

## Focus on Projects (continued from page 4)

### EARNEST trial results published

The EDCTP-funded EARNEST trial has shown that the combination of a boosted protease inhibitor (lopinavir) with two nucleoside reverse-transcriptase inhibitors (NRTIs) is a feasible second-line therapy for HIV patients in Africa. The results of the trial, coordinated by Prof. Peter Mugenyi (Joint Clinical Research Centre, Uganda) and Prof. Nick Paton (UK Medical Research), were published in the *New England Journal of Medicine* on 16 July 2014.

The Europe-Africa Research Network for Evaluation of Second Line Therapy (EARNEST) trial compared several boosted protease inhibitor-containing second-line regimens in patients in five African countries. The 3-arm, open label randomised trial, the largest ever study of second-line therapy conducted in sub-Saharan Africa, recruited a total of 1277 HIV-infected adults and adolescents who failed first-line treatment. They received randomised ritonavir-boosted protease inhibitor (lopinavir-ritonavir) plus

clinician-selected NRTIs (NRTI group, 426 patients), a protease inhibitor plus raltegravir in a superiority comparison (raltegravir group, 433 patients), or protease-inhibitor monotherapy after 12 weeks of induction therapy with raltegravir in a non-inferiority comparison (monotherapy group, 418 patients). Good HIV disease control was achieved in 60% of the patients (255 patients) in the NRTI group, 64% of the patients (277 patients) in the raltegravir group and 55% of the patients (232 patients) in the monotherapy group. Similar proportions of patients ( $\geq 90\%$ ) in the three study groups were alive at week 96.

The EARNEST trial demonstrated that the WHO-recommended regimen of a boosted protease inhibitor (in this case, lopinavir) combined with two NRTIs is effective and has an acceptable safety profile, with a 90% rate of survival free of WHO stage 4 events and an 86% rate of virologic suppression ( $<400$  copies per milliliter) at

96 weeks. Importantly, the trial showed that combining a boosted protease inhibitor with raltegravir, a heat-stable integrase inhibitor, to create a second-line regimen with two completely new drug classes was not superior to NRTIs. This regimen is significantly more expensive and therefore not suitable as a standard second-line regimen for large-scale use in low income settings.

The EARNEST trial involved 14 clinical trials centres in Kenya, Malawi, Uganda, Zambia and Zimbabwe. The trial was mainly funded by EDCTP and cofunded by Carlos III Health Institute (Spain); Department for International Development (United Kingdom); Department of Foreign Affairs (Ireland); Istituto Superiore di Sanità (Italy); Medical Research Council UK; Merck & Co. Inc (United Kingdom); Prince Leopold Institute of Tropical Medicine (Belgium), and the Swedish International Development Cooperation Agency (Sweden).

## Meetings

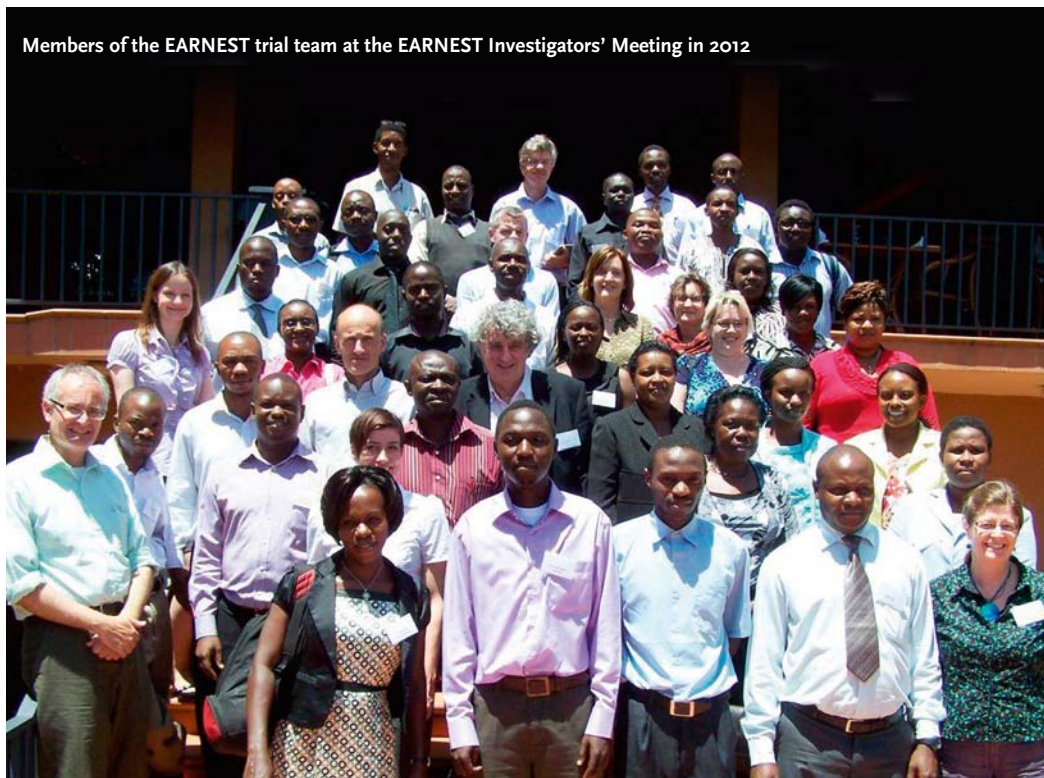
### Networking for EDCTP2

Dr Gabrielle Breugelmans, EDCTP North-North Networking Manager, presented EDCTP2 at the 11<sup>th</sup> Annual Conference of the Baltic Network Against Life-threatening Viral Infections in Vilnius, Lithuania from 24-27 April 2014. She explained that EDCTP2 offers researchers from the Baltic region excellent opportunities to participate in large international clinical research consortia, and to network with other European as well as sub-Saharan African countries, major pharmaceutical companies and other public and private funders.

Dr Ole Olesen, Director of North-North Cooperation, held presentations about EDCTP2 and the new opportunities for clinical trials on neglected infectious diseases at the Conference on Drug Discovery and Development of the International Society for Neglected Tropical Diseases on 15 May 2014. The meeting brought together drug discovery and clinical trials experts to debate and foster new partnerships and alliances that can lead to tangible outcomes to combat these diseases.

On 12 June 2014, Dr Olesen presented EDCTP2's new opportunities for clinical research in poverty-related and neglected infectious diseases at the Global Health Policy Forum in Brussels. Hosted by the European Commission, the Global Health Policy Forum provides an open dialogue between the Commission Services and key stakeholders to strengthen the EU's voice in global health. The event brought together Commission Director-Generals, the European External Action Service, the Member States, third country representatives, non-government organisations, industry representatives, as well as representatives of international organisations to exchange views on various topics in global health and maximise synergies between the different actors.

Members of the EARNEST trial team at the EARNEST Investigators' Meeting in 2012



## DWS Parliamentary Roundtable on EDCTP2 in Berlin

On 3 July 2014, DSW (Deutsche Stiftung Weltbevölkerung) which actively advocated for the second EDCTP programme and the inclusion of neglected infectious disease in its scope, organised a parliamentary roundtable on EDCTP in the German Parliament in Berlin. The lunch meeting was hosted by Members of Parliament Anette Hübinger and Dr Claudia Lücking-Michel (both CDU/CSU). Speakers included Dr Katrin Gerlinger (Office of Technology Assessment at the German Parliament), Prof. Charles Mgone (EDCTP), and Dr Odile Leroy (European Vaccine Initiative). Representatives of many partner organisations contributed to the discussion, including the German Ministry of Education and Research, PATH MVI, the Bill & Melinda Gates Foundation, Aeras, FIND, and MSF. The lively meeting was chaired by Katharina Scheffler, Advocacy Officer at DSW. The meeting offered two clear messages. First, EDCTP will need not only in-kind contributions from its Participating States but also cash contributions to be able to fund large clinical trials and



to continue to develop necessary research capacity in Africa. Secondly, it is necessary to establish collaboration between research capacity development and general development cooperation initiatives.

## EDCTP visit to Uganda

EDCTP visits to research centres focus on countries where substantial financial investments have been made. EDCTP funding to projects in Uganda has increased between 2004 and 2013 amounting to a total of € 16 million. The EDCTP team, comprising Mr Abdoulie Barry, Director of Finance and Administration, Dr Ole Olesen, North-North Cooperation Director and Dr Thomas Nyirenda, South-South Networking and Capacity Development Manager, visited selected EDCTP-funded projects in Uganda from 19 to 23 May 2014.

Six centres involving 19 EDCTP-funded projects were visited, including institutions at Makerere University (Baylor College of Medicine Children's Foundation, Infectious Diseases Institute, University of Makerere TB Unit and the Makerere University-Johns Hopkins University Collaboration Centre), the Joint Clinical Research Centre in Kampala and the Uganda Virus Research Institute in Entebbe.

## EVI workshop on vaccine development

Jean Marie Habarugira, EDCTP Project Officer, participated in a workshop on clinical development of a vaccine against placental malaria, organised by the European Vaccine Initiative (EVI) and held in Paris, France on 24 April. Research has shown that placental malaria is caused by *P. falciparum*-infected erythrocytes. Women acquire antibodies against var2CSA, a protein expressed by placental parasites, developing a certain resistance to placental malaria with successive pregnancies. Researchers of the University of Copenhagen and the French

Institut National de Transfusion Sanguine (INTS) have been working separately on the var2CSA antigen, with the aim of developing a functional vaccine which can protect pregnant women against malaria.

The workshop brought representatives of the malaria vaccine research community together in order to discuss the var2CSA clinical development strategy, based on a number of preferred product characteristics. A full report with recommendations will be produced by EVI.

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## Note from the Executive Director

This is a very busy time at the EDCTP Secretariat as we are moving towards the start of the EDCTP2 programme. As mentioned many times previously, the new programme will be more ambitious and differ from the first in several ways. For a start, EDCTP will not be a grantee of the European Union, but assigned to carry out its functions through a delegation agreement. This among other things will require having an *ex ante* assessment which will commence on the 18 August 2014. This assessment will

determine the Secretariat's suitability and fit for purpose to deliver the new programme. Along with this, as mentioned in this issue, EDCTP is finalising an annual work plan, which will detail the programme activities including calls for proposals. Once the annual work plan is approved and the delegation agreement signed, the new programme would be ready to roll out. It is envisaged that this will take place in autumn and the official high-level launch on 2 December 2014 in Cape Town, South Africa.



Among the new outlook is the change in the governance legal structure from the European Economic Interest Group(ing) – EEIG – to the EDCTP Association under the Dutch law. This has enabled non-European Union countries that participate in the Horizon 2020 programme and sub-Saharan countries to be full members and to be directly represented in the General Assembly, the policy-making body of EDCTP. This is a big milestone and great accomplishment. It is our expectation that by joining EDCTP Association as active members, African governments will increase their political and financial commitment in the fight against diseases of poverty. We therefore look forward with great anticipation to the new era that is about to unfold.

Charles S. Mgone

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## Annual Report 2013

The Annual Report 2013 is available in English, French and Portuguese (PDF). The interactive version also gives access to the complete financial statements and an updated overview of all EDCTP-funded projects as of 31 December 2013.

Please visit [www.edctp.org/annualreport2013](http://www.edctp.org/annualreport2013) to download the EDCTP Annual Report 2013.



## EDCTP Forum

The Seventh EDCTP Forum took place in Berlin, Germany from 30 June to 2 July 2014 at the Maritim proArte Hotel. The Forum was officially opened by Dr Renate Loskill from the Germany's Federal Ministry for Education and Research. The conference was attended by 359 participants from 43 countries, mainly from Africa and Europe. These included scientific and health care communities, policymakers, regulators, product development partners, research and health funding organisations and

foundations, private sector alliances, government representatives and non-governmental organisations.

The Forum programme consisted of 120 oral presentations comprising a wide range of topics including: clinical research on HIV/AIDS, tuberculosis and malaria; interactions of these three diseases with neglected infectious diseases; cross-cutting topics on health capacity development and networking, policy, ethics and regulatory

affairs. The majority of the presentations were by researchers involved in EDCTP-funded projects.

Professor Charles Mgone introduced the Forum theme '*The partnership journey: new horizons for better health*'. His presentation took a reflective approach by looking back at developments and what lessons have been learnt. Many barriers had to be overcome to achieve true partnership with sub-Saharan Africa. Trust had to be built, and this takes time.

Keynotes addresses were also delivered on recent advances in HIV/AIDS (Prof. Gita Ramjee), tuberculosis (Dr Ann Ginsberg), malaria (Prof. Pedro Alonso), and neglected infectious diseases (Prof. John Gyapong) as well as on health services optimisation research (Prof. Shabbar Jaffar). A full report on the Forum proceedings will be published in November 2014.

For more information and to download the Forum abstract book and presentations, please visit [www.edctpforum.org](http://www.edctpforum.org).



## Towards EDCTP2

### European Union approval of EDCTP2

On 5 May 2014, the Council of the European Union in its meeting on Economic and Financial Affairs (ECOFIN) approved the participation of the European Union in the second EDCTP programme in accordance with the proposal approved by the European Parliament on 15 April 2014. The second programme received a budget of € 683 million for the programme period in order to support all stages of clinical trials, from phase I to IV, on HIV/AIDS, tuberculosis, malaria and neglected infectious diseases.

Dr Mark Palmer, Chairperson of the EDCTP General Assembly, said that the participating countries welcomed the approval and were excited as this would create new opportunities for research to tackle a very significant health burden on sub-Saharan Africa. Prof. Charles Mgone, EDCTP Executive Director, said that the approval underpinned the EU's commitment to fight diseases of poverty in partnership with sub-Saharan African countries.

#### Scope of EDCTP2

The second EDCTP programme will strongly contribute to the

overall European-African partnership. It will continue to support the clinical development of new or improved diagnostics, drugs, vaccines and microbicides against HIV/AIDS, tuberculosis and malaria. Importantly, EDCTP2 will also support studies on neglected infectious diseases.

All stages of clinical trials will be supported, from phase I to IV, though the main focus will be on phase II and III clinical trials. The geographical focus of EDCTP2's activities will remain on sub-Saharan Africa,

although collaborative research with other developing countries outside sub-Saharan Africa could be envisioned when possible and desirable.

EDCTP will continue to promote and support: multicentre projects that combine clinical trials, capacity building and networking; capacity development for clinical trials and clinical research in sub-Saharan countries; closer collaboration with industry, like-minded product development partners and funding or development agencies.

### EDCTP Association

The EDCTP Association was established in The Hague, the Netherlands on 10 April 2014. Dr Mark Palmer, Chairperson of the EDCTP General Assembly and representing the United Kingdom, and Dr Guillaume Fusai, representing France, signed the incorporation papers. The EDCTP Association is the dedicated implementation structure for the second programme. EDCTP changed its structure from a European Economic Interest Grouping (EEIG) to an Association under Dutch law in order to enable sub-Saharan countries to become members of EDCTP, together with all countries associated to Horizon 2020, the EU Framework Programme for Research and Innovation.

On 6 May, eight African and eight European countries formalised their participation in the second EDCTP programme as their representatives signed the documents of the EDCTP Association. This direct and full participation of African countries in the governance and the execution of the programme is a historic step for the African and European partnership to fight poverty-related and neglected infectious diseases. All Participating States have

voting rights in the EDCTP General Assembly, the decision-making body of EDCTP.

As all clinical trial activities supported by the EDCTP programme take place in Africa, it is of crucial importance for EDCTP to have a governance and management structure in place that respects and practically implements African co-ownership. Moreover, this approach recognises the

considerable input from sub-Saharan African institutions, communities and ministries to EDCTP activities. It also recognises the ultimate authority over these activities of the governments that represent the populations which take part in the research and who should benefit from its results.

Professor Charles S. Mgone, EDCTP Executive Director commented: "Granting full

membership of EDCTP to African countries opens a new chapter in the partnership. It will certainly enhance co-ownership of the programme and increase political and financial commitment".

The eight African countries that individually became members of the partnership are: Cameroon, Congo, Ghana, Mozambique, Senegal, South Africa, Tanzania, and Uganda. Others might follow shortly. Care will be taken to ensure that the voices of countries that are not directly represented will also be heard, for example through collective participation by a group of African countries. Additionally, the African Union and World Health Organisation African Region, have representatives in the General Assembly with observer status. Professor John Gyapong, Pro-Vice-Chancellor, University of Ghana and representative of Ghana in the EDCTP Association: "This is a great opportunity for African countries to participate in a laudable initiative. Now, as full members, African countries can participate actively in advancing our knowledge to curb the poverty-related and neglected infectious diseases that plague most sub-Saharan African countries."



## Delegation agreement and work plans 2014-2015

With the second programme now approved, the next step will consist of the finalising and signing of the delegation agreement between the European Commission and the new EDCTP implementation structure. Part of the implementation of EDCTP2 will be the publication of annual work plans. The work plan is the operational document of the second EDCTP programme, and will include information about activities funded by EDCTP and its Participating States, including Calls for Proposals. The first work plan will cover the initial two years of the second EDCTP programme (2014-2015), in order to align with the EC work programmes for Horizon 2020. It is anticipated that the Calls for Proposals, included in the work plan for 2014-2015, will address broad topics in clinical research as well as offer various capacity development and networking activities.



Mr José Manuel Barroso, President of the European Commission, and Dr Pascoal Mocumbi met in Brussels in 2007

## EDCTP Governance

### General Assembly



From left to right: Prof. John Gyapong, Prof. Francine Ntoumi, Dr Stefano Vella, Dr Mark Palmer, Prof. Charles Mgone and Dr Detlef Böcking

The EDCTP General Assembly (GA) convened for its regular meeting on 5-6 May 2014. It discussed among other topics the Annual Report for 2013, the work plans for 2014-2015 and the commencement of the second programme including membership of the participating states. Most importantly, representatives of several African countries joined the meeting to finalise the procedure for full membership

of these countries and took part in the deliberations on EDCTP2.

The GA selected the members of the Board of the EDCTP Association: Dr Mark Palmer (United Kingdom, Chairperson), Dr Detlef Böcking (Germany, vice-Chair), Dr Stefano Vella (Italy, vice-Chair), Prof. John Gyapong (Ghana), and Prof. Francine Ntoumi (Congo).

The GA approved the financial statements and annual report for 2013. It approved the awarding of grants to eight applicants (primary supervisors) for the Master's Fellowship in Epidemiology and Medical Statistics. It was also agreed that the African launch event for EDCTP2 should take place in Cape Town, South Africa, on 2 December 2014.

### Dr Pascoal Mocumbi takes leave as High Representative

With the end of the first programme nearing, Dr Pascoal Mocumbi has taken his leave as the High Representative of EDCTP. Dr Mocumbi, Prime Minister of Mozambique from 1994 to 2004, joined EDCTP in March 2004. As the EDCTP High

Representative, he has played an important role in raising the profile of EDCTP, particularly with African governments.

Professor Charles S. Mgone, EDCTP Executive Director, expressed his gratitude for Dr Mocumbi's contribution to the Partnership: "We are extremely grateful for the tremendous work done by Dr Mocumbi in advocating for the EDCTP programme globally and especially in sub-Saharan Africa. He opened doors for EDCTP in countless ways over the last decade."

During his tenure as High Representative, Dr Mocumbi was engaged in many international meetings with high-level representatives from Africa and Europe, including a meeting with the President of the European Commission, José Manuel Barroso, and other stakeholders to discuss current and future challenges related to HIV/AIDS,

tuberculosis and malaria. In 2011, he represented EDCTP at the Senior Officers of the EU-AU Meeting (SOM EU-AU) dialogue. Most recently, he addressed the High-Level Meetings on the second EDCTP programme in Cape Town, South Africa (2012), and in Dakar, Senegal (2013).

On 6 May 2014, Dr Mocumbi commented: "I am very glad and proud to have been part of EDCTP. Today, the approval of EDCTP2 and African countries joining the EDCTP Association as full members is wonderful. It creates great opportunities for African research institutions with the support of their governments. This is important. Africa is no longer a place that only provides volunteers for clinical trials. EDCTP's contribution has made a difference, after a decade there is not just a few but hundreds of African researchers adequately equipped to conduct or coordinate clinical trials."



## EDCTP-Plus

### EDCTP Stakeholder Meeting on Capacity Development

A Stakeholder Meeting on Capacity Development was held in Berlin, Germany on 3 July 2014. The objective of the meeting was to identify current and emerging capacity development gaps in order to inform the development of the strategy and operational plans of the second EDCTP programme. The 95 participants included researchers from academic and research institutions, representatives of product development partnerships and pharmaceutical industries, policymakers, funding agencies and other like-minded organisations. Among the topics discussed were: EDCTP's integrated approach for capacity development in clinical trials projects; the regional Networks of Excellence; and development of African scientific leadership through different fellowship schemes.

In his keynote speech Prof. Fred Binka, Vice Chancellor of the University of Health and Allied Sciences, Ghana, presented a comprehensive overview of the current state of capacity development in Africa in which he stressed the need for further research capacity in Africa. From the meeting, one key message became already apparent: the need to align policies for research capacity development and general development aid. A full report of the meeting will be published in November 2014, presenting recommendations on priority capacity development areas and implementation approaches, as well as proposals for possible funding partnerships as part of joint activities under the second EDCTP programme.

## Focus on Projects

### SAREN project: publication of guidebook on research ethics review

The EDCTP-funded SAREN project (South African Research Ethics Network) launched at the Seventh EDCTP Forum in Berlin the first guidebook on research ethics review written by African authors. The SAREN project, led by Dr Mariana Kruger and Dr Lyn Horn (Stellenbosch University, South Africa), aimed to develop a research ethics resource for African research ethics committees (RECs) to further assist in strengthening research ethics capacity. The book *Research ethics in Africa: A resource for Research Ethics committees* has four parts: part I provides an overview of the historical development and current situation of research ethics review in Africa; part II addresses the actual functioning of RECs with suggested review guidelines; part III focuses on specific topics of interest from an African perspective; and part IV provides useful resources including educational resources.



### CHAPAS-3: preliminary results presented

CHAPAS-3 (Children with HIV 1 in Africa, Pharmacokinetics and Adherence/Acceptability of Simple Antiretroviral Regimens) evaluated options for first-line fixed-dose antiretroviral therapy (ART) in children. Dr Veronica Mulenga (University Teaching Hospital, Zambia), CHAPAS-3 project coordinator, presented the preliminary results of this EDCTP-funded trial at the Seventh EDCTP Forum in Berlin.

CHAPAS-3 was an open-label randomised phase II/III trial conducted in Zambia and Uganda to evaluate new solid, dispersible scored antiretroviral fixed-dose combination and single drugs in African children. The trial compared the pharmacokinetics, toxicity, acceptability, adherence, efficacy and cost-effectiveness of three first-line antiretroviral regimens in children aged one month to 13 years who were previously untreated (ARV naïve) or who had undetectable viral loads (VL) and were receiving stavudine (d4T)-based first-line ART. Two newer fixed-dose combinations of ABC (abacavir) +3TC+NVP/

EFZ (efavirenz) and ZDV (zidovudine) +3TC+ NVP/EFZ were compared to the main available fixed-dose combination (Triomune) containing stavudine (d4T+3TC+NVP), which was evaluated in the EDCTP-funded CHAPAS-1 trial. The study drugs were donated byCIPLA Pharmaceuticals, India.

Recruitment of 478 children took place between November 2010 and December 2011. A total of 365 ART-naïve children were randomised to d4T (123), ZDV (112) or ABC (130) within double or triple fixed-dose combinations. An additional 113 ART-experienced children on d4T-containing ART for median 3.5 years were randomised to continue d4T (33) or substitute ZDV (46) or ABC (34). In total, 353 children (74%) received NVP and 125 (26%) efavirenz. The primary endpoint was grade 2/3/4 clinical or grade 3/4 laboratory adverse events, adjudicated by blinded endpoint review. VL was measured retrospectively on stored samples at weeks 0, 48 and 96. Skinfold thickness was measured every six

months. Retention was 91% at the trial end.

The trial results showed that the three fixed-dose combinations had low toxicity, were well tolerated and demonstrated high viral load suppression in young, treatment-naïve children and the treatment-experience children, who maintained the suppressed VL. Anaemia and lipodystrophy were rare. There were no significant differences in the primary endpoint between the three arms. The investigators conclude that priority must now be given to early identification and treatment of HIV-infected children, using the available regimens.

The slides of the CHAPAS-3 trial presentation at the Forum are available at [www.edctpforum.org](http://www.edctpforum.org).