



Global Health  
**EDCTP3**

# The African and European research partnership on infectious diseases



EUROPEAN PARTNERSHIP

Co-funded by  
the European Union



# Who we are

Global Health European & Developing Countries Clinical Trials Partnership 3 (Global Health EDCTP3) is a unique European and African partnership working to improve health through research. Backed by the European Union and over 40 countries, we focus on infectious diseases that continue to harm millions across sub-Saharan Africa.

We fund clinical trials and studies, train researchers, and strengthen the African clinical research ecosystem, ensuring that solutions are developed where they are most needed and global health security is increased.

The funding programme has led European Union (EU) efforts to support health research in Africa, aligned with the Sustainable Development Goals on infectious diseases. It also plays a role in advancing the EU Global Health Strategy and the African Union-EU's shared health and innovation priorities.

## OUR HISTORY

EDCTP was established in 2003. Over 20 years later, it has incrementally evolved through three successive programmes:



2003–2015

EDCTP1

Launched as an Article 185 initiative and managed as a European Economic Interest Grouping (EEIG).

2014–2024 (2026)

EDCTP2

Continued as an Article 185 initiative, implemented by the EDCTP Association.

2021–2031

Global Health EDCTP3

A Joint Undertaking under Article 187 of the EU Treaty and part of Horizon Europe.





## OUR VISION

To reduce the individual, social, and economic burden of poverty-related infectious diseases - including neglected, emerging, and re-emerging diseases - in sub-Saharan Africa.

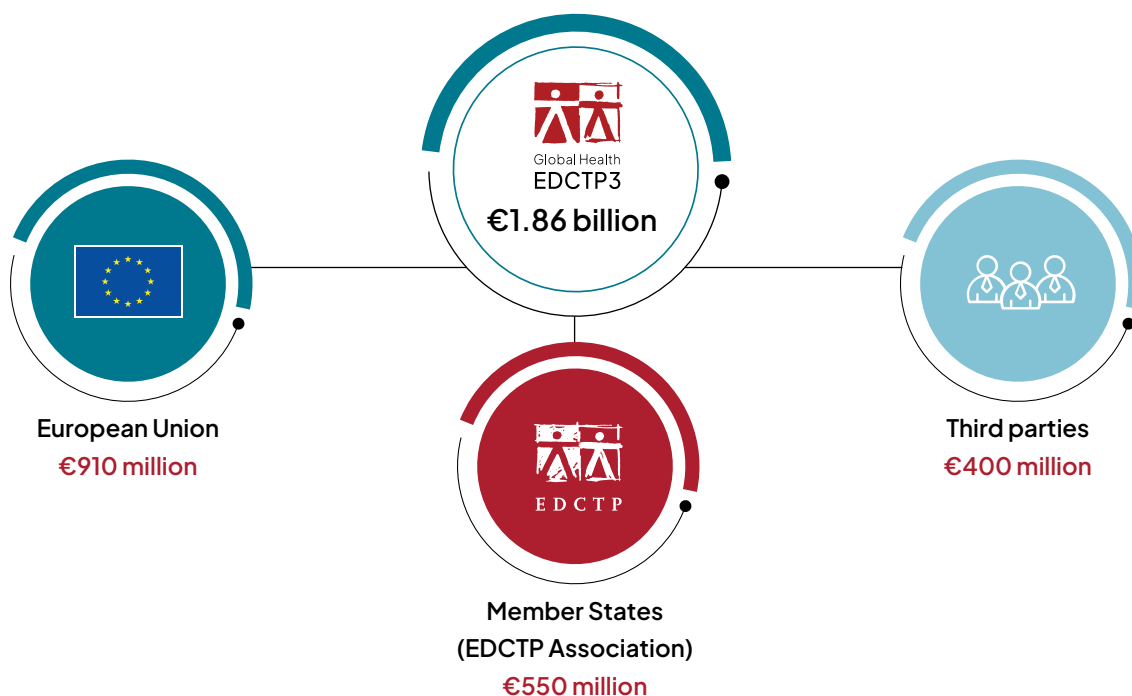
## OUR MISSION

To lower mortality and morbidity in sub-Saharan Africa by supporting global collaborative research, capacity strengthening, and accelerating the development, evaluation, and implementation of solutions to prevent, detect, treat and monitor infectious diseases.

We fund projects through the EU's Horizon Europe research and innovation (R&I) framework. These projects are selected through open calls for proposals and bring together partners across sectors and continents.

## FUNDING OF THE PROGRAMME

Global Health EDCTP3 runs from 2021 to 2031, with a target budget of €2 billion. So far, **€1.86 billion** has been pledged.



# What we do

## WE ACT

We fund collaborative clinical research, support the development of research infrastructure, and strengthen national health research systems and the next generation of African researchers across sub-Saharan Africa. Our work helps ensure ethical, high-quality studies that are locally driven and globally relevant.

## WE REACH

We embrace underserved populations with significant health needs – including pregnant women, newborns, children, adolescents, and people living with coinfections or comorbidities – who are often underrepresented in traditional clinical studies.

## WE ENABLE

We help countries prepare for and respond to infectious disease threats by supporting clinical research, promoting the development of effective medical innovations, and strengthening ethical and regulatory frameworks.

We also support implementation research focused on how medical interventions are delivered and used in real-world settings, helping to ensure their uptake into policy and practice and that the health systems in sub-Saharan Africa achieve a more significant impact.

## WE CONNECT

We bring together African and European partners — from researchers and policymakers to public and private stakeholders — to align efforts and build long-term cooperation in global health research.

## OUR OBJECTIVES

Global Health EDCTP3 will contribute to:

- **Reducing the socio-economic burden of infectious diseases in sub-Saharan Africa** by promoting the development and uptake of new or improved health technologies.
- **Increasing health security in sub-Saharan Africa and globally** by strengthening research capacities for preparedness and response to control infectious diseases.



### Clinical research

Advance the development and use of new or improved medical interventions by funding clinical trials in sub-Saharan Africa.



### Capacity development

Build sustainable clinical research capacity and strengthen national health research systems in sub-Saharan Africa, ensuring adherence to the highest ethical and regulatory standards.



### Enhanced coordination

Facilitate better alignment of national efforts around a shared global health Strategic Research and Innovation Agenda.



### Epidemic preparedness

Strengthen the ability of sub-Saharan African countries to respond rapidly and effectively to infectious disease outbreaks through strengthened research capabilities.



### International cooperation

Foster collaboration across Africa, Europe, and beyond – including North-South, South-South, and North-North partnerships – and develop strategic alliances with the public and private sectors.

# What we fund

Global Health EDCTP3 supports all the elements required to develop and evaluate medical interventions against the key infectious diseases affecting sub-Saharan Africa.

## TACKLING PRIORITY DISEASES

We focus on the infectious diseases that have the highest impact in sub-Saharan Africa. These include HIV, tuberculosis, malaria, neglected\* and (re-)emerging infectious diseases, diarrhoeal diseases and lower respiratory tract infections.

We also address overarching global health challenges, including antimicrobial resistance (AMR), epidemic preparedness, the health effects of climate change, the development of digital health solutions, co-infections and comorbidities, including those of non-communicable conditions and their interaction with infectious diseases.

## ACCELERATING MEDICAL R&I

We fund clinical research to evaluate new drugs, vaccines, therapies, diagnostics, and other medical tools. Our support covers all phases of clinical development, particularly late-stage trials (phase III and IV clinical trials), and product-focused implementation research to support the uptake of these products in health systems, including safety monitoring and effectiveness studies.

## STRENGTHENING HEALTH RESEARCH ECOSYSTEMS

We help strengthen the infrastructure and health research systems for conducting high-quality, ethical clinical research in sub-Saharan Africa. This includes strengthening regulatory and legal frameworks, ethics review processes, and institutional capacity.

## INVESTING IN FUTURE LEADERS

We support researchers at all career stages—from master's and PhD students to postdoctoral fellows. Through training and networking, including through the EDCTP Alumni Network, we foster a new generation of scientific leaders in Africa conducting global health research.

### \* Neglected infectious diseases in the scope of Global Health EDCTP3<sup>(1)</sup>:

- Buruli ulcer
- Dengue and chikungunya
- Dracunculiasis (guinea-worm disease)
- Echinococcosis
- Foodborne trematodiasis
- Human African trypanosomiasis (sleeping sickness)
- Leishmaniasis
- Leprosy (Hansen disease)
- Lymphatic filariasis
- Mycetoma, onchocerciasis (river blindness)
- Rabies, schistosomiasis
- Soil-transmitted helminthiasis
- Taeniasis/cysticercosis
- Trachoma
- Yaws

(1) Based on the WHO list of neglected tropical diseases 2024; Chagas disease, chromoblastomycosis and other deep mycoses, noma, scabies and other ectoparasites, and snakebite envenoming are currently not in the Global Health EDCTP3 scope.

# Programme logic





## Who benefits

- Patients and communities affected by infectious diseases in SSA, with particular focus on vulnerable populations with major unmet medical needs.
- Healthy communities in the EU, SSA and globally.
- Health researchers and institutional health stakeholders in SSA and the EU.
- Product developers.



4



## Real-world effects

- New or improved technologies are used to test, treat and prevent infectious diseases in SSA.
- Stronger R&I capacity and health systems to tackle infectious disease threats.
- More effective use of public and private investments in infectious disease response.
- Stronger public-private and North-South partnerships in global health research.

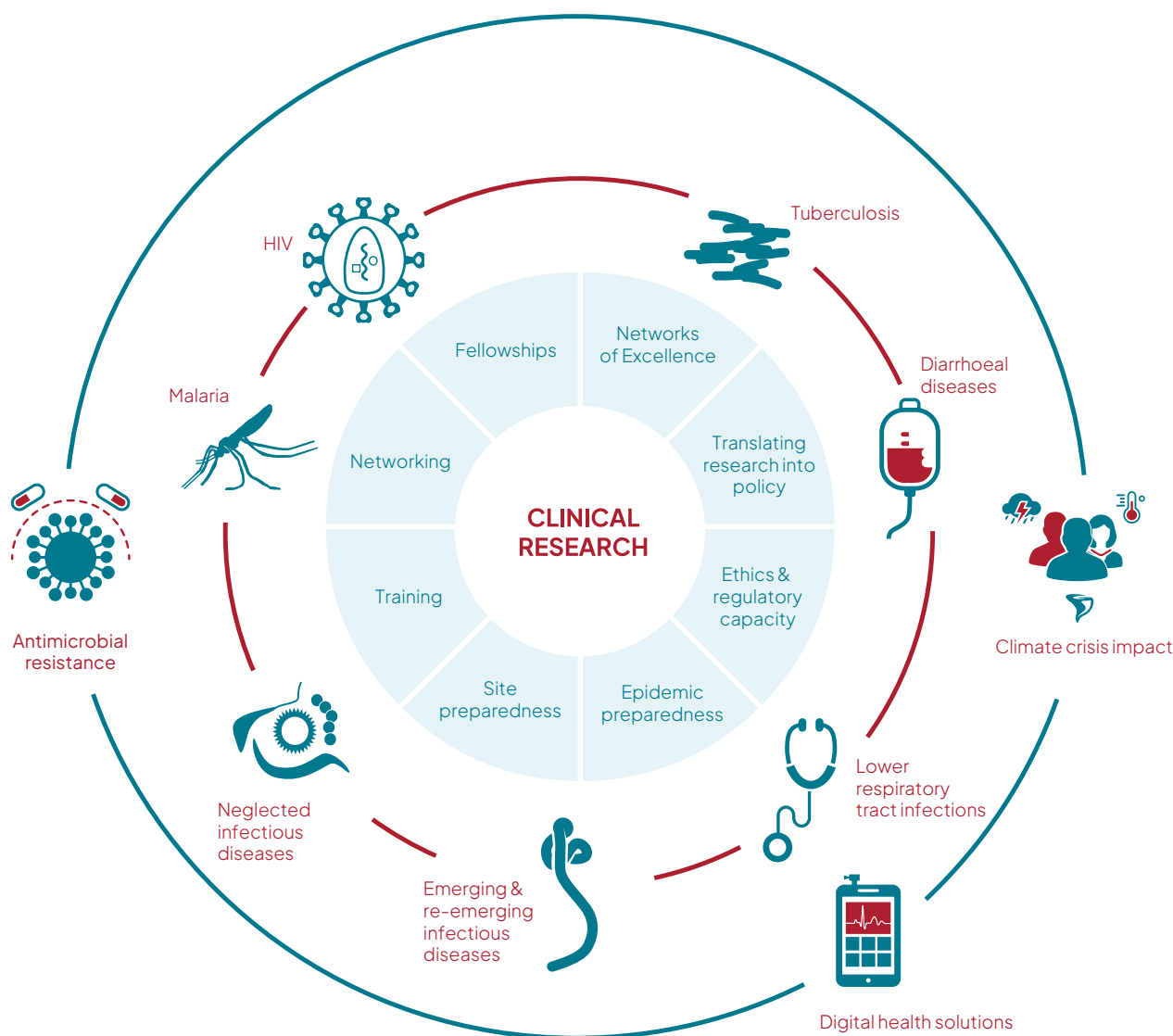
5



## Our long-term impact

- Reduced socio-economic burden of infectious diseases in SSA.
- Increased health security in SSA, Europe and globally.
- Progress towards European Union and African Union policy priorities and the Sustainable Development Goals.

# Funding opportunities



## HOW WE FUND R&I

Global Health EDCTP3 awards project grants through open and competitive calls for proposals. Each call is guided by our Strategic Research and Innovation Agenda (SRIA) and annual priorities, developed through broad consultation.

## AN INCLUSIVE PROCESS

Annual work programmes are shaped in consultation with our Scientific Committee, Stakeholders Group, the European Commission, EDCTP Association members and Contributing Partners. Final approval rests with the Governing Board, which includes representatives from the European Commission and the EDCTP Association.

## WHO CAN APPLY

Researchers worldwide can participate, as long as they collaborate with European and sub-Saharan African partners. Funding is available to legal entities from EU Member States, countries associated with Horizon Europe, and sub-Saharan African countries that are members of the EDCTP Association.

## WHERE TO FIND CALLS FOR PROPOSALS

All funding opportunities are published on the EU Funding and Tenders Portal. Detailed guidance and updates are also available on the Global Health EDCTP3 website.





# Research priorities per disease area



## HIV

**Goal:** Support achieving UNAIDS 95–95–95 targets.

- Focus on priority populations: infants, children, pregnant women, stigmatised, discriminated and criminalised populations.
- Focus on coinfections and comorbidities.
- Address HIV drug resistance and promote access to resistance testing.
- Deliver new prevention technologies (long-acting PrEP, broadly neutralising antibodies, vaccines).
- Advance community-driven and people-centred approaches to treatment and prevention.



## TUBERCULOSIS (TB)

**Goal:** End the TB epidemic by 2035.

- Develop shorter, effective treatment regimens for all TB forms.
- Develop and evaluate novel approaches for the early diagnosis of active TB.
- Shorten the duration of therapy.
- Improve treatments for both drug-sensitive and drug-resistant TB.
- Prevent relapse.
- Reduce drug resistance.
- Prevent long-term lung damage.
- Preventing latent TB infection from progressing to active TB.
- Improve point-of-care diagnostics and drug resistance testing.
- Develop host-directed therapies that can shorten the duration of therapy and improve treatment outcomes.
- Evaluate adjunct host-directed therapies based on repurposed drugs, cellular therapies, and other immunomodulators.
- Emphasise implementation research and integrated TB-HIV care.
- Support host-directed therapies and coinfection studies (especially HIV-TB).



## MALARIA

**Goal:** End the malaria epidemic by 2030.

- Prioritise children, pregnant women, adolescents, and vulnerable groups.
- Evaluate integration with other treatments (e.g. HIV/TB).
- Develop novel tools to treat and prevent malaria in early pregnancy.
- Support field-testing diagnostics, vector control, and elimination strategies.
- Develop new drugs, single-dose therapies, and chemoprevention tools.
- Field-test diagnostics to identify low-level infections and resistance.
- Advance malaria vaccines (sporozoite, blood-stage, transmission-blocking).



## NEGLECTED INFECTIOUS DISEASES (NIDS)

**Goal:** Eliminate NIDs and ensure effective delivery of health.

- Develop precise diagnostic tools, improved treatments, novel drugs, and vaccines.
- Investigate co-infections with malaria, TB, HIV, and non-communicable diseases.
- Emphasise disease prevention, effective management, and vector control.
- Conduct clinical trials of combination therapies and evaluate delivery models for preventive chemotherapy.
- Promote integration of NID care into people-centred universal health systems.
- Support early-phase clinical trials where no effective treatments currently exist.
- Advance vector control and integrated disease control strategies for vector-borne NIDs.
- Strengthen clinical and regulatory infrastructure to support local health systems and sustain progress.



## DIARRHOEAL DISEASES

**Goal:** Reduce the burden of diarrhoeal diseases and end preventable deaths of children under 5 years of age.

- Support development and delivery of new vaccines (e.g. rotavirus, *Shigella*, cholera, enterotoxigenic *E. coli*, *Cryptosporidium*, norovirus).
- Advance research in innovative delivery mechanisms, including combination vaccines.
- Support point-of-care diagnostics and enhance laboratory capacity.



## LOWER RESPIRATORY TRACT INFECTIONS

**Goal:** Reduce preventable deaths, especially in children, the elderly, and the immunocompromised.

- Support new and improved point-of-care diagnostics and imaging tools.
- Short-duration trials of antibiotic treatments.
- Evaluate host-directed therapies to strengthen immunity and improve outcomes.
- Enhance low-cost oxygen delivery methods for hypoxaemia in children.
- Develop and evaluate vaccines, including maternal ones.
- Prioritise research in high-risk populations and under-researched pathogens.
- Prioritise pathogens with existing or in-development vaccines: group B streptococci (GBS), respiratory syncytial virus (SRV), pneumococcus, and cytomegalovirus (CMV).



## EMERGING AND RE-EMERGING INFECTIOUS DISEASES

**Goal:** Strengthen preparedness, prevention and response capacities in sub-Saharan Africa.

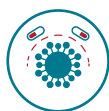
- Maintain emergency funding for rapid outbreak response.
- Strengthen surveillance and laboratory systems for early detection and diagnosis.
- Develop regional data hubs linking genomics and clinical data to inform swift public health actions.
- Build local capacity for a tailored, resilient public health approach for sub-Saharan Africa.
- Promote adaptive platform trials and harmonised master protocols; support trial design and regulatory readiness.
- Invest in community engagement, participatory research, and social sciences to combat misinformation and stigma.



## CLIMATE CRISIS-RELATED INFECTIOUS DISEASES

**Goal:** Reduce the health impacts of climate-driven increases in infectious diseases.

- Support research to understand links between climate conditions and disease outbreaks.
- Evaluate and strengthen public health responses and infrastructure.
- Invest in surveillance, emergency response systems, and vector control.
- Promote public health training as a key climate adaptation strategy.



## ANTIMICROBIAL RESISTANCE (AMR)

**Goal:** Mitigate the impact of AMR on infectious disease control in sub-Saharan Africa.

- Prioritise poverty-related and neglected diseases most affected by AMR and posing major health security risks.
- Develop novel treatments and point-of-care diagnostics to guide antibiotic use.
- Promote antibiotic stewardship and digital health tools to reduce misuse.
- Advance vaccines and immune-based interventions to lower infection burden.
- Support research to update treatment guidelines based on resistance patterns.



## INTERACTION OF INFECTIOUS DISEASES WITH NON-COMMUNICABLE DISEASES (NCDs)

**Goal:** Contribute to WHO's vision of a world free of the avoidable burden of NCDs.

- Support studies on comorbidities that impact the safety or effectiveness of infectious disease treatments.
- Fund research on interventions to prevent or treat NCDs in patients with infectious diseases, and vice versa.
- Promote integrated, patient-centred care models that address both infectious and non-communicable diseases.



# From vision to impact: 20+ years of EDCTP results

## Contributed to developing and implementing eight new or improved medical interventions



### First ever malaria vaccines:

RTS,S/AS01 and R21/Matrix-M  
RTS,S/AS01 plus seasonal malaria  
chemoprevention (SMC)



### Combination treatment for uncomplicated malaria in children:

Dihydroartemisinin plus Piperaquine (DHAPQ)



### First paediatric formulation for treating multiple episodes of malaria:

Pyramax®



### First paediatric formulation for treating HIV-infected children:

Triomune Baby/Junior



### Simplified treatment of HIV-associated cryptococcal meningitis:

Single high-dose amphotericin B



### Combination treatment for parasitic worm infections (soil-transmitted helminths):

Albendazole and Ivermectin



### New treatment option for schistosomiasis in young children:

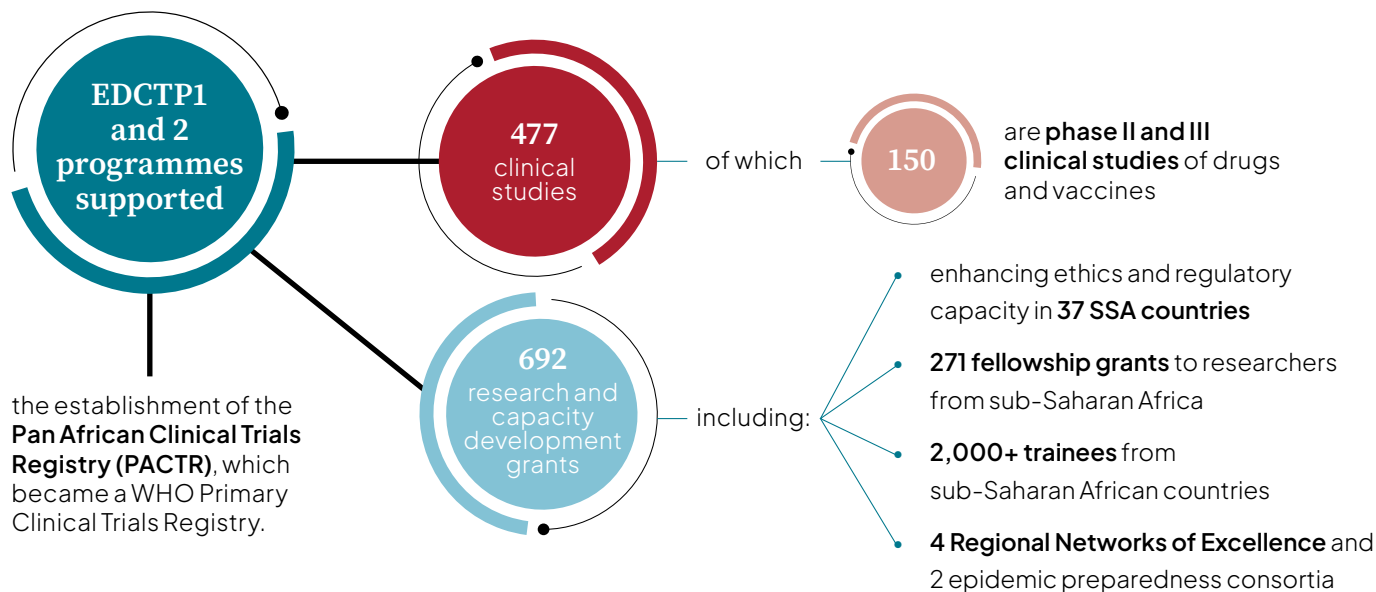
Arpraziquantel



### First oral treatment of an acute form of sleeping sickness

(Trypanosoma brucei (T.b.) rhodesiense):

Fexinidazole Winthrop



Launched **two emergency calls** to respond to the Ebola outbreak (2018) and the COVID-19 pandemic (2020).



# Looking ahead: Global Health EDCTP3 in action

## Calls for proposals funding (2022–2025)



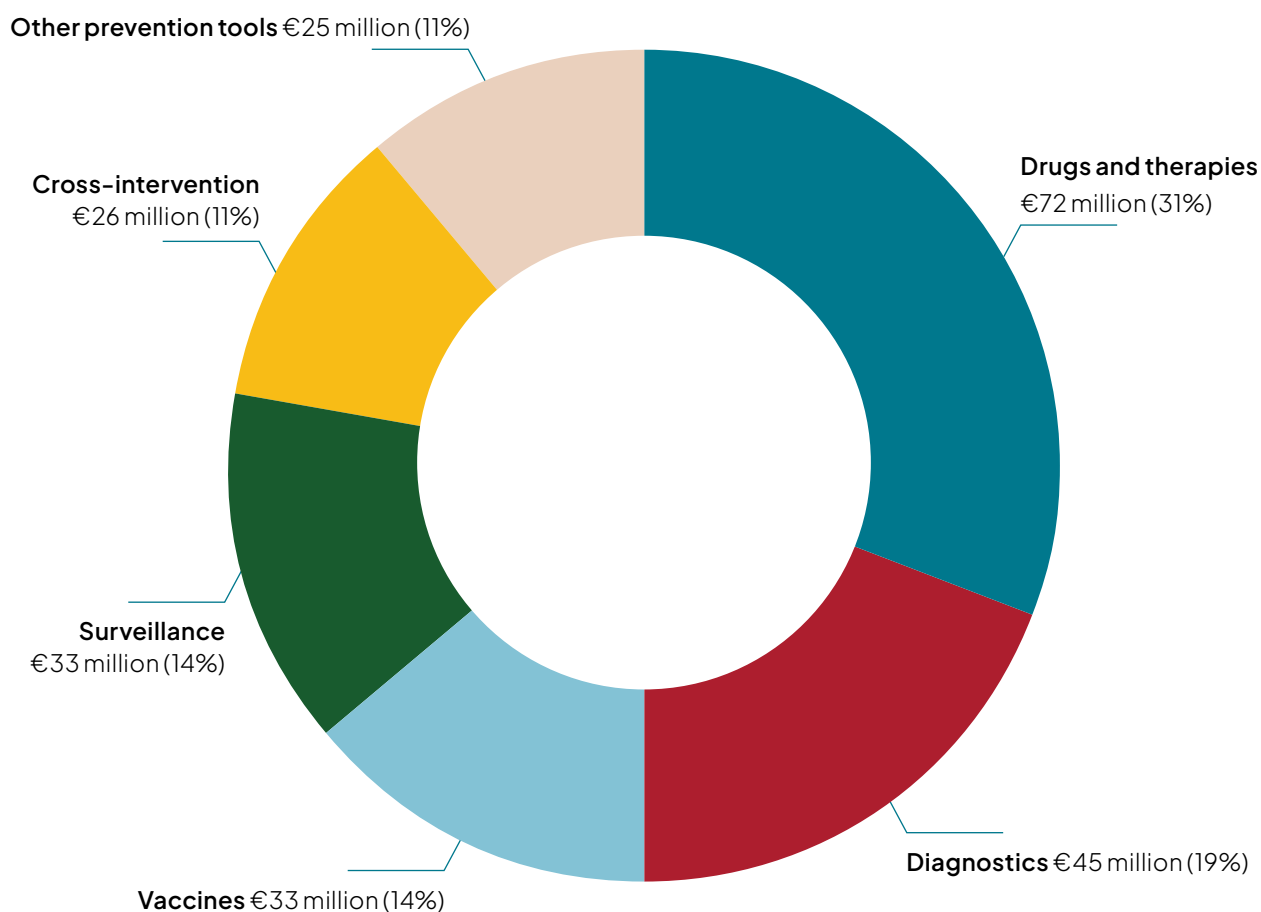
2024: emergency mpox call for proposals of €12.1 million (originally €1 million budget)

## Leveraging substantial indicative co-funding

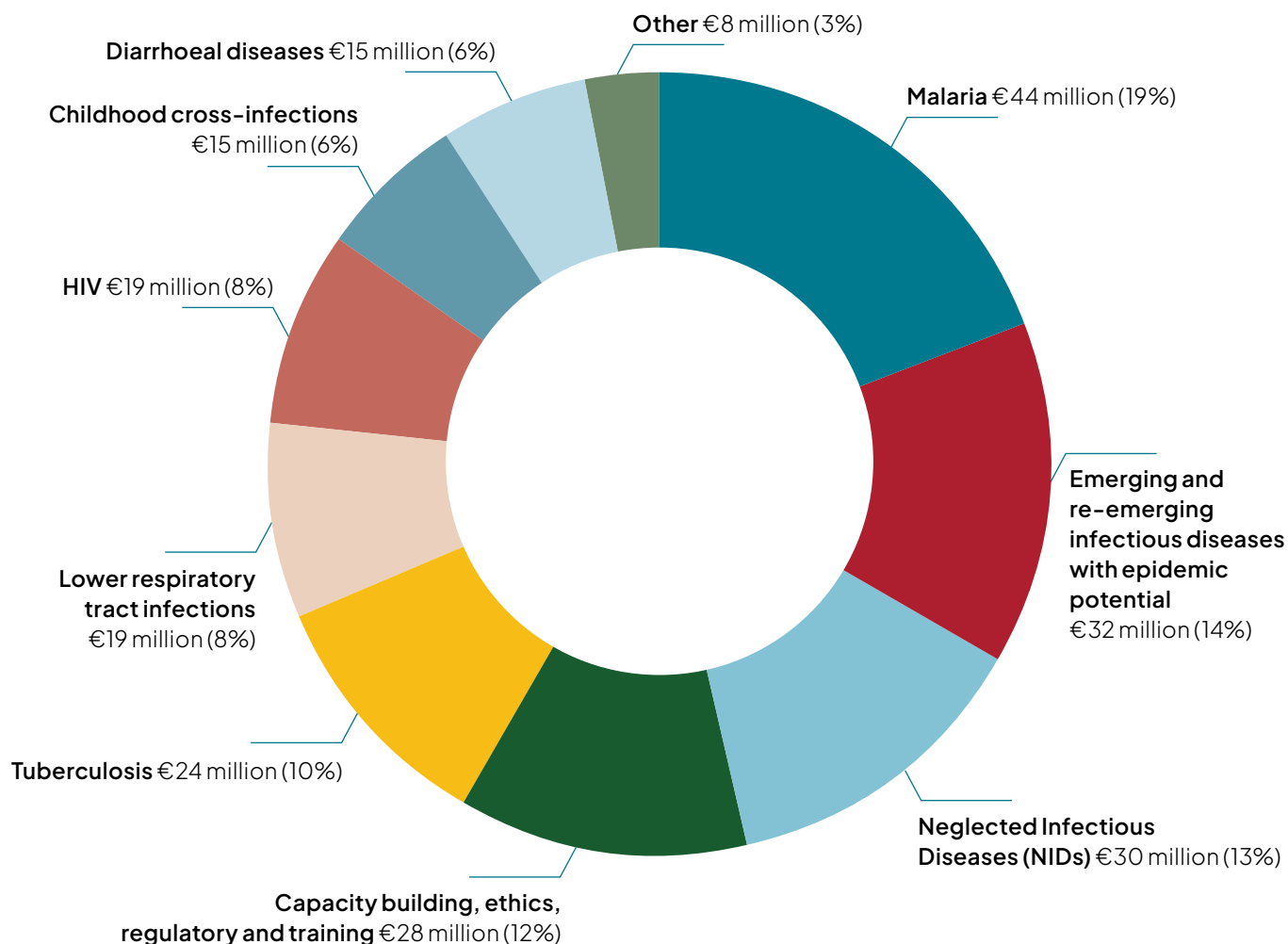


+ €19.8 million of additional investments in current projects

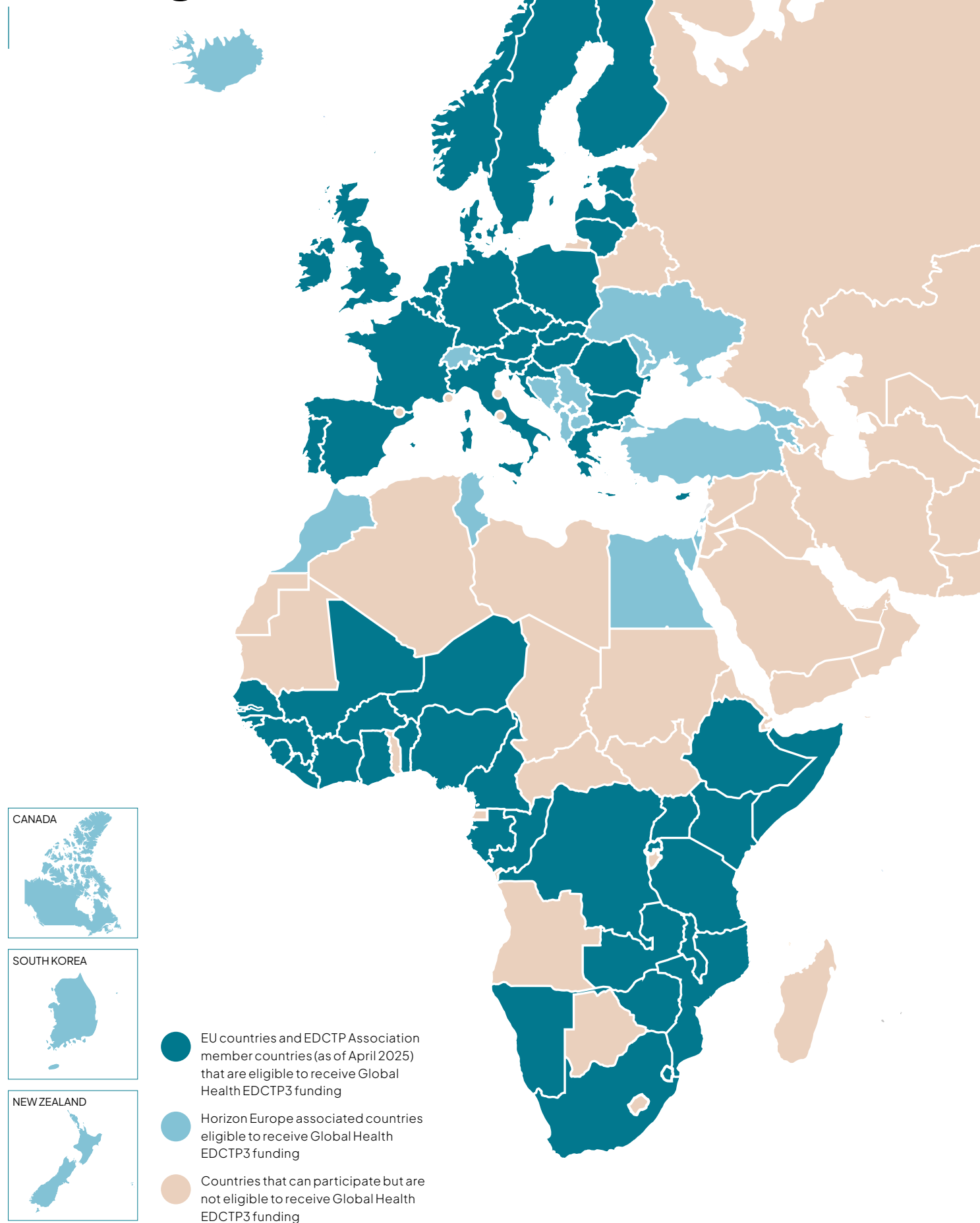
# Global Health EDCTP3 investments per type of intervention



# Global Health EDCTP3 investments per disease area



# Who can receive funding?





# Transforming health: Global Health EDCTP3 projects in action

## ADDRESSING DISPARITIES IN CLINICAL TRIALS IN AFRICA

**CTCAN** connects researchers, regulators, and industry to accelerate impactful clinical research and high-quality clinical trials across the African continent. The network fosters coordination by defining priority diseases, offering a platform showcasing research sites and labs, streamlining regulations, and strengthening the role of new players through training.

## PROTECTING PREGNANT WOMEN AND NEWBORNS FROM MENINGITIS

**PROTECT** safeguards maternal and newborn health by tracking the effectiveness and safety of novel maternal vaccines. Using group B streptococcal and respiratory syncytial virus vaccines as models, it tackles key gaps in electronic health records to build and monitor pregnancy registries across multiple African countries.

## PREVENTING MOTHER-TO-CHILD TRANSMISSION OF HIV

**PROMISE-ZERO** aims to prevent mother-to-child transmission of HIV during breastfeeding. It assesses the cost-effectiveness and effectiveness of a novel clinical approach featuring near-patient testing and lamivudine treatment.

## GENOMIC SURVEILLANCE IN WASTEWATER

**ODIN** strengthens sub-Saharan Africa's fight against infectious diseases through genomic surveillance in wastewater. Based on extensive sets of genomic epidemiological data, the project is training experts and building local capacity to establish a system to monitor outbreaks and antimicrobial resistance.

## THERAPEUTIC TOOLS AGAINST EBOLA

**EBO-PEP** aims to increase the portfolio of therapeutic tools against Ebola by evaluating a post-exposure strategy (PEP). Its multi-country Phase III trial evaluates the efficacy of monoclonal antibodies used in real Ebola outbreaks. EBO-PEP will also advocate for PEP implementation in countries affected by the virus and train clinical researchers to boost knowledge on Ebola.

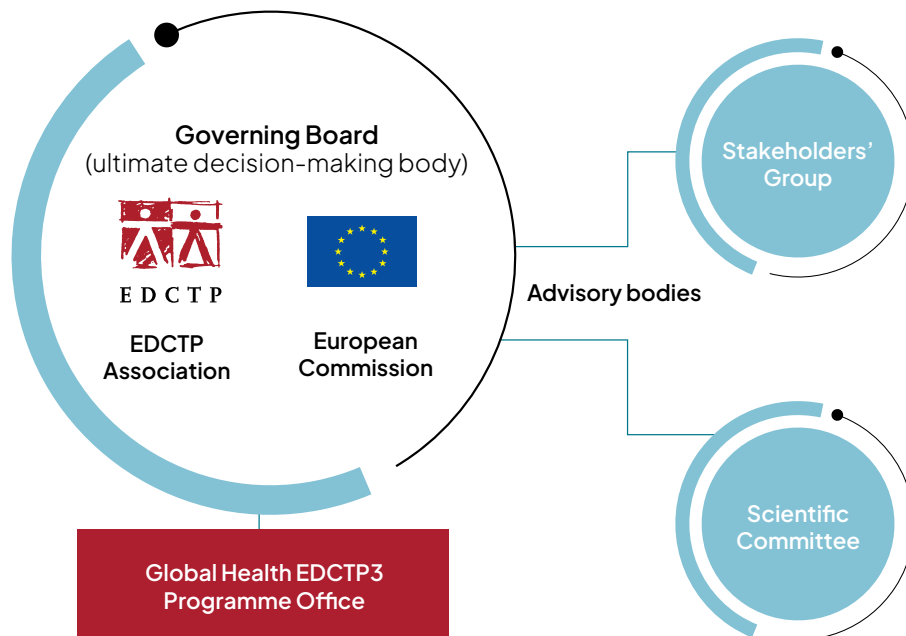
## ELIMINATING WORM INFECTIONS IN AFRICA

**eWHORM** champions the elimination of worm infections in Africa. It assesses the efficacy of a new drug, oxfendazole, across four countries and trains healthcare professionals in these settings. An innovative approach based on an adaptive clinical trial platform paves the way to expand treatment options for patients infected with parasitic worms.



# Governance

Global Health EDCTP3's governance structure ensures balanced representation and inclusive decision-making.



The **Governing Board** is the programme's highest decision-making body. It brings together two equal partners:

- The **European Commission**, representing the European Union.
- The **EDCTP Association**, representing the governments of European and sub-Saharan African countries.

Two advisory bodies support the work of Global Health EDCTP3:

- The **Scientific Committee**, composed of independent experts.
- The **Stakeholders' Group**, representing a broad range of external perspectives.

The programme is implemented by a **Programme Office** based in Brussels. In parallel, the **Africa Office** of the EDCTP Association ensures the execution of activities best implemented from the African continent, supported through a Global Health EDCTP3 grant.

**Contributing Partners** collaborate with Global Health EDCTP3 on a case-by-case basis. While they do not form part of the formal governance structure, they play a vital role in supporting the programme through financial or in-kind contributions.

## EDCTP Association

The **EDCTP Association** is a partnership of more than 40 European and African countries committed to accelerating the development and deployment of health technologies to combat infectious diseases in sub-Saharan Africa.

The EDCTP Association:

- co-governs Global Health EDCTP3 alongside the European Union;
- contributes financially and strategically to the programme;
- aligns national and regional research investments with the joint strategic agenda;
- mobilises expertise and partnerships to support global health priorities.

The **General Assembly** is the governing body of the Association. It is composed of institutions formally mandated by national governments. The **European Commission**, **African Union**, and **World Health Organization** participate as observers.

More information on the governance and membership of the EDCTP Association is available at [www.edctp.org](http://www.edctp.org).

# Working in partnership

## TWO DECADES OF COLLABORATION

For over 20 years, EDCTP has been a central pillar of EU support for global health research in Africa. Backed by the EU, it has become a key instrument of the EU Global Health Strategy and a recognised contributor to the AU–EU Innovation Agenda.



**EDCTP is the most cited joint programme strengthening health research and health systems in Africa.**

Advisory Group on R&I  
for Africa–Europe cooperation

## A MODEL OF INCLUSIVE PARTNERSHIP

EDCTP operates as a true partnership of equals between Africa and Europe. African institutions are involved in setting priorities, shaping strategy, implementing activities, and participating in governance. This inclusive model fosters co-ownership, political engagement, and a more significant impact of research outcomes.

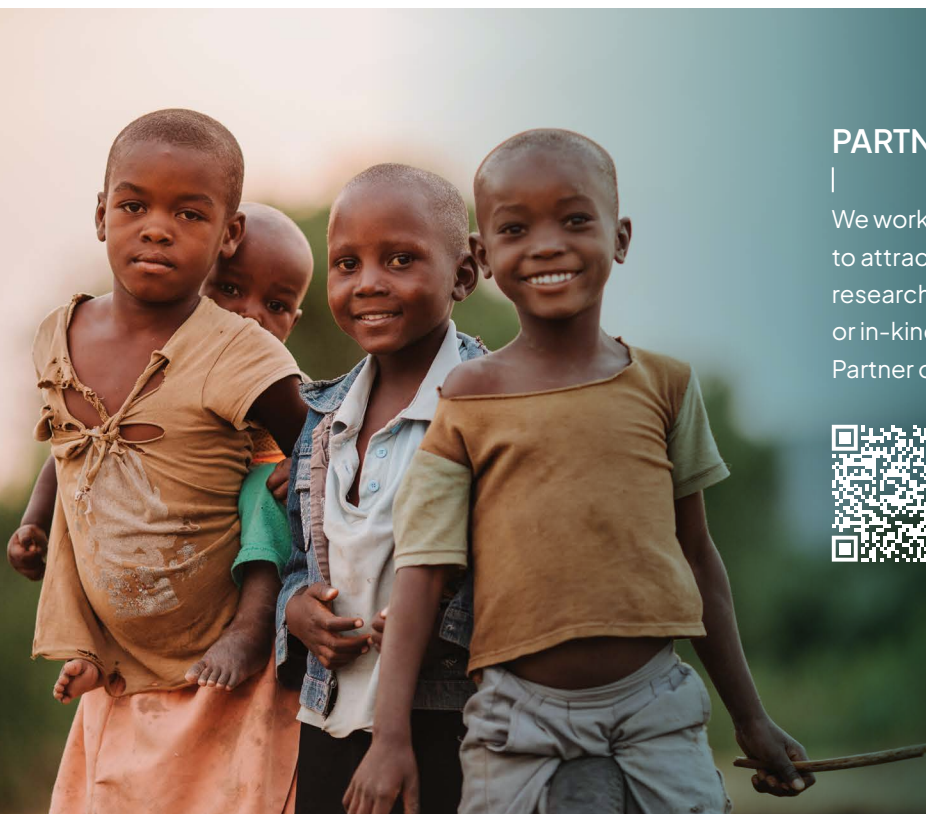
## CONNECTING RESEARCH COMMUNITIES

Our work is grounded in long-term relationships between African and European researchers, institutions, and governments. We support alignment of national and regional R&D agendas and promote collaboration among countries associated with Horizon Europe.

We also engage with a broad range of public and private partners to foster synergies, launch joint initiatives, and attract additional investment. These collaborations help expand opportunities for high-quality clinical research and enhance the impact of integrated research approaches.

## PARTNERING FOR THE FUTURE

We work with a wide range of public and private actors to attract additional investment and strengthen clinical research systems. Organisations can contribute in cash or in-kind. Learn more about becoming a Contributing Partner on our website.





Visit our website  
[www.global-health-edctp3.europa.eu](http://www.global-health-edctp3.europa.eu)

Follow us on



Brussels, Belgium, April 2025

Subscribe to our newsletter  
[europa.eu/!PdCyWj](http://europa.eu/!PdCyWj)

