EDCTP

The power of sharing science

Report on

EDCTP3/Global Health Programme African consultation

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Contents

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- An independent consultant, Dr Michael Khan, analysed the survey results and compiled the report.
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1 Executive summary

On May 5, 2020, member states of the African Union and relevant stakeholders, including grantees and scientific advisors outside Africa, were invited to participate in an online survey about the future orientation of the European & Developing Countries Clinical Trials Partnership (EDCTP).

A short, user-friendly instrument of 25 items, was developed and disseminated by the government of South Africa.

A total of 161 people accepted to participate in the survey, but only 150 completed the online survey form. Responses were received from 26 countries in Africa, 12 countries in Europe and one in America.

Among the 130 participants who responded to the question about expertise in global health research, 59 indicated expertise in Epidemiology, 59 in Clinical trials, 58 in Public health, and 49 in Biomedical research.

Political will and awareness through education were perceived as the most important drivers for advancing Universal Health Coverage (UHC) in Africa.

Among the 115 participants that responded to the question about the benefit of EDCTP association membership, 89 (77.4%) considered membership to be beneficial to their countries.

'Mentorship programme for science writing' was ranked as most important by 42 (35.6%) of 118 responders addressing additional activities that could further facilitate the implementation of the current EDCTP2 programme. It was followed closely by *'simplification of the processing of calls'* which was given the highest rank by 38 responders (32.2%). Most of the responders (74.8%) thought specific calls for female scientists was the most important driver for gender equity in health research in sub-Saharan Africa.

Increasing the number of new or improved medical interventions for HIV/AIDS, tuberculosis, malaria and other poverty-related diseases, including neglected ones; and strengthening cooperation with sub-Saharan African countries, in particular on building their capacity for conducting and interpreting clinical trials, were identified as the two most important objectives of EDCTP2.

When asked about how EDCTP3/GHP can bring onboard countries that are not currently members of the EDCTP Association, 38.7% of 119 responders considered *'Demonstrate benefit for African countries with limited capacities for health research'* as the most important action, followed by *'Enhance South-South collaboration'* (29.4%) and *'Enhance EU-Africa collaborations to achieve UHC in all countries'* (25.2%). The same responders identified the critical role of regional entities like Africa Centres of Disease Control (Africa CDC) and World Health Organisation – Regional Office for Africa (WHO-AFRO), as the most important lesson learnt so far from COVID-19 pandemic. Examples cited of important regional entities, networks and consortia that have been important during the COVID-19 pandemic include all EDCTP Regional Networks of Excellence (WANETAM, EACCR, CANTAM, TESA), EDCTP-supported epidemic consortia (PANDORA-ID-NET and ALERRT), and all regional economic communities in the African region.

For EDCTP participating states to be fully committed to the future EDCTP3/GHP programme, *'contributing to the regional and global health research agenda'* was considered the most important factor.

An overwhelming majority (81.7%) of 115 responders indicated that EDCTP3/GHP can benefit from extending membership to the private sector, including industry and foundations. However, most of the responders thought it was a highly risky venture. The main risk identified is that relating to conflicts of interest and loss of control.

Surveying during the COVID-19 pandemic was timely as it allowed input on the relevance of working for the global good and the importance of south-south networking, coordinated by EDCTP Regional Networks of Excellence, regional economic communities and key institutions like Africa CDC and WHO-AFRO. However, the COVID-19 outbreak also posed some limitations to the outcome of the survey. With most people working from home during lockdowns, there was limited access to the internet. Administering the survey form in English, targeting responders in all AU member states, met some language barriers, especially in Central Africa, where most of the AU members have French as the official language.

2 Background

This Report on the Global Health Partnership online consultation forms part of the deliberations regarding the successor to the second programme of the European & Developing Countries Clinical Trials Partnership (EDCTP2).

During the last EU-AU High-Level Policy Dialogue on Science, Technology and Innovation (HLPD), held in Addis Ababa, Ethiopia in November 2019, senior officials called 'on all European and African Union Member States to consider the questions for reflection on the future orientation of the European & Developing Countries Clinical Trials Partnership (EDCTP) and proposed the convening of a consultation event'. The South African Department of Science and Innovation (DSI) offered to host the consultation. DSI and the EDCTP Secretariat duly set out to co-host a high-level consultative dialogue on EDCTP3/GHP, as part of the ongoing discussions and public consultation about the framework concerning the EDCTP2 successor programme.

The current EDCTP2 programme started in November 2014 and is expected to end in 2024. The proposed third EDCTP programme (EDCTP3/GHP) under Horizon Europe, the EU Framework Programme of Research and Innovation, is envisaged as a partnership between the European Union (EU), European countries and sub-Saharan Africa countries as well as other potential partners like private industry and foundations and other third countries. EDCTP3/GHP seeks to contribute to the United Nations global agenda for sustainable development, the sustainable development goals (SDG), by contributing to better health for all (SDG 3) and poverty reduction (SDG 1).

On 9 March 2020, the European Commission (EC) and the High Representative for Foreign Affairs and Security proposed the basis for a new strategy with Africa. In her address, the European Commission President Ursula von der Leyen said: *"Today's Strategy with Africa is the roadmap to move forward and bring our partnership to the next level. Africa is the European Union's natural partner and neighbour. Together we can build a more prosperous, more peaceful and more sustainable future for all."*

The renewed cooperation on the EU-Africa Global Health partnership (EDCTP3/GHP) proposed will build on the EDCTP2 programme, the public consultation launched in 2019 and the ongoing consultations with African partners, including the partners in global health security. The proposed EU-Africa Global Health Partnership (EDCTP3/GHP) will promote the development of diagnostics, medical devices, medicines, and vaccines to combat infectious diseases including those of epidemic potential and to improve national and global health security. This goal could not have been timelier given the COVID-19 pandemic that has clearly unveiled the research, human resources, infrastructure and coordination gaps on the Africa continent and globally.

It is noted that the first evaluation of EDCTP2 conducted in 2017 'positively assessed the EDCTP programme and acknowledged it as highly relevant as the challenges addressed by the EDCTP persist.'[1]

[1] https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/11907-EU-Africa-Global-Health-Partnership

3 Method

The consultative dialogue was to take the form of a workshop on 16 March 2020 at the Protea Breakwater Lodge, Cape Town, South Africa.

DSI, the EDCTP Africa Office and the Directorate General Research and Innovation (DG RTD) of the EC proceeded to organise the event to share views, and ideas, and to pave a way forward for the next programme.

Unfortunately, the COVID-19 pandemic led to the postponement of the event. Therefore, the consultative dialogue accordingly took the form of an online survey that was coordinated by the DSI in collaboration with the EDCTP Africa Office and the DG RTD of the EC. DSI, through a Project coordinator based at South African Medical Research Council (SAMRC), disseminated the instrument which was developed with assistance from the EDCTP secretariat. On 5 May 2020, invitations to participate in the survey were sent to member states in the African Union and strategic partners relevant to the EDCTP3/GHP programme.

The main objective of the online consultation is to explore the views of the sub-Saharan Africa States, the African Union, and other key stakeholders on how practically to galvanise Africa-EU cooperation in global health research and innovation. The consultation informs the scope and possible modalities of the EU-Africa GHP/EDCTP3.

A questionnaire with 25 **survey items** (**SI**) was developed and hosted on the survey monkey™ platform (see Appendix). The EDCTP Secretariat disseminated the instrument with the undertaking of confidentiality. Although the South African Protection of Personal Information Act was not mentioned, the associated legislation applies to the retention of personal information.

Aside from standard biodata (**SI 1-5**), fourteen items were completed by means of pre-assigned options of drop-down menus. **SI 17, SI 20, SI 24** and **SI 25** elicited free-text responses.

The free-text responses were examined, interpreted, coded, and then clustered thematically.

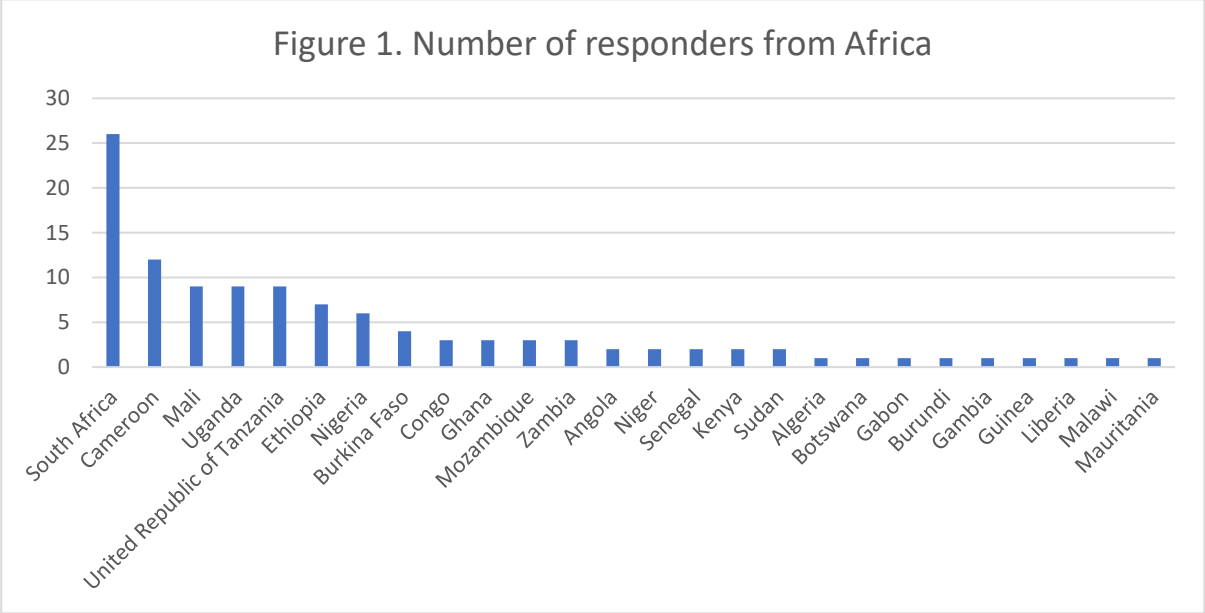
All interpretation was anonymised. The author had no access to the individual questionnaire returns.

4 Results

4.1 General response

A total of 161 people accepted to participate in the survey but only 150 people completed the online survey form. Responses were received from 26 countries in Africa, 12 countries in Europe and the United States of America. All African member countries of EDCTP Association, including Angola (an aspirant member), participated in the survey. Out of the total 150 who participated in the survey, 113 (75.3%) were from Africa, 34 (22.7%) from Europe and 3 (2%) from the USA. The number of responders per country in Africa is shown in Figure 1.

4.2 Responses from Africa



26 African countries participated in the survey, including 10 from West Africa, 5 from East Africa, 6 from southern Africa, 4 from Central Africa and 2 from North Africa, including Sudan. The highest number of responses (36) came from southern Africa, including 26 from South Africa. The total number of responses from Central, East, North and West Africa were 16, 29, 2 and 30 respectively.

Respondents from all 16 EDCTP African member states and the aspirant member state (Angola) participated in the survey. Two or more people participated from each of the 16 EDCTP participating states except for Gabon and Gambia which returned one response each. There were two responders from Angola.

Responders from African countries outside the EDCTP Association came from Algeria, Burundi, Botswana, Guinea, Liberia, Malawi, Mauritania and Sudan.

All responses associated with African countries were from African participants because **SI 1** specifically asked for the country of origin. More than 73% of the African responders were from public institutions. The number of participants from EDCTP African participating states (102) accounted for 68% of all responders (150). While it was not possible to associate responses with countries of origin in most cases, it is clear from the 115 people who provided written text in their

responses to **SI 24** and **SI 25** that the participants were overwhelmingly from Africa or promoters of the African interest.

The participants included 102 (68%) males, 46 (31%) females and two with unspecified gender.

4.3 Profiles of responders

Figure 2 shows responses for **SI 7** about the primary area of research expertise. Among the 130 participants who responded to **SI 7** about expertise in global health research, 59 indicated an expertise in Epidemiology, 59 in Clinical trials, 58 in Public health, and 49 in biomedical research. Expertise in Ethics was indicated by 25 people, followed by Policy (18), Data (12), Social Science (11) and Advocacy (7). The 'other responses' included research translation, product development and management. There was one response for Entomology.

Figure 2. Profiles of responders to SI7: What is your primary area of research expertise? (More than one can be selected)

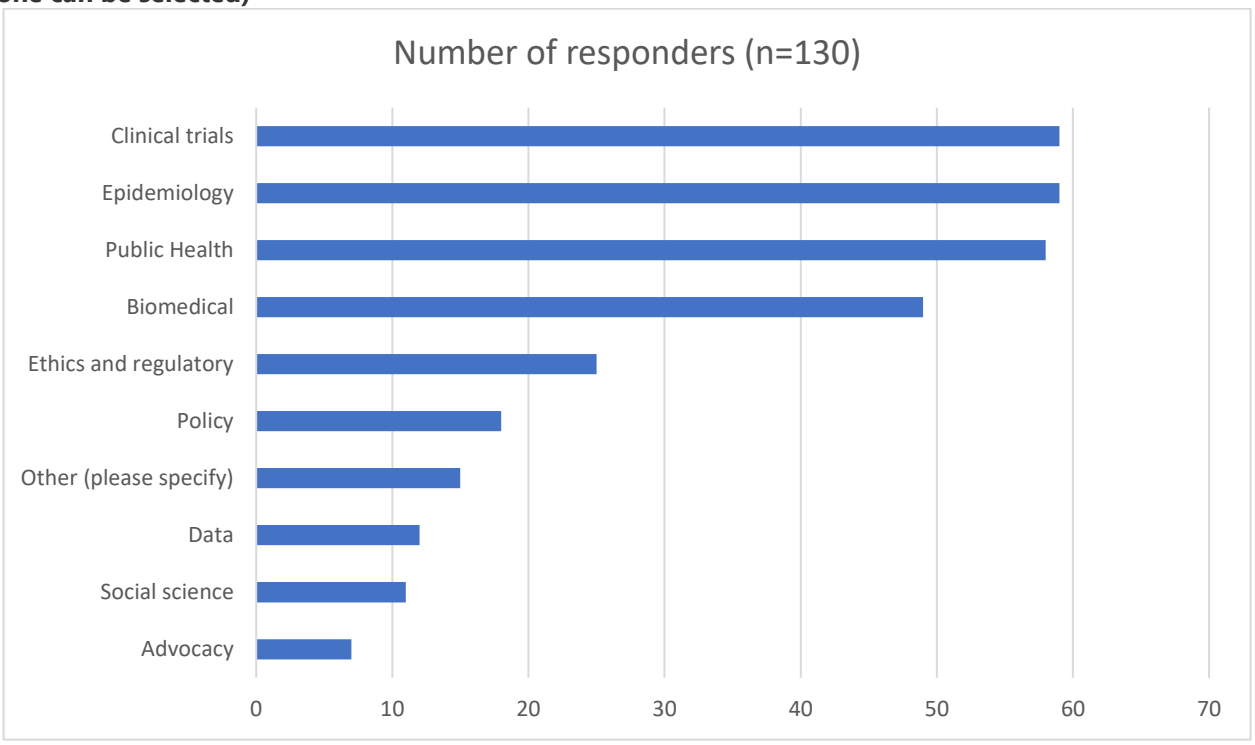
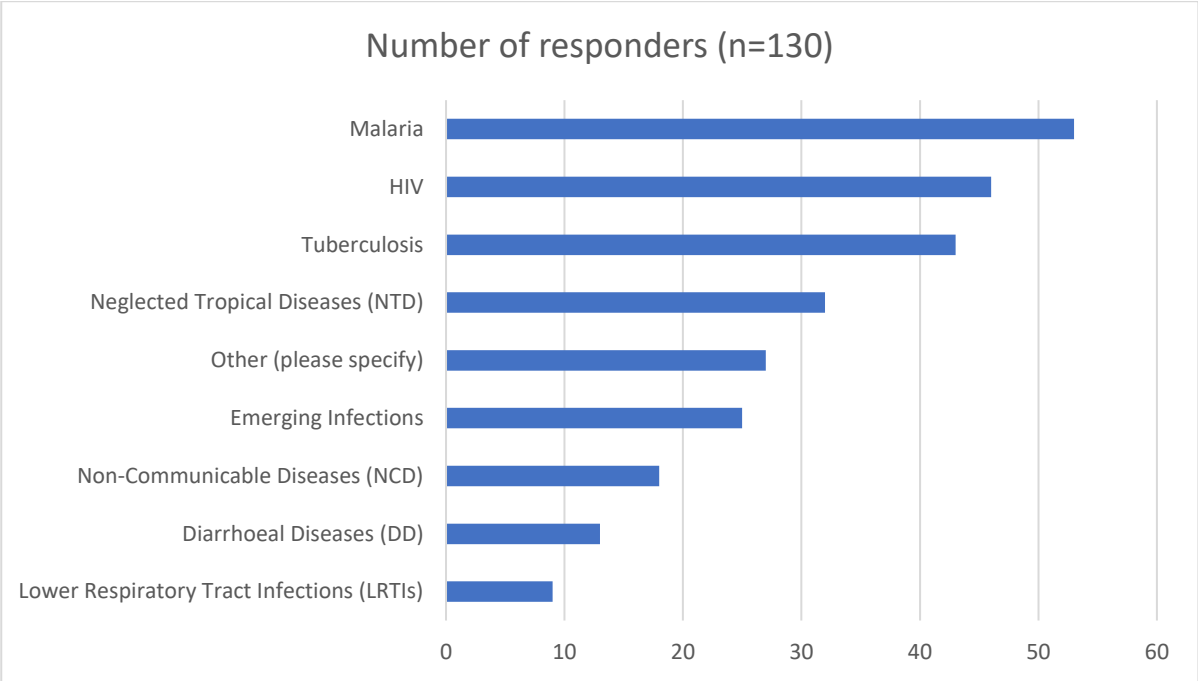


Figure 3 shows the number of responses indicating expertise in specific disease areas as asked in **SI 8.** Most responders to **SI 8** indicated an expertise in the malaria space (53), followed by HIV (46), tuberculosis (43), NTDs (32), Other (27), emerging infections (25), Non-Communicable Diseases (18), Diarrhoeal Diseases (13) and Lower Respiratory Tract Infections (9). The 'Other' category with 27 responders included management, public health and care, and research.

Figure 3. Profile of responders to SI 8: What is your primary area of health expertise? (You can select more than one choice)



4.4 Responders involvement in EDCTP2 Programme

The question about involvement in the EDCTP2 programme (**SI 3**) received the highest response rate. Over 99% (149) of the 150 participants responded to this survey item and 94 (63.1 %) indicated an association with the current programme in various capacities as shown in **Table 1** below. Only 38 of the 94 responders indicated that they were nationals of EDCTP participating states even though 102 had indicated an African EDCTP member country as the country of origin.

Current or previous EDCTP grantees accounted for 42% (63) of the 149 participants that responded to **SI 3**.

Strategic partners in Africa, including the Africa Union Commission for Social Affairs, Africa CDC, AUDA-NEPAD and WHO-AFRO participated in the survey.

Table 1: Number of responders (94) who answered yes to involvement with the EDCTP2 programme in various capacities. Some were involved in more than one capacity

Are you associated with EDCTP in these capacities?	Yes
National of an EDCTP2 participating state	38
Current resident of an EDCTP2 participating state	20
Member of the EDCTP General Assembly	17
EDCTP High Representative	2
Member of the EDCTP Scientific Advisory Committee	4
Member of the AU Secretariat (Commissions)	1
Member of other organs of the AU	3

Member of WHO	1
Reviewer of EDCTP grants	11
Current EDCTP grantee	47
Independent researcher	7
Previous EDCTP Grantee	16
Have applied for EDCTP grants	25
Private sector (Industry, NGO)	6
Funder (Contributed to joint calls)	3

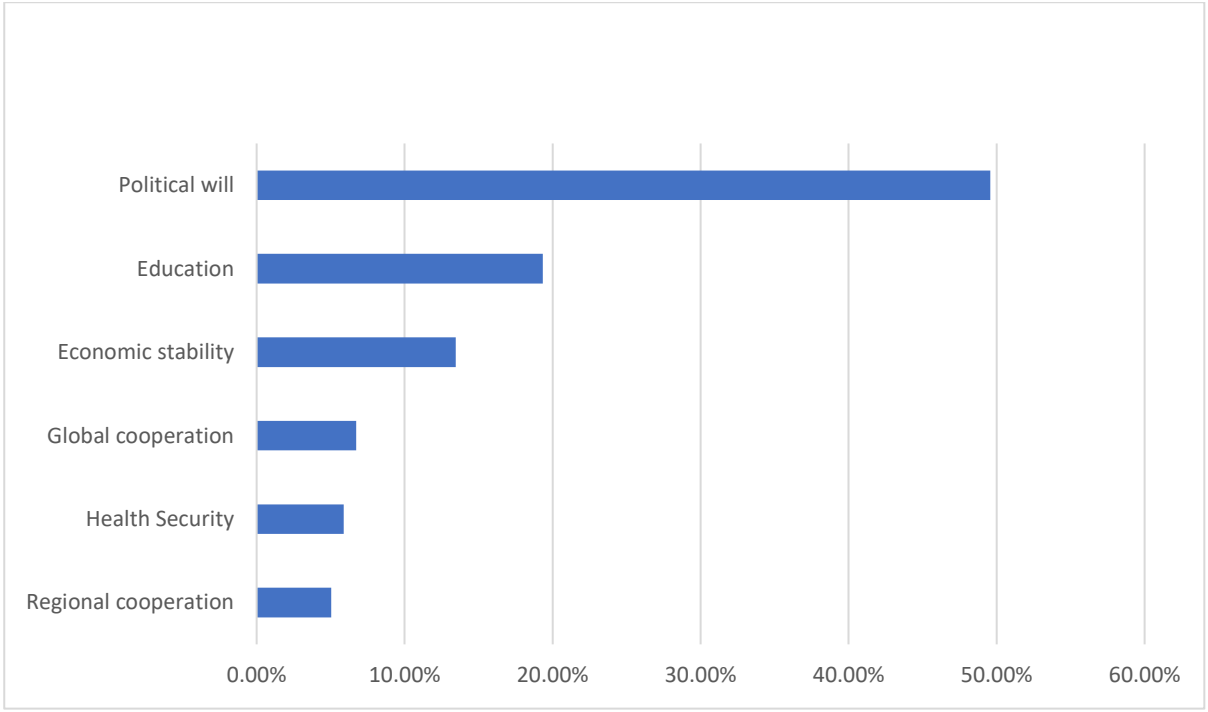
Among the 115 participants that responded to the question about the benefit of EDCTP Association membership **(SI 21),** 89 (77.4%) considered the membership to be beneficial to their countries, two responders (one from Africa) thought it was not beneficial, and 24 (20.9%) responders had no comments.

4.5 Achieving Universal Health Coverage and SDG3 in Africa

SI 10 asked responders about the most important contextual factors for achieving Universal Health Coverage (UHC) in Africa, and what could be the role of EDCTP3/GHP in the transformation process in Africa.

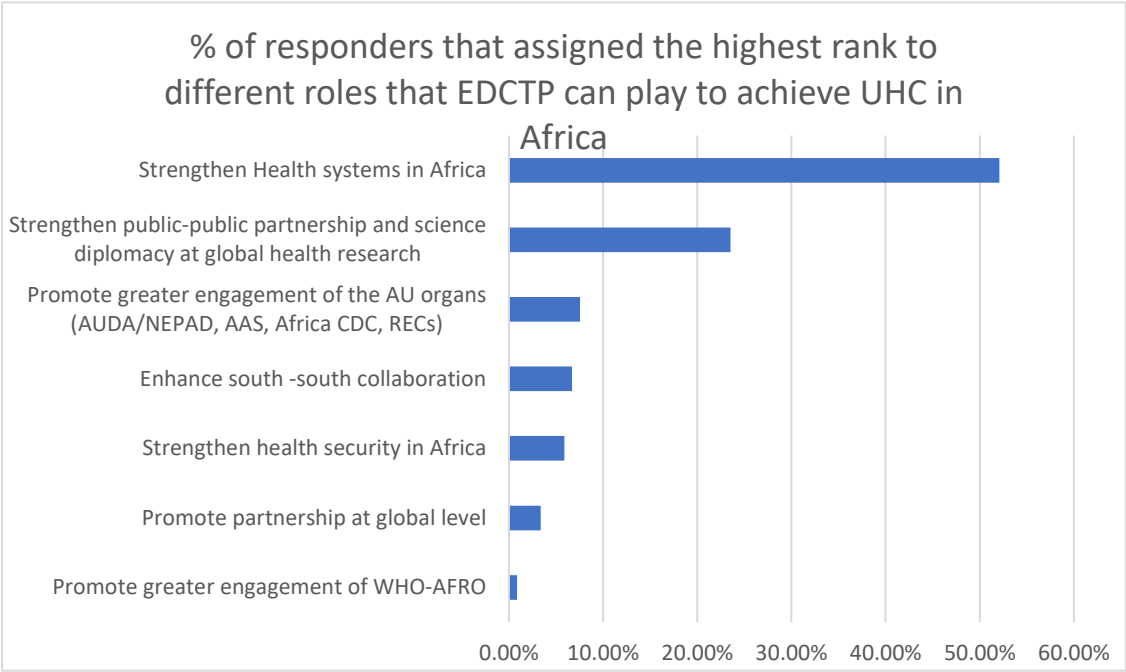
Given the choice to rank six factors indicated in **Figure 4,** in order of importance, for achieving UHC, almost half (49.9%) of the 119 responders considered '*Political will*' to be the most important factor. '*Education*' was ranked highest by 20% of responders. Only 13.5% considered '*Economic stability*' as the most important factor. More responders (6.7%) ranked '*Global cooperation*' as the leading factor than '*Regional cooperation*' (5.0%). Strengthening *'Health Security'* was considered the most important factor for achieving UHC by 5.9% of responders.

Figure 4. Percentage (%) of responders assigning the highest importance to listed factors affecting UHC in Africa (n=119).



More than half of the 119 responders (52.1%) to **SI 11** considered 'Strengthening health (research) systems' as the most important role EDCTP can play to achieve UHC in Africa **(Figure 5).** This was followed by 'Strengthen public-public partnership and science diplomacy in global health research' which 23.5% of responders gave the highest ranking. The proportion of responders that ranked the other options as most important varied from 0.8% for 'Promoting greater engagement with WHO-AFRO' to 6.7% for 'Enhancing South-South collaboration'.

Figure 5. Percentage (%) of responders assigning the highest importance to listed roles that EDCTP can play to achieve UHC in Africa (n=119)



4.6 Achieving SDG3 (Good health and well-being)

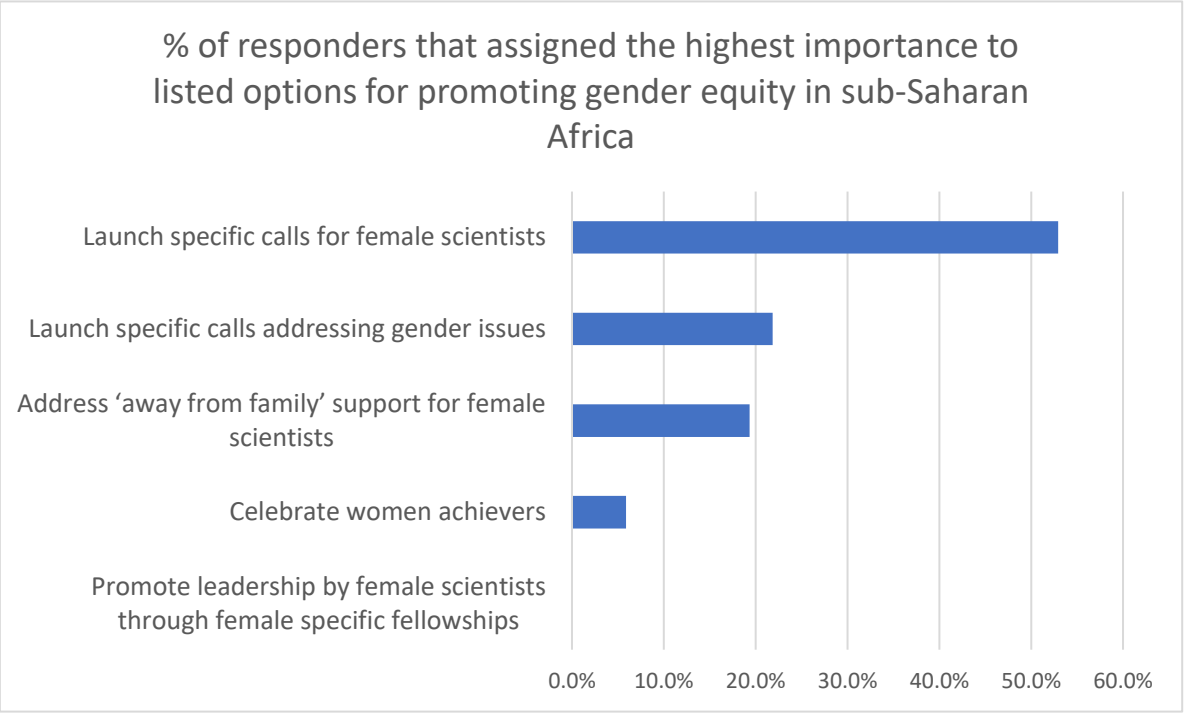
In response to **SI 12**, a large majority (83.2%) of the 119 responders agreed that achieving the following objectives will, to a large extent, facilitate meeting the SDG 3 (Good health and well-being):

- Reduction of the social and economic burden of infectious diseases in sub-Saharan Africa and by extension in Europe.
- Development and uptake of new or improved interventions against infectious diseases.
- Enhancement of health security in sub-Saharan Africa, and by extension in Europe and worldwide, in the context of environmental and climate change, by reducing the risk of outbreaks, pandemics or antimicrobial resistance.

4.7 Promotion of gender equity in global health research in sub-Saharan Africa

Figure 6 shows the results for the level of importance 119 responders assigned to a list of options for promoting gender equity in global health research in Africa (**SI 13**). Most of the responders (74.8%) thought specific calls for female scientists was the most important driver for gender equity in health research in sub-Saharan Africa. More than half of the responders (52.9%) considered launching specific calls for female scientists as the most important driver. This was followed by specific calls addressing gender issues (21.0%). Addressing 'away from family' support for female scientists was assigned the highest rank by 19.3% of the responders.

Figure 6. Percentage (%) of responders assigning the highest importance to listed options for promoting gender equity in sub-Saharan Africa (n=119).

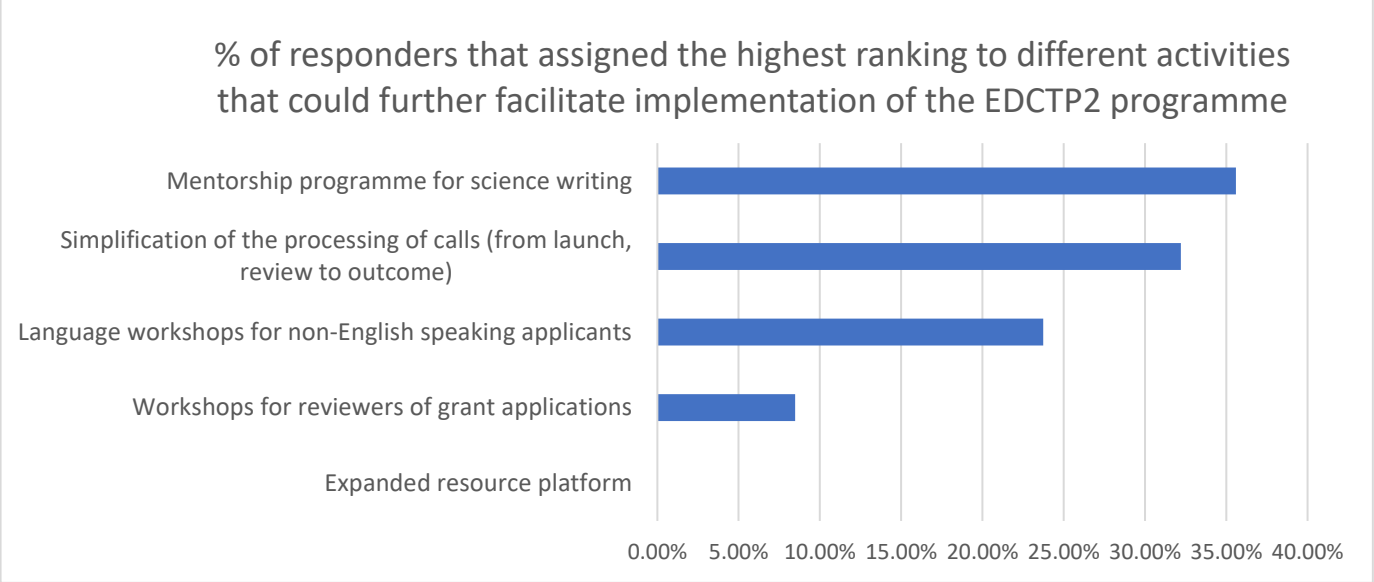


4.8 Additional activities to facilitate the implementation of EDCTP2

A total of 118 participants responded to **SI 18** about the additional activities that could further facilitate the implementation of the current EDCTP2 (**Figure 7**).

'*Mentorship programme for science writing'* was ranked as most important by 42 (35.6%) responders, followed by *'simplification of the processing of calls'* which was ranked highest by 38 responders (32.2%). Not far behind was '*Language workshops for non-English speaking applicants'* which got 28 votes (23.7%) for the most important activity that accelerate the implementation process for the EDCTP2 programme. Only 10 (8.5%) responders assigned the highest ranking to conducting *'Workshops for reviewers of grant applications*. *'Expanding the resource platform'* was considered the least important of the five options provided for **SI 18**.

Figure 7. Ranking of additional activities that that could further facilitate the implementation EDCTP2 (n=118)

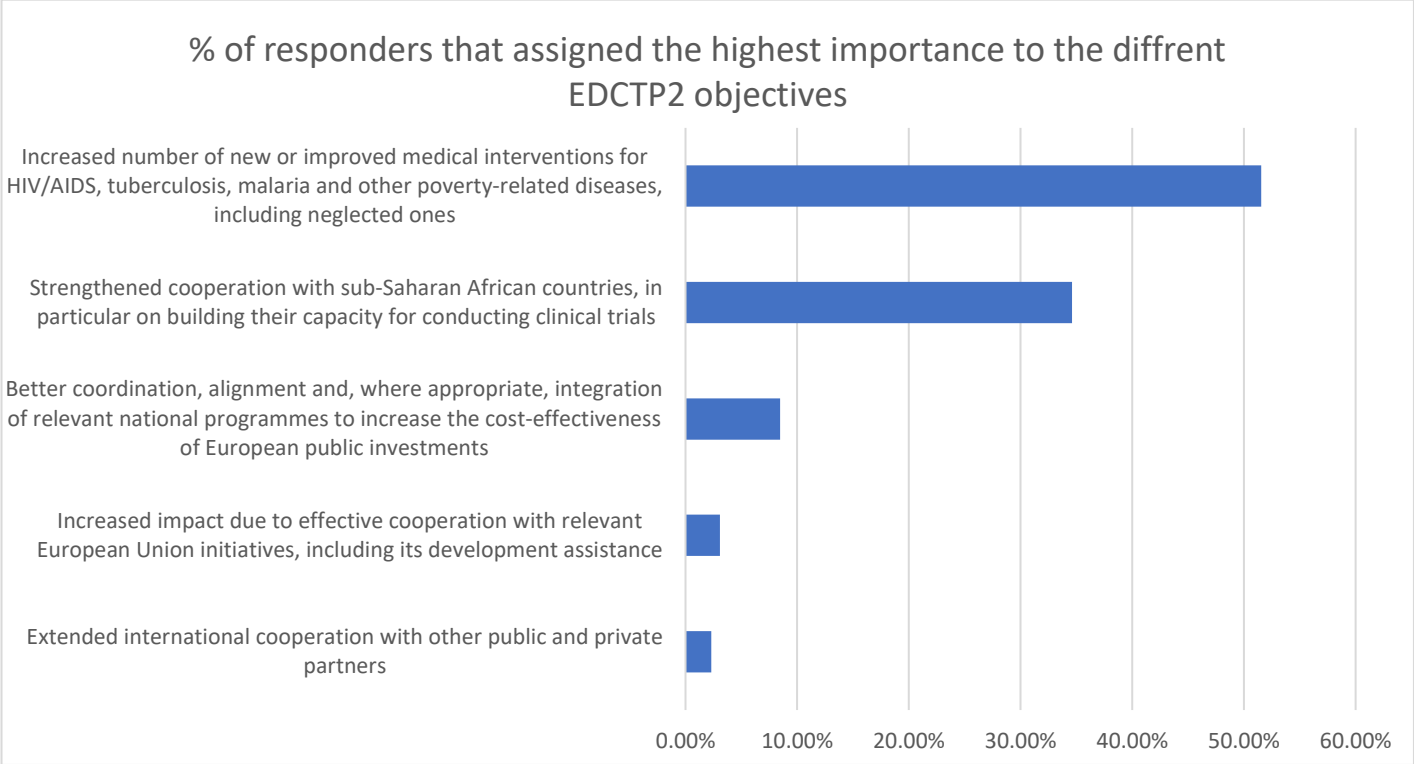


4.9 Objectives of the current EDCTP2

SI 9 requested participants to rank the EDCTP2 objectives in **Figure 8** below in order of importance.

Most of the 130 responders (51.5%) considered *"Increased number of new or improved medical interventions for HIV/AIDS, tuberculosis, malaria and other poverty-related diseases, including neglected ones'* as the most important objective. *'Strengthened cooperation with sub-Saharan African countries, in particular on building their capacity for conducting and interpreting clinical trials'* was ranked the highest by 34.6% of the responders. Each of the other objectives was ranked as most important by less than 10% of the responders. '*Extended international cooperation with other public and private partners'* received the least number of votes as the most important. It was ranked top by only 2.3% of responders.

Figure 8: Percentage (%) of responders assigning the highest importance to the different EDCTP2 objectives (n=130)



4.10 How to increase countries participation in the EDCTP3/GHP Programme

To address **SI 14**, 119 participants responded to the question **'How could the EDCTP3/GHP bring onboard countries that are not currently members of the EDCTP Association?**

Among the options listed for ranking, 38.7% gave the highest rank to *'Demonstrate benefit for African countries with limited capacities for health research'*, followed by '*Enhance South-South collaboration'* (29.4%) and '*Enhance EU-Africa collaborations to achieve UHC in all countries'* (25,2%). Only 6.7% of the responders considered '*Demonstrate benefit for EU countries'* as the most important factor in bringing onboard countries that are not members of the EDCTP Association.

4.11 Additional areas to be tackled by EDCTP3/GHP

In response to the question '**Do you think that EDCTP3/GHP should tackle additional areas than the ones currently tackled by the EDCTP2 programme? (SI 15),** 86.6 % (107) of the 119 responders answered in the affirmative. Among those that answered 'yes', '*Clinical epidemiology'* was considered the most important area by 28.6% of the 119 responders. This was closely followed by 27% for *'Vector control'* and 24.0% for '*Social science'*. '*Climate change'* was considered the most important additional area by only 20% of responders.

4.12 Lessons learned from COVID-19 pandemic

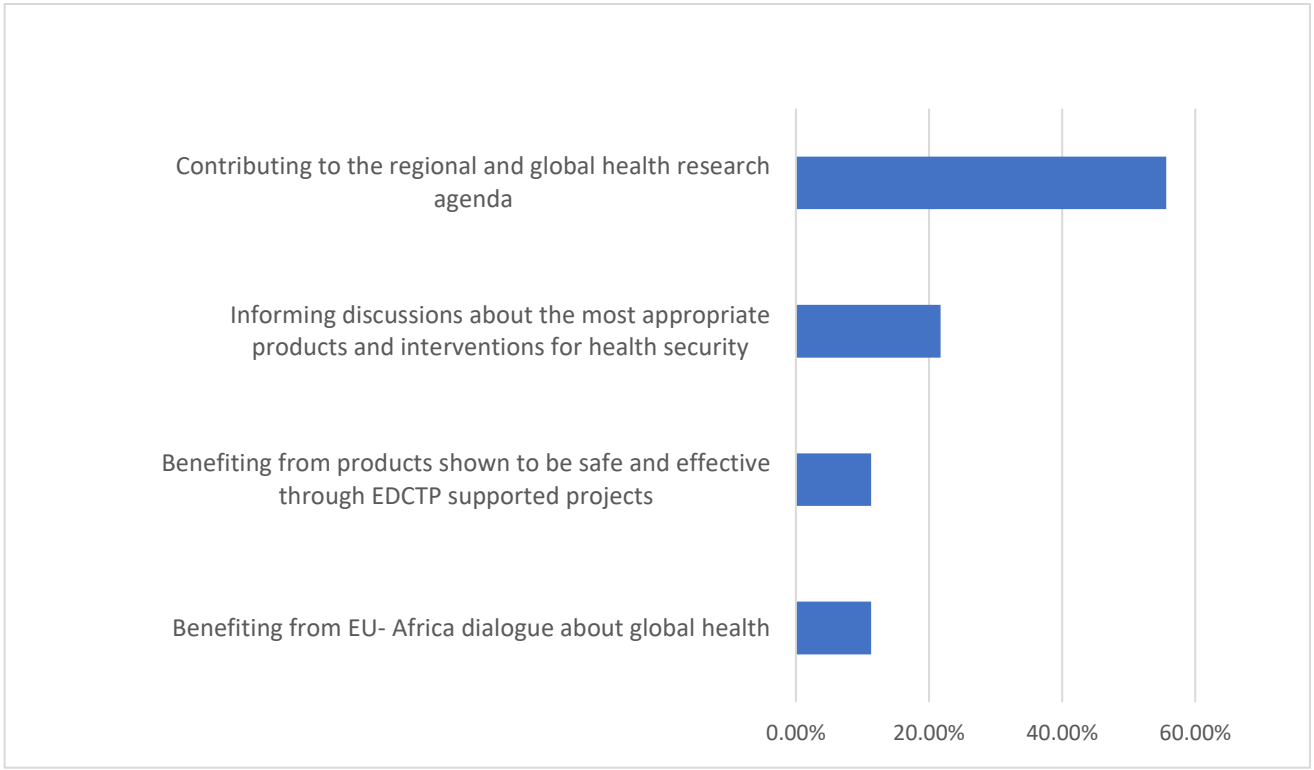
In response to **SI 19**, **the most important lesson learnt from COVID-19 pandemic that could inform the EDCTP3/GHP funding scope,** '*regional entities like Africa CDC and WHO-AFRO are critical for managing public health emergencies'* was ranked number one by 43.2 % of responders. However, this was just marginally higher than the number of responders who thought that the roles of EDCTP Regional Networks of Excellence should be expanded with increased funding to

accommodate regional entities (36.4%). One in five responders (20.3%) considered EDCTP3/GHP support for regional platforms (e.g. AVAREF and WAHO) to implement ethics and regulatory activities was the most important lesson learnt. The examples indicated of regional entities, networks and consortia that have been important during the COVID-19 pandemic include all EDCTP Regional Networks of Excellence (WANETAM, EACCR, CANTAM, TESA), EDCTP supported epidemic consortia (PANDORA-ID-NET and ALERRT), and all regional economic communities (RECs) in the African region. Also, mentioned were H3Africa, COHRED, REACTing and Red Cross.

4.13 Incentives to commit to EDCTP3/GHP

Among the key incentives listed in **Figure 9** for EDCTP participating states to be fully committed to the future EDCTP3/GHP programme, *'contributing to the regional and global health research agenda'* was assigned the highest ranking by 64 (55.7%) out of 115 responders. 'Informing discussions about the most appropriate products and interventions for health security' was considered the most important by 25 (21.7%) responders. The other two options were each given high importance by 13 (11.3%) responders.

Figure 9. Importance of incentives for country commitment to EDCTP3/GHP (n=115)



4.14 Private sector involvement (industry and foundations)

In response to **SI 23**, 94 (81.7%) of the 115 responders indicated that EDCTP3/GHP can benefit from extending membership to the private sector including industry and foundations. The others did not think so. However, the majority of the responders thought it was a highly risky venture. The main risk identified is that relating to conflicts of interest and loss of control. The various narratives about the risk of engaging private partners are best exemplified by these three:

1. *"For most Africa, the private sector is poorly regulated rendering highly risky for investment in terms of grants. However, fostering Private-Public sector partnerships might be beneficial."*

2. *"In my opinion, membership in the private sector will rather contribute to strengthening the association by mobilizing financial resources. But as a risk, I fear that c sector will want to change the orientations of the association for purposes other than those it has set for itself".*

3. *"Increased risk for competing priorities of the private sector may not be UHC but as an expansion of their profit margins by the health hazards. If the private sector is to be involved, the regulations and ethical acumen should be updated to ensure the Public Health good is the priory and not otherwise."*

5 Discussion and conclusion

The primary goal of the online consultation was to explore the views of African institutions, including public and private initiatives, and member states of the African Union, about how EU-Africa cooperation in global health research and innovation might be enhanced through the envisaged EDCTP3/GHP initiative. To this end, a short user-friendly online instrument was developed, disseminated, collated and analysed.

African involvement

The majority of the 150 responders were from Africa. Respondents from all 16 current African member states of the EDCTP Association, and the aspirant member state (Angola) participated in the online consultation. Fewer responses were received from non-English speaking countries, particularly Francophone countries in central Africa. The low response rate from these countries may be because the questionnaire was available only in English. A similar low response rate, from Lusophone and Francophone, was reported by WHO-AFRO for a recent online survey, conducted in English, about ethics and regulatory capacities in Africa (https://www.edctp.org/news/avaref-survey-highlights-edctps-role-supporting-ethical-regulatory-oversight-africa/). Most of the African participants were from public institutions, including government departments/ministries, national research institutions, the AU Commission for Social Affairs, the African CDC, the African Union Development Agency (AUDA-NEPAD) and the Regional Economic Communities (RECs). Responders were mainly epidemiologists and clinical trialists, but some had expertise in ethics and regulatory activities, social science, health policy, data, knowledge translation and advocacy. One was an entomologist.

Achieving Universal Health Coverage (UHC) in Africa

Political will and awareness through education were perceived as the most important drivers for advancing UHC in Africa. Most responders thought EDCTP can accelerate this process by strengthening health (research) systems and promoting public-public partnership and science diplomacy in global health research. There was an overwhelming agreement among participants that the sustainable development goal for health and well-being (SDG3) will be met largely through a reduction of the social and economic burden of infectious diseases in sub-Saharan Africa. Meeting the SDG3 targets can be accelerated by the development and uptake of new or improved interventions against infectious diseases in Africa and globally to reduce the risk of outbreaks, pandemics or antimicrobial resistance. To achieve UHC leaving no one behind, there were suggestions for closing the gender gap. Most of the responders advocated for specific calls for female scientists to enhance equity in health research in sub-Saharan African and 'away from family' support for female scientists.

The EDCTP2 Programme

All 150 participants, except one, responded to the question about involvement in the EDCTP2 programme. Most of the responders, mainly grantees, were associated with the EDCTP2 programme in various roles, but many of them were from countries that are not members of the EDCTP Association, indicating that responders outside the EDCTP participating states considered membership of the association to be beneficial to their countries. However, there was little enthusiasm for extending international cooperation with other public and private partners outside the EU-Africa network.

Increasing the number of new or improved medical interventions for HIV/AIDS, tuberculosis, malaria and other poverty-related diseases, including neglected ones; and strengthening cooperation with sub-Saharan African countries, in particular on building their capacity for conducting and interpreting clinical trials, were identified the two most important objectives of EDCTP2.

To further enhance the EDCTP2 programme, the participants thought that a mentorship programme for science writing should be implemented and the processing of calls should be simplified and presented in different languages.

Two responders did not think that the EDCTP2 programme was beneficial to their countries, but no reason was given except from one whose country of origin was not in Africa, which could be established through the free text narrative.

EDCTP3/Global Health Programme

There was a consensus that for the EDCTP participating states to be fully committed to the future EDCTP3/GHP programme, it should be seen firstly as '*adding value to the regional and global health research agenda'* and by '*providing current information about the most appropriate products and interventions for health security'*. An overwhelming majority of responders (86.6%) wanted EDCTP3/GHP to embrace additional areas not addressed in the EDCTP2 programme. As the survey was conducted during the COVID-19 outbreak, *Clinical epidemiology* was the favourite new topic; followed closely, and in order of importance, by *Vector control, Social science* and C*limate change*. Vector control has become popular since the Zika outbreak, and more recently with the use of medicines for vector control to tackle vector-borne diseases like malaria and filariasis.

The coordinating role played by regional entities like Africa CDC and WHO-AFRO in managing public health emergencies was considered the most important lesson learnt so far from the COVID-19 pandemic that could inform the EDCTP3/GHP funding scope. But equally important are the emerging critical networking activities of the EDCTP Regional Networks of Excellence (NoE). The responders thought the support for EDCTP Networks of Excellence should be expanded with increased funding to accommodate more regional entities. The list they provided of regional entities, networks and consortia that have been important during the COVID-19 pandemic included all EDCTP Regional Networks of Excellence (WANETAM, EACCR, CANTAM, TESA), EDCTP-supported epidemic consortia (PANDORA-ID-NET and ALERRT), and all regional economic communities (RECs) in the African region. Also listed were AVAREF, H3Africa, COHRED, REACTing and Red Cross.

Extending EDCTP3/GHP membership to the private sector (including industry and foundations) was considered beneficial by most responders. However, many thought it was a highly risky venture because of conflicts of interest and loss of control. The following text about the risk of engaging private partners can best illustrate most of the views expressed

1. *"For most Africa, the private sector is poorly regulated rendering highly risky for investment in terms of grants. However, fostering Private-Public sector partnerships might be beneficial"*

2. *"In my opinion, membership in the private sector will rather contribute to strengthening the association by mobilizing financial resources. But as a risk, I fear that c sector will want to change the orientations of the association for purposes other than those it has set for itself".*

3. *"Increased risk for competing priorities of the private sector may not be UHC but as an expansion of their profit margins by the health hazards. If the private sector is to be involved, the regulations and ethical acumen should be updated to ensure the Public Health good is the priory and not otherwise"*

Conclusion

The views expressed in the online consultation process came from a wide range of strategic entities from across Africa. Key influencers in Africa, including the African Union Commission, Africa CDC, Africa Union Development Agency, and the WHO-AFRO shared their views on the way forward for EDCTP3/GHP. There was a consensus about demonstrating value addition to the regional and global health research agenda through support for the most appropriate products and interventions for health security. Surveying during the COVID-19 pandemic was timely as it allowed input on the relevance of working for the global good and the importance of south-south networking, coordinated by EDCTP regional networks of excellence, regional economic communities and key institutions like Africa CDC and WHO-AFRO. Extending EDCTP3/GHP membership to the private sector, including funders and foundations was considered beneficial but should be managed carefully to avoid conflicts of interest and mitigate risks related to profits from products. EDCTP might also explore the best ways to determine country capabilities for health research and through resources like the WHO Joint External Evaluations[2], and the WHO-AFRO national health research systems barometer that is partly supported by EDCTP. Such analysis might assist in shaping the EDCTP3/GHP yet further in light of the COVID-19 pandemic.

Limitations

The online consultation survey had some limitations. Administering the survey form in English, targeting responders in all AU member states, met some language barriers, especially in Central Africa, where most of the AU members have French as the official language. Moreover, the online survey was performed during a public health emergency, with people observing lockdown restriction and working from home with limited access to the internet. The number of invitations sent out was also limited by access to contact details due to privacy and data protection policies.

The visibility of EDCTP in Africa has been perceived as suboptimal, and it is not clear from the online survey what the leadership of strategic partners in health in Africa think about EDCTP as a valued partner going forward with the proposed EDCTP3/GHP programme. High-level engagements with leaders in the African Union, EU, Africa CDC and WHO-AFRO, after the survey, provided some indicators about the role of EDCTP in supporting health research in Africa. Their thoughts have been summarised in **Appendix 2** in this report.

[2] https://www.who.int/ihr/procedures/mission-reports/en/

Appendix 1: Questionnaire

1. Accept/reject conditions
2. Country of origin[3] (Please add your country of origin, or that of your organisation when responding on behalf of one)
3. Gender

4. Current employer
   - ☐ Government
   - ☐ Public institution
   - ☐ Private institution
   - ☐ Multilateral institution
   - ☐ Other (please specify)

5. Have you been involved in the on-going European and Developing Countries Clinical Trials Partnership (EDCTP2) programme?
   [Yes/No]

6. **If yes,** please identify in which capacity (You can select more than one choice)

   - ☐ From an EDCTP 2 participating State
   - ☐ Current resident of an EDCTP2 participating state
   - ☐ Member of the EDCTP General Assembly
   - ☐ EDCTP High Representative
   - ☐ Member of the EDCTP Scientific Advisory Committee
   - ☐ Member of the AU Secretariat (Commissions)
   - ☐ Member of other organs of the AU (e.g. AUDA/NEPAD, AAS, Africa CDC, RECs).
   - ☐ Member of WHO
   - ☐ Reviewer of EDCTP grants
   - ☐ Current EDCTP grantee
   - ☐ Independent researcher
   - ☐ Previous EDCTP Grantee
   - ☐ Have applied for EDCTP grants
   - ☐ Private sector (Industry, NGO)
   - ☐ Funder (Contributed to joint calls)

7. What is your primary area of research expertise? (You can select more than one)

   - ☐ Epidemiology
   - ☐ Public health
   - ☐ Clinical trials
   - ☐ Biomedical
   - ☐ Policy
   - ☐ Data
   - ☐ Advocacy
   - ☐ Social science
   - ☐ Ethics and regulatory

[3] Please add your country of origin, or that of your organisation when responding on behalf of one.

☐ Other (please specify)

8. What is your primary area of health expertise? (You can select more than one choice)
   - ☐ Malaria
   - ☐ TB
   - ☐ HIV
   - ☐ NTD
   - ☐ LRTI
   - ☐ Diarrhoeal diseases
   - ☐ NCD
   - ☐ Emerging infections
   - ☐ Other (please specify)

9. **Please rank**, in order of importance, the specific objectives of the current EDCTP2 programme:

   a. Increased impact due to effective cooperation with relevant Union initiatives, including its development assistance
   b. Increased number of new or improved medical interventions for HIV/AIDS, tuberculosis, malaria and other poverty-related diseases, including neglected ones
   c. Better coordination, alignment and, where appropriate, integration of relevant national programmes to increase the cost-effectiveness of European public investments
   d. Strengthened cooperation with sub-Saharan African countries, in particular on building their capacity for conducting and interpreting clinical trials
   e. Increased impact due to effective cooperation with relevant European Union initiatives, including its development assistance
   f. Extended international cooperation with other public and private partners

10. What are the most important contextual factors in your opinion for achieving Universal Health Coverage (UHC) in Africa? **Rank the choices below**:

    a. Political will
    b. Economic stability
    c. Education
    d. Health Security
    e. Regional cooperation
    f. Global cooperation

11. What role can the EDCTP3/GHP programme play to achieve the UHC in Africa. **Rank the choice below**

    a. Strengthen public-public partnership and science diplomacy at global health research

b. Strengthen Health (research) systems in Africa
c. Strengthen health security in Africa
d. Promote partnership at global level
e. Enhance south -south collaboration
f. Promote greater engagement of the AU organs (AUDA/AUDA-NEPAD, AAS, Africa CDC, RECs).
g. Promote greater engagement of WHO-AFRO.

12. To what extent will achieving these objectives facilitate meeting the SDG 3 (Good health and well-being). The proposed EDCTP3/GHP general objectives are:
    - Reduction of the social and economic burden of infectious diseases in sub-Saharan Africa and by extension in Europe[4]
    - Development and uptake of new or improved interventions against infectious diseases;
    - Enhancement of health security in sub-Saharan Africa, and by extension in Europe and worldwide, in particular in the context of environmental and climate change, by reducing the risk of outbreaks, pandemics or antimicrobial resistance.

    ☐ Large extent
    ☐ Limited extent
    ☐ None

13. In your opinion, how could EDCTP3/GHP promote gender equity in sub-Saharan Africa? **Rank choices below**

a. Launch specific calls for female scientists
b. Promote leadership by female scientists through female specific fellowships
c. Address 'away from family' support for female scientists
d. Launch specific calls addressing gender issues
e. Celebrate women achievers

14. How could the EDCTP3/GHP bring onboard countries that are not currently members of the EDCTP Association? **Rank the choices below**

a. Enhance EU-Africa collaborations to achieve UHC in all countries
b. Enhance South-South collaboration
c. Demonstrate benefit for African countries with limited capacities for health research.
d. Demonstrate benefit for EU countries

15. Do you think that EDCTP3/GHP should tackle additional areas than the ones currently tackled by the EDCTP2 programme[5]? **Yes/No**

16. **If yes, rank the choices below for other areas in order of importance.**
    a. Climate change
    b. Vector control

[4] https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/11907-EU-Africa-Global-Health-Partnership
[5] http://www.edctp.org/web/app/uploads/2020/03/The-added-value-of-EDCTP-to-Africa-2020-web.pdf

c. Clinical Epidemiology
d. Social Science

17. **If no, give reasons**

18. In your opinion, what additional activities could further facilitate implementation of the current EDCTP2? Please rank the choices below in order of importance:

a. Expanded resource platform
b. Language workshops for non-English speaking applicants
c. Mentorship programme for science writing
d. Workshops for reviewers of grant applications
e. Simplification of the processing of calls (from launch, review to outcome)

19. What lessons do you think we have learnt from the recent and ongoing Global Health Emergencies that should inform the EDCTP3/GHP future funding approach? Rank the choices below

a. Regional entities like Africa CDC and WHO-AFRO are critical for managing public health emergencies
b. The roles of EDCTP Regional Networks of Excellence should be expanded with increased funding to accommodate regional entities.
c. EDCTP3/GHP should support regional platforms (e.g. AVAREF and WAHO) for ethics and regulatory activities

20. If appropriate, please give examples of regional entities, networks and or consortia that have been active during PHE (Max 50 words)

21. If your country is currently a member of the EDCTP Association, do you think that being part of the EDCTP Association is beneficial for your country?

☐ Yes
☐ No
☐ No comments

22. What are the key incentives for your country to be fully be committed to the future EDCTP3/GHP? Rank choices below.

a. Contribution to the regional and global health research agenda
b. Benefiting from EU- Africa dialogue about global health
c. Informing discussions about the most appropriate products and interventions for health security
d. Benefiting from products shown to be safe and effective through EDCTP supported projects

23. In your opinion, can EDCTP3/GHP benefit from extending membership to the private sector including funders and foundations?

☐ Yes
☐ No

24. In your view/opinion, what are the risks of extending membership to the private sector? (Max 50 words)

25. Please add any other comments, views or information you deem important, and that has not been tackled in this online consultation, which should be considered when developing the future EDCTP3/GHP (Max 200 words)

Appendix 2: Post-survey engagements with AU, EU, Africa CDC and WHO-AFRO

High-level engagements with the African Union, EU, Africa CDC and WHO-AFRO after the survey provided some indicators about the role of EDCTP in supporting health research in Africa. Members of the EDCTP secretariat contributed to important high-level discussions about EDCTP's role and value addition to the public health space in Africa. EDCTP was mentioned in speeches by African Ministers of Health, the AU Commissioner for Social Affairs, the Regional Director for the WHO Africa Region and the Director of Africa CDC.

24-25 June 2020: Africa's Leadership in COVID-19 vaccine development and access
The role of EDCTP in research in vaccine development in Africa was highlighted during the virtual meeting of Africa's Leadership in COVID-19 vaccine development and access held on 24 and 25 June 2020 (https://africacdc.org/download/africas-leadership-in-covid-19-vaccine-development-and-access-highlights-day-1-2/).

The meeting, which was opened by H.E. President Cyril Ramaphosa, Chairperson of the African Union and President of the Republic of South Africa, brought together African leaders, public health professionals, policymakers, the media, civil society, community leaders, private sector representatives, pharmaceutical industry experts, and partners to discuss a roadmap for the development of safe, efficacious, affordable, equitable and accessible COVID-19 vaccine in Africa, with the involvement of Africans.

During the closing session, there were presentations by the Executive Director of UNAIDS, H.E. Amira Elfadil Mohammed, Commissioner for Social Affairs, African Union Commission and Dr Leonardo Simão, EDCTP High Representative for Africa.

Dr Leonardo Simão said that the conference was timely because it will ensure that Africa is not left behind in COVID-19 vaccine development. He highlighted some of the activities of EDCTP in Africa since 2003. He reminded the participants EDCTP is engaged in high-level dialogue in Africa, Europe and globally to find solutions to the vaccine challenge and they will continue working with partners as we move into the next phase of the programme.

16 July 2020: European Union (EU) - African Union (AU) Research & Innovation Ministerial meeting
The first-ever EU-AU Research & Innovation Ministers' Meeting took place on 16 July 2020, under the framework of the EU-AU High-Level Policy Dialogue (HLPD) on Science, Technology and Innovation (https://ec.europa.eu/info/news/european-union-and-african-union-research-and-innovation-ministers-meet-first-time-2020-jul-16_en).
The policy discussions on public health focused on human health impacts and the more far-reaching socioeconomic effects of COVID-19. The two main discussion points for public health were i) the emergency call for expressions of interest launched by the EDCTP to support COVID-19 research activities and ii) the impact of COVID-19 on ongoing EDCTP Projects.

The ministers advocated for international cooperation (North-South and South-South), and better support for EDCTP and the successor, the planned Global Health Partnership (GHP). Some AU Ministers called for increasing the EDCTP membership by African countries currently not represented, giving the Partnership a whole of Africa approach. The Ministers (or their representatives) of non-EDCTP participating states, including Hungary, Egypt, Romania that advocated for additional financial resources for the EDCTP/GHP.

EDCTP was represented in the meeting by Dr Michael Makanga, EDCTP Executive Director; Dr Leonardo Simao, EDCTP High Representative Africa, and Professor Marcel Tanner, EDCTP High Representative Europe.

11-12 August 2020: 34th session of the African Advisory Committee for Health Research and Development (AACHRD) Meeting.

EDCTP participated in the 34th session of the WHO-AFRO African Advisory Committee for Health Research and Development (AACHRD) on 11-12 August 2020. The theme of the meeting was 'Health Research in the context of COVID-19' but the regional health research agenda for Africa was presented and discussed with inputs from EDCTP and strategic partners. The key partners included NEPAD, TDR, Africa CDC and the Regional Economic Communities. More than 50 people participated in the meeting, including many that were invited to the proposed Cape Town meeting on EDCTP/GHP. The main goal of AACHRD is to provide advice to the Regional Director on the WHO core function of shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge in Africa.

In her opening remarks, the WHO-AFRO Regional Director, Dr Matshidiso Moeti, acknowledged the presence of EDCTP and highlighted the valuable recent outputs from joint activities that informed the MOU between WHO-AFRO and EDCTP signed in June 2020.

Professor Moses Bockarie gave an overview of the emergency call launched by EDCTP in April 2020 to support COVID-19 research activities and the impact of COVID-19 on ongoing EDCTP Projects. Professor Bockarie also presented the roadmap for strengthening National Health Research Systems in Africa that was developed during the EDCTP-WHO joint meeting held in Brazzaville on in October 2019 (https://publications.edctp.org/nhrs-consultative-meeting-report/cover).

Recommendations and action points

The participants resolved to develop and implement a work plan around the following recommendations of the 34th AARCHD:

1. Leadership, governance and innovation in health research

- Develop a collaboration framework to guide engagement with stakeholders.
- Promote indigenous innovations from the region.
- Develop a guidance document on access options should a vaccine be available.
- Finalise the strategy for strengthening the use of evidence information and research for policy-making in the WHO/AFRO region for presentation at the 2021 regional committee meeting.

- In the context of COVID 19, the AACHRD resolved to go beyond the advisory capacity, to assist WHO-AFRO through collaborating with other

partners in terms of shaping the research agenda and ensure the quality of ongoing research around COVID 19.

- Encourage participation of African countries (and communities) in vaccine trials.
- Put in place mechanism of accessing vaccines once available and in collaboration with partners (e.g. Africa CDC).
- Encourage regulatory bodies and governments to be engaged actively in trials.
- Orient research beyond the biomedical and public health areas spheres and address research questions in multiple sectors including social-economic status, social sciences/ground realities and advise government based on the evidence.

2. Strengthening national health research systems

- Develop COVID-19 research agenda for Africa.
- Conduct deliberative dialogues that will identify topics for policy briefs.
- Support and strengthen work on policy briefs.
- Set up a standing subcommittee to review policy briefs.
- Endorse and strengthen the work of AVAREF
- Develop a regional health research directory.
- Develop a guideline for rapid ethics review.
- Promote multisectoral, transdisciplinary, social science, health (research) systems, implementation and operational research.
- Develop reports on COVID-19 best practice and research agenda from member states.

3. Harmonisation and coordination of research

- An expansive list was generated; further discussion on prioritising for WHO-Afro while also allowing country-specific priorities
- Consider interventions for prevention that are beyond the health care system.
- Use of the Health systems building blocks to organise the priorities, as this is widely used as a conceptual framework and is well known.
- Consider emerging and re-emerging infections.
- Include social science among research priorities.