



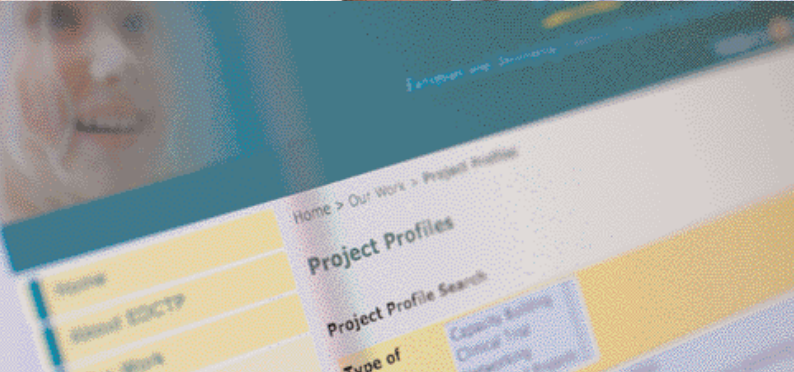
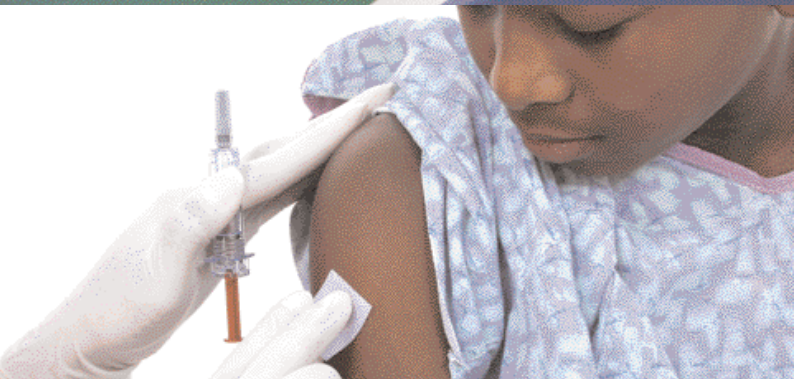
EDCTP



Annual Report 2008

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## January

A consortium of TB research groups starts drafting a clinical development plan for shortening and simplifying first line TB treatment. The plan aims to compare ongoing and future phase III trials of moxifloxacin and phase I/II trials of high dose rifampicin, rifapentin and SQ109 in order to obtain FDA approval.

## February

Under the Networks of Excellence call that was launched in 2007, three projects from Central, Eastern and Western Africa were successfully reviewed and approved for funding. The project from Southern Africa was rewritten and recommended for funding shortly after and is anticipated to be approved in the first quarter of 2009.

## March

EDCTP launches its first Call for proposals in the Joint Programme Activities grant scheme. This € 5 million grant aims to link Members States' national research projects on HIV/AIDS, tuberculosis and malaria to other similar projects or with projects that are already funded by EDCTP.

## April

The EDCTP Project Profiles database is published on the website. This online database contains summaries for all EDCTP-funded projects and a range of search options to find any selection of projects requested.

## May

EDCTP approves over € 80 million for research into prevention of HIV/AIDS, tuberculosis and malaria in Africa. This sum is the highest amount of EDCTP funding approved to date. The approval marks an increase of European investment in research into the three poverty-related diseases and is expected to significantly enhance cooperation between European and African researchers.

## June

The DCCC and ENNP hold a joint meeting. In this meeting the DCCC expressed their commitment to urge African countries to contribute 2% of their national budgets to health research.



## July

EDCTP launches calls for proposals for integrated projects in malaria vaccines (phase I/II trials) and malaria treatment. Treatment trials to be funded are those using registered drugs on special groups including children and individuals co-infected with HIV, as well as phase II studies on new GMP antimalarials involving either artemisinin based combinations or non-artemisinin based combinations.

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## August

EDCTP announces the Fifth EDCTP Forum which will take place from 12 to 14 October 2009 in Arusha, Tanzania. The Forum's theme is Fighting HIV/AIDS, tuberculosis and malaria: One World, One Partnership. The forum will reflect the yield of 6 years of research integration support including outcomes of both research and capacity strengthening activities in sub-Saharan Africa.



## September

On 15 September, EDCTP celebrates its fifth anniversary. In two parallel celebrations in The Hague, the Netherlands and Cape Town, South Africa, various stakeholders come together and the EDCTP movie is launched.



## October

On 7 October, participants in EDCTP's TB diagnostics stakeholder meeting recommend that EDCTP launch an open call for proposals for clinical trials of TB diagnostic products near delivery at the point of care. Other areas to be included are improving TB diagnosis in children and establishment of a local repository of samples.



## November

On 17-19 November, the Global Ministerial Forum on Research for Health Bamako 2008 brings together around 600 high-level stakeholders involved in improving health of the poor. EDCTP contributes to various sessions, shares ideas and explores collaborations at the EDCTP Market place in the Bamako.



## December

The first Network of Excellence, Central Africa Network on Tuberculosis, HIV/AIDS and Malaria for the conduct of clinical trials (CANTAM) has its grant signed. The network includes research institutions and political partners from Cameroon, Congo, Gabon, Tanzania and Germany.

# Message from the Executive Director



EDCTP enjoyed a very wonderful year in 2008, which turned out to be very busy and fruitful as the Partnership grew from strength to strength. The year marked an important milestone with the Partnership celebrating its fifth anniversary. During the year EDCTP released 6 calls, received and processed 25 applications, approved to fund 21 projects and signed 27 project contracts worth 54 million euros. Some signed contracts were for projects from calls of the previous year. It is very heart lifting to note that there was very wide participation from sub-Saharan Africa, EDCTP European Member States and all other partners. The approved projects involved 18 African countries, 11 European Member States and 10 initiatives from third parties.



The Member States contributed 24 million euros while third parties contributed 20 million euros, underpinning the EDCTP philosophy of enhancing synergy and partnerships. The African empowerment, commitment and ownership of the Partnership continued to flourish as evidenced by the increasing number of African principle investigators in EDCTP funded projects, active involvement of senior African officials during EDCTP site visits in Africa, and the active participation of EDCTP in various African forums such as the 2008 Algiers Ministerial Conference, the 2008 Global Ministerial Forum on Research for Health in Bamako and the Southern African Development Community (SADC) Health Ministers Summit in Durban. In 2008, 71% of the EDCTP funded projects were managed by African project coordinators based in sub-Saharan Africa. These achievements

have been positively received at regional and pan-African bodies like SADC and the African Union (AU) Commission during visits made by EDCTP officials.

In our continuing efforts to improve clinical research capacity in sub-Saharan Africa, in 2008 we started to roll out integrated projects in which capacity development, networking and project management were embedded in our core business of supporting clinical trials. This strategy has proven to be very successful. Furthermore to ensure excellence and adherence to best practices in conducting clinical trials we continued to support ethics review mechanisms and regulatory framework. The Partnership's support of the African Vaccines Regulatory Forum (AVAREF) and the ATM Clinical Trials Registry is also proving to be well-placed and filling a useful niche. This support for excellence was complemented by good clinical practice training through short-term courses and project management capacity development support offered in the integrated grant awards.

To further strengthen and spread the capacity for conducting quality clinical trials, EDCTP launched a call to support regional Networks of Excellence for conducting clinical trials. It was very gratifying that the first Network of Excellence to be approved and funded was that from Central Africa, a region for many reasons including the lack of capacity is somewhat left behind in the area of clinical research. Indeed it is for this very reason that EDCTP created this geographically targeted call. It must be mentioned that CANTAM has the backing of the Organisation de Coordination pour la lutte Contre les Endémies en Afrique Centrale (OCEAC); the Central African Regional Economic Community. OCEAC not only funded the proposal drafting meeting of this network called Central Africa Network of Tuberculosis, HIV/AIDS and Malaria (CANTAM), but also plans to co-finance and expand the network, once again underlining the African commitment to the Partnership. None of these would have been achieved without the tremendous dedication and input of all constituency members and the support of our partners. I unreservedly extend my sincere gratitude to both past and present members of our General Assembly, Partnership Board, the Developing Countries Coordinating Committee, the European Network of National Programmes, Peer Reviewers and the Secretariat. It is my sincere believe that the Partnership will reach even greater heights in 2009.

Charles S. Mgone  
Executive Director

# Constituencies

Joint Report





The EDCTP Partnership Board (PB) is an independent scientific expert panel that develops the strategy of the EDCTP. The PB advises the EDCTP General Assembly on technical and scientific matters relating to the programme.

#### What were the milestones for the PB in 2008?

While in 2007 the PB was heavily involved in preparing a large number of calls for proposals, 2008 was the year of reviewing the applications. The PB reviewed applications to no less than 11 calls for proposals. In preparation for this, the PB defined clear requirements in terms of the purpose and

scope of the call. In all, 2008 can be considered the first year that the PB really consolidated its activities as a scientific advisory board to the full grant procedure from creation to review of EDCTP-funded projects.

#### How did the PB contribute to the strategic and scientific strategy of EDCTP?

The PB helped customise the calls for application to scientists' needs. We believe that in order to meet the scientists' needs, people who are scientists themselves need to be closely involved. One of the strategies the PB has proposed to strengthen scientific capacity in sub-Saharan Africa is to create a call for Senior Fellowships that are linked to the regional Networks of Excellence. The call will be launched in 2009 aiming to select three applicants (one per disease) per Network. The PB was also involved in preparing a medium- and long-term scientific strategy, which was submitted to General Assembly. On the basis of this concept paper, the PB has since started preparing a new Joint Programme (JPA) for 2010 onwards.

#### What message would you want to give to EDCTP stakeholders for the coming year?

For 2009, we are looking forward to drafting the final calls for proposals that will be launched within the current EDCTP programme. These may be especially crucial, as they will need to complement and strengthen initiatives that have been taken in the past few years. The PB will pay specific attention to any existing gaps and needs, and encourages stakeholders to take part in this.

On behalf of the PB,  
**Dr Sodiomon Sirima**



*The calls for proposals to be launched  
 in 2009 will complement and strengthen  
 past and current activities*

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

### What were the milestones for the DCCC in 2008?

One of the milestones was the increase of African leadership in EDCTP funded projects. Currently, no less than 59% of project coordinators are African. Additionally, the number of



*It is not in competition  
but in collaboration  
that a better health for all  
can be attained*

African research institutions participating rose from 98 to 124, and the number of African countries from 21 to 26.

The DCCC also actively sought commitment among regional research institutions and encouraged them to create regional Networks of Excellence (NoEs). Together, these networks will form the largest African network to foster clinical research capacity across the three poverty-related diseases of HIV/AIDS, tuberculosis and malaria.

### How did the DCCC enhance African ownership of the EDCTP programme?

The DCCC together with EDCTP High Representative encouraged African governments and political organisations to support EDCTP activities. Important events in this context were the recognition and support of Manhica as a national clinical trials centre by the government of Mozambique. Similarly, the Mbeya Centre for Biomedical Research in Tanzania is now recognised and supported by the government as a national centre of research. These events show increasing African political commitment and ownership of the health of its people. Another important activity was the DCCC's lobby during the Bamako 2008 Forum among African states to honour their commitment to contribute 2% of their national budgets to health research.

### What message would you want to give to EDCTP stakeholders for the coming year?

DCCC is a solid and vibrant part of EDCTP governance whose members have roots in their national and regional governing bodies. In 2008 the process to sign a Memorandum of Understanding (MoU) with the Southern African Development Community (SADC) and to renew the MoU with NEPAD was started. The DCCC is also actively inviting other institutions and organisations such as SADC, Economic Community of West African States (ECOWAS), West African Health Organization (WAHO), Common Market for Eastern and Southern Africa (COMESA) and Eastern, Central and Southern African Health Community (ECSA-HC) to join and work together to harmonise research activities across language and regional barriers, and to involve countries that are currently not involved. In the end, it is not in competition but in collaboration that a better health for all can be attained.

On behalf of the DCCC,  
Dr Andrew Kitua

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

### What were the milestones for the ENNP in 2008?

With the increased amount of calls 2008 was a busy year for the European Networking Officers (ENOs). They had a lot



more tasks at home in helping research groups find cofunding for their projects. These efforts are reflected in the jump of the amount of cofunding from € 21 M received in 2007 to € 43 M received in 2008. We believe in 2008 that the European Member States have shown that funding research on poverty-related diseases has become a real priority.

### How did the ENNP contribute to European research integration in HIV/AIDS, tuberculosis and malaria?

As the various European partners are getting to know each other better, consortia that run EDCTP-funded projects become larger and include more countries than they did before. ENOs have been and will be committed to this development. Additionally, in 2008 the first Joint Programme Activities call was launched, which identifies and links existing research activities in African countries. Although this grant scheme uses a relatively small amount of funding, it has considerable impact in the coordination and integration of research activities.

### What message would you want to give to EDCTP stakeholders for the coming year?

Since many countries are already experiencing the global economic crisis within their own national borders, you see the general tendency to put national priorities first. It will therefore be a challenge for EDCTP maintain its focus. The ENNP will work hard to reduce barriers to this common focus as much as possible. This needs to be supported by lean but effective coordination structures so that the funds can be optimally allocated to the reduction of poverty-related diseases. The ENNP calls all partners from the various Member States to support this concerted effort.

On behalf of the ENNP,  
**Laura Brum**

*At a time in which national priorities  
 may increasingly be put first,  
 the ENNP will work hard to keep a common focus*

# Calls and grants





## Calls launched in 2008

EDCTP successfully launched six calls for proposals in 2008 in the following grant schemes: Integrated Projects on Clinical Trials, Senior Fellowships, Ethics Review strengthening and Joint Programme Activities.

The latter call is a new grant scheme aiming at integrating ongoing research activities in the Member States where these overlap or offer opportunities for collaboration.

### EDCTP calls for proposals launched in 2008

Call / Disease Area	Budget (€)	Launch Date	Deadline	No. of Projects Approved
Joint Programme Activities	5,000,000*	26 March 2008	30 June 2008	2
		01 October 2008	30 December 2008	TBD
Malaria Vaccine Clinical Trials	6,500,000	30 July 2008	30 November 2008	1
Malaria Treatment Clinical Trials	6,000,000	30 July 2008	30 November 2008	2
Senior Fellowships	1,200,000	30 July 2008	30 November 2008	6
Ethics / Institutional Review Boards	500,000	30 July 2008	30 November 2008	10
<b>Total</b>	<b>19,200,000</b>			<b>21</b>

\*This total is expected to be matched by an equal amount of Member State cofunding.

# Grants signed in 2008

## Clinical trials and integrated projects

In 2008, eight grants for integrated projects on clinical trials were signed. The Integrated Projects grant scheme was introduced in 2007 to accelerate development of interventions against HIV/AIDS, tuberculosis and malaria in a sustainable way by combining clinical trials activities with networking and capacity strengthening activities.

### 1 Development of an infant vaccine against mother-to-child transmission of HIV-1 through breastmilk (PedVacc)

**Project coordinator** Dr Tomáš Hanke  
**Target disease** HIV/AIDS (PMTCT)  
**Partners** United Kingdom, Kenya, United States, Spain, Sweden, The Gambia  
**Budget** € 3,266,045 (€ 1,134,824 EDCTP)  
**Duration of project** April 2008 – April 2011

The overall aim is to develop a vaccine for prevention of mother-to-child transmission of HIV-1 during breastfeeding. Two safe vaccines Mycobacterium bovis bacillus Calmette-Guerin (BCG) and modified vaccinia virus Ankara (MVA) delivering HIV-1 clade A immunogen HIVA will be used to induce HIV-1-specific T-cell immunity early after birth. Objectives with the current funds are to build capacity for Infant HIV-1 Vaccine Clinical Trials Centres in Nairobi and Fajara; to evaluate safety and immunogenicity of MVA.HIVA alone in infants born to healthy and HIV-1-infected mothers and to prepare BCG.HIVA vaccine for GMP manufacture. We shall be in a position to test the BCG.HIVA-MVA.HIVA regimen in infants from 2011.

### 2 Efficacy and safety of infant peri-exposure prophylaxis with lamivudine to prevent HIV-1 transmission by breastfeeding (PROMISE-PEP)

**Project coordinator** Prof. Philippe van de Perre  
**Target disease** HIV/AIDS (PMTCT)  
**Partners** France, Burkina Faso, Norway, South Africa, Sweden, Uganda, Zambia  
**Budget** € 12,199,421 (€ 2,000,000 EDCTP)  
**Duration of project** April 2008 – April 2013

The PROMISE PEP trial will measure the efficacy and the safety of prolonged peri-exposure prophylaxis (PEP) with lamivudine (3TC) to prevent HIV-1 transmission through

breast milk in children born to HIV-1-infected mothers not eligible for HAART and having benefited from perinatal antiretroviral (ART) regimens. This ambitious trial will recruit 1500 mother-child pairs. It will be launched in four African sites with support from four African and four European research institutions.

### 3 Africa-European HIV Vaccine Development Network (AfrEVacc)

**Project coordinator** Prof. Jonathan Weber  
**Target disease** HIV/AIDS (vaccines)  
**Partners** United Kingdom, Germany, Mozambique, Switzerland, South Africa, Spain, Tanzania, the Netherlands, France, Denmark  
**Budget** € 6,500,545 (€ 1,138,024 EDCTP)  
**Duration of project** March 2008 – March 2011

The African-European HIV Vaccine Development Network (AfrEVacc) is a multi-centre international three-year project which aims to develop a comprehensive network of institutional partners from Europe and Africa and use their existing data and expertise to build new capacity for HIV vaccine trials in Mozambique, South Africa and Tanzania. The AfrEVacc network will undertake a pilot trial of a potential vaccine candidate in clinical sites in year 2, and the sites will be ready to participate in an efficacy trial at the end of year 3.

### 4 Capacity development and strengthening in preparation for HIV vaccine trials in Tanzania and Burkina Faso (HIVTAB)

**Project coordinator** Dr Saidi Kapiga  
**Target disease** HIV/AIDS (vaccines)  
**Partners** United Kingdom, Burkina Faso, France, Italy, Tanzania, Ireland  
**Budget** € 3,359,749 (€ 898,899 EDCTP)  
**Duration of project** March 2008 – November 2011

This project aims to strengthen research capacity, and to conduct specific research studies in preparation for clinical trials to assess the protective efficacy of HIV candidate vaccines in Mwanza and Moshi in Tanzania, Bobo-Dioulasso and Ouagadougou in Burkina Faso. The project will, a) Develop and maintain study cohorts among high-risk populations for future HIV vaccine trials, b) Characterise HIV-1 viral isolates and assess factors associated with viral genotypes among identified target populations, c) Determine immunological and genetic

factors that could confer resistance to HIV infection and/or slow down disease progression.

### 5 HIV vaccine trial capacity building in Tanzania and Mozambique by continued exploration of optimal DNA priming and MVA boosting strategies (TaMoVac)

**Project coordinator** Dr Muhammad Bakari  
**Target disease** HIV/AIDS (vaccines)  
**Partners** Tanzania, Germany, Mozambique, Sweden, United Kingdom, Denmark, the Netherlands  
**Budget** € 4,115,763 (€ 1,259,096 EDCTP)  
**Duration of project** January 2008 – January 2011

This programme aims to consolidate and make sustainable the capacity building that European partners have invested in HIV vaccine trial preparations in Tanzania and at the same time expand that to a South-South capacity building effort in Mozambique. This will prepare these countries to take part in future phase II/III HIV vaccine studies. The vehicle for this will be a continuation of EU investments in a DNA prime MVA boost vaccine concept, in a phase II HIV vaccine trial performed in Dar es Salaam and Mbeya, which builds on a phase I/II trial currently performed in Dar es Salaam.

### 6 Preparing for adolescent HIV vaccine trials in South Africa (CATSA)

**Project coordinator** Prof. Linda-Gail Bekker  
**Target disease** HIV/AIDS (vaccines)  
**Partners** South Africa, France, Switzerland, Ireland, the Netherlands, Sweden, United Kingdom  
**Budget** € 3,049,835 (€ 1,000,056 EDCTP)  
**Duration of project** January 2008 – July 2010

This project aims to identify clinical, community, ethical, legal and socio-behavioural obstacles to the conduct of adolescent HIV vaccine trials in South Africa. The project includes two studies to be implemented nationally across seven sites. The first of these will use the licensed HPV vaccine as a proxy for an HIV vaccine, to explore social, behavioural and ethico-legal challenges. The second study will examine community (adolescent, parent and key stakeholder) knowledge and attitudes to adolescent vaccine trials, and requirements for an adolescent-friendly sexual health service, through focus group methodology.

### 7 Malaria in Pregnancy Preventive Alternative Drugs (MiPPAD)

**Project coordinator** Prof. Clara Menéndez  
**Target disease** Malaria (in pregnancy)  
**Partners** Spain, Benin, France, Gabon, Germany, Kenya, Mozambique, Tanzania, Austria  
**Budget** € 6,035,062 (€ 2,999,943 EDCTP)  
**Duration of project** November 2008 – November 2013

Malaria in Pregnancy (MiP) is one of the most important preventable causes of low birth weight deliveries worldwide and a major cause of severe maternal anaemia contributing to maternal mortality. To find effective preventive interventions to reduce the incidence and consequences of malaria infection in pregnant women is a priority in endemic countries. As part of the planned activities of the Malaria in Pregnancy consortium, a global initiative bringing together a research consortium of 40 partner institutions in 28 countries around the world, this project aims not only to develop new anti-malaria in pregnancy prevention but also to promote European and African research collaboration and to strengthen the capacity of African institutions to conduct clinical research.

### 8 Intermittent preventive therapy with SP for the prevention of malaria in pregnancy: Regimen optimisation studies in Africa

**Project coordinator** Dr Feiko ter Kuile  
**Target disease** Malaria  
**Partners** United Kingdom, Austria, Burkina Faso, Denmark, The Gambia, Ghana, Mozambique, Malawi, Mali  
**Budget** € 6,243,785 (€ 3,648,811 EDCTP)  
**Duration of project** December 2008 – December 2012

The project aims to optimise the existing dose and regimen of intermittent preventive treatment in pregnant women with sulphadoxine-pyrimethamine (SP). It will explore whether:

- pregnant women require a higher dose of SP (> 3 tablets) than currently recommended for IPTp because of pregnancy-associated changes in the disposition of SP.
- the frequency of dosing of IPTp-SP can be reduced in the context of integrated approaches with long-lasting insecticidal nets (LLINs).

## Senior Fellowships

In 2008, six Senior Fellowship grants were signed. The purpose of this grant scheme is to foster and retain qualified researchers capable of building and leading research groups at sub-Saharan institutions.

### 1 Identifying and assessing the prevalence and potency of broadly neutralising antibodies in a cohort of non-B HIV chronically infected individuals in rural Uganda

**Project coordinator** Dr Harr Freeya Njai  
**Target disease** HIV/AIDS  
**Partners** Medical Research Council, Uganda  
 Viral Research Institute, Uganda  
**Budget** € 199,998  
**Duration of project** September 2008 – September 2010

### 2 Frequency and determinants of dual infection with different strains of HIV-1 in low and high-risk populations in Uganda

**Project coordinator** Dr Nicaise Ndembu  
**Target disease** HIV/AIDS  
**Partners** Medical Research Council, Viral Research Institute, Uganda  
**Budget** € 194,270  
**Duration of project** August 2008 – August 2010

### 3 Human lung innate immune pathways regulating the stasis and killing of *M. tuberculosis* in a high burden setting

**Project coordinator** Dr Keertan Dheda  
**Target disease** TB  
**Partners** University of Cape Town, South Africa  
**Budget** € 199,870  
**Duration of project** August 2008 – August 2010

### 4 The impact of rapid genotypic detection of multi-drug resistant tuberculosis on treatment outcome in a semi-rural region of South Africa

**Project coordinator** Dr Mark Nicol  
**Target disease** TB  
**Partners** University of Cape Town, South Africa  
**Budget** € 199,999  
**Duration of project** September 2008 – September 2010

### 5 Assessment of functionality of antibodies that associate with protection from clinical malaria using the *in vitro Plasmodium falciparum* growth inhibition assay

**Project coordinator** Dr Daniel Dadoo  
**Target disease** Malaria  
**Partners** Noguchi Memorial Institute for Medical Research, University of Ghana, Ghana  
**Budget** € 192,500  
**Duration of project** August 2008 – August 2010

### 6 Validation of new biomarkers for monitoring *Plasmodium falciparum* reduced susceptibility/tolerance or resistance to artemisinin derivatives and partner drugs in Nigeria

**Project coordinator** Dr Christian Happi  
**Target disease** Malaria  
**Partners** Institute for Advance Medical Research and Training (IMRAT), University of Ibadan, Nigeria  
**Budget** € 200,000  
**Duration of project** December 2008 – December 2010



## Ethics and regulatory strengthening

In 2008, ten ethics and regulatory strengthening grants were signed. The purpose of this grant scheme is to create and strengthen institutional and national ethics committees, provide training on research ethics and Good Clinical Practice (GCP), and together with WHO to strengthen the national regulatory framework in sub-Saharan Africa.

### 1 Continuation and expansion of the web-based learning platform for research training courses in biomedical research ethics for Africans

**Project coordinator** Africa Malaria Network Trust (AMANET)  
**Country** Tanzania  
**Budget** € 100,000  
**Duration of project** 15 February 2008 – 10 May 2009

### 2 Strengthening the Rwanda National Ethics Committee

**Project coordinator** Rwanda National Ethics Committee (RNEC)  
**Country** Rwanda  
**Budget** € 47,516  
**Duration of project** September 2008 – September 2010

### 3 Strengthening ethical standards and practices in the protection of participants in health research in Tanzania

**Project coordinator** Tanzania National Health Research Forum (TANHER)  
**Country** Tanzania  
**Budget** € 47,202  
**Duration of project** September 2008 – September 2010

### 4 Strengthening the national scientific and ethical review system and process in Uganda

**Project coordinator** Uganda National Council for Science and Technology (UNCST)  
**Country** Uganda  
**Budget** € 49,940  
**Duration of project** September 2008 – September 2010

### 5 Establishment of a local Institutional Review Board (IRB) in Mwanza, Tanzania and strengthening collaboration between the local and national IRBs

**Project coordinator** National Institute for Medical Research (NIMR)  
**Country** Tanzania  
**Budget** € 49,966  
**Duration of project** September 2008 – September 2010

### 6 Strengthening the ethics of health research in Ethiopia

**Project coordinator** Ethiopian Bioethics Initiative (ETBIN)  
**Country** Ethiopia  
**Budget** € 50,000  
**Duration of project** September 2008 – September 2010

### 7 Strengthening the National Health Research Ethics Committee of Nigeria (NHREC)

**Project coordinator** University of Ibadan, West African Bioethics Training (WABT)  
**Country** Nigeria  
**Budget** € 45,000  
**Duration of project** September 2008 – September 2010

### 8 Establishing an ethics research unit

**Project coordinator** Biomedical Research and Training Institute (BRTI)  
**Country** Zimbabwe  
**Budget** € 49,273  
**Duration of project** July 2008 – July 2010

### 9 Establishment and strengthening of the Benin National Ethics Committee

**Project coordinator** Ministry of Health Benin  
**Country** Benin  
**Budget** € 47,940  
**Duration of project** October 2008 – October 2010

## 10 Programme to strengthen regulatory systems in African countries

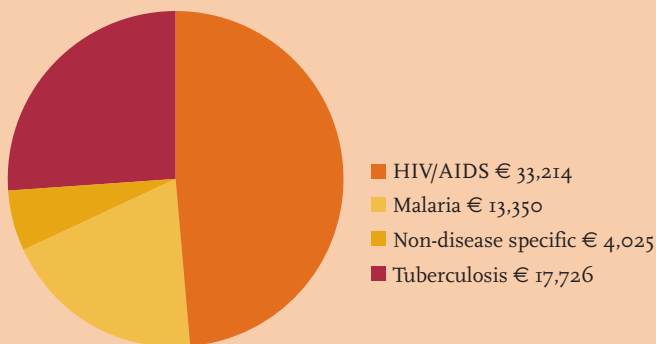
**Project coordinator** World Health Organization  
**Countries** Burkina Faso, Cameroon, Cote d'Ivoire, Ethiopia, Gabon, Gambia, Ghana, Kenya, Madagascar, Malawi, Mali, Mozambique, Nigeria, Rwanda, Senegal, South Africa, Tanzania, Uganda, Zambia, Zimbabwe  
**Budget** € 530,320  
**Duration of project** September 2008 – March 2010

## Grants funding 2003-2008

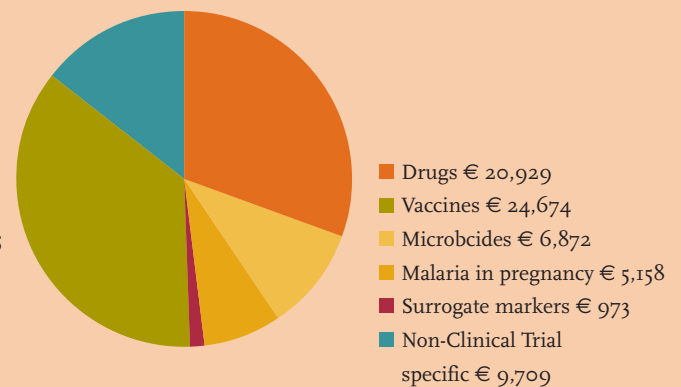
EDCTP funds phase II and III clinical trials on HIV/AIDS, tuberculosis and malaria in sub-Saharan Africa. Additionally, EDCTP grants are used to strengthen capacity to conduct these trials to the highest standards. The graphs below present an overview of how EDCTP funding has been

distributed among the three diseases, and among the various interventions (from drugs and vaccines to non-clinical trial grants used for training, strengthening ethics committees et cetera).

EDCTP funding 2003-2008 by disease (€ 000)



EDCTP funding by intervention (€ 000)



Following the launch in 2007 of a series of calls for **Integrated Projects on Clinical Trials** (a grant scheme extending large grants to multicentre clinical trials), more than 21 projects were approved and consequently entered the contract negotiation and start up phase in 2008.

Under the **Networks of Excellence** call that was launched in 2007, three projects from Central, Eastern and Western Africa, were successfully reviewed and approved for funding. The project from Southern African was requested to be rewritten. A proposal that was subsequently received was recommended for funding by both the Scientific Review Committee and the Partnership Board and was due to be presented to the General Assembly for approval of funding in first quarter of 2009. By December 2008 the Central African Network (CANTAM) was the first that had its grant contract signed.

Following the **TB treatment** brokering meeting that was held in December 2007, a consortium of TB research groups started drafting a clinical development plan for shortening

and simplifying first line TB treatment. The plan aims to compare ongoing and future phase III trials of moxifloxacin and phase I/II trials of high dose rifampicin and SQ109 in order to obtain FDA approval. The plan was approved by EDCTP in the second half of 2008.

In recognition of the fact that prevention and treatment of poverty-related diseases begins with proper diagnosis, EDCTP held a stakeholder meeting on **TB diagnostics** in October in which 61 stakeholders participated. EDCTP was advised on products that are in the current pipeline, potential sites to do TB diagnostics trials and needs in terms of capacity building in Africa. As a result of this meeting EDCTP will launch an open call which aims to fund trials of existing products near delivery at the “point of care”, and that preferably the trials would be part and parcel of ongoing TB trials in established clinical trial sites without the need to open new trial sites. The launch of this call is planned for the first quarter of 2009 with the aim to start funding successful projects by end of that year.

## Site visits

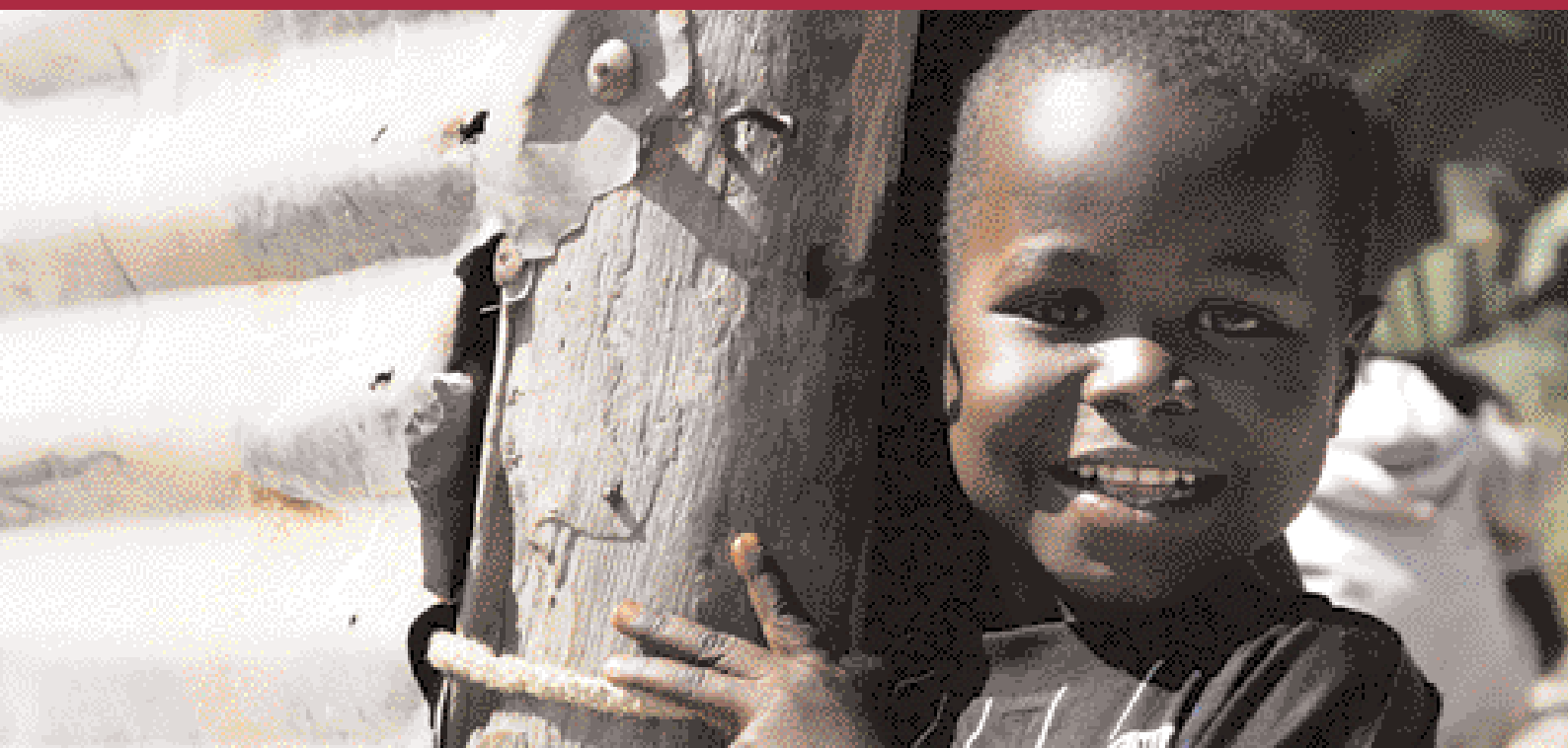
EDCTP conducts regular site visits in countries and clinical trial sites that are involved in EDCTP-funded projects. Sites are selected by strategic importance and the number of EDCTP supported projects they have. During the visits data are collected and technical assessment is conducted on finance and capacity building. Additionally, site visits are an important tool for advocacy and raising awareness on EDCTP's activities and projects.

During 2008, six countries were visited including Kenya, Uganda, Ghana, Mali and South Africa. Since 2006 EDCTP has conducted visits in 15 African countries namely: Burkina

Faso, Malawi, Rwanda, Tanzania, Zambia, Zimbabwe, Mozambique, Ethiopia, Kenya, Uganda, Gabon, Ghana, Mali, Senegal and South Africa.

The EDCTP team visited among others key investigators, directors or heads of research institutions, Ministers of Health and or Ministers of Science and Research, Prime Ministers (in some countries), EU Representatives, WHO Representatives, and representatives of National Ethics Committees and Institutional Review Boards and of National Regulatory Authorities.

# Partnership and networking



Many European Member States and their partners in the developing countries have substantial research activities on HIV/AIDS, tuberculosis and malaria. By forming true partnerships, the coordination, efficiency and impact of these activities can substantially be improved thus creating a win-win situation for all parties involved.

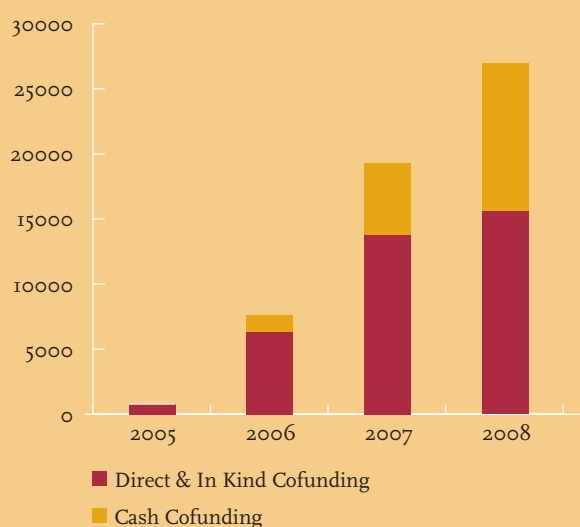
The EDCTP approach implies that existing European and African health research programmes and activities on HIV/AIDS, tuberculosis and malaria are strengthened and integrated. In the EDCTP programme, European Member States fund clinical trials and capacity building activities in sub-Saharan Africa with matching funding from the European Commission and contributions from third parties.

### Member State cofunding

In 2008, Member States contributed € 26.9 million to EDCTP funded projects and activities. These contributions are divided into cash contributions to EDCTP (€ 15.6), direct and in kind contributions to EDCTP funded projects (€ 11.3).

Additionally, the Member States have committed around € 20 million to ongoing EDCTP funded projects and another € 17 million to projects which were approved in 2008 and were under negotiation in that same year.

### Member State cofunding of EDCTP funded projects 2005-2008 (€ 000)



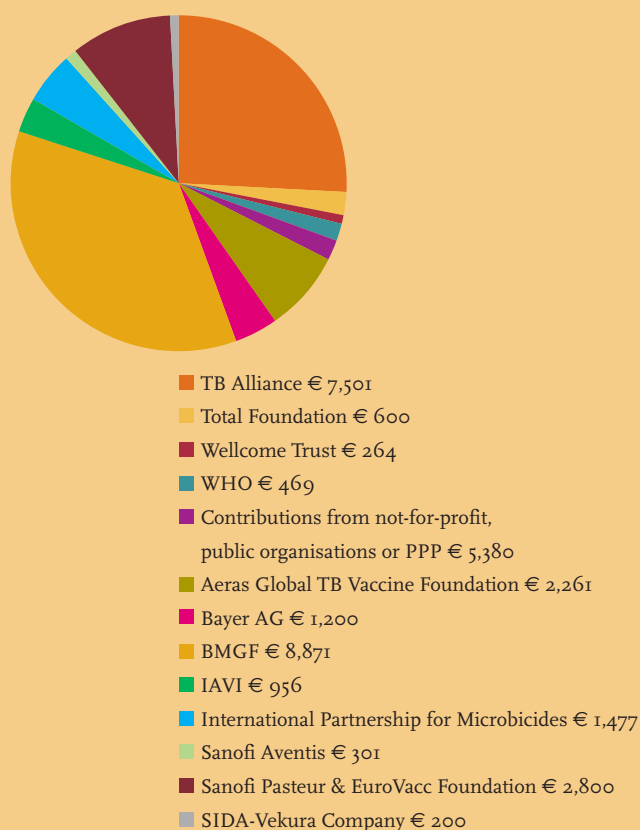
Between the start of the EDCTP programme in 2003 up until 31 December 2008, Member States contributed a total of € 54.7 million to EDCTP signed projects and running activities.

In addition to cofunding contributed to projects funded by EDCTP, the Member States contributed in 2008 € 46 million to other national programme activities within the scope of EDCTP but not funded by EDCTP.

### Third-party cofunding

Between the start of the EDCTP programme in 2003 and 31 December 2008 third parties have contributed € 32 million to EDCTP-funded projects. Third-party funding has come largely from the USA, in particular from the Bill & Melinda Gates Foundation (BMGF) who have contributed over € 9 million to grants for HIV vaccines and TB treatment shortening in sub-Saharan Africa. Additionally, third parties committed another € 20 million to the EDCTP-funded projects that were approved in 2008.

### Third-party funding to EDCTP activities 2003-2008 (€ 000)



## Euro-African partnerships

Researchers in sub-Saharan Africa are faced with the need for multicentre protocols, a robust regulatory environment and sound ethical standards. With the right resources and training, sub-Saharan countries have the opportunity to take leadership and create an enabling environment for conducting high-quality clinical trials. To foster this capacity in Africa, all EDCTP-funded projects are undertaken in partnership with sub-Saharan countries.

In 2006 the average number of European Member States working together in an EDCTP-funded clinical trial project was 2. By the end of 2008, the average number of Member States collaborating in an EDCTP clinical trial project increased to an average number of 4 Member States per project. The average number of African countries involved in EDCTP projects is now 3. Over the same period of time the number of these joint projects has increased from 2 to 12 with a further 13 expected to be signed in 2009.

## European and African countries involved in EDCTP funded projects

### Number of projects per EU country

#### Country / number of projects

Austria	6
Belgium	15
Denmark	3
France	13
Germany	8
Ireland	2
Italy	7
Netherlands	13
Norway	5
Spain	10
Sweden	10
Switzerland	8
United Kingdom	36

### Number projects per African country

#### Country / number of projects

Benin	2	Mozambique	8
Burkina Faso	7	Nigeria	6
Cameroon	6	Rwanda	3
Republic of the Congo	1	Senegal	5
Cote d'Ivoire	1	South Africa	28
Ethiopia	6	Sudan	1
Gabon	8	Tanzania	21
Ghana	8	The Gambia	9
Kenya	9	Uganda	16
Madagascar	1	Zambia	12
Malawi	7	Zimbabwe	5
Mali	4		



## European networking

### Visits to EDCTP Member States

EDCTP actively encourages the European Member States to use a common European approach to clinical research on poverty-related diseases. One of the ways EDCTP is doing this is by visiting European Member States that are already part of – or may become part of – the Partnership. In 2008 EDCTP met with EDCTP constituency members, funding agencies and/or ministries, scientists and major national stakeholders in Germany, Norway, Denmark, Netherlands, Sweden and the United Kingdom (DFID). In a typical visit EDCTP:

- Updates officials on the activities and progress of EDCTP
- Explores opportunities for funding and supporting EDCTP projects
- Emphasises the importance of Member State engagement with EDCTP activities at a national level rather than focusing on single institute involvement
- Seeks engagement from both the Member States' Ministries of Science and Research and Ministries of Development
- Alerts Member States to the need to prepare for the possibility of a new European co-decision on EDCTP beyond 2010 and their involvement after that time.

Many Member States have expressed a strong ongoing commitment to EDCTP beyond 2010.

### Visits to 'new' Member States

In 2008 EDCTP also started a programme of visits to those EU Member States not currently members of EDCTP to raise awareness of EDCTP and explore whether these countries can become EDCTP members after 2010. EDCTP visited Slovenia, Slovakia and Latvia. As a result of these visits Slovakia has written to express interest in becoming a member of EDCTP.

Visits will continue in 2009, and the aim is to have meetings with all other new Member States as well as Israel which is a member of the European Commission's Sixth and Seventh Framework Programmes (FP6 and FP7).

### New tool for research integration: Joint Programme Activities call

In 2008 EDCTP launched its first Joint Programme Activities (JPA) call, which is an incentive for Member States to integrate ongoing research activities where these overlap or offer opportunities for collaboration. In this grant scheme, Member States are requested to join these activities, while EDCTP tops up available funds by a maximum of € 300.000 per integrated project.

The JPA call for proposals is a 'rolling call', which is reviewed on a quarterly basis. In 2008, the first two projects were submitted and approved for funding.



## African networking

### Seeking synergies with partners

EDCTP aims at improving the quality of clinical trials in countries that need them most. Together with the World Health Organization (WHO), EDCTP funds activities and projects that aim to strengthen the national regulatory framework in Africa. In 2008, EDCTP started discussions on the complementarities of EDCTP-funded Networks of Excellence for clinical trials with WHO Centres of Excellence for service delivery and surveillance of disease outbreaks. To reinforce collaboration between EDCTP and WHO, WHO-AFRO was encouraged to ensure having representation at EDCTP's Developing Countries Coordinating Committee (DCCC) meetings.

EDCTP Africa Office continued to be the link in the collaboration between African AIDS Vaccine Programme (AAVP) and EDCTP. In April, EDCTP attended the first workshop for creating a strategic framework to support HIV vaccine development and clinical trials in Mozambique. This workshop was organised by WHO-Mozambique and WHO-Geneva with sponsorship from AAVP, WHO and UNAIDS. This workshop was especially relevant to EDCTP because of the involvement of two EDCTP-funded projects on HIV vaccine research which will make contribution to the vaccine plan development for Mozambique: "HIV Vaccine trial capacity building in Tanzania and Mozambique by continued exploration of optimal DNA priming and MVA boosting strategies" (Bakari, Tanzania) and "Strengthening long-term clinical and laboratory research capacity, cohort development and collection of baseline data in Uganda and Mozambique for future HIV vaccine trials" (Kaleebu, Uganda).

### Seeking political support

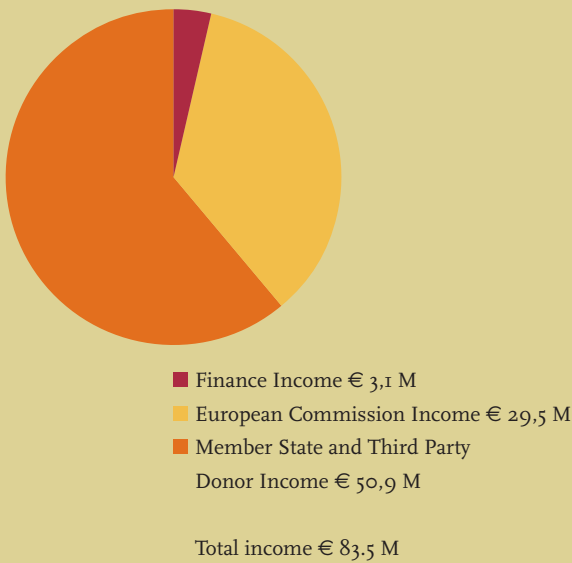
EDCTP's High Representative Pascoal Mocumbi visited the African Union (AU) Commission in Addis Ababa (Ethiopia) in September, where he held talks with several officials including Professor Ezin, Commissioner for Human Resources and Science & Technology. Dr Mocumbi requested political support in negotiations between the European Union (EU) and AU Commissions to consider allocation of development funds to clinical trials national regulatory and ethics capacity. The commission is anticipated to raise these issues at the AU/EU Commissioners' meeting in Brussels in 2009.

Work between the New Partnership for Africa's Development (NEPAD) and EDCTP to revise a Memorandum of Understanding for the period 2008-2010 was started in 2008. Additionally, EDCTP was invited to join regional experts in drafting the Southern Africa Development Community (SADC) HIV clinical trial strategy. This paper will be presented to SADC Ministers of Health at their conference later in 2009.

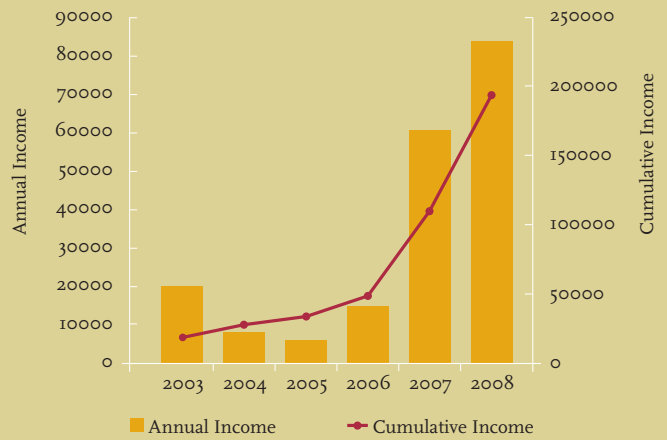
# Financial Summary



**Composition of income EDCTP/Member State/  
Third Party 2008**

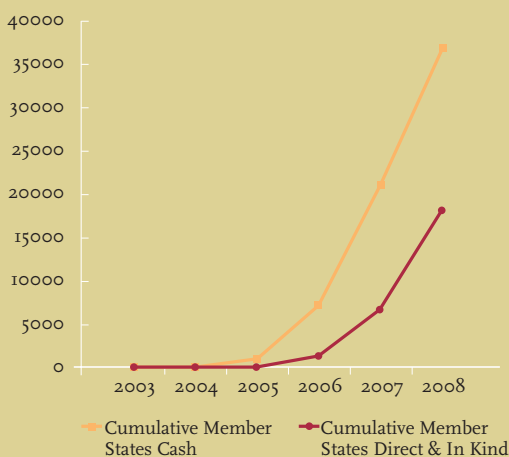


**Composition of income EDCTP/Member State/  
Third Party since 2003 (€ 000)**

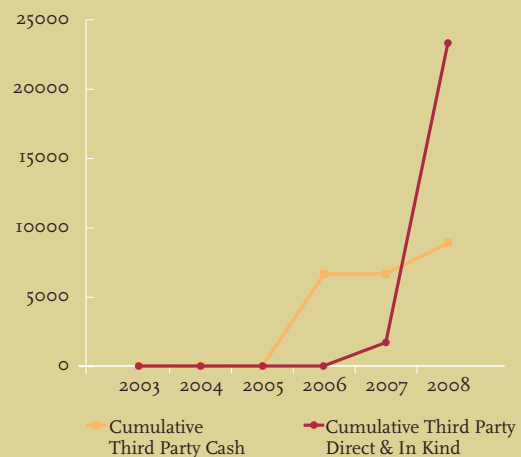


The strong upward trend in the annual income excluding finance income received by EDCTP continued in 2008 with a rise of 37% or € 21.6 M year on year. Total income excluding interest, provided by the EC and other donors climbed to € 80.4 M in 2008 with Member States and third parties contributing 63% of the amount with the EC providing the rest. In 2008 cash received directly from the Member States and third parties also rose to € 17.8 M from € 13.8 M in 2007 whilst in kind and direct funding to grantee contributions increased to € 33 M (€ 7 M 2007). The graphs below illustrate the relative proportions of cofunding split between cash and in kind/direct for Member States and third parties since the start of the project. In all of the figures quoted for cofunding which appear below and in the accompanying accounts the cofunding referred to is that in relation to EDCTP initiated activities only.

**Members State cofunding by category (€ 000)**

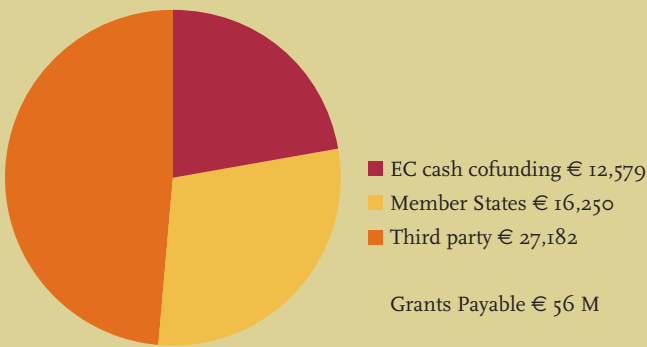


**Third Party cofunding by category (€ 000)**



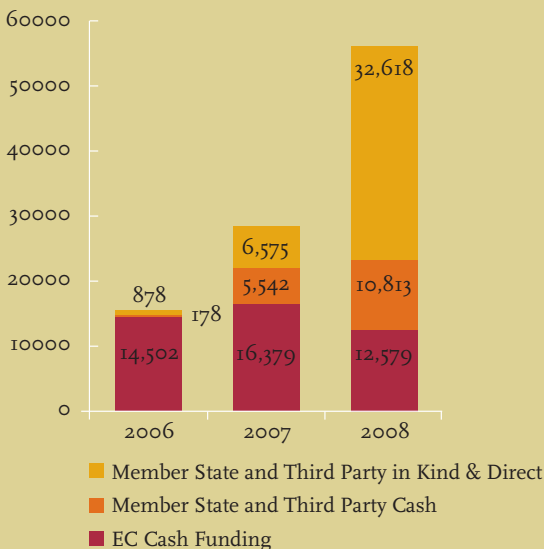
Coupled to the growth in income, EDCTP continued to experience strong growth in operations and financial activity in 2008, as the value of grants signed almost doubled to € 56 M compared to € 28 M in 2007. This brings the total of EDCTP, third party and Member States' grant expenditure to € 108 M since the start of the project in 2003. The € 56 M of new grants signed in 2008 was funded from the composition shown in the graph below; it can be seen that the third parties cofunding is twice the size of EC contributions whilst Member State cofunding is 29% larger than the EC funding.

**Funding source for EDCTP new grants signed 2008 (€ 000)**



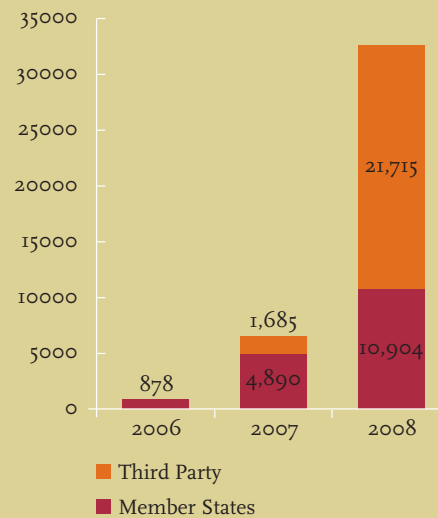
It should be noted however, that whilst the EC funding is entirely cash the Member State and third-party cofunding is an amalgamation of all the allowable forms of cofunding (cash, in kind and direct to grantee). This is illustrated in the graph below.

**Allocation of grant fundig EDCTP/Member State/ Third Party apportioned between category of cofunding (€ 000)**



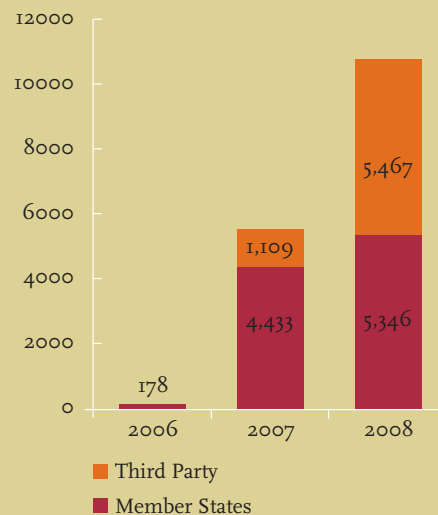
The in-kind and direct categories of cofunding from both Member States and third parties can be seen to be comprising the majority share (58%) of the overall funding for grants at € 32.6 M. The huge rise in third-party in kind and direct cofunding was largely due to the value of drugs and associated costs for the trials from pharmaceutical organisations.

**Allocation of in kind and direct cofunding contributions from EDCTP/Member State/ Third Party for grant expenditure (€ 000)**



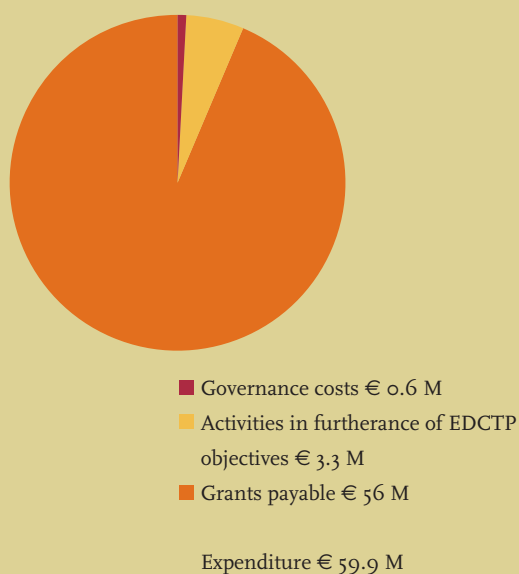
Meanwhile it is important to note that the cash funding from Member States and third parties has almost doubled to € 10.8 M compared to 2007. Within this cash contribution of € 10.8 M the Member States and third parties provided approximately equal shares as shown below.

**Allocation of cash cofunding contributions from Member State/Third Party for grant expenditure (€ 000)**



Set against this increase in income, the level of expenditure excluding grants was marginally lower in 2008 compared to the previous year at € 3.9 M and therefore continues to become a smaller percentage of overall EDCTP expenditure year on year, with grant funding now accounting for 93% of the total expenditure.

#### Composition of expenditure 2008 EDCTP/ Member State/ Third Party



EDCTP ended the year with a very strong cash reserves position of over € 99 M on deposit which will enable the organisation to continue to pursue its objective of signing and disbursing a substantially larger value of grants in 2009 and 2010, hence fulfilling the requirement from the EC to have committed the € 200 M of EU funding by the end of the present term (15 September 2010).

#### Principal funding sources

The key facts relating to income received during 2008 by EDCTP and how these funds were composed may be summarised as follows:

- The EC funding for the year amounted to € 29.5 M versus € 37.8 M in 2007
- Overall, the value of income excluding finance income received increased to € 80.4 M from € 58.8 M in 2007, due largely to the € 29.9 M increase in funding received from the Member States and third party donors
- Of the € 50.8 M contributed by Member States and third parties, € 33 M is in kind and direct cofunding to grantees whilst € 17.8 M is paid into EDCTP bank deposits.
- Unallocated donor funds held in cash by the EDCTP and available as co funding for future EDCTP grants, as at 31 December 2008 stood at € 28.9 M; an increase of € 7.5 M from 2007
- Unallocated EC funds held in cash by the EDCTP for future programme costs including grants rose to € 37.3 M in 2008 from € 21.4 M in 2007
- EDCTP ended 2008 with € 99.3 M in cash and bank balances compared to € 63.8 M in 2007. The EDCTP is therefore in a very strong cash position at the year end and able to comfortably disburse large amounts to grants during the course of 2009 and beyond
- EDCTP now holds significant cash deposits on behalf of 6 out of 16 Member State donors and one third party (BMGF)
- New cash funding from Member States and third parties during 2008 included the following:
  - € 2.2 M grant for future calls for TB Treatment from BMGF
  - € 9.4 M from DFID through the MRC UK for future calls in addition to an extra € 1.2 M from MRC UK
  - € 1 M from ISC Spain for future EDCTP calls
  - € 2.5 M from NACCAP NL for Networks of excellence calls and € 0.5 M for TB brokering plus € 0.35 M for the joint call on HIV vaccines with BMGF
  - € 0.2 M from SNSF and € 0.4 M from SER of Switzerland for future EDCTP calls.

Due to the larger cash balances which EDCTP started and passed the year with, it has been able to take advantage of higher interest rates for fixed term deposits which have been taken out during the year, and overall finance income rose to € 3.1 M in 2008 from € 1.7 M in the year before.

**Resources expended**

Non-grant making costs came to € 3.9 M in 2008, slightly lower compared to the previous year and representing 7% of total resources expended. The largest single component accounting for € 2.4 M in 2008 (2007 € 1.5 M) was employment costs, which was skewed by the redistribution of NWO support costs in respect of services provided to EDCTP to support operations in the areas of legal, communications and human resource sections being re allocated to EDCTP salaries cost instead of being shown as support costs. This resulted in an adjustment amounting to € 0.5 M being charged to the salaries line in respect of cost incurred from the start of the project until 31 December 2008. Apart from the effects of this adjustment there was an overall increase in the headcount of 3 new posts during 2008 and required by the Secretariat to handle the rapidly growing workloads from the increased grant activity.

Offsetting the increase cited above most other costs were lower than the previous year and as there was no biennial scientific forum, principle investigators or GCP/financial training courses organised by EDCTP in the year there were considerable cost reductions in these areas. The scientific forum and principle investigators meeting will be held again 2009 so costs can be expected to rise again next year in respect of these activities.

Governance costs decreased by 22% compared to 2007 to stand at € 0.6 M as fixed annual honorariums for Partnership Board members were phased out and the number of members was reduced to 9 from 12. DCCC meetings were unchanged on the previous year at € 0.25 M whilst GA meeting costs were up marginally although the vast majority of the cost shown in the accounts is made up of costs incurred by Member States themselves as in kind cofunding.

Support costs which cover the charges incurred by EDCTP with its hosting institutions in Holland and South Africa were affected by the adjustment referred to above in respect of NWO service fees and so actually register as a credit of € 0.1 M for the year against a charge of € 0.3 M for 2007.

**Expenditure Cash Funding EC/Member State/ Third Party 2008 by cost category**



**EDCTP/Member State/ Third Party Grants vs Expenditure**



# Auditor's report

We have audited the accompanying financial statements 2008 of EDCTP-EEIG, The Hague, which comprise the balance sheet as at 31 December 2008, 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 2008, 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, 20 May 2009  
KPMG ACCOUNTANTS N.V.

W.A. Touw RA

# Financial Accounts 2008





## Statement of financial activity 2008 (SOFA)

Incoming resources		2008	2007
	Notes	€ 000	€ 000
<b>Incoming resources from generated funds:</b>			
Voluntary & donor income	2b	80,369	58,750
Finance income	3	3,160	1,731
<b>Total incoming resources</b>	<b>2a</b>	<b>83,529</b>	<b>60,481</b>
<b>Resources expended</b>			
Activities in furtherance of EDCTP objects	5	(3,277)	(3,345)
Grants payable	6	(56,010)	(28,782)
Governance costs	7	(640)	(823)
<b>Total resources expended</b>	<b>4</b>	<b>(59,927)</b>	<b>(32,950)</b>
<b>Net income (expenditure) for the year</b>		<b>23,602</b>	<b>27,531</b>
<b>Allocations</b>			
Allocated to earmarked funds		16,018	19,319
Allocated to general funds		0	0
Allocated to restricted funds		7,584	8,212
		<b>23,602</b>	<b>27,531</b>

## Statement of recognised Income and Expenditure 2008

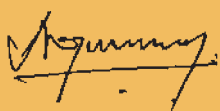
	Notes	Unrestricted € 000	Earmarked € 000	Restricted € 000	Total € 000
Balance as at 1 January 2007		0	1,964	13,152	15,116
Allocation of result for the year		0	19,319	8,212	27,531
Balance as at 31 December 2007		0	21,283	21,364	42,647
Allocation of result of the year		0	16,018	7,584	23,602
<b>Balance as at 31 December 2008</b>	<b>15,16,17</b>	<b>0</b>	<b>37,301</b>	<b>28,948</b>	<b>66,249</b>

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 2008

	Notes	2008 € 000	2007 € 000
<b>Assets</b>			
<i>Non-current assets</i>			
Tangible assets	10	0	0
<b>Total non-current assets</b>		<b>0</b>	<b>0</b>
<i>Current assets</i>			
Debtors	11	6,870	8,146
Cash and Cash equivalents	12	99,250	63,846
<b>Total current assets</b>		<b>106,120</b>	<b>71,992</b>
<b>Total assets</b>		<b>106,120</b>	<b>71,992</b>
<b>Liabilities and reserves</b>			
<i>Liabilities</i>			
<i>Current liabilities</i>			
Creditors: amounts falling due within one year	13	23,702	16,709
<i>Non-current liabilities</i>			
Creditors: amounts falling due over one year	14	16,169	12,636
<b>Total liabilities</b>		<b>39,871</b>	<b>29,345</b>
<i>Reserves</i>			
<i>Unrestricted reserves</i>			
General funds	15	0	0
Earmarked funds	16	37,301	21,283
<b>Total unrestricted reserves</b>		<b>37,301</b>	<b>21,283</b>
<i>Restricted reserves</i>			
Restricted funds	17	28,948	21,364
<b>Total reserves</b>		<b>66,249</b>	<b>42,647</b>
<b>Total liabilities and reserves</b>		<b>106,120</b>	<b>71,992</b>

Approved by the EDCTP Secretariat on behalf of EEIG General Assembly



Prof. Charles Mgone  
Dated 5 May 2009

# Statement of Cash Flow for the year ended 31 December 2008

	Notes	2008 € 000	2007 € 000
<b>Cash flows from operating activities</b>			
Net income for the period		23,602	27,531
Adjustments for:			
Depreciation		0	3
Net finance income	3	(3,160)	(1,731)
Change in receivables	11	1,276	1,110
Change in payables	13, 14	10,526	12,366
<b>Net cash from operating activities</b>		<b>32,244</b>	<b>39,279</b>
<b>Cash flows from investing activities</b>			
Interest received	3	3,274	1,808
<b>Net cash from investing activities</b>		<b>3,274</b>	<b>1,808</b>
<b>Net increase in cash and cash equivalents</b>			
Cash and cash equivalents at 1 January		63,846	22,563
Effect of exchange rate fluctuations	3	(114)	(77)
Effect of prior year adjustment		0	273
<b>Cash and cash equivalents at 31 December 2008</b>	12	<b>99,250</b>	<b>63,846</b>

# Notes forming part of the financial statements for the year ended 31 December 2008

## Statement of compliance

The accounts for 2008 have been prepared under international financial reporting standards and are fully compliant with requirements.

## Note 1 Significant accounting Policies

### (a) 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 are 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.

### (b) 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. Cofunding 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 direct cash to grantee and in kind contributions are 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 2c below).

### (c) 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 6.

### (d) Investment income and interest receivable

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

### (e) 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.

### (f) Support costs

In undertaking activities EDCTP incurs support costs under the hosting agreements signed with NWO and MRC; these are detailed in Note 8. Support costs are those costs incurred directly in support of expenditure on the objects of the EDCTP.

### (g) 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 5).

### (h) Costs of governance

These represent the costs attributable to the strategic planning bodies of the 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 the 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.

### (i) Capitalisation and depreciation of tangible fixed assets

Individual fixed assets costing 5,000 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

### **(j) 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 the 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.

### **(k) Functional and presentation currencies**

EDCTP conducts its operations in Euro which is also the currency in which the financial statements are presented. EDCTP does not hold any non Euro bank accounts. All grants are signed in Euro and the vast majority of all operating costs are in Euro.

### **(l) Currency translation**

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 three foreign currency assets as at 31 December 2008 two of which were the grants receivable in US dollars from BMGF and one in Swiss Francs receivable from SDC and SER. Under the terms of the contract with BMGF contribution their contribution (€ 6.7 M) for the first grant re HIV vaccines is fixed in Euro so there is no exchange risk involved, on the second grant from BMGF this is a \$ 3 M grant of which \$2 M is still outstanding as at 31/12/08, this contribution is not fixed against the Euro and so will fluctuate in value when translated into Euro over the years in which it is receivable. The SDC/SER outstanding grant value is CHF 600,000. Grant expenditure for these will be managed so that the grants awarded from this contribution will, so far as is possible, not exceed the Euro value of the foreign currency donations. The rates used for translating other currencies into Euro at 31 December 2008 and 2007 are reported in Note 25.

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 staffs 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.

### **(n) Critical accounting judgments and key sources of estimation uncertainty**

In the preparation of financial statements in conformity with IFRS, management makes certain estimates, assumptions and judgments that affect the reported amounts of assets, liabilities, revenue and expenses as well as the disclosure of contingent liabilities. Actual results could differ from such estimates. Estimates and judgments are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. The most significant judgments and estimates are summarised below:

#### **i) Significant Judgments**

EDCTP accounting policies require that co funding from Member States and third parties is recognised and identified in the financial statements. Such cofunding can be designated into 3 different accounting categories. Such decisions require significant judgment and relate to the following circumstances:

- Cash cofunding to EDCTP – the donor has deposited funds directly with EDCTP for the purpose of providing grants. This is specified and quantified in Note 16
  - Direct cofunding – cash funds paid over to the grantee institution in connection with an EDCTP grant by the donor directly and not through EDCTP, see Note 2
  - In kind cofunding – funding provided to the grantee by the donor, in the form of services or materials provided to conduct the grant free of charge to EDCTP, see Note 2.
- The in kind and direct categories of cofunding are shown as received and spent in the same year for which they are in respect of, and at the same amounts, so there are no asset or liability values in respect of them included in the balance sheet.

- Held-to-Maturity – The Bank follows the guidance of IAS 39 on classifying non-derivative financial assets with fixed or determinable payments and fixed maturity as held-to-maturity. In making this judgment, the Bank evaluates its intention and ability to hold such investments to maturity.

## ii) Significant estimates

For “in kind” cofunding being provided for a grant, the value of the cofunding and items of expenditure are identified in a budget sheet sent to EDCTP by the donor for the grant

concerned and corroborated in writing. These values are estimated by the donor organisation concerned and accepted by EDCTP at these estimations. For cash sent directly to the grantee without first passing through EDCTP the donor again provides EDCTP with a signed corroborating letter verifying the amount of the funding provided to the grantee institution. Where either in kind or direct cofunding is provided by a Member State then this is further supported by being included in the signed annual Member State certificate provided to the EDCTP at the end of each year and forwarded to the EC as evidence of that state’s financial contribution to EDCTP for the year in question.

## Note 2 (a) Voluntary and donor income by type of fund

	Earmarked		Restricted	
	2008	2007	2008	2007
	€ 000	€ 000	€ 000	€ 000
Voluntary & donor income	29,514	37,769	50,855	20,981
Finance income	2,457	1,246	703	485
<b>Total incoming resources</b>	<b>31,971</b>	<b>39,015</b>	<b>51,558</b>	<b>21,466</b>

## Note 2(b) Incoming resources from Member State & third party cofunding

	Earmarked	Restricted	2008 Total	2007 Total
	€ 000	€ 000	€ 000	€ 000
<b>Cash cofunding to EDCTP</b>				
EC for period 4 of the grant agreement	29,513		29,513	37,764
Member state & third party cofunding re grant contributions (2c)		17,811	17,811	13,573
Member state & third party cofunding re programme activities (2c)		12	12	181
Member state & third party cofunding re governance (2c)		7	7	0
Member state EC ineligible cost reimbursement		9	9	20
Registration fees for annual forum	1		1	5
<b>Total cash cofunding</b>	<b>29,514</b>	<b>17,839</b>	<b>47,353</b>	<b>51,543</b>
<b>In kind &amp; direct cofunding to EDCTP &amp; grantees</b>				
Member state & third party cofunding grant contributions (2d)		32,618	32,618	6,576
Member state & third party cofunding re programme activities (2d)		89	89	405
Member state & third party cofunding re support activities (2d)		99	99	
Member state & third party cofunding re governance (2d)		210	210	226
<b>Total cash &amp; in kind and direct cofunding</b>	<b>0</b>	<b>33,016</b>	<b>33,016</b>	<b>7,207</b>
<b>Total cofunding</b>	<b>29,514</b>	<b>50,855</b>	<b>80,369</b>	<b>58,750</b>

**Note 2 (c) Incoming resources from Member State & third party cofunding  
(cash cofunding only)**

	Programme				2008	2007
	Grants	activities	Support	Governance	Total	Total
	€ 000	€ 000	€ 000	€ 000	€ 000	€ 000
BMGF	2,198				2,198	0
Austria					0	21
Belgium					0	40
Ireland					0	1,290
Italy					0	12
Netherlands	3,350	8			3,358	1,440
Norway		4			4	0
Spain	999				999	0
Sweden				7	7	1,598
Switzerland	606				606	0
United Kingdom	10,658				10,658	9,353
<b>Total</b>	<b>17,811</b>	<b>12</b>	<b>0</b>	<b>7</b>	<b>17,830</b>	<b>13,754</b>

**Note 2 (d) Incoming resources from Member State & third party cofunding  
(In kind and direct cofunding to grantees only)**

	Programme				2008	2007
	Grants	activities	Support	Governance	Total	Total
	€ 000	€ 000	€ 000	€ 000	€ 000	€ 000
Third Party	21,715				21,715	1,695
Austria	7			21	28	190
Belgium	1,081			15	1,096	1,044
Denmark	279			62	341	1,024
France	2,249			2	2,251	504
Germany	384			11	395	596
Greece						1
Ireland						4
Italy	195				195	4
Luxembourg						3
Netherlands	613	55	99		767	991
Norway	1,359			2	1,361	6
Portugal				3	3	
Spain	1,076			22	1,098	655
Sweden	600				600	204
Switzerland				2	2	108
United Kingdom	3,060	34		70	3,164	178
<b>Total</b>	<b>32,618</b>	<b>89</b>	<b>99</b>	<b>210</b>	<b>33,016</b>	<b>7,207</b>

### Note 3 Financial income and expenses

	2008 € 000	2007 € 000
Net foreign exchange loss	(114)	(77)
Interest income	3,274	1,808
<b>Total financial income</b>	<b>3,160</b>	<b>1,731</b>

### Note 4 Resources expended by type of fund

	Earmarked		Restricted	
	2008 € 000	2007 € 000	2008 € 000	2007 € 000
Activities in furtherance of EDCTP objects	2,948	2,729	329	616
Grants payable	12,579	16,379	43,431	12,403
Governance costs	426	588	214	235
<b>Total resources expended</b>	<b>15,953</b>	<b>19,696</b>	<b>43,974</b>	<b>13,254</b>

### Note 5 Programme Activities

	2008 Total € 000	2007 Total € 000
Staff Costs (See Note 9 )	2,448	1,545
Temporary Staff Costs	74	6
Depreciation	0	3
Recruitment	22	33
Travel & Subsistence	255	333
Biennial Scientific Forum & Bursaries	14	406
Advertising in Scientific & Other Media	8	21
Scientific Review Committee Meetings	117	14
Principal Investigators & Stakeholders Meeting	20	179
Ineligible EC Costs	9	23
Naccap Co Funded Secretariat Costs	46	207
Office Running Cost & Consumables	45	0
Production of EDCTP Reports	81	4
Mobile Telecommunications	23	25
Annual Staff Retreat	14	0
Project Database & Data Management System	32	23
Computing Equipment & Supplies	58	13
Office Furniture	7	27
Professional Services	81	0
GCP & Financial Training Courses	0	181
Access Accounting System	32	0
Other	14	10
<b>Total Direct Costs</b>	<b>3,400</b>	<b>3,053</b>
Support Costs (see Note 8)	-123	292
<b>Total Research Activities</b>	<b>3,277</b>	<b>3,345</b>



## Note 6 Grants payable

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

### Note 6(a) EDCTP Grant Funding

Value of grants signed in 2008 (€)		Clinical trials by disease			Networking, training, fellowships, PhD, MSc	
Country	Site	HIV/AIDS	Malaria	TB	Non-disease specific	Grand Total
Austria	Vienna School of Clinical Research		69,695			69,695
<b>Austria total</b>		<b>0</b>	<b>69,695</b>	<b>0</b>	<b>0</b>	<b>69,695</b>
Belgium	Institute of Tropical Medicine		270,000		-9,553	260,447
	University of Ghent				-172	-172
<b>Belgium total</b>		<b>0</b>	<b>270,000</b>	<b>0</b>	<b>-9,725</b>	<b>260,275</b>
Benin	World Health Organization				-2,721	-2,721
	Ministry of Health Benin				47,940	47,940
	University d'Abomey Calavi		475,797			475,797
<b>Benin total</b>		<b>0</b>	<b>475,797</b>	<b>0</b>	<b>45,219</b>	<b>521,016</b>
Botswana	World Health Organization				-2,721	-2,721
<b>Botswana total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>-2,721</b>	<b>-2,721</b>
Burkina Faso	World Health Organization				18,959	18,959
	University of Ouagadougou	410,768				410,768
<b>Burkina Faso total</b>		<b>410,768</b>	<b>0</b>	<b>0</b>	<b>18,959</b>	<b>429,727</b>
Cameroon	World Health Organization				23,794	23,794
<b>Cameroon total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>23,794</b>	<b>23,794</b>
Ethiopia	World Health Organization				21,175	21,175
	Armauer Hansen Research Institute (AHRI)				-43,264	-43,264
	Ethiopian Bioethics Initiative (ETBIN)				50,000	50,000
<b>Ethiopia total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>27,911</b>	<b>27,911</b>
France	Unité D'Immunologie Hématologie,	262,900				262,900
	University of Montpellier	224,830				224,830
	Institution of Research for Development		179,428			179,428
<b>France total</b>		<b>487,730</b>	<b>179,428</b>	<b>0</b>	<b>0</b>	<b>667,158</b>
Gabon	Albert Schweitzer Hospital		948,254			948,254
	World Health Organization				18,588	18,588
<b>Gabon total</b>		<b>0</b>	<b>948,254</b>	<b>0</b>	<b>18,588</b>	<b>966,842</b>

Value of grants signed in 2008 (€)		Clinical trials by disease			Networking, training, fellowships, PhD, MSc	
Country	Site	HIV/AIDS	Malaria	TB	Non-disease specific	Grand Total
Gambia	Medical Research Council Gambia	854,825				854,825
	World Health Organization				16,806	16,806
<b>Gambia total</b>		<b>854,825</b>	<b>0</b>	<b>0</b>	<b>16,806</b>	<b>871,631</b>
Germany	University of Tuebingen		44,462			44,462
<b>Germany total</b>		<b>0</b>	<b>44,462</b>	<b>0</b>	<b>0</b>	<b>44,462</b>
Ghana	Navrongo Health Research Centre				-16,822	-16,822
	World Health Organization				21,013	21,013
	Noguchi Memorial Inst for Medical Research		192,500			192,500
<b>Ghana total</b>		<b>0</b>	<b>192,500</b>	<b>0</b>	<b>4,191</b>	<b>196,691</b>
Guinea Conakry	World Health Organization				-2,721	-2,721
<b>Guinea Conakry total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>-2,721</b>	<b>-2,721</b>
Holland	University of Amsterdam	18,000				18,000
<b>Holland total</b>		<b>18,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>18,000</b>
Ivory coast	World Health Organization				21,478	21,478
<b>Ivory coast total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>21,478</b>	<b>21,478</b>
Kenya	World Health Organization				17,613	17,613
	University of Nairobi	990,576				990,576
	Kenya Medical Research Institute (KEMRI)		331,088			331,088
<b>Kenya total</b>		<b>990,576</b>	<b>331,088</b>	<b>0</b>	<b>17,613</b>	<b>1,339,277</b>
Madagascar	World Health Organization				26,516	26,516
<b>Madagascar total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>26,516</b>	<b>26,516</b>
Malawi	World Health Organization				26,516	26,516
<b>Malawi total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>26,516</b>	<b>26,516</b>
Mali	World Health Organization				17,027	17,027
<b>Mali total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>17,027</b>	<b>17,027</b>
Mozambique	World Health Organization				21,258	21,258
	Manhica Health Research Centre		495,857			495,857
	National Insitute of Health (INS)	703,224				703,224
	Catholic University of Mozambique (UCM)	348,000				348,000
<b>Mozambique total</b>		<b>1,051,224</b>	<b>495,857</b>	<b>0</b>	<b>21,258</b>	<b>1,568,339</b>

Value of grants signed in 2008 (€)		Clinical trials by disease			Networking, training, fellowships, PhD, MSc	Grand Total
Country	Site	HIV/AIDS	Malaria	TB	Non-disease specific	
Nigeria	University of Calabar		14,400			14,400
	World Health Organization				21,258	21,258
	University of Ibadan				45,000	45,000
<b>Nigeria total</b>		<b>0</b>	<b>14,400</b>	<b>0</b>	<b>66,258</b>	<b>80,658</b>
Rwanda	World Health Organization				26,516	26,516
	Programme national de lutte contre le paludisme		28,800			28,800
	Ministry of Health / Rwanda National Ethics Committee				47,516	47,516
<b>Rwanda total</b>		<b>0</b>	<b>28,800</b>	<b>0</b>	<b>74,032</b>	<b>102,832</b>
Senegal	World Health Organization				23,794	23,794
<b>Senegal total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>23,794</b>	<b>23,794</b>
South Africa	University of Cape Town	183,540		399,286		582,826
	University of Western Cape	2,386,400				2,386,400
	World Health Organization				23,794	23,794
	Medical Research Council South Africa	346,409				346,409
	Reproductive Health & Hiv Unit (RHRU)	359,549				359,549
	University of Kwa Zulu Natal	401,133				401,133
	Perinatal HIV Research Unit	434,209				434,209
	Walter Sisulu AIDS Vaccine Research Unit	270,872				270,872
	University of Witwatersrand	422,339				422,339
	Aurum Institute for Health Research (AOROM)	385,995				385,995
	Africa Centre for Health & Population Studies	384,334				384,334
	Desmond Tutu HIV Foundation	779,314				779,314
	University of Limpopo	272,338				272,338
<b>South Africa total</b>	<b>6,626,432</b>	<b>0</b>	<b>399,286</b>	<b>23,794</b>	<b>7,049,512</b>	
Spain	Fundacion Clinic Barcelona	357,669	580,778		-3,858	934,589
<b>Spain total</b>		<b>357,669</b>	<b>580,778</b>	<b>0</b>	<b>-3,858</b>	<b>934,589</b>
Sweden	Karolinska Institute	172,066				172,066
	Swedish Institute for Infectious Disease Control	133,736				133,736
	Uppsala University, University Hospital	150,700				150,700
<b>Sweden total</b>	<b>456,502</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>456,502</b>	

Value of grants signed in 2008 (€)		Clinical trials by disease			Networking, training, fellowships, PhD, MSc	
Country	Site	HIV/AIDS	Malaria	TB	Non-disease specific	Grand Total
Switzerland	Eurovacc Foundation	226,274				226,274
	University Hospital Centre Vaudois Lausanne (CHUV)	454,110				454,110
	<b>Switzerland total</b>	<b>680,384</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>680,384</b>
Tanzania	AMANET				73,228	73,228
	World Health Organization				26,516	26,516
	Muhimbili University College of Health Sciences	1,530,364				1,530,364
	Mbeya Medical Research Programme	957,900				957,900
	Mwanza Intervention Trials Unit (MITU)	534,123				534,123
	Ifakara Health Insitute		524,082			524,082
	Kilimanjaro Christian Medical College (KCMC)	358,106				358,106
	National Institute of Medical Research (NIMR)	121,108			97,168	218,276
<b>Tanzania total</b>	<b>3,501,601</b>	<b>524,082</b>	<b>0</b>	<b>196,912</b>	<b>4,222,595</b>	
Togo	World Health Organization				-2,721	-2,721
<b>Togo total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-2,721</b>	<b>-2,721</b>	
Uganda	World Health Organization				26,516	26,516
	Medical Research Council/Uganda Virus Research Institute	394,268				394,268
	Uganda National Council for Science and Technology				49,140	49,140
	Ministry of Health Uganda		28,800			28,800
	Infectious Diseases Institute (IDI)				-996	-996
<b>Uganda total</b>	<b>394,268</b>	<b>28,800</b>	<b>0</b>	<b>74,660</b>	<b>497,728</b>	
United Kingdom	Liverpool School of Tropical Medicine		-4			-4
	London School of Hygiene & Tropical Medicine	534,364				534,364
	Medical Research Council UK	805,405			-14,874	790,531
	St Georges Hospital Medical School				-69	-69
	Cardiff University				-17,787	-17,787
	Immunoclin Ltd.	143,607				143,607
	Imperial College of Science, Technology and Medicine	442,372				442,372
<b>United Kingdom total</b>	<b>1,925,748</b>	<b>-4</b>	<b>0</b>	<b>-32,730</b>	<b>1,893,014</b>	
United States	University of Washington	259,915				259,915
<b>United States total</b>	<b>259,915</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>259,915</b>	

Value of grants signed in 2008 (€)		Clinical trials by disease			Networking, training, fellowships, PhD, MSc	Grand Total
Country	Site	HIV/AIDS	Malaria	TB	Non-disease specific	
Zambia	World Health Organization				26,516	26,516
<b>Zambia total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>26,516</b>	<b>26,516</b>
Zimbabwe	World Health Organization				26,516	26,516
	Biomedical Research & Training Institute (BRTI)				49,273	49,273
<b>Zimbabwe total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>75,789</b>	<b>75,789</b>
<b>Grand total</b>		<b>18,015,642</b>	<b>4,183,937</b>	<b>399,286</b>	<b>793,155</b>	<b>23,392,020</b>

### Note 6(b) Member State & third party in kind and direct cofunding of grants

Cofunding Member State	HIV/AIDS	Clinical Trials Malaria	TB	Networking, training, ethics	Total
Austria	0	(7,940)	9,900	5,000	6,960
Belgium	274,440	725,270	81,000	0	1,080,710
Denmark	33,000	66,667	179,666	0	279,333
France	1,999,345	250,000	0	0	2,249,345
Germany	26,227	264,474	93,600	0	384,301
Greece	0	0	0	0	0
Ireland	0	0	0	0	0
Italy	170,000	0	25,365	0	195,365
Luxembourg	0	0	0	0	0
Netherlands	286,266	0	326,391	0	612,657
Norway	1,358,667	0	0	0	1,358,667
Portugal	0	0	0	0	0
Spain	724,217	298,144	86,152	(33,000)	1,075,513
Sweden	77,210	0	523,179	0	600,389
Switzerland	0	0	0	0	0
United Kingdom	1,941,612	325,501	278,156	515,035	3,060,304
Third Party	8,610,814	1,165,439	11,469,983	468,633	21,714,869
<b>Total</b>	<b>15,501,798</b>	<b>3,087,555</b>	<b>13,073,392</b>	<b>955,668</b>	<b>32,618,413</b>
<b>Combined MS/third party/EDCTP grant funding</b>	<b>33,517,440</b>	<b>7,271,492</b>	<b>13,472,678</b>	<b>1,748,823</b>	<b>56,010,433</b>

## Note 7 Governance costs

	2008 Total Earmarked € 000	2007 Total Earmarked € 000
Assembly	156	123
Partnership board	129	253
ENNP	75	171
Developing countries coordinating committee	248	253
Audit fees	32	23
<b>Total governance costs</b>	<b>640</b>	<b>823</b>

## Note 8 Support costs from third parties

	NWO € 000	MRC SA € 000	Total 2008 € 000	Total 2007 € 000
Telephones	25	6	31	30
Catering	12		12	8
IT maintenance	(24)		(24)	68
Rent/Service charge/Parking	130	9	139	45
Office Cleaning	12		12	12
Postage	0		0	0
Photocopies	14		14	14
Travel	(13)	0	(13)	18
Recruitment	0		0	2
Legal/Personnel Prof & Fin Services	(294)	0	(294)	95
<b>Total support costs</b>	<b>(138)</b>	<b>15</b>	<b>(123)</b>	<b>292</b>

## Note 9 Staff costs and numbers

Total staff costs comprised:	2008 € 000	2007 € 000
Wages and salaries	2,308	1,451
Social security costs	43	22
Pension costs	97	72
<b>Total staff costs</b>	<b>2,448</b>	<b>1,545</b>

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

	2008	2007
Secretariat (EDCTP contract)	10.75	6
Secretariat (Seconded from NWO/MRC & DOH)	11.75	15.5
<b>Total staff numbers</b>	<b>22.5</b>	<b>21.5</b>

## Note 10 Tangible fixed assets

		As at 31/12/08 Computing Equipment
		€ 000
<b>Cost</b>		
At 31 December 2007		31
Additions		0
At 31 December 2008		31
<b>Depreciation</b>		
At 31 December 2007		(31)
Charge for the year		(0)
At 31 December 2008		(31)
<b>Net Book Value</b>		
At 31 December 2007		0
At 31 December 2008		0

## Note 11 Debtors

	2008	2007
	€ 000	€ 000
Donor Owed Funds	6,788	6,915
Other Debtors	76	1,229
Prepayments	6	2
<b>Total debtors</b>	<b>6,870</b>	<b>8,146</b>

Donor owed funds include € 5.1 M from BMGF € 1.3 M from NACCAP and € 0.4 M from Swiss Agency for Development and Cooperation (SDC) and Swiss state for education and research (SER).

## Note 12 Cash and Cash equivalents

	2008	2007
	€ 000	€ 000
Bank balances	99,240	63,823
Cash in hand	10	23
<b>Total cash and cash equivalents</b>	<b>99,250</b>	<b>63,846</b>

**Note 13 Creditors: amounts falling due within one year**

	2008	2007
	€ 000	€ 000
Other creditors	0	0
Grant creditors	23,596	16,616
Accruals	106	93
<b>Total creditors falling due within one year</b>	<b>23,702</b>	<b>16,709</b>

**Note 14 Creditors: amounts falling due over one year**

	2008	2007
	€ 000	€ 000
Grant creditors	16,169	12,636
	<b>16,169</b>	<b>12,636</b>

**Note 15 Unrestricted funds of the EEIG general fund**

	€ 000
Balance at 31 December 2007	0
Movement in funds for the year	0
<b>Balance at 31 December 2008</b>	<b>0</b>

**Note 16 Earmarked funds**

	€ 000
Balance at 31 December 2007	21,283
EC Grant funds received	29,513
Released to statement of financial activities	(13,495)
<b>Balance at 31 December 2008</b>	<b>37,301</b>



## Note 17 Restricted funds

	At 31/12/07	Incoming resources	Outgoing resources	At 31/12/08
	€ 000	€ 000	€ 000	€ 000
MRC UK Capacity Development Training awards	180	0	0	180
DFID/MRC UK contribution to future EDCTP calls	0	9,428	0	9,428
Medical Research Council (MRC) UK HIV trials contribution to joint call with BMGF	1,793	0	(1,765)	28
Medical Research Council (MRC) UK future calls	6,727	1,229	(123)	7,833
Investment income	412	501	0	913
Bill and Melinda Gates Foundation (BMGF) HIV Vaccines	5,558	0	(5,467)	91
Bill and Melinda Gates Foundation (BMGF) TB Treatment	0	2,198	0	2,198
Investment income	34	61	0	95
Swedish International Development Cooperation Agency (SIDA)	3,561	8	(795)	2,774
Investment income	51	106	0	157
Foreign exchange adjustment	(77)	0	(114)	(191)
Spanish Ministry of Health & Consumer Affairs (ISC) to EDCTP Calls	1,982	1,000	(1,401)	1,581
Investment Income	109	87	0	196
Irish Aid contribution to EDCTP calls	1,000	0	(835)	165
Investment Income	11	25	0	36
NACCAP contribution to EDCTP calls	0	3,350	(350)	3,000
NACCAP contribution to bursary costs 2007 biennial forum	0	8	(8)	0
Investment Income	23	34	0	57
Swiss National Science Foundation (SNSF) contribution to EDCTP calls	0	205	(205)	0
Swiss Agency for Development and Cooperation (SDC)/Swiss State Secretariat for Education and Research (SER) contribution to EDCTP calls	0	401	0	401
Investment Income	0	2	0	2
Norwegian Directorate of Health (NODH) contribution to EDCTP bursaries 2009 forum	0	4	0	4
<b>Total</b>	<b>21,364</b>	<b>18,647</b>	<b>(11,063)</b>	<b>28,948</b>

The funding received from the MRC UK re the capacity development for training 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, ISC, SNSF, SDC/SER and Irish Aid grants are for clinical trials and capacity building grants awarded within the EDCTP programme including the joint call with BMGF. 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 NACCAP contribution in 2008 is € 2.5 M for Networks of Excellence and € 0.5 M for TB brokering and € 0.35 M for the EDCTP/BMGF joint call on HIV vaccines.

## Note 18 Related parties

The EEIG has signed a hosting arrangement contract with NWO and MRC SA which includes secondment of personnel, rent of office space. Transactions under the hosting agreement, including the cost of seconded staff wages, amounted to a credit of € 122,632 in 2008, compared to a charge of € 807,716 in 2007 for NWO and € 16,742 in 2008, compared to € 41,776 in 2007 for MRC SA.

## 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 also exempt from paying VAT in South Africa following a ruling from South African Revenue Service (SARS) in 2007. An application was made for exemption from income taxes on EDCTP in 2008 in South Africa which is still pending, although the effect of this will be minimal even if granted as EDCTP has no taxable income or profits in South Africa.

## 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 seven 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) 104,959 as at 31/12/08 resulting in a contingent asset of (€ 000) 95,041 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's) 37,301 and general funds € 0. This proposal has been incorporated in the financial statements.

## Note 22 Remuneration of governing bodies

The Assembly is not paid any honorariums nor per diems in respect of attending meetings in 2008. Member States are encouraged to pay for their own travel costs and only reimbursed where this is not possible.

The Partnership Board members are no longer paid an annual honorarium except for the € 10,000 to the Chair, 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 four meetings per year) attended pro rated down if less than the full session is attended. In 2008 the total payments to the Partnership Board in respect of honorariums amounted to € 44,508 (2007 € 103,767).

The Developing Countries Coordinating 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 2008 the total payments to the DCCC in respect of honorariums amounted to € 50,620 (2007 € 51,801).

## Note 23 Subsequent events

There are no subsequent financial events which have arisen by the date of formal approval of the 2008 statutory accounts which are material to these financial statements or would lead to a restatement in any of the values included in the accounting statements above.

## Note 24 Segment reporting

EDCTP operates through two Secretariat offices based in The Netherlands and South Africa which support each other. The operations and activities of the two offices are the same; to provide grants advertised by open call to foster capacity building and new clinical interventions into the 3 main poverty related diseases afflicting sub-Saharan Africa. The two Secretariats operate in a combined and uniform manner. In the opinion of management, the organisation operates in a single operating segment.

## Note 25 Exchange Rates

The rates used for translating foreign currencies into Euro at 31 December 2008 and 2007 were as follows:

		2008	2007
1 Euro =	South African Rand	13.06	10.03
	Swedish Krona	10.87	9.44
	Swiss Franc	1.497	1.653
	US Dollar	1.409	1.478

## Note 26 Risk management policies and procedures

EDCTP has adopted risk management policies in 2008 to manage and mitigate the operational, reputational and financial risks which it faces in executing its mandate. Oversight of the risk management policies is the responsibility of the Secretariat management team. The four major types of financial risk are liquidity, credit, currency and interest rate.

### Credit risk

Credit risk is the potential financial loss due to default of one or more debtors/obligors either to EDCTP itself or to a grantee whom EDCTP has entered into a contract with. There are two principal sources of credit risk: (i) sovereign credit risk (ii) non-sovereign credit risk. EDCTP makes no provisions for non payment of debts, owed by either type of donor, which have been pledged or contracted to the organisation and against which EDCTP is making grants. This is due to the financial standing of the debtor organisations concerned which are all Member State government organisations plus one NGO; the BMGF. All pledged amounts of cash cofunding to EDCTP are confirmed in writing, by letter or contract, and the management judges that there is no risk of non payment.

As at 31 December 2008 the donor debt profile was as shown below:

	€ 000
Public sector debt	1,683
Private sector debt	5,105
<b>Total donor debt</b>	<b>6,788</b>

In relation to grants made by EDCTP the grantee is required to submit annual financial reports and if the final financial report shows costs to have been less than the total value of the grant EDCTP contracted for, then the excess will be deducted from the 10% which EDCTP retains until the grant has ended, in this way reducing any amounts it would have to reclaim from the grantee themselves. As at 31 December 2008 no grantee owed the EDCTP any returnable funds.

EDCTP held all of its funds with one bank (Fortis) as the end of the 2008 financial year, it has since been decided to open accounts with other banks in The Netherlands in 2009 which will allow the organisation to gain higher interest rates and spread the risk of bank default across several institutions. EDCTP does not invest in any other type of financial instruments or derivatives.

### **Liquidity risk**

Liquidity risk is the potential for loss resulting from insufficient liquidity to meet cash flow needs in a timely manner. In order to minimize this risk, EDCTP maintains instantly accessible bank deposits based on the projected net cash requirement for a rolling one-year period. EDCTP currently invests funds only in bank deposits of up to 1 year maturity, this will be reviewed when the grant portfolio and hence the cashflow is more predictable.

### **Currency risk**

Currency risk is the potential loss due to adverse movements in market foreign exchange rates. To minimize this risk EDCTP signs all grants in Euro and receives the vast majority of its income also in Euro. Where income is received from donors in other currencies where possible EDCTP contracts a fixed exchange rate with the donor against the Euro. If this is not possible, then any grants made against it either be made after it has been received and converted into Euro or will assume a very conservative future exchange rate to minimise any potential liability to EDCTP arising when it is received and converted into Euro. All foreign currency receipts are transferred into Euro as soon as they are received. The situation is monitored regularly to check that such a shortfall does not arise. EDCTP does not hedge any foreign exchange risk as it is deemed unnecessary. The vast majority of the EDCTP operating costs are also in Euro which reduces any risk to minimal in that area. Any foreign exchange losses incurred by grantees with whom EDCTP have signed a contract, are ineligible for charging back to EDCTP and must be covered by their own financial resources.

### **Interest rate risk**

Interest rate risk is the risk that EDCTP receives less interest income than it expected due to falls in deposit rates. As EDCTP does not forecast or rely upon interest income, other than where by fixed rate deposit, this risk does not affect the organisation.

Under the terms of the grant agreement with the EC, EDCTP is not allowed to borrow any funding and hence interest rate risk is of no concern, neither does EDCTP charge interest on any of its grants.

### **Operational Risk**

Operational risks includes all aspects of risk-related exposure other than those falling within the scope of credit, market and liquidity risks including specifically the risk of loss resulting from inadequate or failed internal processes, people and systems or from external events and reputational risk.

EDCTP relies largely on internal controls and standard operating procedures for operational risk management. In 2008 the management team identified and categorised the major risks which impinge on EDCTP, Management attestation on the adequacy of internal controls was published in the annual reports for the first time in 2008. In 2009 the risk controls will be monitored regularly.



# Appendix 1

## Governance



## General Assembly

Diana Dunstan (Chair)  
 Carmen Audera (Vice-Chair)  
 Patrice Debre (Vice-Chair)  
 Søren Jepsen  
 Christiane Druml  
 Bruno Gryseels  
 Gabriele Hausdorf  
 Antonis Antoniadis  
 Teresa Maguire  
 Stefano Vella  
 Carlo Duprel  
 Edvard Beem  
 Ana Maria Faisca  
 Hannah Akuffo  
 Isabella Beretta

United Kingdom  
 Spain  
 France  
 Denmark (elected Vice-Chair May 2008)  
 Austria  
 Belgium  
 Germany  
 Greece  
 Ireland  
 Italy  
 Luxembourg (appointed April 2008)  
 Netherlands  
 Portugal (appointed May 2008)  
 Sweden  
 Switzerland (appointed March 2008)

## Partnership Board

Sodiomon Sirima (Chair)  
 Eric Sandström (Vice-Chair)  
 Richard Adegbola (Vice-Chair)

Burkina Faso  
 Sweden (elected January 2008)  
 The Gambia (elected January 2008)

## Developing Countries Coordinating Committee

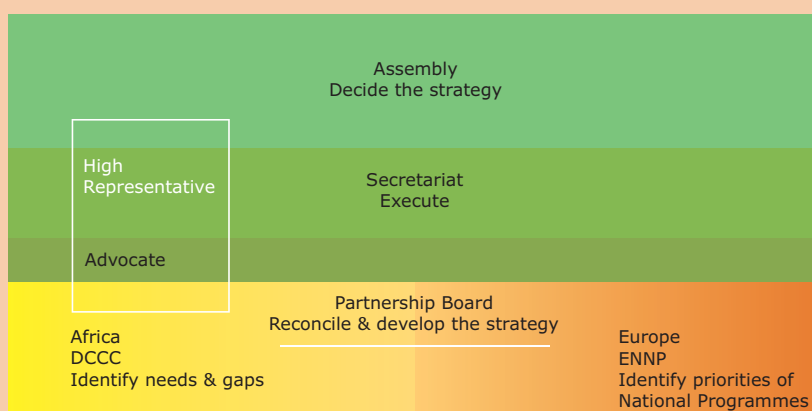
Andrew Yona Kitua (Chair)  
 Christine Manyando (Vice-Chair)  
 Veronique Nitchom Penlap (Vice-Chair)

Tanzania (elected April 2008)  
 Zambia  
 Cameroon (elected April 2008)

## European Network of National Programmes

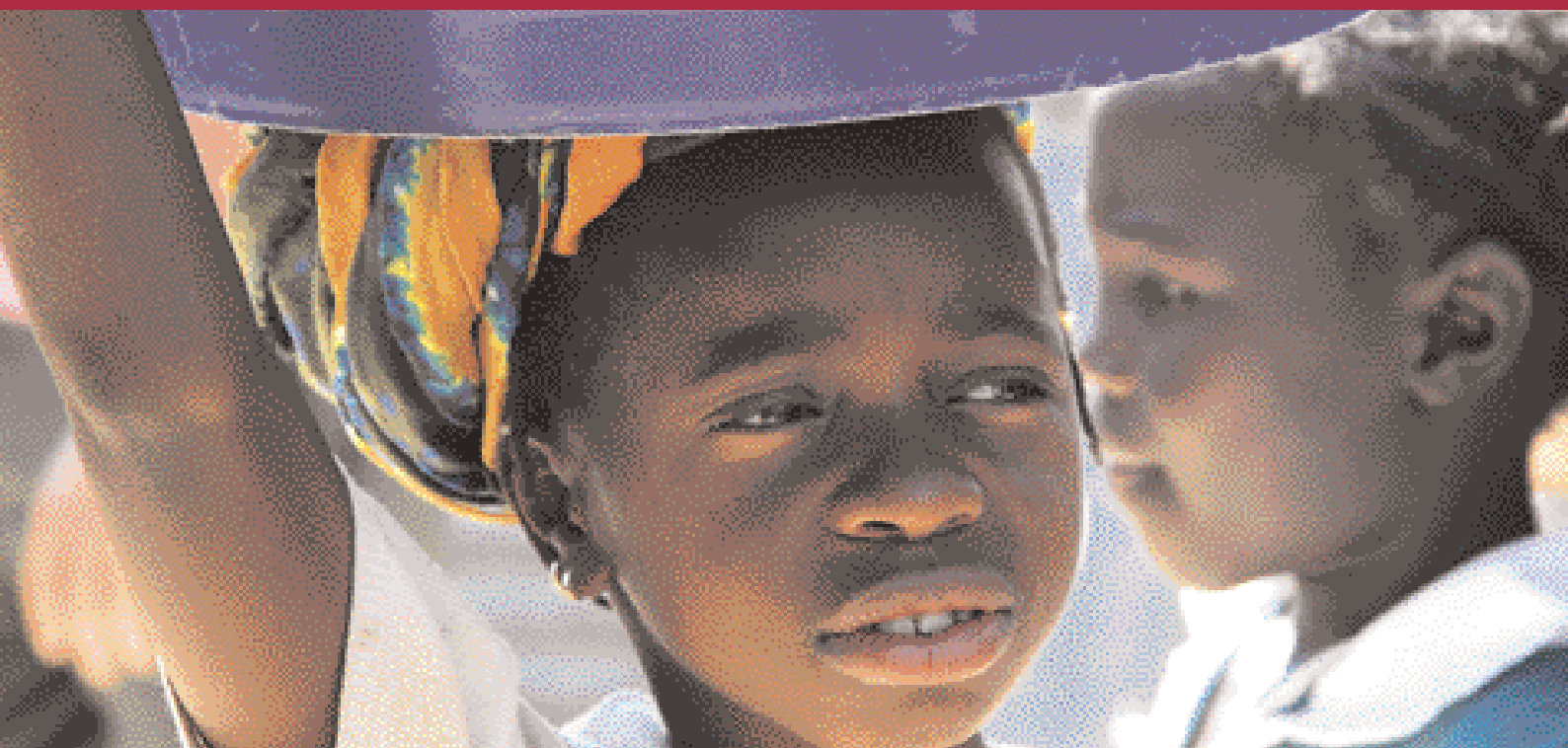
Laura Brum (Chair)  
 Dirk van der Roost (Vice-Chair)  
 Claudia Herok (Vice-Chair)

Portugal  
 Belgium  
 Germany



# Appendix 2

Progress on grants signed before 2008





Grantee	Title	Total budget	EDCTP funding	African and European collaborator countries	Clinical trial sponsor	Investigational product	Status
<b>HIV Treatment</b>							
Chintu	CHAPAS Trials: Children with HIV in Africa: pharmacokinetics and adherence of simple antiretroviral regimens	€ 1,280,333	€ 1,280,333	Zambia Netherlands, United Kingdom, Italy	Medical Research Council, London, UK	Nevirapine/ Stavudine/ Lamivudine (Pedimune)	Ongoing
<b>HIV Vaccines</b>							
Kaleebu	Strengthening long-term clinical and lab research capacity, cohort development and collection of baseline data in Uganda and Mozambique for future vaccine trials	€ 4,315,418	€ 3,035,532	Uganda, Mozambique, Netherlands, United Kingdom	None	None	Ongoing
<b>HIV/PMTCT</b>							
Katzenstein	Back-up with AZT/3TC or single dose FTC/TDF in order to avoid NNRTI resistance after single dose NVP for PMTCT	€ 1,270,988	€ 418,648	Tanzania, Denmark, Sweden	Copenhagen University Hospital, Rigshospitalet, Denmark	Zidovudine/ Lamivudine, FTC/TDF	Ongoing
Kisanga	Improving the balance between efficacy and development of resistance in women receiving single dose nevirapine	€ 1,508,335	€ 507,732	Tanzania, Zambia United Kingdom, Netherlands	Radboud University Nijmegen, Medical Center, Netherlands	Nevirapine, Carbamezapine	Ongoing
Newell	Impact of HAART during pregnancy and breastfeeding on MTCT and Mothers Health: The Kesho Bora Study	€ 1,408,316	€ 1,303,062 Burkina Faso	Kenya, South Africa, United Kingdom, France, Sweden	WHO's Department of Reproductive Health and Research, Switzerland	Nevirapine, Zidovudine, Lopinavir/ Ritonavir, Zidovudine/ Lamivudine	Ongoing

Grantee	Title	Total budget	EDCTP funding	African and European collaborator countries	Clinical trial sponsor	Investigational product	Status
<b>HIV/Microbicides</b>							
Van de Wijgert	Preparing for Phase II vaginal microbicide trials in Rwanda and Kenya: Preparedness studies, capacity building and strengthening of medical referral systems	€ 4,178,443	€ 2,000,000	Rwanda, Kenya Belgium, Italy, Netherlands	None	None	Ongoing
Hayes	Site preparation and capacity strengthening for trials of vaginal microbicides in Tanzania and Uganda	€ 5,138,535	€ 2,435,071	Tanzania, Uganda Netherlands, United Kingdom	None	None	Ongoing
McCormack	Establishing HIV microbicides clinical trial capacity in Mozambique and expanding an existing site in South Africa	€ 6,716,810	€ 2,436,622	Mozambique South Africa United Kingdom, Spain	United Kingdom Medical Research Council		Ongoing

Grantee	Title	Total budget	EDCTP funding	African and European collaborator countries	Clinical trial sponsor	Investigational product	Status
<b>Tuberculosis</b>							
Bertilsson	Optimisation of tuberculosis and HIV co-treatment in Africa: Pharmacokinetic and pharmacogenetic aspects on drug-drug interactions between rifampicin and efavirenz	€ 2,086,052	€ 907,052	Ethiopia, Tanzania, Zimbabwe Sweden, Germany	Karolinska Institute, Sweden	Rifampicin and Efavirenz	Ongoing

Grantee	Title	Total budget	EDCTP funding	African and European collaborator countries	Clinical trial sponsor	Investigational product	Status
<b>Tuberculosis</b>							
van 't Hoog	Prospective epidemiological studies of TB in neonates and adolescents in Karemo Division, Siaya district, Western Kenya, in preparation for future vaccine trials	€ 2,678,216	€ 2,678,216	Kenya, Austria, Netherlands	Kenya Medical Research Institute, Kenya	None	Ongoing
Musoke	Toward conducting phase III trials of novel TB vaccines in Ugandan infants and adolescents	€ 3,892,679	€ 2,916,192	Uganda, South Africa, Sweden, Belgium, Netherlands	None	None	Ongoing
van Helden	Surrogate markers to predict the outcome of anti-tuberculosis therapy	€ 973,033	€ 973,033	South Africa, United Kingdom	Not applicable	Not applicable	Ongoing
Engers	Capacity building for the conduct of ICH-GCP level TB vaccine trials in high risk populations in Ethiopia and East Africa	€ 2,796,281 (SSI-project)	€ 795,458 (SSI-project)	Ethiopia, Zambia, Madagascar, Denmark, Netherlands,	SSI	ESAT-6/Ag85B (Statens Serum Institut),	Ongoing
		€ 2,175,425 (GSK-project)	€ 203,400 (GSK-project)	Belgium	GSK	Mtb72F/ASo2A (GlaxoSmith Kline)	
Gillespie	Rapid Evaluation of Moxifloxacin in the treatment of sputum smear positive tuberculosis: REMoxTB	€ 3,157,240	€ 3,157,240	South Africa, Tanzania, Zambia, United Kingdom	University College London, United Kingdom	Moxifloxacin, Rifampicin, Pyrazinamide, Ethambutol, Isoniazid	Ongoing
Jindani	A controlled clinical trial to evaluate high dose rifapentine and moxifloxacin in the treatment of pulmonary tuberculosis	€ 4,251,991	€ 4,251,991	Mozambique, Zambia, Zimbabwe, South Africa, United Kingdom	St. George's University of London, United Kingdom	Moxifloxacin, Rifapentin	Ongoing

Grantee	Title	Total budget	EDCTP funding	African and European collaborator countries	Clinical trial sponsor	Investigational product	Status
<b>Tuberculosis</b>							
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	€ 1,026,952	South Africa, Uganda, United Kingdom, Ireland	University of Cape Town, South Africa	Efavirenz (EFV), nevirapine (NVP), lopinavir (LPV; with ritonavir) and ritonavir (RTV; with lopinavir) with rifampicin-based anti-TB therapy	Ongoing

Grantee	Title	Total budget	EDCTP funding	African and European collaborator countries	Clinical trial sponsor	Investigational product	Status
<b>Malaria</b>							
D'Alessandro	Evaluation of 4 artemisinin-based combinations for treating uncomplicated malaria in African children	€ 5,710,827	€ 2,396,717	Uganda, Nigeria, Gambia, Mozambique, Burkina Faso, Zambia, Rwanda, United Kingdom, Spain, Belgium, France, Denmark	Institute for Tropical Medicine, Antwerp, Belgium	Amodiaquine/ Artesunate, Dihydro-artemisinin/ Piperaquine (Artekin), Artemether/ Lumefantrine (Coartem), Chlorproguinil-dapsone (Lapdap)/ Artesunate	Ongoing
Kremsner	Artesunate for severe malaria in African children	€ 6,747,360	€ 5,365,420	Gambia, Malawi, Ghana, Gabon, Kenya, United Kingdom, Austria, Germany		cGMP Intravenous Artesunic Acid	Ongoing

# Networking Grants

**Grantee** Dr Colebunders, Institute of Tropical Medicine, Antwerp, Belgium  
**Title** Workshop on Tuberculosis Immune Reactivation Inflammatory Syndrome (TB IRIS)  
**Budget** €19,450  
**Location** Kampala (Uganda)  
**Status** Completed

**Grantee** Prof. Hill, Liverpool School of Tropical Medicine, Liverpool, UK  
**Title** A north-south working group to support the design integrated research proposals for malaria in pregnancy  
**Budget** €21,000  
**Location** Liverpool (UK)  
**Status** Completed

**Grantee** Prof. Temmerman, University of Ghent, Belgium  
**Title** 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  
**Budget** €100,000  
**Location** Mombasa (Kenya), Muraz (Burkina Faso)  
**Status** Completed

**Grantee** Dr Navia, Fundació Clínic per a la Recerca Biomèdica, Spain  
**Title** Ifakara-Lambarene-Manhiça Partnership  
**Budget** €99,000  
**Location** Ifakara (Tanzania), Manhiça (Mozambique), Lamberene (Gabon)  
**Status** Completed

**Grantee** Dr Jindani, St George's Medical College, London, UK  
**Title** 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.  
**Budget** €30,000  
**Location** Durban (South Africa)  
**Status** Completed

**Grantee** Dr McCormack, Medical Research Council, UK  
**Title** 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.  
**Budget** €30,000  
**Location** London (UK)  
**Status** Completed

**Grantee** Dr Kyabaynze, Regional Center for Quality of Health Care (RCQHC), Kampala, Uganda  
**Title** KIDS-ART-LINC: network of clinical centres treating HIV-infected children with antiretroviral therapy in Africa to inform public health care and treatment programs  
**Budget** €30,000  
**Location** Cape Town (South Africa)  
**Status** Completed

**Grantee** Dr Merry, Trinity College, Dublin, Ireland  
**Title** Networking of European and sub-Saharan African research and capacity building in pharmacology  
**Budget** €32,770  
**Location** Kampala (Uganda)  
**Status** Completed

**Grantee** Dr Aseffa, Armauer Hansen Research Institute (AHRI), Addis Ababa, Ethiopia  
**Title** Strengthening the National Tuberculosis Research Network in Ethiopia  
**Budget** €26,150  
**Location** Addis Ababa (Ethiopia)  
**Status** Completed

**Grantee** Prof. Hall, London School of Hygiene and Tropical Medicine  
**Title** Masters courses in clinical trials for sub-Saharan Africa  
**Budget** €370,000  
**Location** London (UK), Ouagadougou (Burkina Faso), Accra (Ghana)  
**Status** Continuous

## Ethics courses and seminars

Grantee University of Stellenbosch (Moodley)  
 Title Enhancing research ethics capacity and compliance in Africa  
 Budget € 69,926  
 Location South Africa  
 Status Ongoing

Grantee Africa Malaria Network Trust AMANET (Kilama)  
 Title Creating web-based research training courses in biomedical research ethics for Africans  
 Budget € 99,800  
 Location Tanzania  
 Status First phase completed

Grantee Cardiff University (Holm)  
 Title Developing a distance learning research ethics course for East Africa  
 Budget € 94,800  
 Location United Kingdom  
 Status Ongoing

Grantee Institut de Droit de la Santé (Sprumont)  
 Title Training and resources in research ethics evaluation for Africa (TRREE for Africa)  
 Budget € 98,700  
 Location France  
 Status Ongoing

Grantee Vienna School of Clinical Research VSCR (Janko)  
 Title Training on ethical aspects of clinical research for members of African national ethics committees and for African physicians/investigators  
 Budget € 100,000  
 Location Austria  
 Status Ongoing

Grantee University of Malawi (Ndebele / Bengo)  
 Title Proposal for building and strengthening national capacities in ethical review and clinical trial monitoring  
 Budget € 98,123  
 Location Malawi  
 Status Ongoing

Grantee Medical Research Council, Zimbabwe MRCZb&c (Munyati)  
 Title Proposal for building national capacities in health research Ethics, ethical review and clinical trial monitoring in Zimbabwe  
 Budget € 98,700  
 Location Zimbabwe  
 Status Ongoing

Grantee Nigerian Institute for Medical Research NIMR (Manafa)  
 Title Capacity strengthening of Nigerian researchers and ethics committee members on ethics  
 Budget € 78,00  
 Location Nigeria  
 Status Ongoing

Grantee University of Ibadan (Falusi)  
 Title Strengthening the capacity of research ethics committees in Africa  
 Budget € 49,957  
 Location Nigeria  
 Status Ongoing

Grantee	University of Malawi (Bengo)
Title	Proposal for building and strengthening national capacities in ethical review and clinical trial monitoring
Budget	€ 50,000
Location	Malawi
Status	Ongoing

Grantee	Makerere University (Sewankambo)
Title	Supporting research through enhancement of the IRB processes at Makerere Medical School
Budget	€ 50,048
Location	Uganda
Status	Ongoing

Grantee	Navrongo Health Research Centre (Hodgson)
Title	A proposal for strengthening capacity of six research ethics committees in Ghana
Budget	€ 33,178
Location	Ghana
Status	Completed

Grantee	Pan African Bio-Ethics Initiative PABIN (Aseffa)
Title	Establishment of a regional ethics coordinating office
Budget	€ 60,659
Location	Ethiopia
Status	Project funding stopped following PB recommendation

## Training awards

By the end of 2008, a number of 99 training awards were granted. EDCTP training awards include Masters (MSc), PhD and Career Development fellowship (now renamed as post doctoral) awards. After the introduction of Integrated Projects - which include training awards such as MSc, PhD and post doctoral awards - as a grants scheme, a significant number of these awards are now part of integrated projects. These are thus not included in the tables below.

### Senior Fellowships

Grantee	Dr Abraham Alabi
Title	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
Budget	€ 300,000
Location	Gambia
Status	Completed

Grantee	Dr Alexis Nzila
Title	Understanding the mechanism of piperazine resistance
Budget	€ 300,000
Location	Kenya
Status	Completed

Grantee	Dr Willem Hanekom
Title	BCG-induced immune correlates of protection against tuberculosis
Budget	€ 300,000
Location	South Africa
Status	Completed

Grantee	Prof. Maowia Mukthar
Title	The burden of tuberculosis in eastern Sudan: Epidemiology and drug resistance patterns of Mycobacterium tuberculosis isolates
Budget	€ 197,505
Location	Sudan
Status	Completed

Grantee Dr Didier Koumavi Ekouevi  
 Title Preventing peri-partum transmission of HIV-1 in Africa: Truvada®-based alternatives to Single-Dose Nevirapine in the light of future treatment options.  
 Budget € 194,622  
 Location Ivory Coast  
 Status Completed

Grantee Dr Abdoulaye Djimde  
 Title Assessment of the Public Health Benefit of artemisinin based combination therapies for uncomplicated malaria treatment in Mali  
 Budget € 300,000  
 Location Mali  
 Status Ongoing

Grantee Dr Issa Nebie  
 Title Understanding the mechanisms underlying the difference in susceptibility to malaria in an area of hyperendemic malaria in Burkina Faso: The potential role of regulatory T cells  
 Budget € 199,013  
 Location Burkina Faso  
 Status Ongoing

Grantee Dr Davis Nwakanma  
 Title Evaluation and implementation of high throughput PCR-based method for diagnosis and measurement of *Plasmodium falciparum* parasitaemia in clinical trials.  
 Budget € 181,320  
 Location The Gambia  
 Status Ongoing

Grantee Dr Ambrose Talisuna  
 Title 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  
 Budget € 199,440  
 Location Uganda  
 Status Ongoing

Grantee Dr Badara Cisse  
 Title Implementation of Seasonal Intermittent Preventive Treatment with Community Participation in Senegal  
 Budget € 198,242  
 Location Senegal  
 Status Ongoing

### Career Development Fellowships

Grantee Dr Jennifer Serwanga  
 Title Patterns of HIV-1 specific CD8+ T cell epitope recognition determining plasma viral load trajectory and set point following HIV-1 infection  
 Budget € 99,095  
 Location Uganda  
 Status Ongoing

Grantee Dr Carole Eboumbou Moukoko  
 Title Identification of *Plasmodium falciparum* parasite virulence markers for the evaluation of the impact of malaria control intervention according to the local parasite populations  
 Budget € 100,000  
 Location Cameroon  
 Status Ongoing

Grantee Dr Esperanca Sevene  
 Title Intensive safety monitoring of antimalarial and antiretroviral drugs in pregnancy  
 Budget € 97,524  
 Location Mozambique  
 Status Ongoing

Grantee Dr Molebogeng Rangaka  
 Title Immunological investigation of the HIV-tuberculosis associated immune reconstitution  
 Budget € 87,960  
 Location South Africa  
 Status Ongoing



## PhD Scholarships

Grantee **Louis Marie Yindom**  
 Title 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  
 Budget €75,000  
 Location Gambia  
 Status Ongoing

Grantee **Bornwell Sikateyo**  
 Title An assessment of the understanding of the informed consent process by participants in microbicide intervention trials in Zambia  
 Budget €99,000  
 Location Zambia  
 Status Ongoing

Grantee **Thuli Mthiyane**  
 Title Reconstitution of TB antigen specific IFN- $\gamma$  responses in TB-HIV co-infected participants  
 Budget €32,640  
 Location South Africa  
 Status Ongoing

Grantee **Getnet Yimer Ali**  
 Title Anti tuberculosis-anti retroviral drugs induced Hepatotoxicity and interaction of these drugs at the level of CYP 450 metabolism  
 Budget €75,000  
 Location Ethiopia  
 Status Ongoing

Grantee **Charles Arama**  
 Title Host immunogenetic factors involved in the susceptibility to malaria in sympatric ethnic groups (Dogon and Fulani) in Mali  
 Budget €75,000  
 Location Mali  
 Status Ongoing

Grantee **Leah Mwai**  
 Title Understanding the mechanism of resistance to lumefantrine by *Plasmodium falciparum*  
 Budget €75,000  
 Location Kenya  
 Status Ongoing

Grantee **Janha Ramatoulie**  
 Title Investigating the effects of inactive CYP2C19 alleles on chlorproguanil pharmacokinetics in adults and in children with mild malaria following Lapdap® treatment  
 Budget €75,000  
 Location Gambia  
 Status Ongoing

## MSc studentships

<b>Title</b>	Studentships for MSc in clinical trials at the LSHTM	
<b>Grantee</b>	Mr Alasan Jobe	<b>Grantee</b> Dr Alex Muturi
<b>Budget</b>	€ 21,000	<b>Budget</b> € 13,522
<b>Location</b>	The Gambia	<b>Location</b> KEMRI-Wellcome Trust Research Laboratories, Kilifi / Kenya
<b>Status</b>	Completed	<b>Status</b> Ongoing
<b>Grantee</b>	Sunny Oyakhirome	<b>Grantee</b> Dr Kenneth Ngire
<b>Budget</b>	€ 21,000	<b>Budget</b> € 13,522
<b>Location</b>	Albert Schweitzer Hospital / Gabon	<b>Location</b> Institute of Tropical and Infectious Diseases, University of Nairobi / Kenya
<b>Status</b>	Ongoing	<b>Status</b> Ongoing
<b>Grantee</b>	Dr Abimbola Aiku	<b>Grantee</b> Dr Ekwaro Obuku
<b>Budget</b>	€ 13,522	<b>Budget</b> € 13,522
<b>Location</b>	University of Ibadan / Nigeria	<b>Location</b> Infectious Disease Institute, Makerere, Mulago Hospital / Uganda
<b>Status</b>	Ongoing	<b>Status</b> Ongoing
<b>Grantee</b>	Dr Solomon Mensah Amemasor	<b>Grantee</b> Dr Aderonke Odutola
<b>Budget</b>	€ 13,522	<b>Budget</b> € 13,522
<b>Location</b>	Agogo Presbyterian Hospital and Kumasi Centre for Collaborative Research, Kwame Nkrumah University of Science and Technology College of Health Sciences / Ghana	<b>Location</b> Medical Research Council / Gambia
<b>Status</b>	Ongoing	<b>Status</b> Ongoing
<b>Grantee</b>	Dr Patrick Ansa	<b>Grantee</b> Dr Dismas Collins Odhiambo Oketch
<b>Budget</b>	€ 13,522	<b>Budget</b> € 13,522
<b>Location</b>	Navrongo Health Research Centre / Ghana	<b>Location</b> US Army Medical Research Unit, Kenya, Walter Reed Project / Kenya
<b>Status</b>	Ongoing	<b>Status</b> Ongoing
<b>Grantee</b>	Dr Maureen Chileshe Chisembele	<b>Grantee</b> Dr Zablon Omungo
<b>Budget</b>	€ 13,522	<b>Budget</b> € 13,522
<b>Location</b>	Ministry of Health / Zambia	<b>Location</b> Family Health International / Kenya
<b>Status</b>	Ongoing	<b>Status</b> Ongoing
<b>Grantee</b>	Dr Cordelia Mboijana Katureebe	<b>Grantee</b> Ms Eleanor Turyakira
<b>Budget</b>	€ 13,522	<b>Budget</b> € 13,522
<b>Location</b>	AIDS Relief Programme, Institute of Human Virology, Makerere University Collaborative Programme / Uganda	<b>Location</b> MSF-Epicentre (Part of Mbarara University of Science and Technology) / Uganda
<b>Status</b>	Ongoing	<b>Status</b> Ongoing
<b>Grantee</b>	Mr Rashika Maharaj	<b>Grantee</b> Dr Valentine Veena
<b>Budget</b>	€ 13,522	<b>Budget</b> € 13,522
<b>Location</b>	Medical Research Council SA, HIV Prevention Research Unit / South Africa	<b>Location</b> Family Health International / Kenya
<b>Status</b>	Ongoing	<b>Status</b> Ongoing

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