaboration with the WHO Office and make this linkage (in this regard, a Memorandum of Understanding is currently being finalized between the EDCTP Association and WHO-AFRO). The current WHO guidance cannot be implemented without a bottom-up approach. It is essential to ensure that the voices of the countries are reflected in the EDCTP agenda, with strong involvement from offices like WHO, so that those who administer are greatly engaged.</p>
3.2	Update from Africa CDC (<i>CANCELLED</i>)	

3.3	Update from High Representative	<p>SEC-MT presented an update (slides 48-56), highlighting the key deliverables aligned with the objectives in the 2024 work plan.</p> <p>DE-HG emphasized the importance of communication among GA members, noting their responsibility to engage with their countries and communities. Looking ahead to the upcoming negotiations for the next Multiannual Financial Framework (the EU's budget framework), he stressed the need to reach out to European colleagues involved in EU affairs, partnerships, or budgeting to explain their work.</p> <p>SEC-TN thanked SEC-MT for his support of the EDCTP Africa Office, mentioning that many key points were not covered in the presentation due to time constraints. He highlighted SEC-MT's role in positioning previous EDCTP investments in the Networks of Excellence and the Alumni platform, which currently hosts 400 fellows in Africa. Also, last month, SEC-MT connected Zendia GmbH, a malaria diagnostics developer, to the Networks of Excellence, where they have identified sites for their investments. Similarly, Novartis has partnered with the Networks of Excellence and the Alumni platform to apply to EDCTP3 calls. SEC-TN emphasized that these outcomes of SEC-MT's work, while not always visible, represent instrumental activities and investments.</p> <p>FR-SMG emphasized the need to boost European membership, and SEC-MT agreed, highlighting his past recent role as President of the Swiss Academy of Arts and Sciences, where he stressed the importance of engaging European academies to demonstrate the advantages of the partnership. SEC-MT pointed out the challenges of dealing with governments that focus solely on financial costs and urged academia to influence scientific decision-making. Despite progress, he expressed dissatisfaction with how government contributions to EDCTP are complicated by political tactics, calling for clearer contributions that enable the partnership's success rather than serve as obstacles.</p>
3.4	Update from the European Commission	<p>EC-JP delivered an update from the European Commission (slides 57-62), outlining the successful outcome of the Pillar Assessment of the EDCTP Association, key highlights from the G7 Conference on Research and Capacity Building with African countries held in Trieste on 2 October 2024, and the focus for the upcoming AU-EU Innovation Agenda Workshop on Public Health Innovations scheduled for 3 December 2024 in South Africa (and online). He also referred to the new European Commission team for 2024-2029 in the areas of Startups, Research and Innovation, as well as in the future of European competitiveness. DE-HG added that a new Commissioner for Health and Animal Welfare has been nominated.</p>

4. Global Health EDCTP3 (this session is for members of the Joint Undertaking Committee)		
4.1	Important updates from the GH EDCTP3 Secretariat	<p>DE-HG reminded that the session under agenda item 4 is for members of the Joint Undertaking Committee, although other Association members may participate as observers, including the current observers of the General Assembly.</p> <p>Before providing his update, EDCTP3JU-MM highlighted a communication from Portugal requesting clarification on the GH EDCTP3 commitment to transparency in sharing information about the implementation of activities. Consequently, prior to his presentation, he asked EDCTP3JU-NK (Legal Officer) to provide a clear explanation of EDCTP3's handling of this matter and the response that has been communicated, ensuring that all Member States are informed.</p> <p><i>EDCTP3JU-NK joined the meeting.</i></p> <p>EDCTP3JU-NK briefed that the request from Portugal involved several aspects, including the sharing of information regarding the evaluation procedure, its structure, as well as the identification of reviewers in the evaluation procedure. These matters were extensively discussed between the Global Health EDCTP3 JU and the relevant EC services. It is an established practice under Horizon Europe that the names of experts involved in the evaluation are not disclosed, even to members of the GH EDCTP3 JU Governing Board (GB). In the evaluation report sent to the GB, the names of the experts are anonymized, and only their home countries are shared. Therefore, GH EDCTP3 JU is unable to provide that specific information. However, GH EDCTP3 Secretariat can explain how the evaluation is structured and compile this information into a document for the JU Committee members. The relevant details can be found in the call conditions and the general annexes of Horizon Europe.</p> <p>In relation to the request about the accessibility of the list of proposals at various stages of the evaluation process, EDCTP3JU-NK said that this was discussed with the legal services of EC DG RTD, which indicated that the JU can now disclose information about successful proposals to all representatives of the JU Committee. This includes the legal names of the entities participating in the consortia, the total cost requested, the JU contribution, the project duration and the project name and acronym. This aligns with GH EDCTP3 transparency obligations regarding EU fund spending.</p> <p>For proposals on the reserve lists and unsuccessful proposals, EDCTP3 could also share information, following request of the EDCTP Association to the Global Health EDCTP3 JU, under two conditions:</p>

		<ul style="list-style-type: none"> ▪ There must be a legitimate need for access, accompanied by justification for this request. For instance, if the JU Committee requires information to advise the Governing Board on a relevant decision, this could be invoked by the EDCTP Association as a legitimate need. ▪ As with the Governing Board members, there must be a confidentiality declaration and a declaration of absence of conflict of interest signed by the JU Committee members. Additionally, the JU will prepare a non-disclosure agreement template to ensure that all confidential information remains protected, as an additional safeguard that should also be signed by the JU Committee members. <p>Moving forward, the Global Health EDCTP3 programme office will inform applicants that their information may potentially be shared with Association members, and this should be included in the future Work programmes.</p> <p>EDCTP3JU-NK reiterated that in call evaluation reports sent to the GB, the names of experts are omitted. These names are made public online annually, however, the names are not linked to the specific calls, but are published altogether in a general list.</p> <p>PT-CP highlighted the importance of receiving timely information about the evaluation process stages, particularly concerning consortia that include members of their national scientific community and noted that other European Partnerships typically inform national institutions about their community's status and success. PT-CP also stressed that some other European Partnerships normally include representatives of the Member States in the evaluation processes, either by requesting suggestions of experts for the evaluation panels, or through the possibility of participating, as observers, in proposal evaluation meetings. EDCTP3JU-NK confirmed that aggregated, anonymized information by country will be shared at various evaluation stages, following the instructions provided to all Joint Undertakings and request by the EDCTP Association.</p> <p>SEC-MT commented that the practice of anonymizing expert names in evaluations is outdated. He expressed that experts should be accountable for their statements and that there is no valid reason for anonymity. He emphasized the importance of transparency in a collaborative environment, stating that withholding names can lead to a lack of accountability and hinder constructive criticism. SEC-MT mentioned that naming reviewers can improve the quality of reviews, as it encourages responsibility in providing feedback. He called for a cultural shift in the scientific community, particularly within European and Anglo-Saxon contexts, advocating for openness and accountability to enhance collaboration and outcomes.</p>
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	<p>EDCTP3JU-NK explained that the anonymization of expert names is primarily guided by regulations concerning transparency and access to documents. Specifically, there is an exception that prohibits sharing the names of individuals involved in the decision-making process while it is ongoing, mainly for privacy reasons. This policy is intended to prevent any potential pressure on experts to influence their opinions. Names of experts are published only after the conclusion of the evaluation process to maintain the integrity of their feedback.</p> <p>FR-SMG inquired about the potential sharing of information, asking if the two cumulative conditions would be fulfilled and whether information would be provided soon. EDCTP3JU-NK confirmed that the two cumulative conditions for sharing information must be presented to the GB for approval, following request of the EDCTP Association. In relation to the practical implementation of these conditions, such as the signing of non-disclosure agreements, the JU will contact the Association to determine how to streamline the process.</p> <p>BE-SD inquired whether information on successful Belgian entities in relation to the EDCTP calls would be available. EDCTP3JU-NK confirmed that aggregated information will be available at various stages of the evaluation process, also following request of the EDCTP Association. For successful proposals, access to detailed information will be granted. In contrast, information on unsuccessful proposals will only be provided under specific conditions and with the approval of the GB. Meanwhile, she will now work with the Association to describe the legitimate need for access and the justification required for such requests.</p> <p><i>EDCTP3JU-NK left the meeting.</i></p> <p>EDCTP3JU-MM provided an update (slides 63-76), elaborating on the following topics:</p> <ul style="list-style-type: none"> ○ Work Programme 2024 implementation HORIZON-JU-GH-EDCTP3-2024-01/02 - Seven Call Topics (second stage) with call closed on 1 October 2024 ○ Mpox call updates and projects ○ Emergency funding for 2024 Mpox outbreaks - Global Health EDCTP3 Call for Proposals for the “Mobilisation of Emergency funding for Mpox outbreak research response” ○ EDCTP programmes collaborative activities: Launch of the “WHO guidance for best practices for clinical trials” and EDCTP at the UNGA79 Science Summit.
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		<p>EDCTP3JU-MM mentioned that the budget for the emergency call budget was set at 1 million as a placeholder, and that there is flexibility to add funds and contributions from Member States. The emergency funding mechanism normally has a limited budget (placeholder amount.)</p> <p>Reflecting on Belgium's responses to emergency calls in recent years and noting the challenges researchers face to assemble a consortium within tight timeframes, and the small budget of €1 million, BE-SD questioned whether another strategy could be implemented to manage these calls in order to support stronger and more coherent research proposals. EDCTP3JU-MM outlined the emergency call approach, explaining that an initial budget is presented annually, with emergency response funds included. The approach involves evaluating budget allocations to identify potential cuts, creating a reserve for emergency response if needed, and maintaining a 20% margin as a safeguard. He noted the importance of supporting ongoing R&D to ensure centres are prepared, with resources ready to pivot to emergency response when required. He further indicated that, prior to launching emergency calls, they engage with other funders to explore collaborative opportunities, as seen with the Mpox call. While flexibility is key to adapting to funder interest, they remain open to guidance on potential budget adjustments to enhance emergency readiness.</p> <p>UK-VS requested clarification on whether the funds for the Africa Office have already been allocated for the next three years, starting from next year, or if they are still pending allocation. EDCTP3JU-MM responded that currently, the Africa Office is receiving a three-year grant, set to end next year, with plans for an additional three-year funding cycle thereafter. This grant, totalling €3 million (or €1 million per year), may not fully cover all the Africa Office's activities.</p>
4.2	Update on Africa Office activities implemented under GH EDCTP3	<p>SEC-TN delivered an overview of Africa Office activities implemented under GH EDCTP3 (slides 77-88), focusing on:</p> <ul style="list-style-type: none"> ○ Facilitating engagements between EDCTP-funded fellows including with other partner initiatives ○ Facilitating engagements between NoE and other partner initiatives ○ Engagements with WHO-AFRO and Africa CDC ○ Collaboration with AVAREF and AUDA-NEPAD in research and ethics training for regulators in SSA ○ Workshop for clinical trial assessors within the National Regulatory Authorities from francophone-speaking countries in West Africa held on 23-27 September 2024 in Dakar

		<ul style="list-style-type: none"> ○ Facilitating engagements between new relevant initiatives and African member states ○ Status of Memoranda of Understanding with third parties <p>GA-AA welcomed the French-language training on regulators and ethics to be held in West Africa, noting that it addresses a key gap in capacity building due to language barriers. However, he was unable to include participants from Gabon, as the training was reserved for West African participants. He inquired when similar training would be organized for the Central African region. SEC-TN explained that WHO organizes the training workshops and is moving region by region. Gabon may be grouped with Central Africa, and they will eventually provide training for this region as well. He also highlighted the gap faced by Lusophone countries and mentioned that he is working with PT-CP to bring more training opportunities to these countries.</p> <p>In relation to the Alumni network, ET-AA commented that there is a large group of Alumni fellows in Ethiopia who can leverage this opportunity to build capacity across the continent, particularly in training and mentorship. Beyond creating a LinkedIn group, he inquired about strategies that could be considered to enhance this opportunity and improve capacity on the continent. He further commented that regarding <i>Purpose Africa</i>, he is very supportive of the initiatives in these three African countries to build clinical trial capacity and create a network of sites. This collaboration will enable them to learn from and support each other, fostering a strong platform for clinical trials across the continent. SEC-TN responded that he believes this is a strong case and that it is now up to the GA to provide guidance on the most effective ways to leverage the Alumni Network, as the necessary investment is already in place.</p>
4.3	JUC discussion on matters included in the GH EDCTP3 JU Work Programme 2025	<p>DE-HG informed that on 8 October, the members of the Board of the EDCTP Association will participate in the GH EDCTP3 JU Governing Board (GB) meeting to discuss the Work Programme 2025 with representatives from the European Commission. The Association Board will represent the Association and the members of the EDCTP3 JUC, reflecting their opinions and inputs. He emphasized that the distributed documents (meeting documents 4 and 5) are confidential and should not be shared outside the group, as they are still a work in progress. Inputs and comments received will be appropriately incorporated and revised into the final version to be adopted by the GB at the beginning of December.</p> <p>DE-HG informed the members that the Chair of the Scientific Committee of the GH EDCTP3 JU, SC-JG, has joined the meeting online to address questions and provide further input, if necessary. DE-HG invited all to contribute comments and inputs on the proposed calls. He called on EDCTP3 JU-MM to present each topic, allowing for discussion after each presentation.</p>

		<p>Referring to meeting documents 4 and 5 (slides 90-106), EDCTP3JU-MM delivered an in-depth presentation on the key matters outlined in the GH EDCTP3 JU Work Programme 2025. As part of the programme, four calls for proposals are proposed:</p> <ul style="list-style-type: none"> ○ HORIZON-JU-GH-EDCTP3-2025-01-two-stage covering 3 topics for Research and Innovation Actions (RIA) ○ HORIZON-JU-GH-EDCTP3-2025-02-single stage covering 1 topic for Coordination and Support Actions (CSA) ○ HORIZON-JU-GH-EDCTP3-2025-03-two-stage covering 1 topic for Coordination and Support Actions (CSA) ○ HORIZON-JU-GH-EDCTP3-2025-04-two-stage covering 2 topics Research and Innovation Actions (RIA) <p>EDCTP3JU-MM provided information on each topic:</p> <p>HORIZON-JU-GH-EDCTP3-2025-01-01-two-stage Strategic action for the development of vaccines for reducing the disease burden of Tuberculosis in sub-Saharan Africa</p> <p>On this topic, the following comments were provided:</p> <p>GA-AA noted that currently, only the BCG vaccine is available on the market, which is not as effective as desired. He recalled that in the EDCTP2 programme, several TB vaccine candidates were evaluated. He requested more information on whether the call is designed to support phase 2 vaccine studies or to advance to phase 3 (as most candidates are already at stage 3), or if new vaccine candidates are expected. EDCTP3JU-MM responded that, to his knowledge, there are three products supported in EDCTP2, with two (TB VAC and VPM1003) currently in phase three but not licensed. Additionally, a product from the Statens Serum Institute in Denmark aimed at preventing TB relapse showed disappointing results. The scope of the call includes both new and existing prophylactic vaccines targeting specific populations in early or late stages, allowing for late-stage and post-licensure work to assess vaccine effectiveness. Implementation research has been excluded to avoid focusing solely on BCG vaccines, which have been found inadequate, even though repeated BCG vaccinations have shown some improvement in immunocompromised individuals.</p>
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	<p>DE-AS raised several questions regarding the general rules that apply to all of the calls. In reference to meeting document 4 (page 15), she suggested to change to wording from "global access" to "affordable access" to stay in line with art. 114 SBA. In relation to meeting document 5, she underlined the following inputs and suggestions:</p> <ul style="list-style-type: none"> -On page 10: Composition of consortia: The current wording would allow a consortium without European participation. We should use the same wording we have in Art. 22 para 2 of the Horizon Europe regulation: "At least one independent legal entity established in a European Member State or an associated country." -On page P16 et al (where global access plan is addressed as part of the topic conditions): the issue of Intellectual Property (IP) is sensitive. It is important to Germany that freedom of research takes centre stage and that existing international rules on IP are applied. There should be as few restrictions as possible so as not to hinder research. DE-AS would like to suggest the following: "Participants must submit an appropriate and proportionate affordable access plan that covers registration targets, plans to meet demand, flexible approaches to IP and other strategies that reflect ability to pay and ensure that economic barriers to access are low." -On page 19: Malaria call: the wording should be changed in "from Phase 2a onwards" to allow later stage clinical studies. <p>EDCTP3JU-MM acknowledged these points which would be considered from a legal and financial perspective.</p> <p>Regarding the TB vaccines call, ZA-GL inquired about the extent to which coordination with the Bill & Melinda Gates Foundation (BMGF) and the latest WHO TB initiative would occur. She asked whether vaccines currently in development, such as those by the mRNA hub, would be eligible. Additionally, in the context of advancing the globalization of vaccine production, she asked if prioritizing the localization of production in Africa could be included as part of the call. EDCTP3JU-MM indicated that ongoing discussions are taking place with the BMGF regarding TB vaccine development, although not all of their advice has been taken. The intention is to broaden the vaccine pipeline beyond the M72 vaccine. A strategic approach will be proposed to the EDCTP3 JU GB, allowing for co-funding from various partners, including the BMGF. The focus will primarily be on R&D, although elements of capacity building will also be incorporated. Additionally, the initiative will explore the integration of mRNA hubs and local production capabilities for TB vaccines. He pointed out that another call [to be mentioned shortly] will accommodate contributions from the BMGF and other funders within the Regional Networks of Excellence capacity development.</p>
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	<p>BE-SD expressed concern that the language used in promoting equitable research partnerships within Africa is too weak, particularly regarding collaboration with international research groups and the encouragement for applicants to engage with institutions in high disease burden countries with low research capacity. She noted that such reminders may discourage stronger institutions from partnering with those of lower capacity due to concerns about research output. BE-SD urged for stronger language that emphasizes both individual and institutional capacity strengthening, including specific requirements for project and financial management. These comments should apply to all relevant RIAs, and EDCTP is encouraged to incorporate more explicit language promoting inclusive research partnerships to incentivize collaboration with lower-capacity institutions. On this, EDCTP3JU-MM highlighted a commitment to fostering more inclusive research partnerships and emphasized the need to revise the language to be more welcoming, while maintaining a focus on delivering high-quality research and enhancing capacity where needed.</p> <p>In reference to meeting document 4, FR-SMG requested clarification on the amount allocated to the Africa Office grant, which seems to be inconsistent in the various documents. She also requested more information on the budget for emergency response, as well as the programme indicators and impact evaluation.</p> <p>EDCTP3JU-MM acknowledged an error regarding the allocation of funds to the Africa Office grant, clarifying that the correct amount is €3 million for a three-year period, rather than two. He explained that the €1 million set aside for emergency response acts as a placeholder, used only in case of actual emergencies to avoid leaving funds unused. This approach was also employed in the 2024 programme, where additional funds were mobilized from other sources when necessary. He informed that the programme indicators are currently in draft form and will be finalised by the Monitoring and Evaluation Officer who has been now appointed to the team. A final version will be developed for approval by the EDCTP3 JU GB. This is also related to impact evaluation, as monitoring and evaluation are linked to impact assessment.</p> <p>SEC-TN raised a point regarding the consideration of target product profiles and endpoints for TB, particularly in relation to latent TB infection. EDCTP3JU-MM responded that this would be captured and presented to the EDCTP3 Scientific Committee to explore whether relevant aspects could be incorporated without being overly prescriptive in the core text.</p> <p>HORIZON-JU-GH-EDCTP3-2025-01-02-two-stage Strategic action for research on existing Malaria therapeutics and clinical development of new antimalarial candidates</p>
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		<p>DE-AS inquired whether it would be reasonable to include clinical trials from Phase 3, rather than limiting the scope to Phase 2. EDCTP3JU-MM clarified that the scope was from Phase 2 onwards, including Phases 3 and 4. The language would be adjusted accordingly, as the intention was to exclude only the earliest development phases.</p> <p>UK-JJ highlighted her interest in the BMGF's work on neutralising antibodies, possibly as a topic for 2026. She asked how this fits into the future strategy, and whether there is an overarching plan for future topics or if they are decided on an annual basis. EDCTP3JU-MM noted that the multi-annual Strategic Research and Innovation Agenda includes interventions like monoclonal antibodies as part of its scope. However, when formulating a call, it is essential to consider the current development landscape and the available budget. Currently, it is not beneficial to combine therapeutics in development with existing low-cost monoclonals for malaria, as these are funded until the end of 2025. New studies with updated data are expected in 2026. Therefore it made sense to defer a call on antibodies. Moreover, the implementation of the strategy must be approached thoughtfully. Rather than repeating a malaria call after three consecutive years, a cross-disease approach to monoclonals is being considered, which has been discussed with the Scientific Committee.</p> <p>FR-MF asked how comments submitted in advance were considered during the revision phase, particularly for a specific goal. EDCTP3JU-MM clarified the process, explaining that they developed an annual strategic agenda based on a mapping process, prioritizing topics for 2025. These topics and proposed budgets were presented to the Member States for consensus. After receiving comments from the Board and Member States, they moved forward by collaborating with the Scientific Committee of the GH EDCTP3 to refine the work programme. The final version will be presented to the GH EDCTP3 JU GB in December, with the goal of launching the work programme in early 2025. DE-HG added that the GH EDCTP3 JU GB, which includes the Association Board, will consult its members again before approving the final Work Programme, therefore, all EDCTP3 JUC Members will be consulted to ensure agreement on the Work Programme 2025.</p> <p>BE-SD asked about the involvement of the Stakeholder Group of the GH EDCTP3JU in the process and when they have the opportunity to provide input on the Work Programme. EDCTP3JU-MM noted that there are two advisory groups: the Stakeholder group and the Scientific Committee. The Stakeholder Group is broader and provides input on various topics related to the Strategic Research and Innovation Agenda. However, their input is sought early in the process. The details of the call text are not shared with this group after the call text has been developed in consultation with the Scientific Committee. This is</p>
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	<p>because the stakeholder group can submit applications to calls for proposals, while the Scientific Committee cannot. Thus, the Chair of the Scientific Committee participates as an Observer at this meeting, while the Chair of the Stakeholder Group does not. The Stakeholder Group has contributed to defining priority topics, which were presented at the last General Assembly. However, once the specifics of the individual calls are developed, they are not involved due to potential conflict of interest. For the 2026 Work Programme, the Stakeholders Group will be consulted on the priorities before they are refined. This will be reflected in the text referred to as the annual research and innovation agenda (ARIA). As discussions on priorities for 2026 progress, the Stakeholders Group will play a crucial role in that discussion.</p> <p>SC-JG asked whether the call text needs more clarity and if there are elements missing which should be addressed. EDCTP3JU-MM clarified that SEC-TN had previously raised a point regarding the consideration of target product profiles and endpoints for TB, particularly in relation to latent TB infection. EDCTP3JU-MM added that this issue would be brought to the Scientific Committee of the GH EDCTP3 JU to determine whether it can be addressed without being overly prescriptive. The matter will therefore be presented to the Scientific Committee.</p> <p>HORIZON-JU-GH-EDCTP3-2025-01-03-two-stage Accelerating development of prophylactic vaccines against Neglected Tropical Diseases (NTDs) in sub-Saharan Africa</p> <p>SEC-TN reported that he has recently been contacted by groups working on snakebite, which have products ready for clinical trials that are potentially very advanced. He also mentioned that discussions are ongoing with WHO groups in Africa regarding this topic. EDCTP3JU-MM explained that snakebite and venom research were excluded from the strategic agenda for three main reasons. First, funding priorities focus on areas with the highest potential impact, and this field is already well-supported by other agencies, such as the Wellcome Trust. Second, the products in development do not follow standard clinical trial evaluations, complicating oversight. Finally, the ongoing efforts in Africa involve specific groups that may not generate significant overall impact. Consequently, snake bite and venom research was removed from the programme's scope.</p> <p>GA-AA questioned why the call seems to primarily target vulnerable and neglected populations, what was the rationale behind this as these interventions should address all individuals at risk, not just this population. EDCTP3JU-MM responded that the text</p>
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	<p>needs to be defined, depending on the call and the evaluation stage, to include the general population whilst not overlooking underrepresented groups.</p> <p>UK-JJ expressed her interest in the NTDs that are not covered, acknowledging that this may have been discussed in previous strategies. She asked whether there are enquiries from people when the call is launched about the diseases that are not covered. EDCTP3JU-MM clarified that the basis of this list is the WHO priority list, but the scope has been refined by EDCTP as part of its strategy development.</p> <p>BE-SD asked about the strategy for awarding projects, with respect to including diverse diseases in the selection criteria. She expressed concern that if the focus is solely on research excellence, this may lead to multiple projects on the same disease, thus decreasing the diversity in disease coverage. She emphasized the need for transparency in this process.</p> <p>EDCTP3JU-MM responded that, for calls related to NTDs, they intentionally refrain from specifying disease areas, as it depends on the available proposals and their quality, which must comply with the evaluation criteria. EDCTP3JU-MM urged Member States to assist groups that are often overlooked in submitting compelling proposals that adhere to quality standards. He further clarified that for instance, a proposal scoring 3 would not be chosen over one scoring 12 simply because it pertains to a less prioritized disease; rather, all proposals are considered in one group.</p> <p>GN-KK commented that most of the calls focus on vaccines, which is interesting in terms of cost-effectiveness. However, regarding NTDs in Africa, it is generally known that the burden is in sub-Saharan Africa, but most countries lack data, particularly “new data” on many diseases. Therefore, developing vaccines is beyond the capacity of most research institutions in Africa. Some research institutions face difficulties generating data and also lack the capacity for vaccine development itself. This aspect appears to be missing from the calls. There is a need for a more advanced focus on generating real data, as this is lacking in many countries. EDCTP3JU-MM stated that the response to addressing capacity development in research is twofold. First, when forming consortia, forward-looking groups consider both established centres ready for implementation and those in high-burden disease areas where capacity can be developed. They conduct baseline studies while recruiting participants, which allows for the expansion of recruitment centres into new areas. For example, in TB studies, centres in South Africa, Madagascar and Senegal may extend recruitment after analysing epidemiological data. The second approach involves for instance the Networks</p>
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	<p>of Excellence, which focus on enhancing research capacity, including the collection of epidemiological data for various diseases. Thus, different funding instruments are available for different research purposes.</p> <p>In relation to the NTD calls, BF-SS asked whether the funding would support more than one NTD. He asked if a strong proposal for an NTD would be excluded from consideration if another proposal for the same NTD has already been selected. EDCTP3JU-MM explained that reviewers evaluate proposals based on several criteria, including excellence, potential for implementation and overall impact. They assess individual projects in the context of all submissions, which is why a consensus meeting is held. The independent evaluation committee makes the final ranking.</p> <p>UG-SO highlighted the need to establish networks at regional and international levels for sharing information and fostering collaboration in development among countries, as well as promoting North-South collaboration. He welcomes the idea of encouraging consortia and emphasizes the importance of having centres of excellence, like those in the East African Community and South Africa, for immediate expertise. Capacity building is a critical area where Africa is currently very weak. He suggested that each of these proposals include a capacity-building component to ensure continuity and to benefit a broader population. EDCTP3JU-MM highlighted that the promotion of networks at both regional and international levels is included. Strategic funding facilitates collaboration between European and African partners, while also allowing for the inclusion of third parties, such as European agencies or global agencies, which contribute a broader perspective. For example, co-funding may come from countries like Canada or institutions in the USA., enhancing the capacity for global studies. This approach encourages the formation of regional and international consortia. Additionally, the networks of excellence call will focus on establishing Centres of Excellence and consolidating these concepts.</p> <p>HORIZON-JU-GH-EDCTP3-2025-02-01 Strategic action for Global Health EDCTP3 JU, Africa CDC, CEPI and BMGF Fellowships for Biostatisticians, Epidemiologists and modellers</p> <p>GA-AA requested clarification on the details of the training programme. EDCTP3-MM described that these grants are not individual grants to fellows. The grants are awarded to consortia of training institutions. A training institution in Europe pairs up with an African Institution where the actual work occurs. The consortia of the training institutions apply for funding collectively, allowing them to train groups of professionals. For example, one consortium may train 15 epidemiologists and biostatisticians,</p>
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	<p>while another might aim for 10 to 15 trainees. The concept is not to support the development of new programmes, but rather to help institutions implement existing ones by training individuals. The institutions must already have the necessary competence to ensure the delivery of a high-quality training programme.</p> <p>CG-FN agreed with the high-quality training programme and asked about the balance of fellowships per region. If the plan is to fund 100 fellowships – could they all come from West or East Africa, or will there be a minimum number of fellowships allocated to each region. EDCTP3JU-MM clarified that concerns about regional balance and gender should not be a major issue. While the call does not dictate the implementation, institutions must align with their admission procedures to select individuals. However, it is specified that consortia should train 10 to 15 individuals, with a recommendation that 50% be female and they must ensure regional balance. He highlighted that the EDCTP2 pilot supported 151 epidemiologists through 10 consortia, achieving excellent gender balance, country participation, and regional diversity, which can be incorporated into the current requirements.</p> <p>BE-SD questioned the narrow scope of the masters training in epidemiology or biostatistics. She wondered why the definition is so restrictive, especially when a master's in public health often provides broad training in these areas as well. She advised a broader scope for the masters training.</p> <p>On a similar perspective, UK-VS expressed strong support for this model, describing it as a valuable initiative that builds on EDCTP's previous experience. She noted that some of the questions being raised may be due to the current wording, which doesn't clearly reflect the concept of the consortium of institutions. She suggested that the Secretariat rephrase the text to make this aspect more explicit. She also pointed out that these discussions could be a catalyst for the development of masters courses in countries or institutions where they are currently lacking. This would be a valuable addition, depending on the scale of funding attracted by this call and the number of fellowships available. She highlighted that this could be a significant achievement: increasing the number of high-quality masters courses through these partnerships and awarding degrees in those countries. She agreed with the comment about regional balance. Reflecting on the success of the pilot, she indicated that this model could have a substantial impact if scaled up and supported broadly.</p> <p>Addressing the comments from BE-SD and UK-VS, EDCTP3JU-MM explained that the focus on epidemiology, biostatistics, and modelling in the course content emerged from broad consultations. These areas were identified as having significant skill gaps, as highlighted by the Africa CDC's regional survey. The pilot programme originally targeted epidemiology and biostatistics, with</p>
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	<p>modelling recently added to address new challenges, including those related to climate change and emerging or re-emerging diseases. The intention is to be responsive to the region's defined needs rather than narrow in focus. Additionally, there is an emphasis on building the capacity of partnering institutions within the consortia. The goal is to scale up the pilot programme, acknowledging that funding may be a limiting factor.</p> <p>PT-CP inquired about the involvement of Africa CDC, CEPI, Pasteur Network and others, whether they would be involved as operational partners, funding partners, or participants in the consortia. EDCTP3JU-MM explained that the mentioned partners are identified partners due to prior discussions. CEPI is preparing to co-fund the initiative and will formally communicate their commitment to the GH EDCTP3JU GB through him. Similarly, PATH and the Pasteur Institute previously submitted a joint letter as contributing partners, but now they seek to separate their contributions. The Pasteur Network's involvement is significant because they offer extensive training locations for fieldwork, and they may also provide financial support. These contributions are considered strategic actions, and there may be a combination of funding approaches. There is a possibility that some partners may transfer funds directly to support the initiative, while others might contribute at the application level, allowing consortia to include co-funding from these partners. Both approaches remain viable.</p> <p>BF-SS stated that it would be relevant to open the calls to PhD-level candidates as well. EDCTP3JU-MM acknowledged the importance of the point raised and explained that they are currently scaling up the masters training programme. He emphasized the need to ensure that the initiative can be completed within the established timeframe, especially as part of Global Health EDCTP3. It is important to avoid launching a programme that cannot be fully realized within the set period. He noted that PhD training is already included in other training programmes, however, for this specific initiative, they aim to structure it in a way that allows for measurable impact within the programme's lifespan, whose implementation is up to 2031.</p> <p>SEC-MT endorsed the point above raised by the UK-VS, and added that, when discussing quality in this field, the involvement of biostatistics, epidemiology and public health expertise is often missing. He emphasized the importance of training programmes that have access to large databases and experience in developing models for disease impact. Over the years, he has observed many groups engaging in limited modelling efforts that lack sufficient connection to real-world data. Access to extensive data should be a criterion for training sites, as it allows for testing different approaches and enhances the quality of training. EDCTP3JU-MM acknowledged this valuable comment, especially since modelling was not part of the pilot. This point will be included to complement the selection criteria and to contribute to the quality of the training.</p>
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		<p>ZA-GL asked whether the call requires collaboration between a European and an African institute, or if African institutes can participate on their own. For instance, does the African Institute for Mathematical Sciences need to find European partners, or can they proceed on their own, she asked. EDCTP3JU-MM noted that the current approach involves collaboration between African and European institutions. He mentioned that they will explore the legal implications to determine if alternative structures could be feasible. However, he could not confirm whether the collaboration could consist solely of African institutions, as all existing partnerships have involved both European and African entities.</p> <p>SEC-TN highlighted the recent survey conducted with the EDCTP2 training consortia and students. He noted that issues raised included poor communication and weak connections between fellows and training institutions due to the remote training format, which affected the quality of interactions with their supervisors. There needs to be a balance between quantity and quality, suggesting that the figures mentioned by EDCTP3JU-MM (about 10-15 individuals) within the available budget might not be appropriate. From the current training funded by the UK, SEC-TN observed that a good training allowance leads to high-quality students. When evaluations are conducted, it is crucial to consider the differing costs, the numbers and the money provided across various regions of Africa, ensuring that the quality of training aligns with the resources allocated. EDCTP3JU-MM stated that the intention was to benchmark costs based on real experiences, which is why the pilot was conducted. The pilot will provide valuable insights, and the survey will help the EDCTP3JU make necessary adjustments to the budget.</p> <p>On a final reflection, UK-VS further noted the importance of PhD training and suggested that they all, as funders, have a duty to direct individuals to these schemes. While she understands the need for an EDCTP-specific scheme within its timeframe, she emphasized that other opportunities are already available. She proposed that EDCTP could play a role in clarifying these options for participants in this scheme and also in directing qualified individuals towards PhD schemes available through other platforms, such as Science for Africa. This may need further discussion.</p> <p>HORIZON-JU-GH-EDCTP3-2025-03-01-two stage Strategic action for preparedness & response: Strengthening Regional Networks of Excellence and Epidemic Preparedness Consortia</p>
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	<p>ZA-GL asked to what extent this is working with the Africa CDC and its activities? She noted that on the consortium for pandemic preparedness, they had to call out for regional consortia. She also emphasized the importance of aligning with existing networks of clinical trial sites. She suggested that it would be beneficial to work in conjunction with the Africa CDC to avoid duplication, as duplication does not strengthen systems but rather divides resources. She mentioned that WHO and the World Bank are also involved in consortium activities related to epidemic preparedness and asked how this initiative connects with those efforts. For example, the HVTN network for HIV research is already established and active. There are several initiatives that should be taken into account and built on, rather than creating new consortia from scratch, which would only increase requests to governments for infrastructure and equipment funding. She cautioned that having too many similar initiatives that could dilute impact and reduce overall effectiveness. EDCTP3JU-MM noted that the backbone of Africa CDC is its institutes of public health, a focus also supported by PEPFAR funding. Discussions with PEPFAR have highlighted the need to reinforce these institutes, with Africa CDC playing a central role. This emphasis will be formalized in the Memorandum of Understanding (MoU) being finalized with Africa CDC, which also supports strengthening these institutes. Africa CDC's centres, some funded by EDCTP, have been instrumental, especially during the COVID-19 regional response. Through the strategic action approach, additional partners, such as PEPFAR and the HVTN network, that want to co-fund and collaborate in this initiative will have the opportunity to join at the appropriate stage in the strategic call. ZA-GL further expressed concern about the emphasis on public health institutes, noting that in many cases within Africa, much of the relevant work is not done by institutions like the NICD, but rather by universities. She emphasized the need to be cautious, as putting the emphasis on public health institutes could inadvertently exclude the people who are doing the work. EDCTP3JU-MM concluded by emphasizing the need to consider a hybrid approach moving forward.</p> <p>UK-VS requested tighter wording in the specifications to clarify certain aspects. She expressed a similar question regarding how the existing infrastructure, including the Regional Networks of Excellence and other infrastructure largely funded by all, including EDCTP, could build on that? She suggested that if some of the concerns mentioned could be addressed through clearer wording, it would provide better guidance on how existing networks and consortia, including EDCTP Regional Networks, can apply or not. Additionally, she noted that while the document may have been written before the latest WHO guidance was issued, it would be beneficial to integrate this guidance into the capacity-strengthening component for trials. This integration could help sub-Saharan African trial sites progress towards WHO good practice standards, such as increasing the percentage of trials sponsored by sub-Saharan African institutions. On this, EDCTP3JU-MM highlighted the need to refine the language to convey clearly that the goal is to build on prior investments in Networks of Excellence and Epidemic Preparedness Consortia, rather than simply extending current funding. This approach allows for the introduction of innovations, restructuring of existing networks, and</p>
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	<p>taking on of new partners or dropping of some depending on what is being applied for. He agreed to include text about WHO clinical trials guidance.</p> <p>SEC-TN commented on the types of networking targeted - south-south and north-south collaborations. He suggested incorporating north-north networking as well, as it could be beneficial to strengthen these efforts. Drawing from his experience, he noted that the Networks of Excellence were established with the assumption that Europe is already well-coordinated and that a strong south was needed. He expressed concern about individual countries in the north engaging on their own with networks. It would be important to ensure that European countries in a network are also coordinated. Therefore, he advocates for including some north-north collaboration in the text, even if it is not emphasized, as it could prove beneficial in the long run. EDCTP3JU-MM confirmed that the three different components – south-south collaboration, north-south and north-north – will be incorporated.</p> <p>ML-AD inquired how stringent the regional limitations would be. He noted that the existing networks of excellence are typically region-based. There are other consortia and networks with membership beyond a single African region. . He asked whether consortia that are pan-African are eligible to apply, or if it is limited to networks specific to one region of Africa. EDCTP3JU-MM noted that there is no reason to halt cross-regional collaboration, as expertise from Southern Africa may be essential in Central or West Africa, depending on the epidemiology of the various diseases involved. This collaboration can be integrated into a regional approach that ensures equitable representation for all regions. The composition of partners in the consortium will not be prescriptive, allowing for the inclusion of partners outside the region when such collaborations would enhance the impact of the investment.</p> <p>HORIZON-JU-GH-EDCTP3-2025-04-01-two-stage Tackling Diarrhoeal diseases in context Climate and Health</p> <p>NG-AO noted that the concept of climate and health is very important and inquired whether the approach encompasses a broad spectrum that includes environmental issues, particularly in the African context. He highlighted the importance of addressing the needs of vulnerable and displaced populations and asked how these factors will be integrated into this concept. EDCTP3JU-MM confirmed that, where relevant, vulnerable or displaced populations affected by climate and health issues will be mentioned in the text.</p>
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		<p>UK-VS noted a discrepancy between what is presented on the slide and what is outlined in the meeting documents. She asked for the rationale for selection of specific pathogens as this appears narrow compared to the call title. She asked how this selection aligns with the goal of tackling climate-sensitive infectious diseases. EDCTP3JU-MM explained that the multiannual Strategic Research and Innovation Agenda identified and prioritized some of pathogens and diarrheal diseases. A comprehensive mapping exercise was conducted to guide these priorities. These identified pathogens are targeted for significant investment in developing treatments and diagnostic products. However, some areas, particularly early vaccine development, have been excluded from this prioritization due to sufficient existing funding, including past investments by EDCTP.</p> <p>SEC-TN asked how issues of antimicrobial resistance will be addressed in this call, or if it is not a concern. He suggested that antimicrobial resistance could be included in the discussions, recognizing that it is a separate issue but that many investigators will be working with resistant subtypes. This concern applies to other pathogens as well. EDCTP3JU-MM responded that there will be further discussions with the focus group on disease areas to ensure the call is precisely targeted, aiming to finalize it within the month. Since a dedicated call on antimicrobial resistance is already under evaluation, the goal is to avoid redundant spending. A statement may be included to help minimize any overlap or confusion related to antimicrobial resistance.</p> <p>HORIZON-JU-GH-EDCTP3-2025-04-02-two-stage Disruptive innovations advancing global health</p> <p>BE-SD indicated that the call text is too short, lacking the type of details specified for other calls, such as the need for a target product profile, clear regulatory pathways, and collaboration with the Team Europe initiative to ensure integration. This applies equally to diagnostics and age-appropriate formulations, raising questions as to why these aspects are omitted in the text. She will send some suggestions for improvement of the text, which was welcomed by EDCTP3JU-MM. DE-AS acknowledged that the call needs to remain broad to encourage innovative ideas, but she finds it challenging to envision the types of projects being sought. She advised that once the call text is finalised, it could be helpful to advise applicants on examples of possible projects, as the current scope feels intangible and difficult to grasp.</p>
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4.4	Update on EDCTP Association membership and IKAs submission	<p>SEC-JS provided an update on IKAs submission for 2025 EDCTP3 JU Work Programme (slides 107-112). The IKAs submitted for inclusion in the 2025 Work Programme will undergo review by the JU Secretariat. Approval for accepted IKAs will be given by the JU GB in December 2024, following consultation with the JU's Scientific Committee.</p>

	for 2025 EDCTP3 JU Work Programme	<p>SEC-JS also noted that a request for volunteers was sent in August to members of the EDCTP3 JUC for those interested in joining the Working Group on IKAAs. Positive responses have been received from South Africa, Germany, Belgium and the United Kingdom. Additional members are needed to ensure equitable and inclusive representation, and to maximise the value of the Working Group, which will aim to:</p> <ul style="list-style-type: none"> ○ Facilitate transparency on the different activities funded by the PSs ○ Identify and advise on opportunities for alignment between member states ○ Provide a forum for discussion on any questions/issues encountered during the planning and reporting cycles. <p>The WG would continue to be coordinated by UK-SM, along with representatives from the EDCTP Secretariat.</p> <p>EDCTP3JU-MM reminded Member States, particularly those who have made cash contributions towards the 2025 Work Programme, to communicate this information through SEC-IR, so that it can be reflected in the final version of the 2025 Work Programme, as it has not been included yet. Additionally, for those members with activities involving disbursements in 2024 that have been included in the 2025 Work Programme (such as Belgium's case related to Mpox), it would be important to communicate this promptly to ensure that any necessary amendments to the annex regarding in-kind contributions for 2024 can be made on time.</p>
4.5	EDCTP Association membership compliance	<p>With reference to meeting document 6, SEC-AB provided an overview (slides 114-119) on the three Association membership categories, cash contributions to Association administrative costs, and the status of the administrative cash contributions as of 23 September 2024 for the European member states and African member states.</p> <p>DE-HG noted that there is a shortfall in membership fee contributions. While this may not seem like a significant amount, it is crucial for the SEC to receive these funds to continue supporting the Association in preparing meetings and managing behind-the-scenes work. As members of the EDCTP3 JUC, such contributions reflect the commitment of the member states, which will be vital as consideration is given to future funding, particularly for EDCTP4. DE-HG also explained that the primary funding for EDCTP comes from EU funds under Horizon Europe. Intense discussions at the EU level will take place in the future on how to allocate the budget - whether for research, defence or other areas. Partnerships, like EDCTP, will be under scrutiny. With more than 60 partnerships in Europe, the EC will evaluate which ones to continue. It is essential to demonstrate full commitment from all member states to avoid questions about the value of the EDCTP partnership. Therefore, to strengthen EDCTP's position for</p>

		<p>future funding, it is crucial that all membership fees are paid for previous years as well as for 2024 and 2025. This will help EDCTP to present a united front and show strong member state support when seeking further EU funding for EDCTP4.</p> <p>Echoing the concerns regarding membership contributions, FR-SMG emphasized that it is now an opportune time to mobilize all participants. She also proposed reaching out to scientific societies or organizing a scientific gathering to showcase EDCTP outcomes. In light of the upcoming Forum, this would be an ideal moment to promote the gathering and provide specific information on EDCTP outcomes and events to the scientific communities and societies in Europe. DE-HG reminded that there will be a dedicated session on membership related issues for African member states immediately after this GA meeting.</p>
4.6	Preparations for the Twelfth EDCTP Forum in 2025	<p>EDCTP3JU-LP delivered a summary of the preparations for the Twelfth EDCTP Forum in 2025 (slides 120-134). Among the matters reported, EDCTP3JU-LP presented the theme of the upcoming EDCTP Forum, “Better Health through Global Research Partnerships”, which will take place from 15-20 June 2025 at the Kigali Convention Centre, Rwanda. The Forum will be hosted by the Ministry of Health of Rwanda and the Rwanda Biomedical Centre (RBC), and organized by Global Health EDCTP3 and the EDCTP Association. The tentative schedule is as follows:</p> <ul style="list-style-type: none"> ○ Friday, 13 June 2025: Global Health EDCTP3 Scientific Committee and Stakeholders Group meetings ○ Saturday, 14 June 2025: EDCTP Association General Assembly ○ Sunday, 15 June 2025: Morning: Global Health EDCTP3 GB Afternoon: Pre-event showcasing clinical research in Rwanda Evening: Forum opening ceremony and cocktail reception ○ Monday, 16 June 2025: Forum ○ Tuesday, 17 June 2025: Forum and conference dinner ○ Wednesday, 18 June 2025: Forum ○ Thursday, 19 June 2025: Workshops and side meetings ○ Friday, 20 June 2025: Site visits to research centres in and near Kigali <p>PT-CP inquired about ways to disseminate the internal activities of the Portuguese-speaking platform on Clinical Research and Biomedical Innovation to engage potential future partners, and whether a satellite session could be arranged during the upcoming Forum in this regard. EDCTP3JU-LP suggested that Thursday [19 June 2025] could be suitable for side meetings or</p>

	<p>workshops, but this would need to be reviewed by the Organizing and Programme Committees. Further discussions can take place outside of the GA meeting.</p> <p>DE-AS noted that the engagement of the Stakeholder Group benefited the previous EDCTP Forum and inquired about their involvement this time. EDCTP3JU-LP confirmed that the EDCTP3 Stakeholder Group is actively participating in the Programme Committee and providing suggestions.</p> <p>SEC-MT noted that there is an important leadership course on malaria elimination and eradication scheduled to be in parallel with the Forum. This arrangement was communicated to Rwandan Ministers during his visit in April, and it has received positive feedback. The course aims to facilitate engagement between African leaders in malaria control and elimination efforts and international organizations, enhancing collaboration and practical application. He emphasized the need for participating countries to fully engage in this course rather than limiting their involvement to the Forum. This initiative aims to foster South-South partnerships and effectively translate scientific research into practical applications. He also proposed having a satellite meeting towards the end of the leadership course and Forum to discuss and promote collaboration among different networks.</p> <p>SEC-TN emphasized the importance of South Africa sharing in the upcoming Forum their experience in securing a science and innovation agreement with the EU. Despite the absence of an in-house guideline from the EU, South Africa has managed the process, which could serve as a valuable example for other African countries to encourage them to take similar actions through their authorities or parliament. ZA-EM stated that South Africa has maintained a strong science and innovation partnership with the EU since 1997, participating in various research projects, including in astronomy. The country has successfully leveraged its geographic position to address global and domestic challenges through science, while maintaining close trade relations with the EU. South Africa encourages African partners to participate in EU networks, aligning collaborations with national priorities and securing financial resources for effective cooperation. SEC-TN added that the idea is to include a session on this topic in the upcoming Forum, with participants from the European Commission as well. DE-HG underscored that this will be taken into account when discussing the agenda for the next GA and Forum. ZA-EM expressed her willingness to volunteer to coordinate with the EC for this meeting.</p>
5. Any other business	

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5.1	Any other business	FR-SMG inquired about the scheduled timeline for the GH EDCTP3 JU Work Programme 2026. EDCTP3JU-MM clarified that at the next General Assembly in June 2025, the timeline for the Work Programme 2026 will be shared to provide insights into what to expect regarding the overall timing from the initial inputs until the final approval. DE-HG added that further discussions on this topic will be held during both GA meetings in 2025.
5.2	Meeting closure	DE-HG confirmed that the next GA meeting will take place on Saturday, 14 June 2025, in Kigali, Rwanda. He thanked all members and observers for their participation, contributions, presentations and commitment, and subsequently closed the GA meeting. DE-HG invited the African member countries to remain in the meeting room or continue online to participate in a dedicated closed session.