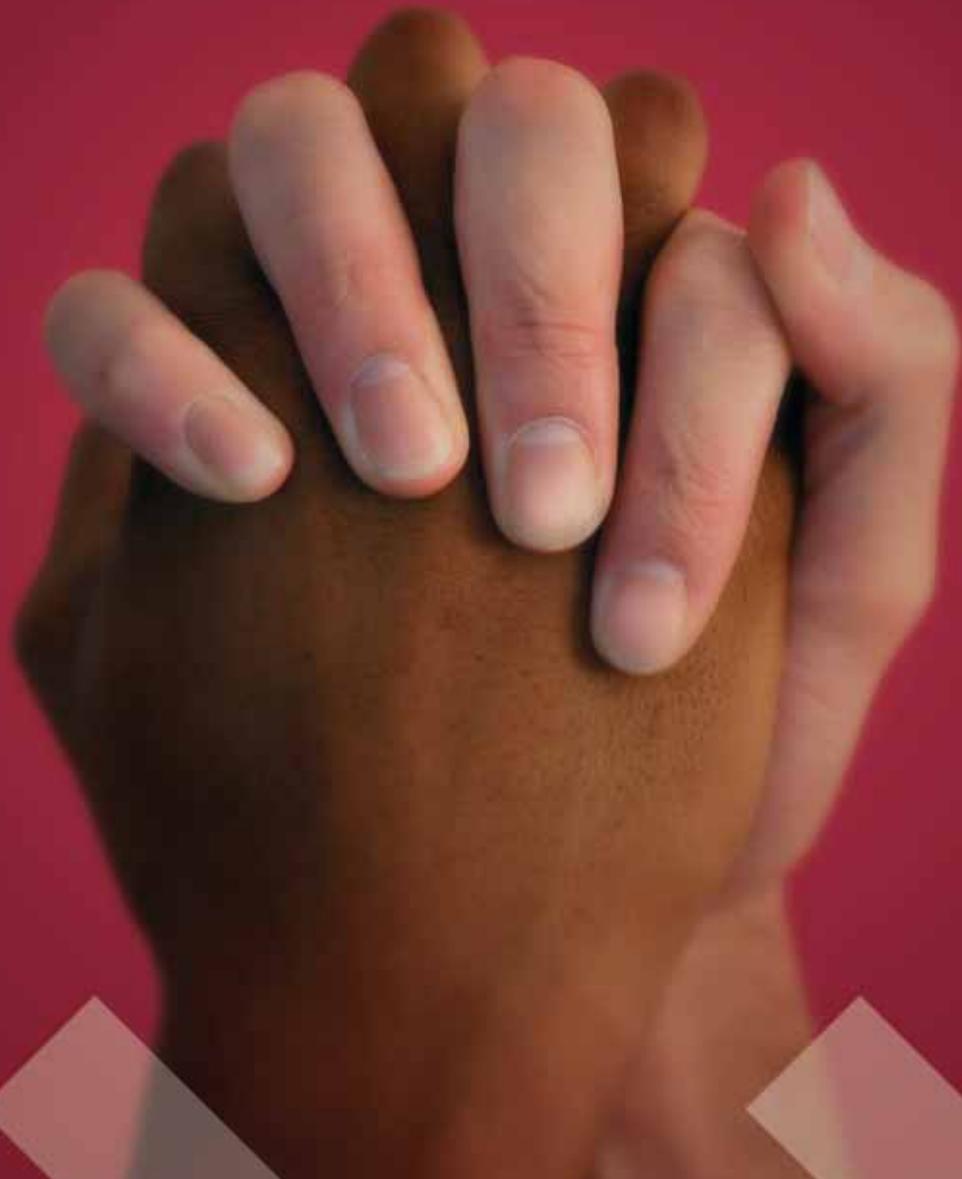




E D C T P



Annual Report 2006

Colophon

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European & Developing Countries Clinical Trials Partnership



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About EDCTP – The power of sharing science

The European & Developing Countries Clinical Trials

Partnership (EDCTP) was created as a European response to the global health crisis caused by the three main poverty-related diseases of HIV/AIDS, malaria and tuberculosis.

These diseases kill over 6 million people each year, and the numbers are growing. Sub-Saharan Africa is the world's worst-affected region where besides ravaging lives, they impede development and cause poverty.



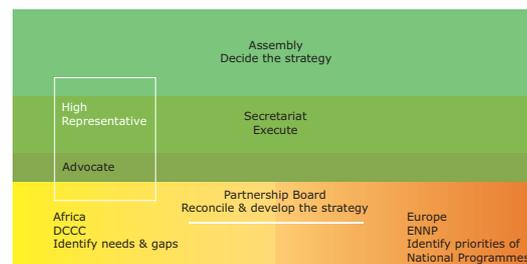
Who we are

EDCTP is a unique partnership between European and sub-Saharan countries, aiming to reduce poverty by developing new clinical interventions to fight HIV/AIDS, malaria and tuberculosis. It unites 14 European Union (EU) Member States, plus Norway and Switzerland, with 47 sub-Saharan African countries in a partnership. This partnership helps EU Member States to integrate and coordinate their national research programmes into the three poverty related diseases and form partnerships with their African counterparts.

EDCTP is currently part of the European Commission's Sixth Framework Programme (FP6) for research and technological development, the European Union's main instrument for funding research in Europe. FP6 aims to transform the European Union into a dynamic and competitive knowledge-based economy.

What we do

The focus of EDCTP funded projects is on phase II and III clinical trials in sub-Saharan Africa. EDCTP supports multicentre projects which combine clinical trials, capacity building and networking. The aim of integrating these three components is to ensure that the developed capacity is utilised to successfully conduct the clinical trials using best practices. The utilisation of capacity and networking encourages capacity retention and proliferation, and thus ensures sustainability for self-supported clinical trial research within Africa is most likely to be attained in the longer term.



EDCTP reports include

- Annual report
- Annual Forum Reports
- Investigators' Meeting Report
- Joint Programme: EDCTP strategic plan for 2004-2008

All reports are available in PDF at www.edctp.org/Publications.11.0.html or in print from +31-70-3440880 or info@edctp.org.

Responsibility

Forming partnerships means sharing responsibility. EDCTP strongly promotes sharing responsibility of both European and sub-Saharan African stakeholders, at all levels.

Mutual trust

Research into the three poverty-related diseases may increasingly operate as joint programmes with pooling of resources. Mutual trust between all parties involved at political, institutional and project level forms the basis for this joint effort.

Best practices

EDCTP believes that joint effort is the most efficient and effective way to fight the three poverty-related diseases. Joint effort increases efficiency and avoids duplication. As a part of EDCTP's support of stakeholders of this joint effort, best practices will be made available to the public.

Partnership and networking

Many EU Member States and their partners in the developing countries have substantial research activities into HIV/AIDS, malaria and tuberculosis. By forming true partnerships, we can substantially improve coordination and efficiency of these activities, and create a win-win situation for all parties involved.

Our values

Innovation

Relieving poverty calls for innovative action. On the one hand, joining research activities is an innovative way of encountering public health problems in sub-Saharan Africa. On the other hand, tools for the control of poverty-related diseases are few in number and often not adapted for use in resource-poor settings. Therefore, development of these tools should be accelerated.

Empowerment

Researchers in sub-Saharan Africa are faced with the need for multicentre protocols, a demanding regulatory environment and universal ethical standards. With the right resources and training, sub-Saharan African countries have the opportunity to take leadership and create a sustainable environment for conducting high-quality medical research.

Transparency

All stakeholders should be aware of the achievements of EDCTP and of the work of the EDCTP Secretariat.

EDCTP activities and findings arising from EDCTP projects will therefore increasingly be made public and available to everyone.



The legal, operational and financial structure of EDCTP is provided by the European Economic Interest Grouping (EEIG) through its two organs namely the EEIG Assembly and the Secretariat. The EEIG Assembly is EDCTP's final decision-making authority in which all participating European Member States are represented, and is represented by its Chair. The Assembly is supported by the Secretariat, headed by the Executive Director who is responsible for the day-to-day running of the organisation.

The past year – 2006 – has been one where EDCTP has made real progress. Charles Mgone was appointed to the post of Head of the African Office in late 2005 and since then has played a key role in ensuring that we could fulfil our mission.

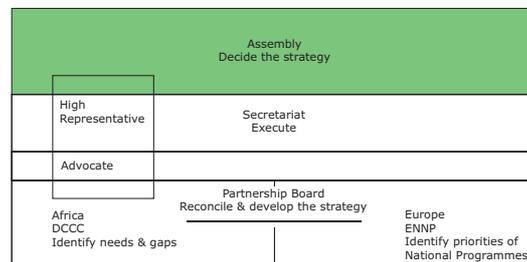
The partnership with Africa has blossomed during 2006 – the African Office has catalysed the changes needed to ensure that we have the structures and culture that enables the Partnership to flourish. Our links with key organisations in Africa have been consolidated and the Developing Countries Coordinating Committee has shown real commitment and energy in fulfilling their role in giving us good advice and support.

The European Member States from the General Assembly have also demonstrated their commitment to our objectives through welcoming and endorsing a Roadmap for the future work of the Partnership until 2010. Up to the end of the 2006 year some € 14.3 M of Member States investment have been committed to our programme.

Our first collaboration with another key organisation has been agreed – the Bill & Melinda Gates Foundation have contributed € 7 M towards a € 21 M call for proposals for the development of capacity in Africa for HIV Vaccine Trials.

The latter part of the year saw our farewell and good wishes to Odile Leroy as she returned to the European Malaria Vaccine Initiative as Chief Executive. 2007 began with the confirmation of the appointment of Charles Mgone as our Executive Director. We look forward confidently from the progress of 2006 to the future welcoming our new leadership and the energy and commitment of his colleagues in the Secretariat.

Diana Dunstan



6 Message from the Executive Director



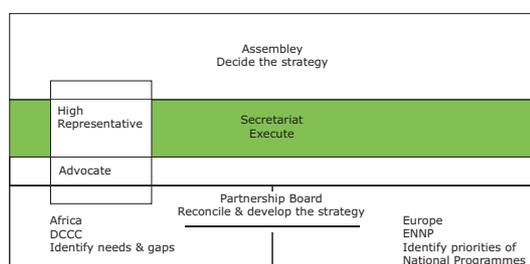
Although there were many important activities and events that took place within the EDCTP programme in 2006, most notable among them were the events that took place in Africa. In keeping with the years' slogan; *African leadership in the partnership*, EDCTP amply demonstrated the African commitment, ownership and leadership of the programme. Spearheaded by the Africa Office, the Developing Countries Coordinating Committee (affectionately referred to as D triple C) and the High Representative Pascoal Mocumbi, EDCTP traversed the length and breadth of the continent. The focus was on advocating for African ownership and leadership through scientific and policy meetings, conferences, workshops, dialogues and site visits. Together with the African scientific community, the African AIDS Vaccine Programme (AAVP), the World Health Organisation (WHO), the International AIDS Vaccine Initiative (IAVI) and other partners, EDCTP organised several subregional meetings with African Economic Communities and the African Union. These meetings culminated in a joint advocacy for AIDS vaccine development in Africa. It is encouraging to note that during the site visits and in many other occasions, EDCTP representatives met with several African leaders and top policy makers, including ministers of health, science and technology. Most of them were very supportive of EDCTP and pledged their commitment to the Partnership.

During the year the Africa Office organised the First EDCTP Investigators' Meeting. This meeting, which took place in Cape Town, was very successful and became a very good prelude for the Third EDCTP Annual Forum, whose theme was aptly titled: *Partnership and African Leadership – Challenges and Opportunities*. Both the Investigators' Meeting and the Annual Forum showed the commitment of the Partnership to the budding and talented as well as veteran scientists who are associated with the EDCTP programme. This also included African leadership involvement through the New Partnership for Africa's Development (NEPAD).

It is such solid commitment and African leadership that will bestow continuity and sustainability to the programme.

As 2006 has come to an end, we eagerly look forward to 2007, the year that promises a lot for the Partnership. Our plans for 2007 are to consolidate gains from the previous years in which we set up solid foundations for the delivery and now move on to speed up with the delivering.

Charles S. Mgone



Word from the High Representative

EDCTP's High Representative, Dr Pascoal Mocumbi, works closely with the Executive Director and the Secretariat to raise the visibility of EDCTP, to advocate and gain political support for EDCTP, in particular in Africa, and to contribute to EDCTP's fund raising activities.

Dr Mocumbi is formed in medicine, and was prime minister of Mozambique from 1994 until 2004.

In 2006, I continued my activities as High Representative of EDCTP with the following goals:

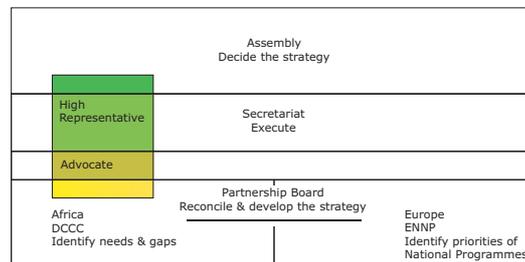
- Getting political support for sustainable development of clinical trials capacity in sub-Saharan Africa
- Promoting ownership of EDCTP activities by scientists and national authorities
- Strengthening collaboration links between EDCTP and like-minded organisations.

In the beginning of 2006, a visit to the New Partnership for Africa's Development (NEPAD) Office in Johannesburg and Midrand, South Africa accompanied by the Head of Africa Office, resulted in the adoption of collaborative mechanisms between NEPAD and the EDCTP Africa Office, paving means of collaboration between the two parties.

On behalf of EDCTP, I also had intensive meetings with the African Union (AU). During these meetings, the Chair of the AU Commission committed to include EDCTP in the agenda of the forthcoming regular consultations between the African Union and the European Commission. Furthermore, the Commissioner for Social Affairs agreed to work with EDCTP through the Africa Office on practical aspects of collaboration in developing human and infrastructural capacity to conduct clinical trials across Africa.

Collaboration with the European Commission, Brussels resulted in the inclusion of capacity development in the agenda of the forthcoming regular consultation meeting that took place in Addis Ababa during the first week of October 2006.

In 2006 I contributed as representative of EDCTP to the WHO Department of Research and Cooperation Initiative for establishing the International Clinical Trials Registry (ICTRP) that was launched in May. In the same month I also represented EDCTP at the launch INDEPTH/Malaria Clinical Trials Alliance (MCTA), an initiative aimed at helping develop malaria clinical trials sites in Africa. It is through



such participation that EDCTP is able to explore synergies and ways of strengthening sustainable development of research institutions in Africa.

Pascoal Mocumbi

Constituencies Joint Report

Partnership Board (PB)

The Partnership Board (PB) is a scientifically independent expert panel responsible for the strategic planning of EDCTP. The PB advises the General Assembly on technical and scientific matters relating to the EDCTP programme.

Developing Countries Coordinating Committee (DCCC)

The Developing Countries Coordinating Committee (DCCC) is an independent advisory body of prominent African scientists and health professionals. The DCCC ensures the input and commitment from the African countries and researchers in the EDCTP programme.

European Network Of National Programmes (ENNP)

The European Network of National Programmes (ENNP) consists of representatives of the European national programmes (European Networking Officers or ENO's). The ENNP develops proposals to coordinate and join the national programmes of the EDCTP Member States into a joint programme.

New EDCTP strategy 2007-2010

In 2006, EDCTP constituencies actively participated in designing the new EDCTP strategy 2007-2010. This strategy for launching new calls is product-based, focusing on drugs, vaccines and microbicides. Applications for EDCTP funding of product-based research projects must now include clinical trials, capacity building and networking components in an integrated manner.

In view of this new strategy, a series of stakeholder meetings was set up to identify joint programmes related to disease-specific topics, and to identify sites to contribute to these

programs through 'nodes of excellence'. Each EDCTP call will be preceded by a stakeholder meeting. In preparation, the concept of 'Joint Programme of Activities'-certification was introduced. The ENNP set up a task force to identify activities carried out by a Member State in collaboration with at least one other Member State, which could be validated as Joint Programme Activities. These activities might then be eligible for enhancement through additional EDCTP funding. The DCCC developed a proposal which recommended capacity building through 'nodes of excellence', linking satellite sites. These nodes of excellence form a platform through which the conduct of clinical trials, networking, mentorship, African ownership and cofunding can be realised.

Joint DCCC-ENNP meeting

The DCCC and ENNP had their first joint meeting during EDCTP's Third Annual Forum in Stockholm. Issues discussed included the EDCTP roadmap, briefing of the newly developed partner-search engine (Project Partners) on the EDCTP website, recommendations from the Investigators' Meeting that was held in July 2006 in Cape Town for action of the PB (senior fellowships, ethics and complaints on budget cuts), and reports from the ENNP.

ENO's presented their national research programmes and the priorities in their countries, and reported on the Member States' activities for the coming years, while DCCC members presented an update on the national programmes in African countries. It was agreed that such joint ENNP-DCCC meetings should take place at least twice a year.

PB activities

In 2006, the PB held a total of four meetings. These meetings were devoted to the annual action plan, selection of criteria and procedures for peer reviews, calls for project proposals



Patrice Debré, the PB chair: "The Partnership Board will not only continue to focus its strategy on programmes and capacity building for implementing research on HIV/AIDS, malaria and tuberculosis, but will also increase North-South networking for collaboration

between scientists and national programs."



Simon Agwale, the DCCC chair's reflections on 2006 and expectations of 2007 are: "The future for the DCCC still continues to be bright but requires commitment and very good ideas. It should be given the chance to develop into the future network, which could raise extra funding for EDCTP

from other stakeholders including African national programmes or health budgets."

and other procedures for implementing a plan of action. The meetings also discussed results of proposal and project evaluations, prioritisation of projects and preparation of the EDCTP Annual Forum Meeting in Stockholm.

DCCC activities

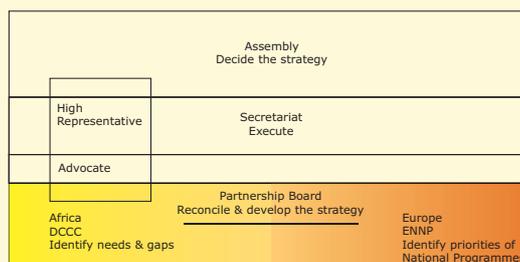
In 2006, the DCCC held meetings in The Hague, Arusha, and Cape Town, and held the first joint ENNP-DCCC meeting in October. DCCC members also participated actively in the organisation of the two major events that were organised by EDCTP (the Investigators' Meeting and the Third Annual Forum). The DCCC members have continued with the advocacy of EDCTP at various local and international meetings in Africa and Europe and participated in site visits in African countries.

DCCC members made significant input to call texts, especially of capacity building and networking. With respect to networking, the DCCC worked closely with the ENNP to ensure that North-South collaboration is strong and that it helps to realise the goals of EDCTP.

ENNP activities

The ENNP met five times in 2006 and held the first joint ENNP-DCCC meeting in October. The group discussed the recommendations from the Investigators' Meeting and provided the Scientific Expert Committee (SEC) with guidance and advice on the recommendations made. An ENNP working group met at the Agence Nationale de Recherches sur le SIDA (ANRS) in Paris on 9 May 2006 to develop recommendations for the first joint call on prevention of mother to child transmission of HIV (PMTCT), and to determine the financial commitments of Member States.

Four new ENOs were appointed to join the ENNP. These are Vic Arendt (Luxembourg), Kårstein Måseide (Norway), Christoph Meier (Switzerland) and Claire Newland (United Kingdom). The appointment of ENO's from Switzerland and Luxembourg has for the first time ensured that all EDCTP-EEIG Member States are represented in the ENNP. The ENNP also elected Dirk van der Roost from Belgium to the position of the Vice-Chair.



Laura Brum, the ENNP chair remarks, "The Member State representatives on the ENNP (European Networking Officers) are vital contacts for researchers wishing to respond to EDCTP research calls. They provide advice and alert scientists on opportunities for collaboration in research funded by EDCTP and assist in seeking national cofunding of proposals. The ENNP also identifies research projects and other initiatives in current and forthcoming MS research programmes that have the potential to be integrated into EDCTP Joint Programmes."



Calls of 2006

Joint call on prevention of transmission of HIV from mother to child (€ 6.1 M)

In July 2006 EDCTP joined with the National Research Programmes of five European countries (ANRS, France; NWO/NACCAP, Netherlands; MRC, UK; ISCIII, Spain; and Irish Aid, Ireland) to launch a joint call on the prevention of transmission of HIV from mother to child, including prevention of transmission during breast feeding. The major outcome of this joint call and of the funded projects will be to identify the most feasible and affordable strategies to prevent mother to child transmission of the virus in low-income countries of sub-Saharan Africa. The deadline for applications was on 29 September 2006. A total of six eligible applications were received for the call.

Joint call on capacity building in preparation for conducting preventive HIV vaccine trials (€ 20 M)

In December 2006 EDCTP, the Bill & Melinda Gates Foundation (BMGF) and the EDCTP-EEIG Member States launched a joint call for proposals to support capacity building for conducting preventive HIV vaccines clinical trials in African countries. This call specifically addresses the mission of the Global HIV Vaccine Enterprise alliance to establish new strategies and mechanisms to accelerate the global effort to develop a safe and effective HIV vaccine. The main objective of the call is to establish or strengthen long-term capacity to conduct clinical trials of HIV vaccines in African countries in order to ensure that novel candidate vaccines are expeditiously evaluated with the highest scientific and ethical standards. The deadline for applications is March 2007.

Calls of 2005

In September 2005 EDCTP launched 4 calls for clinical trials. The review procedure of these calls was finalised in 2006. To achieve the objectives of article 169 of the European Treaty (integration of Member States' national research programmes) the Member States were requested to match the EDCTP contribution by providing a minimum of 50% of the estimated resources. This was a new requirement in 2005. A total of 7 projects were awarded funding and contract negotiations on all projects were still ongoing by 31 December 2006. These include the following:

- Capacity building support for the conduct of phase I/II and Phase III trials of vaginal microbicides – a total of three projects were selected for funding (€ 7 M)
- Identification of safe and efficacious Anti-Retroviral Treatment in combination with tuberculosis drugs in HIV-TB co-infections – one project was awarded funding (€ 4.7 M)
- The final two calls aimed to address capacity building to support tuberculosis vaccines trials in newborns as well as high risk populations. A total of five projects were awarded funding. Since two applicants were awarded funding for similar projects submitted in response to both calls, the scientific review committee recommended merging these projects. Therefore the number of projects that were finally selected was three, among which one addresses high-risk populations and the other two address the general population (€ 1.83 M).

Calls of 2004

All projects that were selected in response to EDCTP calls of February 2004 for the support of clinical trials on treatment of HIV/AIDS, malaria or tuberculosis are ongoing. More information on the selected projects can be found in the tables on page 12-13.

Table 1 Clinical trials grants 2004 – HIV/AIDS

Disease	Grantee	Title	Budget	Location	Sponsor	Medicinal products
HIV	Chintu	CHAPAS Trials: Children with HIV in Africa: Pharmacokinetics and Adherence of Simple Antiretroviral Regimens	€ 1,280,333	Netherlands, UK, Zambia	Medical Research Council, London, UK	Nevirapine / Stavudine / Lamivudine (Peditumune)

**Graph 1 Countries with EDCTP supported HIV/AIDS clinical trials activities****Table 2 Clinical trials grants 2004 – malaria**

Disease	Grantee	Title	Budget	Location	Sponsor	Medicinal products
Malaria	D'Alessandro	Evaluation of 4 artemisinin-based combinations for treating uncomplicated malaria in African children	€ 1,999,990	Belgium, France, Germany, Spain, UK, Burkina Faso, Gabon, Mozambique, Nigeria, Rwanda, Tanzania, Uganda, Zambia	Institute for Tropical Medicine, Antwerp, Belgium	Amodiaquine / Artesunate, Dihydroartemisinin / Piperaquine (Artekin), Artemether / Lumefantrine (Coartem), Chlorproguanil-dapsone(Lapdap) / Artesunate
	Kremsner	Artesunate for severe malaria in African children	€ 5,348,480	Austria, Germany, UK, Gabon, the Gambia, Ghana, Kenya, Malawi	The Office of the Surgeon General of the Army, Walter Reed Army Institute Maryland, USA	cGMP Intravenous Artesunic Acid

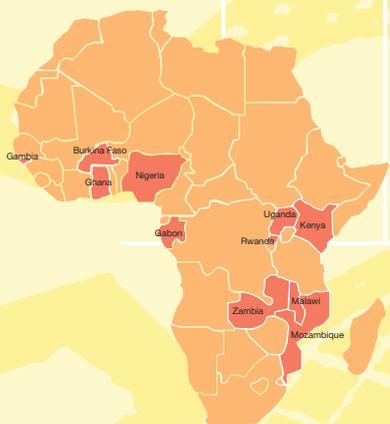
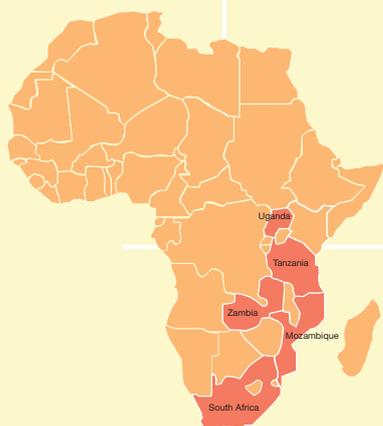
**Graph 2 Countries with EDCTP supported malaria clinical trials activities**

Table 3 Clinical trials grants 2004 - tuberculosis

Disease	Grantee	Title	Budget	Location	Sponsor	Medicinal products
TB	van Helden	Surrogate markers to predict the outcome of anti-tuberculosis therapy	€ 973,033	UK, South Africa	Not applicable	Not applicable
	Gillespie	Rapid evaluation of Moxifloxacin in the treatment of sputum smear positive tuberculosis: REMoxTB	€ 2,987,874	UK, Tanzania, Zambia, South Africa	University College London, UK	Moxifloxacin, Rifampicin, Pyrazinamide, Ethambutol, Isoniazid
	Jindani	A controlled clinical trial to evaluate high dose rifapentine and moxifloxacin in the treatment of pulmonary tuberculosis	€ 4,251,991	Spain, UK, Mozambique, South Africa, Tanzania	St. George's University of London, UK	Rifampicin, Rifapentine, Isoniazid, Ethambutol, Pyrazinamide, Pyridoxine, Moxifloxacin
	Merry	Determining the optimal doses of antiretroviral and anti-tuberculous medications when used in combination for the treatment of HIV/TB in co-infected patients	€ 1,026,952	Ireland, UK, South Africa, Uganda	University of Cape Town, South Africa	Efavirenz Nevirapine Rifampicin Lopinavir Ritonavir Isoniazid

**Graph 3 Countries with EDCTP supported tuberculosis clinical trials activities**



South-South networking

National Regulatory Agencies (NRA) training

EDCTP supported the WHO Global Training Network (GTN) courses on regulatory authorisation and evaluation of clinical trials. The Dutch NACCAP provided additional funds to train 63 African participants. The first course for French speaking countries (Rwanda, Gabon, Mali, Burkina Faso and Côte d'Ivoire) took place in Quiddah, Benin on 11-15 December 2006. The English workshops will be held in Zimbabwe in 2007.

EDCTP Investigators' Meeting

The First EDCTP Investigators' Meeting took place at the Medical Research Centre (MRC) in Cape Town on 24-25 July. The goal was to establish South-South networks, coordination and synergy among researchers. There were 88 participants: 43 African scientists, 9 collaborators from research institutions in the north, 13 invited guests, 15 members of EDCTP constituencies and 8 members of the EDCTP secretariat. The meeting concluded with recommendations to extend funding for promising senior fellowship projects, reinforce capacity building (personnel, ethics and regulatory bodies), strengthen South-South and North-South networking, accredit sites conducting trials in Africa and foster collaboration with policy makers. The meeting report is available on the EDCTP website (www.edctp.org) and in print.

Collaboration with African AIDS Vaccine Programme (AAVP)

The EDCTP African Office participated at two AAVP regional consultative meetings on HIV vaccine research and development in Kenya on 26-27 June and in Ethiopia on 25-26 October. At both meetings EDCTP participated in the formulation of a common African HIV/AIDS vaccine advocacy and the Africa Office advocated for the adoption of the AAVP Yaoundé Declaration.

Networking meetings

The Africa Office participated in meetings on acceleration of TB drug development organised by Medicin San Frontier in New York on 10-12 January and a meeting of INTERTB network investigators and scientists held in Durban on 5-7 March. INTERTB is an EDCTP-funded network aiming to link scientists in sub-Saharan Africa to facilitate the conduct of trials in TB treatment (for more information, see table 'Networking grants' on page 16-17).

North-North networking

Visits to Member States

The secretariat networking team maintained regular contacts with the Member States' European Networking Officers (ENO's) to collect information on national research programmes, research priorities and mechanisms for Member State cofunding of EDCTP activities. EDCTP secretariat staff members also made visits to a number of Member States to raise awareness of current EDCTP activities amongst funding bodies, scientists and policy makers. These Member States included Norway, Greece, France and Switzerland. Further visits are planned for 2007.

Increased Cofunding

Member State cofunding is an important component of EDCTP activities. The amount of cofunding of EDCTP projects received from Member States or committed by them increased significantly over 2006 to a total of € 7,872,000 in both cash and in kind contributions. Several Member States provided core funding directly to EDCTP. For 2007 and beyond, Member States have pledged a sum of around € 28.5 M either in cash or in kind, including direct contribution to the projects.

First Member States joint call

In 2006, the EDCTP-EEIG Member States demonstrated their commitment towards integration by launching the first joint call on the Prevention of Mother to Child Transmission of HIV. Member States participating in this call included France (ANRS), The Netherlands (NWO/NACCAP), The United Kingdom (MRC), Spain (ISCIII) and Ireland (Irish Aid).

Table 4 Networking Grants 2006

Grantee	Title	Budget	Location
Colebunders, Institute of Tropical Medicine, Antwerp, Belgium	Workshop on Tuberculosis Immune Reactivation Inflammatory Syndrome (TB IRIS)	€ 19,450	Kampala (Uganda)
Hill, Liverpool School of Tropical Medicine, Liverpool, UK	A North-South working group to support the design integrated research proposals for malaria in pregnancy	€ 21,000	Liverpool (UK)
Temmerman, University of Ghent, Belgium	Strengthening laboratory capacity and nutrition skills in the context of an ICH GCP clinical trial for the prevention of mother-to-child transmission of HIV	€ 100,000	Mombasa (Kenya), Muraz (Burkina Faso)
Navia, Fundació Clínic per a la Recerca Biomèdica, Spain	Ifakara-Lambaréné-Manhiça Partnership	€ 99,000	Ifakara (Tanzania), Manhica (Mozambique), Lamberene (Gabon)
Jindani, St George's Medical College, London, UK	A proposal to establish a network of sites, in sub-Saharan Africa, to conduct clinical trials in tuberculosis and to build their capacity to participate in multicentre trials	€ 30,000	Durban (South Africa)
McCormack, MRC, UK	Identifying the common learning needs of investigators working in poverty-related diseases in African settings, and the materials to address these, notably in the areas of project and data management	€ 30,000	London (UK)
Kyabaynze, Regional Center for Quality of Health Care (RCQHC), Kampala, Uganda	KIDS-ART-LINC: network of clinical centres treating HIV-infected children with antiretroviral therapy in Africa to inform public health care and treatment programs	€ 30,000	Cape Town (South Africa)
Merry, Trinity College, Dublin, Ireland	Networking of European and sub-Saharan African research and capacity building in pharmacology	€ 32,770	Kampala (Uganda)

Networking Grants

Grantee	Title	Budget	Location
Aseffa, Armauer Hansen Research Institute (AHRI), Addis Ababa, Ethiopia	Strengthening the National Tuberculosis Research Network in Ethiopia	€ 26,150	Addis Ababa (Ethiopia)
Hall London School of Hygiene and Tropical Medicine, UK	Masters courses in clinical trials for sub-Saharan Africa	€ 370,000	London (UK), Ouagadougou (Burkina Faso), Accra (Ghana)



Graph 4 Countries with EDCTP supported networking activities

Capacity Building

Site visits

The EDCTP Secretariat organised site visits to various African countries that host EDCTP-supported activities. The criteria for making these site visits are strategic importance of projects and the number of EDCTP-supported projects. EDCTP representatives visited five countries, namely Burkina Faso, Malawi, Rwanda, Tanzania and Zambia. These visits have three main objectives: advocacy, data collection and technical assessment on finance and capacity building.

Deficiencies that were commonly identified in all of the sites visited were lack of Good Clinical Practice (GCP) and Good Clinical Laboratory Practice (GCLP) training and the need for improved financial management and training. In order to bridge these gaps, arrangements are currently underway to implement both GCP and GCLP training of clinical trial teams from 15 high priority clinical trial sites. The Swiss Tropical Institute (STI) has offered to conduct training on GCP and GCLP. The first GCP and GCLP training workshop, involving a maximum of 35 participants, is scheduled for the second quarter of 2007. At each site, at least four members of the different clinical trial teams will be trained. These will include a clinical trial doctor, data manager or statistician, study nurse and laboratory manager. In response to the need for assessment of the sites by the Financial Manager, arrangements have been made to conduct financial management training workshops by Deloitte & Touche auditing and management. The first training workshop is scheduled for the third quarter of 2007.

Regulatory Affairs capacity development

In July 2006, EDCTP and WHO signed an agreement to develop a regulatory framework to ensure appropriate oversight of clinical trials in Africa. EDCTP with additional funds from the Dutch NACCAP contributed a total of € 360,000 to support National Regulatory Authorities (NRA) training activities for African regulators from 15 African countries namely Tanzania, Kenya, Uganda, Rwanda, Mozambique, Malawi, Zambia, Gabon, Ghana, Nigeria, Burkina Faso, The Gambia, Cote d'Ivoire, Mali, and Ethiopia. These activities started in the third quarter of 2006 and are aimed at:

- Addressing the lack of expertise in authorising and evaluating clinical trials

- Conducting the ethical review process
- Ensuring that the legal basis on health research is developed and is consistent with international standards of Good Clinical Practice (GCP), Good Clinical Laboratory Practice (GCLP) and Good Manufacturing Practice (GMP).

In the initial phase, the emphasis is on training in clinical evaluation and review of clinical trials applications and the joint inspection of clinical trial sites. It will also aim at developing an African regulators' forum for exchanging and sharing scientific, regulatory and ethical information relevant to clinical trials that are ongoing or planned in Africa.

Regulatory Affairs activities conducted in 2006 included the following:

- *Joint review of clinical trials applications*
This took place in Banjul, the Gambia in July. The countries involved were the Gambia, Mali, Ghana, Senegal, Burkina Faso and South Africa.
- *African Vaccine Regulators' Forum (AVAREF)*
The first forum was held in Accra, Ghana on 19-22 September. Participants involved representatives from National Regulatory Authorities (NRA's) and National Ethics Committees (NEC's) of 19 African countries and also from more experienced NRA's such as the European Medicines Agency (EMEA) and the United States Food and Drug Administration (US-FDA).
- *Global Training Network (GTN) course on regulatory authorisation and evaluation of clinical trials*
The first of these workshops took place in Quiddah, Benin on 11-15 December. The other two workshops will be conducted in the second and third quarters of 2007 in Harare, Zimbabwe.

Ethics capacity development

In 2006 EDCTP offered several grants for ethics courses and seminars, establishment or strengthening of National Ethics Committees (NEC's) and or Institutional Review Boards (IRB's) in sub-Saharan Africa, and for support of an Africa regional coordinating office for Ethics. Details of these projects are summarised in the tables on page 19-20.

Table 5 Ethics capacity development grants 2006

Type of grant	Grantee	Title	Budget	Location
Ethics Courses and Seminars	University of Stellenbosch	Enhancing Research Ethics Capacity and Compliance in Africa	€ 69,926	South Africa
	Medical Research Council, Zimbabwe	Proposal for Building National Capacities in Health Research Ethics, Ethical Review and Clinical Trial Monitoring in Zimbabwe	€ 98,700	Zimbabwe
	Africa Malaria Network Trust (AMANET)	Creating web-based research training courses in biomedical research ethics for Africans	€ 99,800	Tanzania
	University of Malawi	Proposal for Building and Strengthening National Capacities in Ethical Review and Clinical Trial Monitoring in Malawi	€ 98,123	Malawi
	Nigerian Institute for Medical Research (NIMR)	Capacity Strengthening of Nigerian researchers and ethics committee members on ethics	€ 78,000	Nigeria
	Cardiff University	Developing a distance learning research ethics course for East Africa	€ 94,800	United Kingdom
	Institut de Droit de la Santé	Training and Resources in Research Ethics Evaluation for Africa (TRREE for Africa)	€ 98,700	France
	Vienna School of Clinical Research	Training on Ethical Aspects of Clinical Research for Members of African National Ethics Committees and for African physicians/investigators	€ 100,000	Austria
Establishment/strengthening of NECs/IRBs	Medical Research Council, Zimbabwe	Proposal to strengthen the Medical Research Council of Zimbabwe	€ 48,400	Zimbabwe
	Navrongo Health Research Centre	A Proposal for Strengthening Capacity of Six Research Ethics Committees in Ghana	€ 50,000	Ghana
	University of Malawi	Proposal to Strengthen the National Health Sciences Committee (NHSRC) and College of Medicine Research and Ethics Committee (COMREC)	€ 50,000	Malawi

**Graph 5 Countries with EDCTP supported ethics capacity strengthening activities**

Ethics capacity development grants

Type of grant	Grantee	Title	Budget	Location
Establishment/strengthening of NECs/IRBs	University of Ibadan	Strengthening the Capacity of Research Ethics Committees in Africa	€ 49,957	Nigeria
	Makerere University	Supporting research through enhancement of the IRB processes at Makerere Medical School	€ 50,048	Uganda
Coordinating Office for Ethics	Pan African Bio-ethics Initiative (PABIN)	Establishing an African Coordinating Office for Ethics	€ 100,000	Ethiopia

Training Awards

In March 2006, two Masters Studentships, seven PhD Scholarships, five Career Development Fellowships and four Senior Fellowships were approved for funding by EDCTP. The six Senior Fellowship Projects which started in 2005 also progressed well into the second year of funding in 2006. All these projects are summarised in the table below.

Table 6 Training grants 2004-2006

Type of grant	Grantee	Title	Budget	Location
Senior Fellowships (2004)	Ekouevi	Preventing per-partum transmission of HIV-1 in Africa: tenofovir based alternatives to single dose nevirapine in the light of future treatment options	€ 200,000	Ivory Coast
	Djimde	Assessment of the public health benefit of artemisinin based combination therapies for uncomplicated malaria treatment in Mali	€ 200,000	Mali
	Nzila	Understanding the mechanism of piperazine resistance	€ 200,000	Kenya
	Alabi	Development and evaluation of high throughput, cheap and reliable assays for monitoring HIV-1 and HIV-2 viral loads in ARV programmes and clinical trials in developing countries	€ 200,000	The Gambia
	Mukthar	The burden of tuberculosis in eastern Sudan: epidemiology and drug resistance patterns of Mycobacterium tuberculosis isolates	€ 200,000	Sudan
	Hanekom	BCG-induced immune correlates of protection against tuberculosis	€ 200,000	South Africa

Training grants

Type of grant	Grantee	Title	Budget	Location
Fellowships (2005)	Talisuna	Safety of artemisinin derivatives-based combination therapy in children with uncomplicated malaria and population-based pharmacovigilance: a capacity strengthening proposal for pharmacovigilance of antimalarial drugs in Africa	€ 199,440	Uganda
	Nebie	Understanding the mechanisms underlying the difference in susceptibility to malaria in an area of hyper-endemic malaria in Burkina Faso: The potential role of regulatory T cells	€ 199,013	Burkina Faso
	Nwakanma	Evaluation and implementation of high throughput PCR-based method for diagnosis and measurement of <i>P. falciparum</i> parasitaemia in clinical trials	€ 181,320	The Gambia
	Cisse	A pilot study of the implementation of seasonal intermittent preventive treatment with community participation in Senegal	€ 198,242	Senegal
Career Development Fellowship	Kebba (deceased)	Patterns of HIV ₁ specific CD8 ⁺ T cell epitope recognition determining plasma viral load trajectory and set point following HIV ₁ infection	€ 85,560	Uganda
	Moukoko	Identification of Plasmodium falciparum parasite virulence markers for the evaluation of the impact of malaria control intervention according to the local parasite populations	€ 83,333	Cameroon
	Sevene	Intensive safety monitoring of antimalarial and antiretroviral drugs in pregnancy	€ 100,000	Mozambique
	Rangaka	Immunological investigation of the HIV-tuberculosis associated immune reconstitution	€ 83,300	South Africa

Graph 6 Countries with EDCTP supported training activities



Training grants

Type of grant	Grantee	Title	Budget	Location
Career Development Fellowship	Adetifa	A double blind, placebo controlled randomised trial of vitamin A supplementation for modulation of Mycobacterium tuberculosis immune responses in children aged 5-14 years with latent Tuberculosis	€ 100,833	The Gambia
PhD Scholarships	Arama	Host immunogenetic factors involved in the susceptibility to malaria in sympatric ethnic groups (Dogon and Fulani) in Mali	€ 75,000	Mali
	Yimer Ali	Anti tuberculosis-anti retroviral drugs induced Hepatotoxicity and interaction of these drugs at the level of CYP 450 metabolism	€ 75,000	Ethiopia
	Mwai	Understanding the mechanism of resistance to lumefantrine by Plasmodium falciparum	€ 75,000	Kenya
	Ramatoulie	Investigating the effects of inactive CYP2C19 alleles on chlorproguanil pharmacokinetics in adults and in children with mild malaria following Lapdap® treatment	€ 75,000	The Gambia
	Sikateyo	An assessment of the understanding of the informed consent process by participants in microbicide intervention trials in Zambia	€ 75,000	Zambia
	Yindom	The role of Human leukocyte antigen (HLA) and killer immunoglobulin-like receptor (KIR) in HIV-2 infection: a key component to HIV vaccine design and its evaluation in Africa	€ 75,000	The Gambia
	Mthiyane	Reconstitution of TB antigen specific IFN-responses in TB-HIV co-infected participants	€ 32,640	South Africa
MSc Studentships	Oyaxhirome	Masters in public health training	€ 21,000	Gabon
	Jobe	Masters in reproductive and sexual health research	€ 21,000	The Gambia

ATM Clinical Trials Registry for trials conducted in sub-Saharan Africa

In July 2006, an agreement was signed for EDCTP to provide funding to the South African Cochrane Centre (SACC) for the establishment of an international register of all HIV/AIDS, tuberculosis and malaria clinical trials (ATM Clinical Trials Registry) conducted in sub-Saharan Africa. Professor Jimmy Volmink is the principle coordinator of this project. This ATM Registry project is already in progress and has both a prospective (registry of ongoing trials) and a retrospective (registry of completed trials) component. The project aims to make information on all trials in the ATM Registry widely available in an open-access repository. As these trials are incorporated into Cochrane Systematic Reviews, the outcomes will be immediately available for use in the promotion and practice of evidence-based health care in Africa.

The ATM Registry is fully compliant with the specifications set out by the WHO's International Clinical Trials Registry Platform. This register is a disease-specific, regional register that will serve sub-Saharan Africa. In order to avoid any duplication of effort or resources, the ATM Registry will be working closely with other established international clinical trials registries, the Cochrane Infectious Disease Group and the South African Department of Health. The ATM registry is accessible online at www.atmregistry.org.

EDCTP Project Partners

In 2006, EDCTP launched its web-database Project Partners: a search tool that facilitates networking among the large variety of professionals working together in EDCTP projects. The aim of this database is to develop and promote networking between European and African research partners, noting that creating a new partnership across the world or even on the same continent is never easy. Project Partners allows scientists to create a profile of themselves, which is searchable by other scientists all over the world. In this way they have the opportunity to look for their own scientific collaborator in a safe and controlled environment. Project Partners is available on the EDCTP website: www.edctp.org/Project-Partners.154.o.html.

Website and quarterly newsletter

In 2006, the EDCTP corporate image was restyled in order to express its remit of forming a partnership between Europe and Africa in the battle against the poverty-related diseases

HIV/AIDS, malaria and tuberculosis. The warm and elegant logo and colours now form the basis of all EDCTP communications. As a result of this restyling, the EDCTP website (www.edctp.org) has undergone a thorough transformation and uplifting. Website visitors can find a variety of news on EDCTP calls, activities, reports of meetings and more. Everyone who is interested in EDCTP activities can register to the quarterly newsletter, which is issued in three languages (English, French and Portuguese), and is available both electronic and in print.





Financial Summary

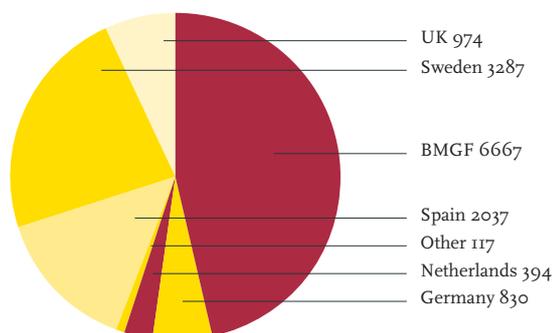
The year 2006 saw a sharp increase in the grant funding activities of EDCTP with new contracts signed increasing by 88% to a value of € 15.6 M by the end of 2006 up from € 8.3 M in 2005. Of this amount, 74% was spent directly on African-based institutions, individuals and projects. This brings the total of EDCTP and Member States' grants to € 23.9 M since the start of the project. Due to the introduction of a new funding strategy this is expected to rise very significantly in the coming year.

Principal funding sources

By the end of 2006, direct contributions from Member States to EDCTP plus cofunding of grants supported by EDCTP, both in kind and in cash, had risen to € 14.3 M from the € 0.8 M received in 2005, as detailed in note 2 of the annual accounts. Eleven Member States contributed towards this funding as opposed to one in 2005. The major reason for this increase in direct involvement with EDCTP was the 50% cofunding requirement introduced by EDCTP for all grants made in order for the grantee to be eligible to receive EDCTP core funding from the European Commission. This initiative of cash or in kind cofunding has proven to be successful in mobilising resources of the Member States, which can be seen as directly attributable to the existence of EDCTP in its catalytic role for cross-European support in scientific research, as envisaged in Article 169 of the European Union Treaty. Further impetus to the programme has been provided through the provision of direct cash contributions to EDCTP for future projects and researchers, as yet unidentified, with three Member States having deposited a total of € 6.5 M in 2006. The contributions may be seen in detail in note 16 of the annual accounts.

The third strand of the EDCTP funding structure is based on partnering in clinical trial research and capacity building in sub-Saharan Africa with the non-government organisations (NGOs) and private pharmaceutical sector. 2006 saw the launch on World AIDS Day (1 December 2006) of the € 20 M joint call between the Bill & Melinda Gates Foundation (BMGF), EDCTP and the Member States, each pledging to contribute one third of the funding, into HIV vaccine research which is the first major initiative EDCTP has collaborated with since its inception in 2003.

EDCTP new funding received (cash & in kind, in €000)



Resources expended

Due to the increase in grant funding activity in the year there was a corresponding rise in the cost of organising and holding scientific review committee meetings as well as the cost of holding the first Investigators' Meeting (further details can be seen in note 4 of the annual accounts). Fewer meetings of the Partnership Board in 2006 contributed largely to the decrease in governance costs, whilst after July 2006 the EDCTP-EEIG Member States are now asked to pay their own costs for attending General Assembly meetings where possible.

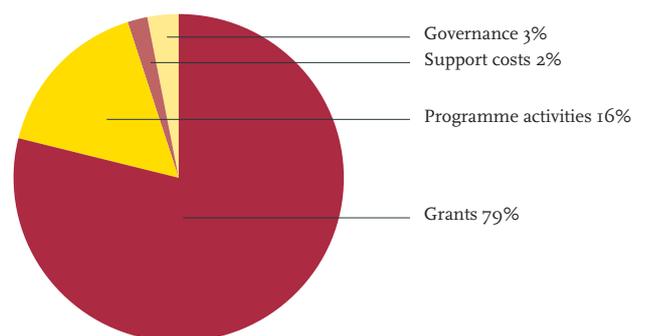
Although office rental costs were higher in 2006, the Dutch hosting institution (NWO) did agree to waive rental charges for both 2007 and 2008 as a Member State contribution to EDCTP. Management costs were also subsidised by Germany and the United Kingdom seconding staff to cover the Joint Programme Manager position, at no cost to EDCTP during the year. The participation of Member States in contributing towards the operational costs of the Secretariat is another welcome demonstration of growing support and commitment to the project.



Analysis of EDCTP expenditure in 2006

Grants	EDCTP	cofunded	Total
North-North and North-South networking	738	121	859
South-South networking	386	0	386
Clinical trials	10,282	724	11,006
Capacity building	2,954	32	2,986
Clinical trials register	320	0	320
Total grants costs	14,680	877	15,557
Other costs			
Programme activities	2,739	396	3,135
Support costs	311		311
Governance costs	501	33	534
Total other costs	3,551	429	3,980

Resources spent (in %)



To: the Assembly Board of EDCTP-EEIG

Auditor's report

We have audited the accompanying financial statements 2006 of EDCTP-EEIG, The Hague, which comprise the balance sheet as at 31 December 2006, the profit and loss account, the statement of recognized income and expenditure and cash flow statement for the year then ended and a summary of significant accounting policies and other explanatory notes.

Management's responsibility

The management board of EDCTP-EEIG is responsible for the preparation and fair presentation of the financial statements in accordance with International Financial Reporting Standards as adopted by the European Union. This responsibility includes: designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial statements that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's responsibility

Our responsibility is to express an opinion on the financial statements based on our audit. We conducted our audit in accordance with Dutch law. This law requires that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the

overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements give a true and fair view of the financial position of EDCTP-EEIG as at 31 December 2006, and of its result and its cash flows for the year then ended in accordance with International Financial Reporting Standards as adopted by the European Union.

The Hague, 28 June 2007

KPMG ACCOUNTANTS N.V.

W.A. Touw RA

Statement of financial activity 2006 (SOFA)

Incoming resources	Notes	Restricted € 000	Unrestricted € 000	2006 Total € 000	2005 Total € 000
Incoming resources from generated funds:					
Voluntary & donor income	2	12,526	1,780	14,306	5,392
Investment income	3	68	562	630	460
Total incoming resources		12,594	2,342	14,936	5,852
Resources expended					
Activities in furtherance of EDCTP objects	4		(3,446)	(3,446)	(2,340)
Grants payable	5	(178)	(15,379)	(15,557)	(8,276)
Governance costs	6		(534)	(534)	(589)
Total resources expended		(178)	(19,359)	(19,537)	(11,205)
Net income (expenditure) for the year		12,416	(17,017)	(4,601)	(5,353)
Allocations					
Allocated to earmarked funds				(17,017)	(6,089)
Allocated to general funds				0	0
Allocated to restricted funds				12,416	736
				(4,601)	(5,353)

Statement of recognised Income & Expenditure 2006

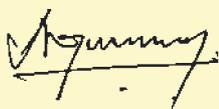
	Notes	Unrestricted € 000	Earmarked € 000	Restricted € 000	Total € 000
Balance as at 1 January 2005		0	24,797	0	24,797
Allocation of result for the year		0	(6,089)	736	(5,353)
Balance as at 31 December 2005		0	18,708	736	19,444
Allocation of result of the year		0	(17,017)	12,416	(4,601)
Balance as at 31 December 2006	14 15 16	0	1,691	13,152	14,843

The statement of financial activities includes all gains and losses recognised in the year. All incoming resources and resources expended derive from continuing activities.

Balance Sheet as at 31 December 2006

	Notes	2006 € 000	2005 € 000
Assets			
<i>Non-current assets</i>			
Tangible assets	9	3	15
Total non-current assets		3	15
<i>Current assets</i>			
Debtors	10	9,257	235
Cash at bank and in hand	11	22,563	26,288
Total current assets		31,820	26,523
Total assets		31,823	26,538
Liabilities and reserves			
<i>Liabilities</i>			
<i>Current liabilities</i>			
Creditors: amounts falling due within one year	12	8,958	4,694
<i>Non-current liabilities</i>			
Creditors: amounts falling due over one year	13	8,022	2,400
Total liabilities		16,980	7,094
<i>Reserves</i>			
<i>Unrestricted reserves</i>			
General funds	14	0	0
Earmarked funds	15	1,691	18,708
Total unrestricted reserves		1,691	18,708
<i>Restricted reserves</i>			
Restricted funds	16	13,152	736
Total reserves		14,843	19,444
Total liabilities and reserves		31,823	26,538

Approved by the EDCTP Secretariat on behalf of EEIG General Assembly



Prof. Charles Mgone
Dated 28 June 2007

Statement of Cash Flow for the year ended 31 December 2006

	Notes	2006 € 000	2005 € 000
Net cash inflow from operating activities	17	(4,355)	8,969
Returns on investments and servicing of finance			
Deposit income received		630	460
Capital expenditure and financial investment			
Payments to acquire tangible fixed assets		0	(10)
Increase/(Decrease) in cash in the year		(3,725)	9,419
Net cash resources at 01 January		26,288	16,869
Increase/(Decrease) in cash in the year		(3,725)	9,419
Net cash resources at 31 December		22,563	26,288

Notes forming part of the financial statements for the year ended 31 December 2006

Note 1 Principal accounting Policies

(a) Basis of accounting

The accounts for 2006 have been prepared under international financial reporting standards for the first time and are fully compliant with requirements. The transition to IFRS from Dutch GAAP has had no effect on the current year's reported financial position, financial performance or cash flows. No reconciliation is therefore required with regard to the opening balance sheet or the results reported in the annual statutory accounts for 2005. No changes to the previous year comparative amounts neither any restatement of balances has been required.

(b) Grants receivable

Grants receivable are credited to the Statement of Financial Activities (SOFA) in the year for which they are receivable. Earmarked and restricted funds represents amounts received for future periods and is released to incoming resources in the period for which it has been received.

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund.

(c) Cofunding and other income receivable

Other voluntary income including donations is recognised when there is a certainty of receipt and the amount can be measured with sufficient reliability. Co funding is included from Member States where the contribution is either directly to EDCTP or to an EDCTP project and can be either cash or in kind. The value of the in kind contribution is taken from the annual signed certificates sent to EDCTP after the year end. The effect on the financial statements is neutral as the income is offset by an equal charge for the relevant category of cost concerned. (See note 2b).

(d) Grants payable

In accordance with guideline 640 the full amounts of all grants awarded by EDCTP are charged to the SOFA in the year in which the grant contract is signed. Amounts payable in respect of future accounting periods are included as liabilities within the balance sheet.

The costs of grants awarded are included within activities in furtherance of EDCTP objects and are separately analysed in note 5.

(e) Investment income and interest receivable

Interest received on bank deposits are included in the SOFA in the year in which it is receivable.

(f) Expenditure

All expenditure is included on an accruals basis, inclusive of any VAT which cannot be recovered, and is recognised when there is a legal or constructive obligation to pay for expenditure. All costs have been directly attributed to one of the functional categories of resources expended in the SOFA.

(g) Support costs

In undertaking activities EDCTP incurs support costs under the hosting agreements signed with NWO and MRC, these are detailed in note 7. Support costs are those costs incurred directly in support of expenditure on the objects of EDCTP.

(h) Costs of in furtherance of EDCTP object activities

These are costs which are incurred by EDCTP directly in carrying out its programme and comprise all costs except those of governance and grants. They include both direct and support costs (see note 4).

(i) Costs of governance

These represent the costs attributable to the strategic planning bodies of EDCTP; the assembly the Partnership Board (PB), the Developing Countries Collaborating Committee (DCCC) and the European Network of National Programmes (ENNP). These costs are not part of the direct management function which is executed by the secretariat, but are derived from the strategic planning exercises for the future development of EDCTP.

Also included are the costs of generating information required for public accountability such as external audit fees. No support costs are attributed to the costs of governance.

(j) Capitalisation and depreciation of tangible fixed assets

Individual fixed assets costing 5000 Euro or more are capitalised at cost.

Tangible fixed assets are depreciated on a straight line basis over their useful economic lives as set out below:

Computing equipment	3 years
Racking	2 years

(k) Funds accounting

Funds held by EDCTP are either:

- Unrestricted general funds – these are funds which can be used in accordance with the scientific research objects of the EEIG, which can be used at the discretion of the EDCTP executive management.
- Earmarked funds – these are funds set aside from the unrestricted funds for specific eligible expenditures and grants covered by the EC grant agreement with EDCTP.
- Restricted funds – these are funds received from other parties which can only be used for particular restricted purposes within the object of EDCTP. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Further explanation of the nature and purpose of each fund is included in the notes to the financial statements.

(l) Foreign currencies

Transactions in foreign currencies are translated into Euro at rates prevailing at the date of the transaction. Monetary assets and liabilities are retranslated at the rate of exchange ruling at the balance sheet date and any differences taken to the SOFA.

There were two foreign currency assets as at 31 December 2006 which were the grants receivable in US dollars from BMGF and in Swedish kroner from SIDA. Under the terms of the contract with BMGF contribution their contribution (€ 6.7 M) is fixed in Euro so there is no exchange risk involved, on the second grant from SIDA the contribution is set as SEK 30M over 3 years receivable in tranches of SEK 10M per annum. Grant expenditure for this will be managed so that the grants awarded from this contribution will, so far as is possible, not exceed the Euro value of the kroner donations.

All non Euro currency receipts are translated into Euro as soon as they are received on the EDCTP bank account. Any exchange differences are recognised through the SOFA.

(m) Pension scheme

EDCTP does not contribute into any defined benefit schemes for any of its international staff employees, instead a defined contribution is operated.

For the local seconded staff from NWO who are members of a defined benefit scheme the liabilities are the responsibility of the employer NWO therefore there is no need for EDCTP to account for pension payments on anything other than a defined contribution basis.

Note 2(a) Incoming resources from voluntary and donor income

	Earmarked €000	Restricted €000	2006 Total €000	2005 Total €000
EC for p 4 of the grant agreement	0		0	4,614
ISC re clinical trials		1,750	1,750	
ISC re joint call with BMGF for capacity building in clinical trials		250	250	
ISC re bursaries for annual scientific forum	3		3	
BMGF re joint call with EDCTP for capacity building in clinical trials		6,667	6,667	
SIDA re clinical trials		3,284	3,284	
MRC UK re joint call with BMGF for capacity building in clinical trials		575	575	
MRC UK re capacity building re training			0	728
MRC UK re bursaries & contribution to annual scientific forum	9		9	50
MRC UK re rifaquin trial	273		273	
NACCAP re bursaries for annual scientific forum	24		24	
NACCAP re ethics & NRA capacity building joint call with WHO	160		160	
Registration fees for annual forum	6		6	
Members state cofunding re EDCTP grant contributions	877		877	
Members state cofunding re general assembly meetings	21		21	
Members state cofunding re ENNP meetings	11		11	
Members state cofunding re annual scientific forum	6		6	
Members state cofunding re connecting the chain forum	17		17	
Members state cofunding re secondment of staff	181		181	
Members state cofunding re NACCAP secretariat costs	192		192	
Total	1,780	12,526	14,306	5,392

Note 2(b) Incoming resources from Member State Cofunding

	Grants €000	Programme activities €000	Support €000	Governance €000	2006 Total €000	2005 Total €000
Belgium	19			12	31	0
France				2	2	0
Germany	757	1	71	1	830	0
Greece				2	2	0
Ireland		1		2	3	0
Netherlands	2	208			210	0
Norway				1	1	0
Spain	33			1	34	0
Sweden		3			3	0
Switzerland	66	2		4	72	0
United Kingdom			110	8	118	0
Total	877	215	181	33	1,306	0

Note 3 Investment income

	2006 €000	2005 €000
Deposit interest	630	460

Note 4 Programme Activities

	2006 Total €000	2005 Total €000
Staff costs (see note 8)	1,701	1,205
Temporary staff costs	146	142
Depreciation	12	12
Recruitment	7	80
Travel & subsistence	330	179
Annual scientific forum	174	173
Advertising in scientific & other media	25	21
Scientific review committee meetings	126	22
Consultancy (including annual report)	147	72
Principal investigators meeting	80	0
Naccap cofunded secretariat costs	192	0
Document management system	108	0
Connecting the chain forum costs	34	0
Other	53	165
Total direct costs	3,135	2,071
Support costs (see note 7)	311	269
Total research activities	3,446	2,340

Note 5 Grants payable

The amount paid in respect of grants in the year comprises:

Note 5(a) EDCTP Grant Funding

Value (€) of grants signed in 2006		Networking, training, fellowships, PhD, MSc, clinical trials database	Clinical trials by disease			Grand Total
Country	Site		All 3 PRD'S	HIV/ AIDS	Malaria	
Austria	Vienna school of clinical research	110,000		586,920		696,920
Austria total		110,000		586,920		696,920
Belgium	Prince Leopold institute of tropical medicine	19,450				19,450
	University of Ghent	100,000				100,000
Belgium total		119,450				119,450
Benin	World Health Organization	6,113				6,113
Benin total		6,113				6,113
Botswana	World Health Organization	6,113				6,113
Botswana total		6,113				6,113
Burkina Faso	World Health Organization	16,975				16,975
	Centre national de recherche et de formation sur le paludisme (CNRFP)			199,013		199,013
Burkina Faso total		16,975		199,013		215,988
Cameroon	World Health Organization	6,113				6,113
	University of Buea			100,000		100,000
Cameroon total		6,113		100,000		106,113
Ethiopia	World Health Organization	25,284				25,284
	Addis Ababa University School of Medicine	75,000				75,000
	Armauer Hansen Research Institute (AHRI)	126,150				126,150
Ethiopia total		226,434				226,434

Value (€) of grants signed in 2006		Networking, training, fellowships, PhD, MSc, clinical trials database	Clinical trials by disease			Grand Total
Country	Site		All 3 PRD'S	HIV/ AIDS	Malaria	
Gabon	World Health Organization	17,808				17,808
	Albert Schweitzer Hospital Gabon	21,000		1,146,240		1,167,240
Gabon total		38,808		1,146,240		1,185,048
Gambia	Medical Research Council Gambia	75,000		839,896		914,896
	World Health Organization	21,810				21,810
	Dept of Health and Social Welfare Gambia	21,000				21,000
Gambia total		117,810		839,896		957,706
Germany	University of Tuebingen			766,080		766,080
Germany total				766,080		766,080
Ghana	Navrongo Health Research Centre	50,000				50,000
	World Health Organization	12,366				12,366
	University of Sciences & Technology Ghana			591,556		591,556
Ghana total		62,366		591,556		653,922
Guinea Conakry	World Health Organization	6,113				6,113
Guinea Conakry total		6,113				6,113
Ivory Coast	World Health Organization	11,316				11,316
Ivory Coast total		11,316				11,316
Kenya	World Health Organization	37,665				37,665
	Centre for Geographical Medicine Research (coast) Kilifi			606,996		606,996
	Wellcome-Kemri Collaborative Programme	75,000				75,000
Kenya total		112,665		606,996		719,661
Malawi	World Health Organization	25,307				25,307
	Blantyre Malaria Project			900,840		900,840
	Centre for Bioethics - College of Medicine Uni of Malawi	148,123				148,123
Malawi total		173,430		900,840		1,074,270

Value (€) of grants signed in 2006		Networking, Training, fellowships, PhD, MSc, clinical trials database	Clinical trials by disease			Grand Total
Country	Site		All 3 PRD'S	HIV/ AIDS	Malaria	
Mali	World Health Organization	21,316				21,316
Mali total		21,316				21,316
Mozambique	World Health Organization	11,810				11,810
	Direccao de Saude da Cidade de Maputo				132,937	132,937
Mozambique total		11,810			132,937	144,747
Nigeria	World Health Organization	11,810				11,810
	Nigerian Institute of Medical Research	78,000				78,000
	University of Ibadan	49,957				49,957
Nigeria total		139,767				139,767
Rwanda	World Health Organization	26,631				26,631
Rwanda total		26,631				26,631
Senegal	World Health Organization	6,113				6,113
Senegal total		6,113				6,113
South Africa	Medical Research Council Sa	320,000				320,000
	University of Cape Town		87,960		1,696,524	1,784,484
	University of Stellenbosch	69,926				69,926
	University of Western Cape	10,000				10,000
	World Health Organization	6,113				6,113
	Medical Research Council South Africa				32,640	32,640
	Aurum Institute for Health Research Jo'burg				1,113,290	1,113,290
South Africa total		406,039	87,960		2,842,454	3,336,453
Spain	Fundacio Privada Clinic per a la Recerca Biomedica Barcelona	99,000				99,000
Spain total		99,000				99,000
Switzerland	Institut de Droit de la Sante	98,700				98,700
Switzerland total		98,700				98,700
Tanzania	Amanet	99,800				99,800
	World Health Organization	25,307				25,307
Tanzania total		125,107				125,107

Value (€) of grants signed in 2006		Networking, training, fellowships, PhD, MSc, clinical trials database	Clinical trials by disease			Grand Total
Country	Site		All 3 PRD'S	HIV/ AIDS	Malaria	
Togo	World Health Organization	6,113				6,113
Togo total		6,113				6,113
Uganda	World Health Organization	25,307				25,307
	Makarere University Faculty of Medicine, Uganda	50,048				50,048
	Medical Research Council Uganda		99,095			99,095
	Regional Centre for Quality of Health Care - Makarere University	30,000				30,000
Uganda total		105,355	99,095			204,450
United Kingdom	Liverpool School of Tropical Medicine			21,000		21,000
	London School of Hygiene & Tropical Medicine	389,000				389,000
	Medical Research Council UK	30,000			1,175,472	1,205,472
	St Georges Hospital Medical School	30,000		166,272	241,219	437,491
	Cardiff University	94,800				94,800
United Kingdom total		543,800		187,272	1,416,692	2,147,764
Zambia	University Teaching Hospital Lusaka		180,264		169,365	349,629
	World Health Organization	26,497				26,497
	Ministry of Health Zambia		75,000			75,000
	Medical Institute at Macha, Choma				280,152	280,152
	Tropical Disease Research Centre Ndola			54,727		54,727
Zambia total		26,497	255,264	54,727	449,517	786,005
Zimbabwe	Medical Research Council of Zimbabwe	147,100				147,100
	Harare City Health Dept				428,591	428,591
	PMD Mashonaland East Province				210,758	210,758
Zimbabwe total		147,100			639,349	786,449
Grand total		2,777,054	442,319	5,979,540	5,480,949	14,679,862

Note 5(b) Member State cofunding of grants

Cofunding Member State	Networking, training, ethics	Clinical Trials			Total
		HIV/AIDS	Malaria	TB	
Belgium	19,500				19,500
Germany	33,000		724,539		757,539
Netherlands	2,000				2,000
Spain	33,000				33,000
Switzerland	65,500				65,500
Total	153,000	0	724,539	0	877,539
Combined MS/ EDCTP grant funding	2,930,054	442,319	6,704,079	5,480,949	15,557,401

Note 6 Governance costs

	Total 2006 Unrestricted €000	Total 2005 Unrestricted €000
Assembly	75	61
Partnership Board	232	356
D.C. collaborating committee	157	113
ENNP	49	43
Audit fees	21	16
Total governance costs	534	589

Note 7 Support costs from third parties

	NWO €000	MRC SA €000	Total 2006 €000	Total 2005 €000
Telephones	26	4	30	24
Catering	9		9	15
IT maintenance	35		35	38
Rent	126		126	93
Office Cleaning	11		11	9
Postage	6		6	5
Photocopies	9	2	11	8
Legal/Personnel Prof & Fin Services	83		83	77
Total	305	6	311	269

Note 8 Staff costs and numbers

Total staff costs comprised:

	2006 €000	2005 €000
Wages and salaries	1,603	1,120
Social security costs	20	12
Pension costs	78	73
Total	1,701	1,205

The average number of full time equivalent employees (including casual and part time staff) was as follows:

	2006	2005
Secretariat (EDCTP international contract)	6.25	6
Secretariat (Seconded from NWO)	11.5	8
Total	17.75	14

Note 9 Tangible fixed assets

As at 31/12/06 Computing Equipment
€000

Cost	
At 31 December 2005	31
Additions	0
At 31 December 2006	31
Depreciation	
At 31 December 2005	(16)
Charge for the year	(12)
At 31 December 2006	(28)
Net Book Value	
At 31 December 2005	15
At 31 December 2006	3

Note 10 Debtors

	2006 €000	2005 €000
Other Debtors	9,247	205
Prepayments	10	30
	9,257	235

Other debtors includes € 5.8 M due from the BMGF under the terms of the joint call for capacity development in HIV clinical trials for sub-Saharan Africa and € 2.2 M from, SIDA re an agreed Member State national contribution to EDCTP payable over 3 years. € 1 M is in respect of the Spanish Member State 2006 contribution.

Note 11 Cash at bank and in hand

	2006 €000	2005 €000
Bank balances	22,559	26,267
Cash in hand	4	21
	22,563	26,288

Note 12 Creditors: amounts falling due within one year

	2006 €000	2005 €000
Other creditors	0	4
Grant creditors	8,847	4,353
Accruals	111	337
	8,958	4,694

Note 13 Creditors: amounts falling due over one year

	2006 €000	2005 €000
Grant creditors	8,022	2,400
	8,022	2,400

Note 14 Unrestricted funds of the EEIG general fund

	€000
Balance at 31 December 2005	0
Movement in funds for the year	0
Balance at 31 December 2006	0

Note 15 Earmarked funds

	€000
Balance at 31 December 2005	18,708
EC Grant funds received	
Released to statement of financial activities	(17,017)
Balance at 31 December 2006	1,691

Note 16 Restricted funds

Restricted funds	At 31/12/05 €000	Incoming resources €000	Outgoing resources €000	At 31/12/06 €000
MRC UK Capacity Development	728	0	(178)	550
Investment income	8	17	0	25
Medical Research Council (MRC) UK HIV trials contribution to joint call with BMGF	0	575	0	575
Investment income	0	14	0	14
Bill and Melinda Gates Foundation (BMGF)	0	6,667	0	6,667
Investment income	0	2	0	2
Swedish International Development Cooperation Agency (SIDA)	0	3,284	0	3,284
Investment income	0	5	0	5
Spanish ministry of Health & Consumer Affairs (ISC)	0	1,750	0	1,750
Investment income	0	30	0	30
Spanish ministry of Health & Consumer Affairs (ISC) RE BMGF Joint Call HIV Vaccines	0	250	0	250
Investment income	0	0	0	0
Total	736	12,594	(178)	13,152

The funding received from the MRC UK is to be used in respect of capacity building and training for staff and infrastructure at the MRC Uganda and MRC Gambia sites.

The SIDA grant is for clinical trials and capacity building grants awarded within the EDCTP programme

The BMGF grant is to be used as part of the joint call for capacity building in clinical trials of HIV vaccines in sub-Saharan Africa announced 1/12/06.

The ISC funding of € 1.75 M is to be used for clinical trials and capacity building grants awarded within the EDCTP programme.

Note 17 Notes to cash flow statement

(a) Reconciliation of income to net cash inflow from operating activities

		2006 €000	2005 €000
Net movement in funds for the year		(4,601)	(5,353)
Investment income		(630)	(460)
Decrease in debtors		(9,022)	7,999
Increase in creditors		9,886	6,771
Increase in earmarked income		0	0
Depreciation		12	12
Net cash inflow from operating activities		(4,355)	8,969
(b) Analysis of net cash resources	31 Dec 06	Cash flow	31 Dec 05
Deposits with no notice & cash	22,563	(3,725)	26,288

Note 18 Related parties

The EEIG has signed a hosting arrangement contract with NWO which includes secondment of personnel, rent of office space . Transactions under the hosting agreement, including the cost of seconded staff wages, amounted to € 792,602 in 2006, € 578,163 (2005).

Note 19 Taxation

EDCTP itself is exempt from Dutch corporate income tax "CIT" as laid down in article 40 of the EEC Council regulation adopted in 1985, as clarified in a ruling from the Dutch Secretary of Finance issued 1 March 1990. However it is liable for all wages and social security taxes in Holland.

A special VAT exemption has been granted by the Dutch Ministry of Finance for all invoices which have a gross value in excess of € 250. This results in an amount of irrecoverable Dutch VAT every year which is ineligible expenditure under the terms of the EC agreement and is therefore repayable by the members.

EDCTP is currently determining its taxation status in South Africa, any tax payable in respect of its activities there is expected to be minimal.

Note 20 Conditional asset

The grant agreement signed between the EC and EDCTP stipulates that a total sum of € 200 million is receivable by EDCTP over five years commencing on the 15 September 2003. The receipt of the full amount is contingent on the members states contributing an equal amount either to EDCTP directly or to EDCTP focused projects.

EDCTP has received (€ 000) 32,609 as at 31/12/06 resulting in a contingent asset of (€ 000) 167,391 which has not been recognised in the accounts.

Note 21 Supplementary data

It is proposed to add the net income for the year to the earmarked funds (€ 000) 1,691 and general funds (0). This proposal has been incorporated in the financial statements.

Note 22 Remuneration of governing bodies

The Assembly were not paid any honorariums in respect of attending meetings in 2006, and per diems were phased out after July 2006. Member States are encouraged to pay for their own travel costs and only reimbursed where this is not possible.

The Partnership Board members are paid an annual honorarium of € 10,000 per member with € 20,000 to the Chair for attending four meetings annually, in addition to this they are also entitled to a supplementary honorarium of € 1,665 for each two day meeting (up to a maximum of six meetings per year) attended pro rated down if less than the full session is attended. In 2006 the total payments to the Partnership Board in respect of honorariums amounted to € 130,798 (2005 € 209,900).

The Developing Countries Co-ordinating Committee members were paid no annual honorarium, but they are entitled to a daily honorarium of € 200 for each meeting (up to a maximum of four meetings per year) attended. In 2006 the total payments to the DCCC in respect of honorariums amounted to € 43,634 (2005 € 36,800)



With the overall goal to reduce poverty in developing countries by improving the health of the populations, the European & Developing Countries Clinical Trials Partnership aims through European research integration and in partnership with African countries to develop new clinical interventions to fight HIV/AIDS, malaria and tuberculosis.

The European & Developing Countries Clinical Trials Partnership (EDCTP) is a partnership between 14 EU countries, Norway and Switzerland on one hand, and sub-Saharan African countries on the other. It aims to join relevant European national research programmes and their African partnerships to develop new clinical tools against HIV/AIDS, malaria and tuberculosis. The Joint Programme is based on Article 169 of the European Treaty. The European Commission (EC) will co-fund this Joint Programme. The EDCTP has a very important pilot function as a first application of Article 169, the most advanced instrument for the integration of European research.

The **context** of the programme is the dramatic health situation in many developing countries, and the concerted action of the EU to fight the poverty-related diseases HIV/AIDS, malaria and tuberculosis.

The **programme objective** is to accelerate the development of new or improved drugs and vaccines against these diseases, with a focus on phase II and III clinical trials and on sub-Saharan Africa.

The principal objectives of the EDCTP are:

- To accelerate the development of new clinical interventions, in particular drugs and vaccines, to fight HIV/AIDS, malaria and tuberculosis in developing countries and generally to improve the quality of research in relation to these diseases
- To advance the integration of the national scientific health research programmes of the Member States
- To strengthen related research and development capacity within the developing countries.

Principal policies to achieve objectives

- Direct funding by the EC through the EDCTP under Article 169 of the Treaty of the European Union
- Direct funding from the member states national programmes from the individual countries' annual core funding budgets for scientific research and capacity building to fight the three main poverty related diseases in DC's

- Encouraging the participation and mobilisation of funds from the private sector, both profit and not for profit organisations
- Closer coordination of European and DC research programmes, through improved networking and Government based support in DC's
- Technology transfer to DC's
- Capacity building within the DC's, to generally strengthen clinical trial research capacity
- Training of clinical research personnel in DC's
- Promoting prevention, encouraging treatment and making essential medicinal products more affordable in DC's

The activities of the EDCTP include:

1. Networking and coordination of European national programmes and with their partners in the south
2. Networking and coordination of African national programmes
3. Supporting relevant clinical trials
4. Strengthening the African capacity in this field
5. Advocacy and fundraising
6. Management
7. Information management

Specific strategies and action plans have been developed for each of the seven activity areas.

The budget of the EDCTP is € 400 M for 7 years. The national participation of the Member States towards the Joint Programme is estimated at least € 200 M. A financial contribution of the European Commission in the sum of € 200 M will be made to increase the impact of EDCTP. Additional co-funding is sought from other sources, whether public or private.

The European National Programmes are defined as publicly funded activities within one country that can contribute to the EDCTP. The application of Article 169 implies the national commitment of each member state to mobilise their publicly funded organisations active in the field of the EDCTP, and to maintain the levels of support at minimally equal levels throughout the programme.

Grant making policy

EDCTP invites applications for funding of projects through advertising on the EDCTP website and relevant scientific

and medical journals. Grants are available for supporting multi-centre projects which combine clinical trials with capacity building and networking. These components should be closely integrated in such a way that they ensure the capacity development and networking developed are utilised to successfully conduct the clinical trials under the best practices and to promote sustainability in Africa. The maximum duration of a project is 5 years.

Proposals are reviewed by a Scientific Review Committee, whose panel is drawn from a pool of pre selected experts, as well as independent experts in the field. Following a recommendation from the Partnership Board, funding for recommended projects is approved by the Assembly and applicants who are not selected are notified with the reasons why their application was unsuccessful.

Annual and final scientific and financial reports are required to be submitted and accepted by EDCTP for the grant to qualify for funding over the course of its term. Details of all grants awarded are published on the EDCTP website.

Organisational structure & governance

Legal Status

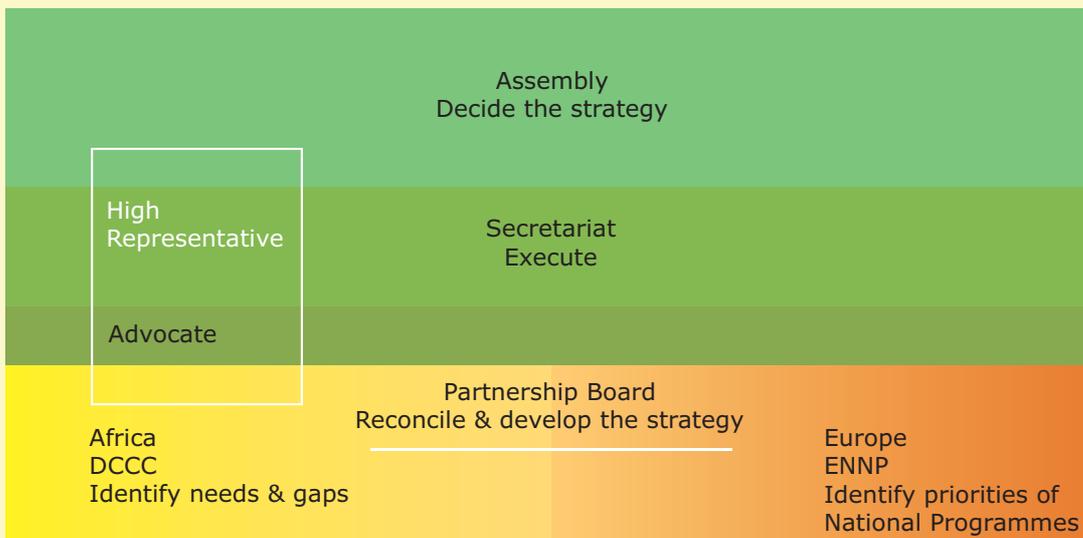
EDCTP is established as an European Economic Interest Grouping (EEIG) in the Hague the Netherlands. As such, it is registered with the chamber of commerce of

"Haaglanden" in 2003, the Netherlands (no. 27259980). In South Africa it is registered as an external company (2005/034124/10).

Governance

The legal, operational and financial structure of the EDCTP is provided by the European Economic Interest Grouping (EEIG) through its two organs; namely the EEIG Assembly and the Secretariat. The EEIG Assembly is the final decision-making authority in which all participating European states are represented, whilst the Secretariat, headed by the Executive Director is responsible for the day to day running of the organisation. The EEIG Assembly is assisted by the Partnership structure, which is the scientific strategic planning arm comprising of the scientific and regional expertise necessary for the effective steering of the EDCTP programme and its funding. Constituents of the Partnership include:

- (1) Partnership Board (PB), a scientifically independent expert panel that develops the strategic planning of the EDCTP
- (2) The Developing Countries Coordinating Committee (DCCC), which consists of representative African scientists and ensures the input and commitment of the African countries and researchers
- (3) The European Network of National Programmes (ENNP), which consists of representatives of the European national programmes and develops proposals to coordinate and joint national activities and funding.



The Partnership structures and the EC hold permanent seats in the EEIG Assembly.

The role and operations of each body are determined in the EEIG statutes and the Internal Regulations.

The Partnership Board

Patrice Debré (Chair)

France (Elected February 2006)

Peter Smith (Vice Chair)

United Kingdom (Elected February 2006)

Souleymane Mboup (Vice Chair)

Senegal (Elected February 2006)

The Developing Countries Co-ordinating Committee

Simon Agwale (Chair)

Elected June 2006

Christine Manyando (Vice Chair)

Elected June 2006

Peter Ndumbe (Vice Chair)

Elected July 2006

The European Network of National Programmes

Laura Brum (Chair)

Portugal

Dirk van der Roost (Vice Chair)

Belgium (Elected June 2006)

Secretariat's responsibility for financial reporting

In accordance with the internal regulations, the Secretariat is obliged to prepare financial statements for each financial year, which give a true and fair view of the state of affairs of the EDCTP as at the balance sheet date and of its incoming resources and application of resources, including income and expenditure. In preparing those financial statements, the Secretariat is required to follow best practice and:

- Select suitable accounting policies and apply them consistently
- Make judgements and estimates that are reasonable and prudent
- State whether applicable accounting standards have been

followed, subject to any material departures disclosed and explained in the financial statements

- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the EDCTP will continue in operation.

The Secretariat are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the EDCTP and which enable them to ensure that the financial statements comply with statutory regulations. They are also responsible for safeguarding the assets of the EDCTP and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Investment Policy

Unused funds are held on deposit with instant access at Fortis bank. From 2007 onwards and based on cashflow forecasting, money will be invested in deposits of up to 1 year, also with Fortis, to earn higher returns. Interest received on these funds is declared to the EC or the donor agency which has deposited funds with EDCTP and either added to the donor balances or, in the case of the EC, deducted from the next years funding in line with the regulations stated in the grant agreement between EC and EDCTP.

EDCTP is not allowed to, and has not taken up any loans under Article 14 of the deed of incorporation.



General Assembly meeting 2007

The EEIG Assembly

Diana Dunstan (Chair)
 Bruno Gryseels (Vice Chair)
 Stefano Vella (Vice Chair)
 Jean-Francois Girard (Vice Chair)
 Hans – Georg Eichler
 Christiane Druml
 Søren Jepsen
 Peter Lange
 Antonis Antoniadis
 Teresa Maguire
 Antonio Chiesi
 Sophie Couffignal
 Bjorn Guldvåg
 Maria de Fatima Bravo
 Mercedes Diaz
 Isabel Noguer
 Hannah Akuffo
 Sacra Tomisawa
 Renée van Kessel
 Edvard Beem
 Mark Palmer

United Kingdom
 Belgium
 Italy
 France
 Austria (Resigned June 2006)
 Austria (Appointed June 2006)
 Denmark
 Germany (Resigned December 2007)
 Greece
 Ireland
 Italy
 Luxembourg (Resigned July 2006)
 Norway
 Portugal
 Spain (Resigned January 2006)
 Spain (Appointed January)
 Sweden
 Switzerland (Appointed March 2006)
 The Netherlands (Resigned April 2006)
 The Netherlands (Appointed June 2006)
 United Kingdom

The Executive Secretariat

Odile Leroy (Executive Director)
 Charles Mgone (Executive Director)
 Pascoal Mocumbi (High Representative)
 Simon Belcher (Director of Finance and Administration)
 Cynthia Naus (Operations Manager)
 David Coles (Joint Programme Manager)

Resigned September 2006
 Appointed February 2007

 Appointed May 2006

Colophon

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European & Developing Countries Clinical Trials Partnership





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COMMISSION

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