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 45 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.

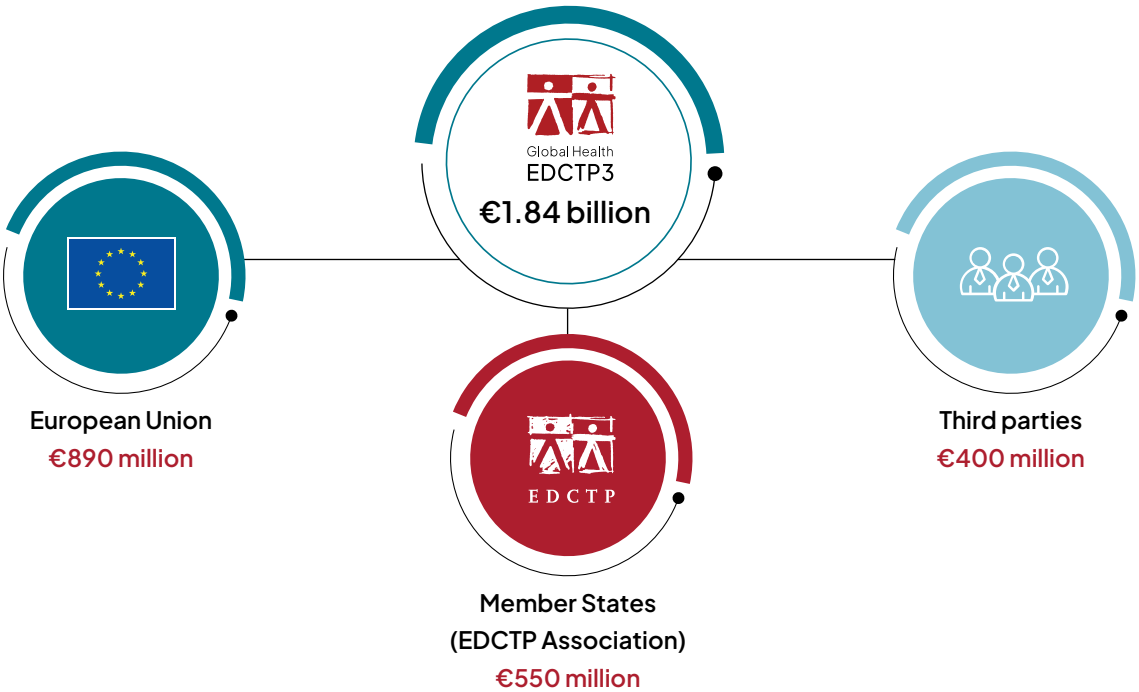
OUR MISSION

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 implementation runs from 2021 to 2031, with an expected budget of **€1.84 billion**.



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, climate change-driven disease outbreaks, the development of digital health solutions and Artificial Intelligence (AI), 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[1]:

- Buruli ulcer
- Dengue and chikungunya
- Dracunculiasis (guinea-worm disease)
- Echinococcosis
- Foodborne trematodiases
- Human African trypanosomiasis (sleeping sickness)
- Leishmaniases
- Leprosy (Hansen disease)
- Lymphatic filariasis
- Mycetoma, onchocerciasis (river blindness)
- Rabies, schistosomiasis
- Soil-transmitted helminthiases
- 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

Our path to impact

1

What needs solving

- High burden of infectious disease and death in sub-Saharan Africa (SSA).
- Insufficient technical and workforce capacity to prevent, detect and respond.
- Negative impact of infectious diseases on individuals, the economy and society.
- Health systems are interconnected – outbreaks in SSA threaten European and global health security, and vice versa.

2

What we do

- Align funders and partners around a common R&I strategy.
- Fund projects for research and capacity development on infectious diseases.
- Provide guidance and monitor implementation to ensure quality, policy-relevance and impact.
- Foster global collaboration through networks and knowledge platforms.
- Raise awareness of infectious disease challenges and existing initiatives.

3

What we deliver

- New or improved technologies to combat infectious diseases in SSA and globally.
- Stronger research capacity and regulatory frameworks for clinical research in SSA.
- More co-funding and joint actions to address infectious diseases.

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, regulators, policymakers and institutional health stakeholders in SSA and the EU.
- Product developers.

4

Real-world effects

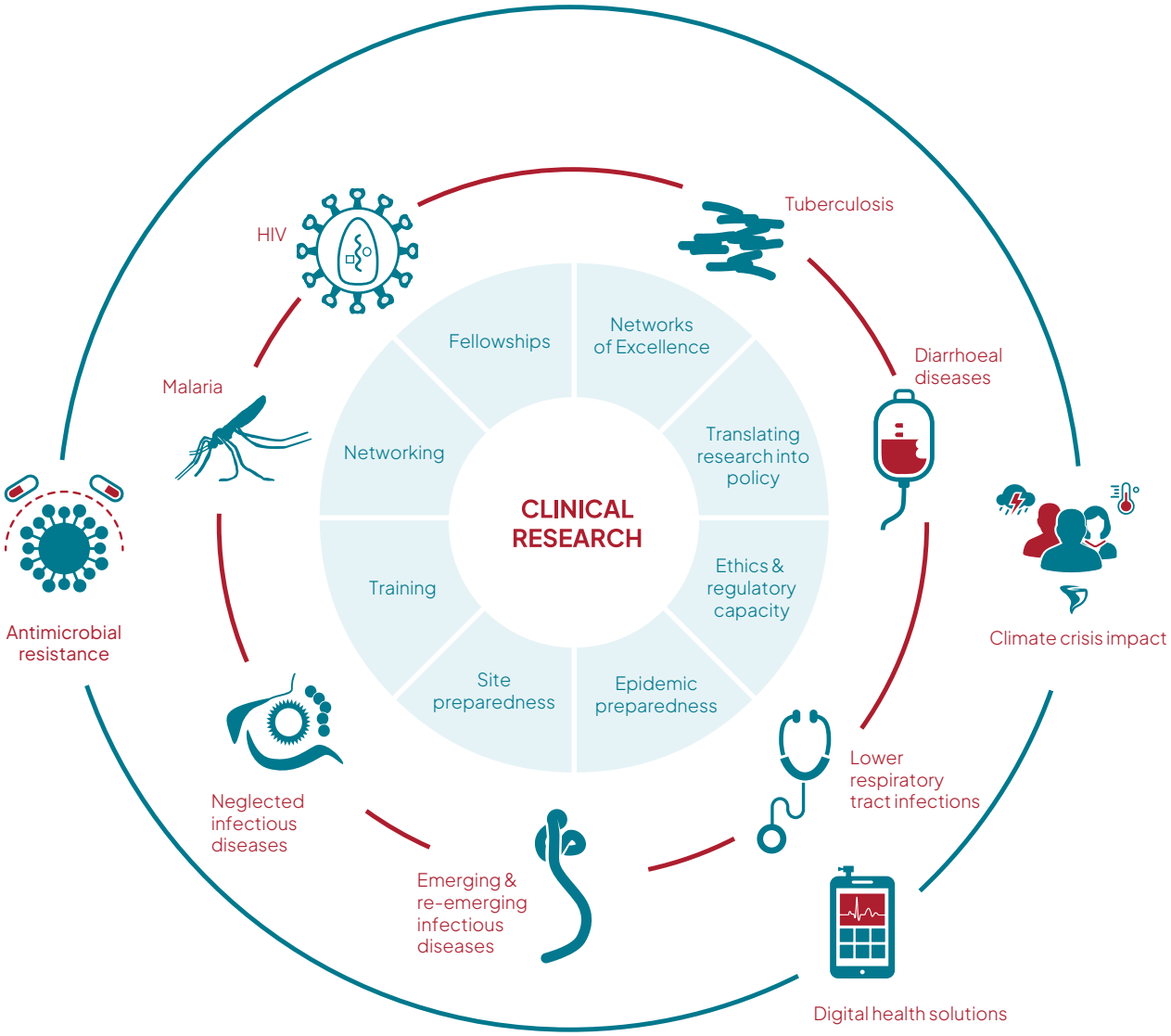
- New or improved technologies are used to test, treat and prevent infectious diseases in SSA.
- Stronger R&I capacity and health systems to tackle infectious disease threats.
- More effective use of public and private investments in infectious disease response.
- Stronger public-private and North-South 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 targets of 95% diagnosed, 95% on treatment, 95% virally suppressed by 2030.**

- 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.**

- Prioritise vector-borne, water-borne and enteric diseases, with emphasis on advancing diagnostics, vaccines, and treatments.
- Invest in surveillance, data integration and early warning systems.
- Support solution-focused research using integrated, multi-burden and cross-cutting systems approaches.
- Focus on vulnerable and underrepresented populations, community-led and culturally embedded interventions.
- Evaluate and strengthen public health responses and infrastructure, including local health worker capacity.
- Promote the greening of healthcare systems and reduction in the climate footprint of research activities.

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 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:
Dihydroartemsinin plus Piperaquine (DHAPQ)

First paediatric formulation for treating multiple episodes of malaria:
Coartem® Baby
Pyramax®

First paediatric formulations for treating HIV-infected children:
Triomune Baby/Junior

Simplified treatment of HIV-associated cryptococcal meningitis:
Single high-dose liposomal amphotensin B

Combination treatment for parasitic worm infections (soil-transmitted helminths):
Albendazole and Ivermectin

New treatment option for schistosomiasis in young children:
Arpraziquantel

New oral treatments for sleeping sickness:
Fexinidazole Winthrop
Acoziborole Winthrop

A battery-powered molecular diagnostic tool for pulmonary TB:
Molbio Truenat

EMA European Medicines Agency's positive opinion. For malaria vaccines, only RTS-S.

EDCTP has supported so far

600+ clinical studies — of which **180+** are **phase II and III clinical studies** of therapies and vaccines

700+ research and capacity development grants — including:

- enhancing ethics and regulatory capacity in **37 SSA countries**
- **300+ fellowship grants** to researchers from sub-Saharan Africa
- **2,000+ trainees** from sub-Saharan African countries
- **4 Regional Networks of Excellence** and **2 epidemic preparedness consortia**

Established the **Pan African Clinical Trials Registry (PACTR)**, which became a WHO Primary Clinical Trials Registry.

Launched **three emergency calls** to respond to the **Ebola outbreak** (2018), **COVID-19 pandemic** (2020) and **Mpox outbreak** (2024).

Looking ahead: Global Health EDCTP3 in action

March 2026

Calls for proposals funding (2022–2026)

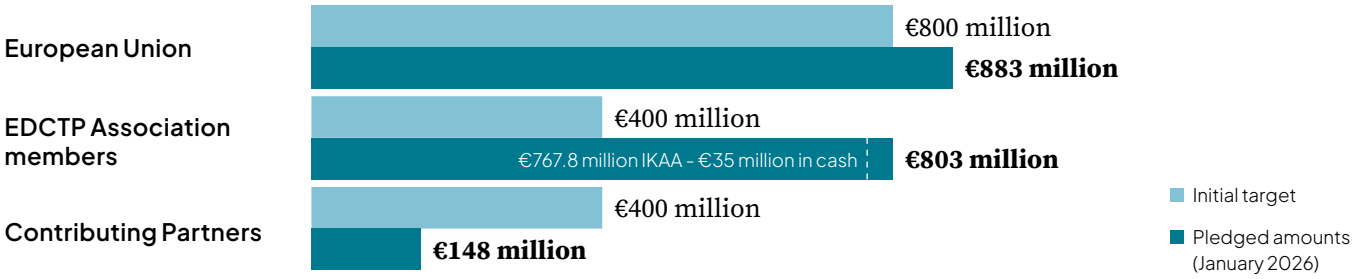
Global Health EDCTP3 contribution

* Includes 2025 and 2026 budgets and may increase with contributions from Contributing Partners.

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

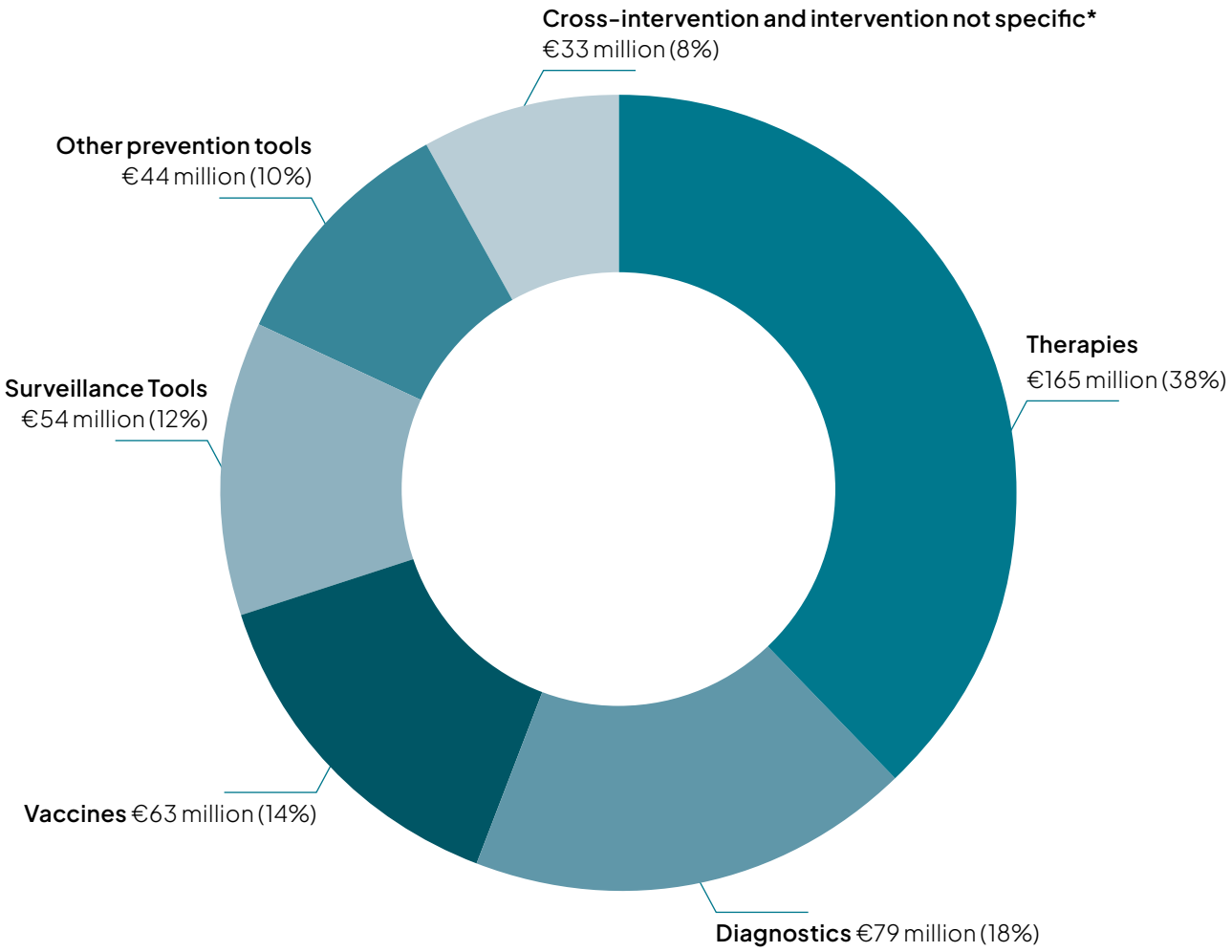
Leveraging substantial indicative co-funding

Leverage effect: For every **€1** invested by the **EU**, we mobilise an additional **€1.1** from other contributors, **exceeding the initial target** (based on pledges up to January 2026).

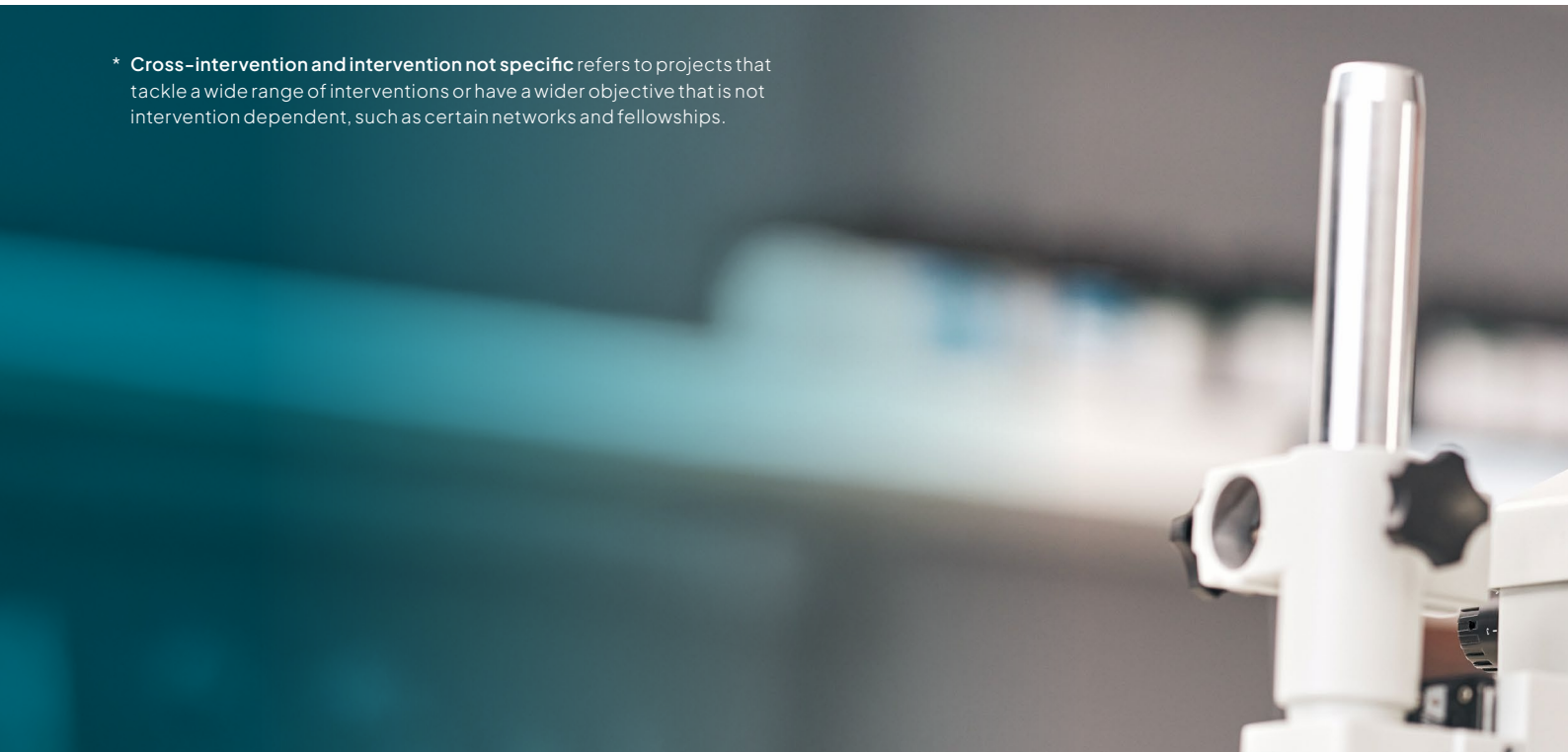


Pledges from Contributing Partners have nearly quadrupled since 2024.

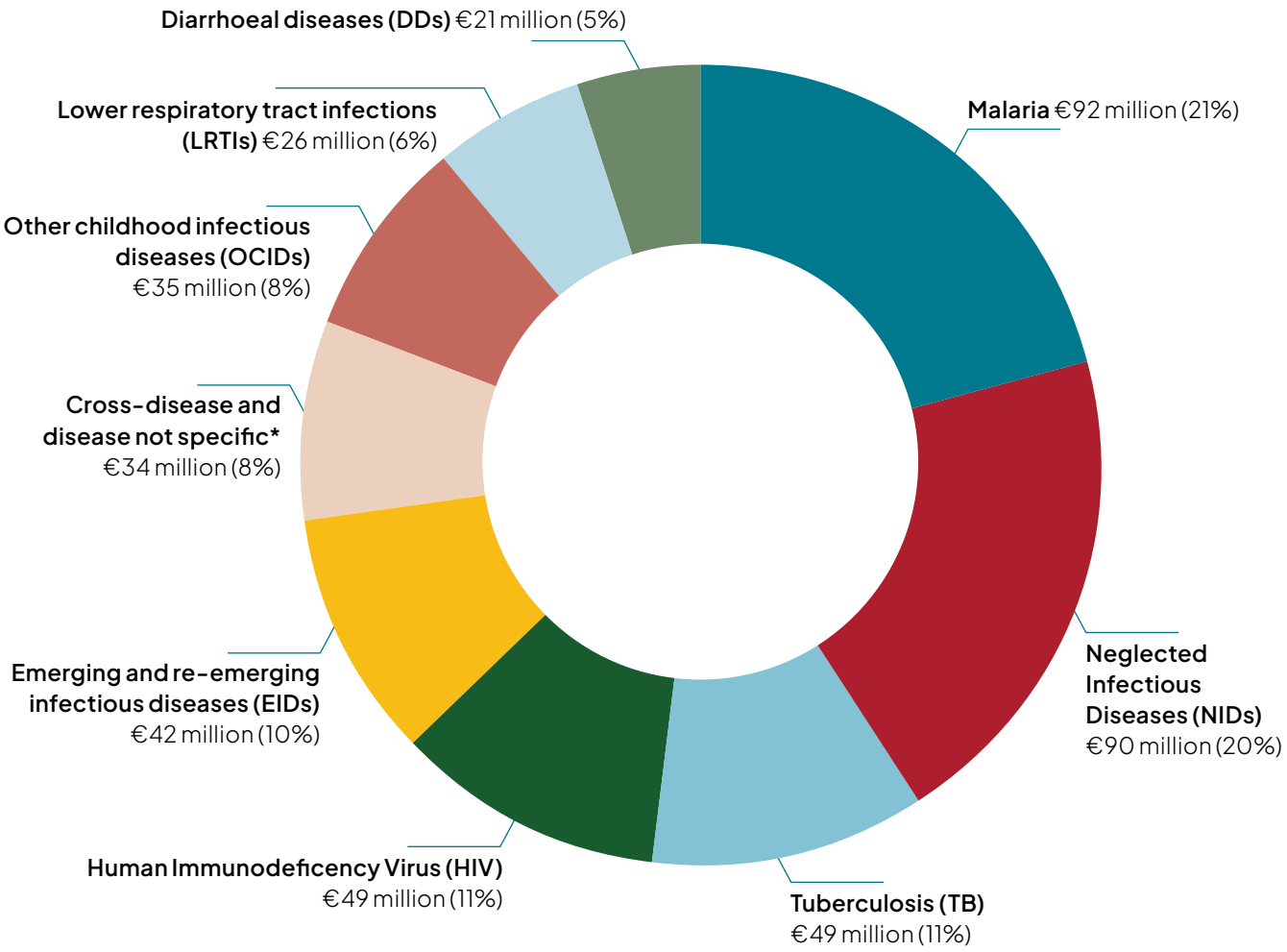
Global Health EDCTP3 investments per type of intervention

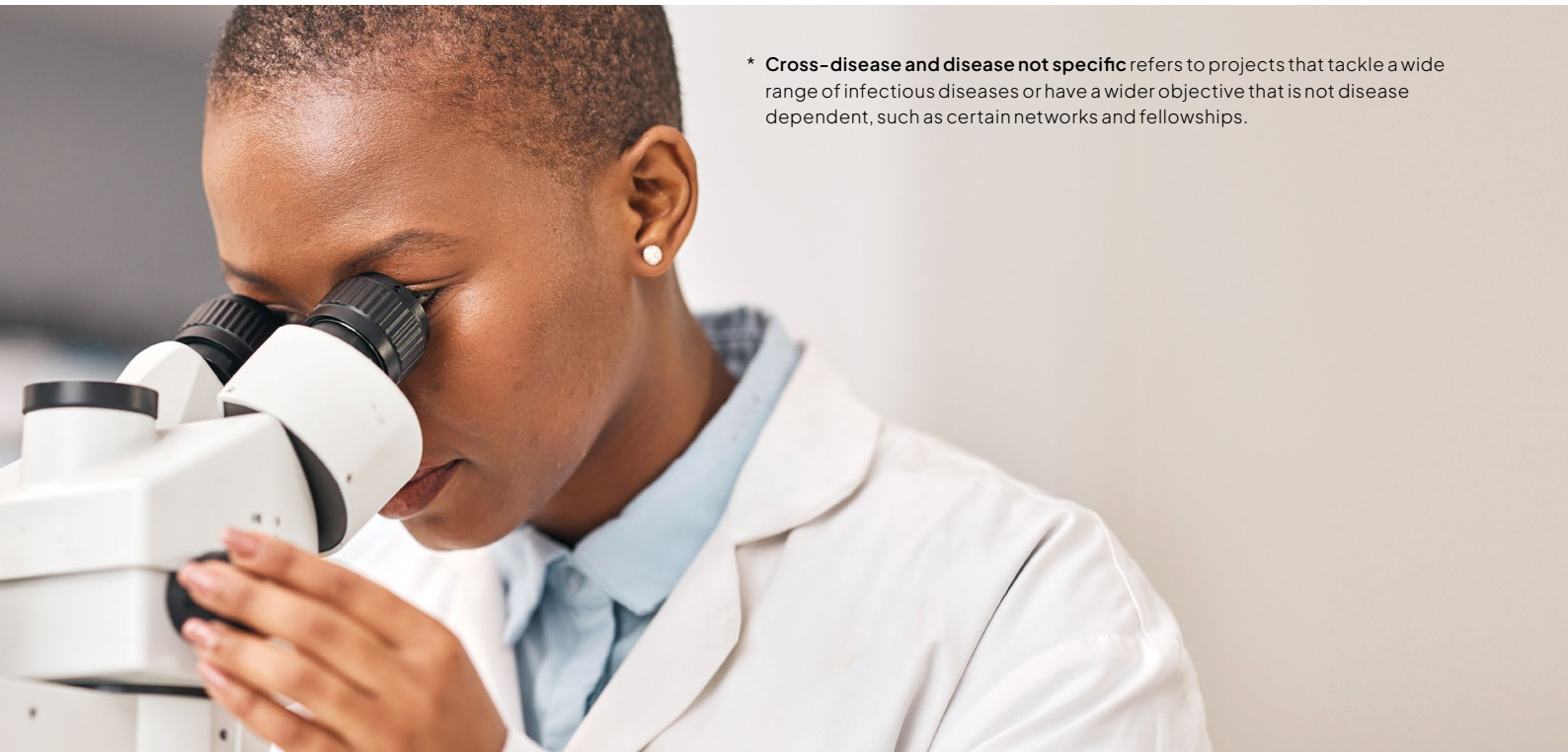


* **Cross-intervention and intervention not specific** refers to projects that tackle a wide range of interventions or have a wider objective that is not intervention dependent, such as certain networks and fellowships.



Global Health EDCTP3 investments per disease area



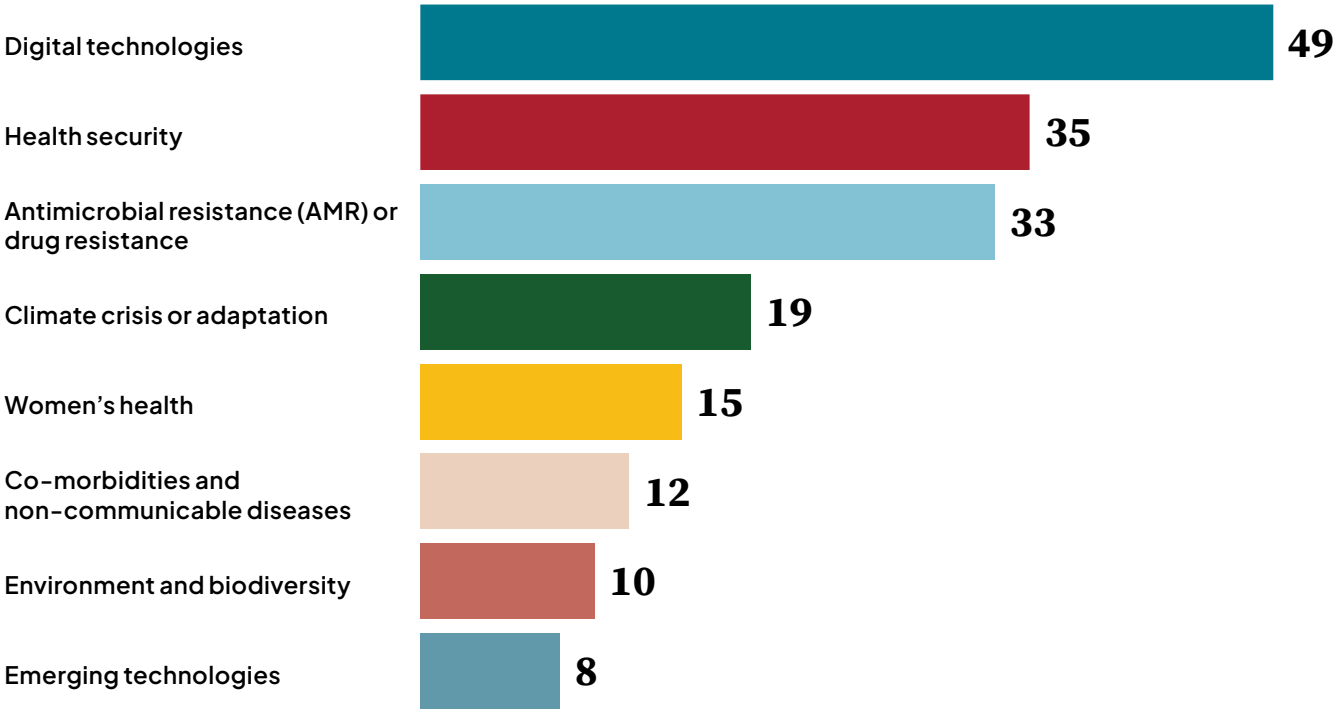


* **Cross-disease and disease not specific** refers to projects that tackle a wide range of infectious diseases or have a wider objective that is not disease dependent, such as certain networks and fellowships.

Contribution to global health challenges

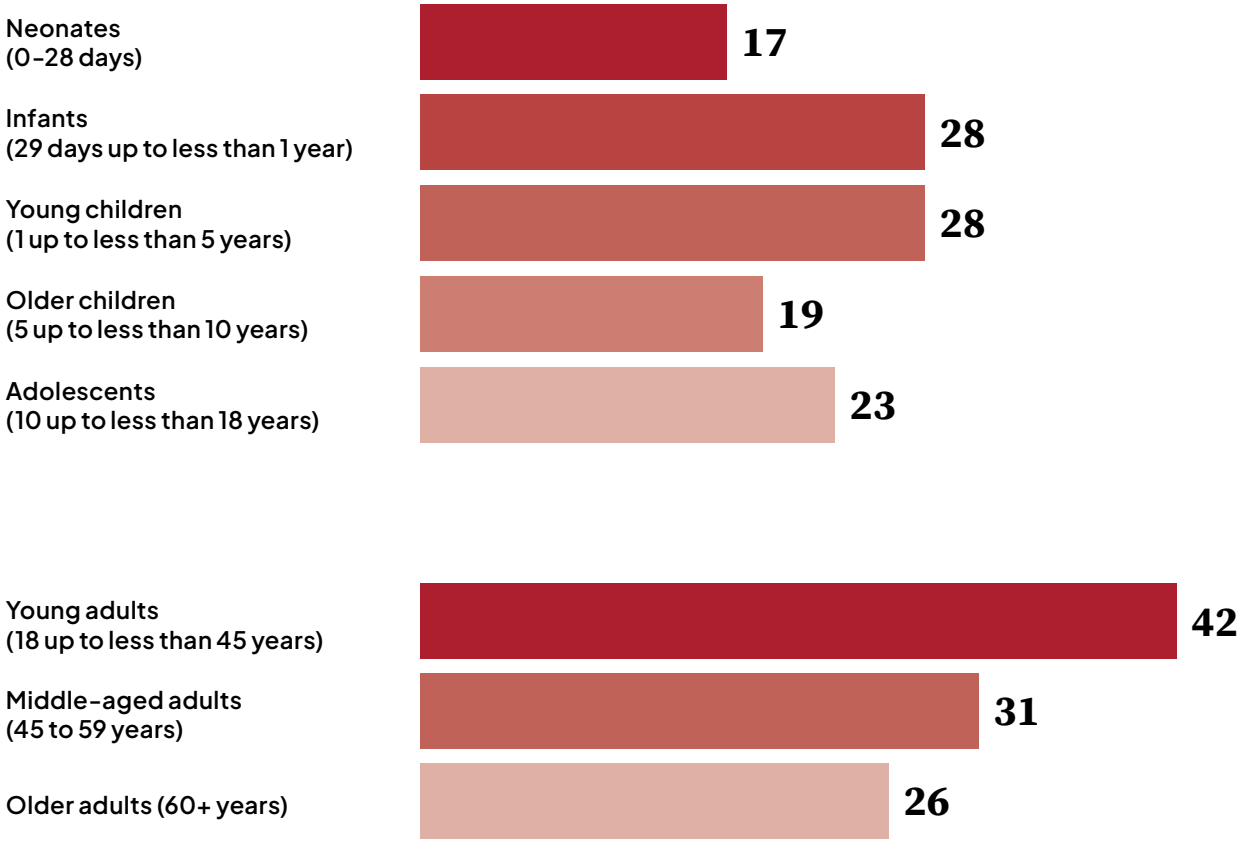
Number of projects per area

One project can contribute to more than one area.



Focus on target populations

One project can focus on more than one age group.



Focus on vulnerable populations

83 out of 109 projects address vulnerable populations

One project can contribute to more than one area.

58 Children

37 Individuals living with HIV

36 Individuals in remote or underserved areas

19 Pregnant individuals

15 Individuals living with other chronic conditions

13 Breastfeeding individuals

10 Individuals with disabilities

6 Individuals affected by forced migration / reallocation

20 Other

Transforming health: Global Health EDCTP3 projects in action

AI TOOLS FOR FASTER AND CHEAPER PARASITE DIAGNOSIS

MultiplexAI is developing artificial intelligence tools that transform conventional optical microscopes into smart diagnostic devices capable of automatically detecting and analysing parasites in clinical samples. By combining AI with mobile technology, the project aims to enable fast, accurate and low-cost diagnosis of malaria and other parasitic neglected tropical diseases directly at the point of care.

STRENGTHENING GENOMIC SURVEILLANCE CAPACITY

GREAT-LIFE is strengthening genomic surveillance across eight countries in the Great Lakes region of Africa by building systems to detect and monitor infectious diseases and antimicrobial resistance. The project introduces sequencing technologies and bioinformatics tools that enable local laboratories to analyse genomic data to inform immediate clinical and public decisions.

BOOSTING RESEARCH CAPACITY IN PORTUGUESE-SPEAKING COUNTRIES

CT-Luso is working with the five Portuguese-speaking countries in sub-Saharan Africa to strengthen their capacity to oversee and conduct clinical research. The project supports stronger legal and regulatory frameworks, trains professionals in research governance and ethics, and expands the community of researchers and regulators with expertise in ethical oversight

EARLY WARNING SYSTEMS FOR CLIMATE CHANGE-DRIVEN TICK-BORNE DISEASES

ResTick is developing new approaches to monitor and manage tick-borne diseases increasingly affected by climate change. The project combines veterinary, ecological and epidemiological expertise to map ticks and the diseases they transmit. These insights will inform targeted treatments, support early warning systems, and anticipate potential pandemic outbreaks through a One Health approach.

DEPLOYING A NEW, IMPROVED TREATMENT AGAINST PARASITIC WORMS

STOP2030 is developing and deploying a new single-pill treatment combining ivermectin and albendazole to fight soil-transmitted worm infections. The medicine is effective against the major soil-transmitted worms and simplifies mass drug administration campaigns. In 2025, Ghana became the first country to approve the treatment, and the project now focuses on real-world testing and expanding access in endemic countries.

STRENGTHENING THE IMPACT OF NEW MALARIA VACCINES

The introduction of the first malaria vaccines opens new opportunities to strengthen prevention. **IMVACS** is testing whether combining vaccination with seasonal malaria chemoprevention can provide better protection for children in regions with seasonal malaria transmission. Trials in Burkina Faso and Mali compare different delivery strategies and assess effectiveness, feasibility, and cost to inform better malaria prevention campaigns.

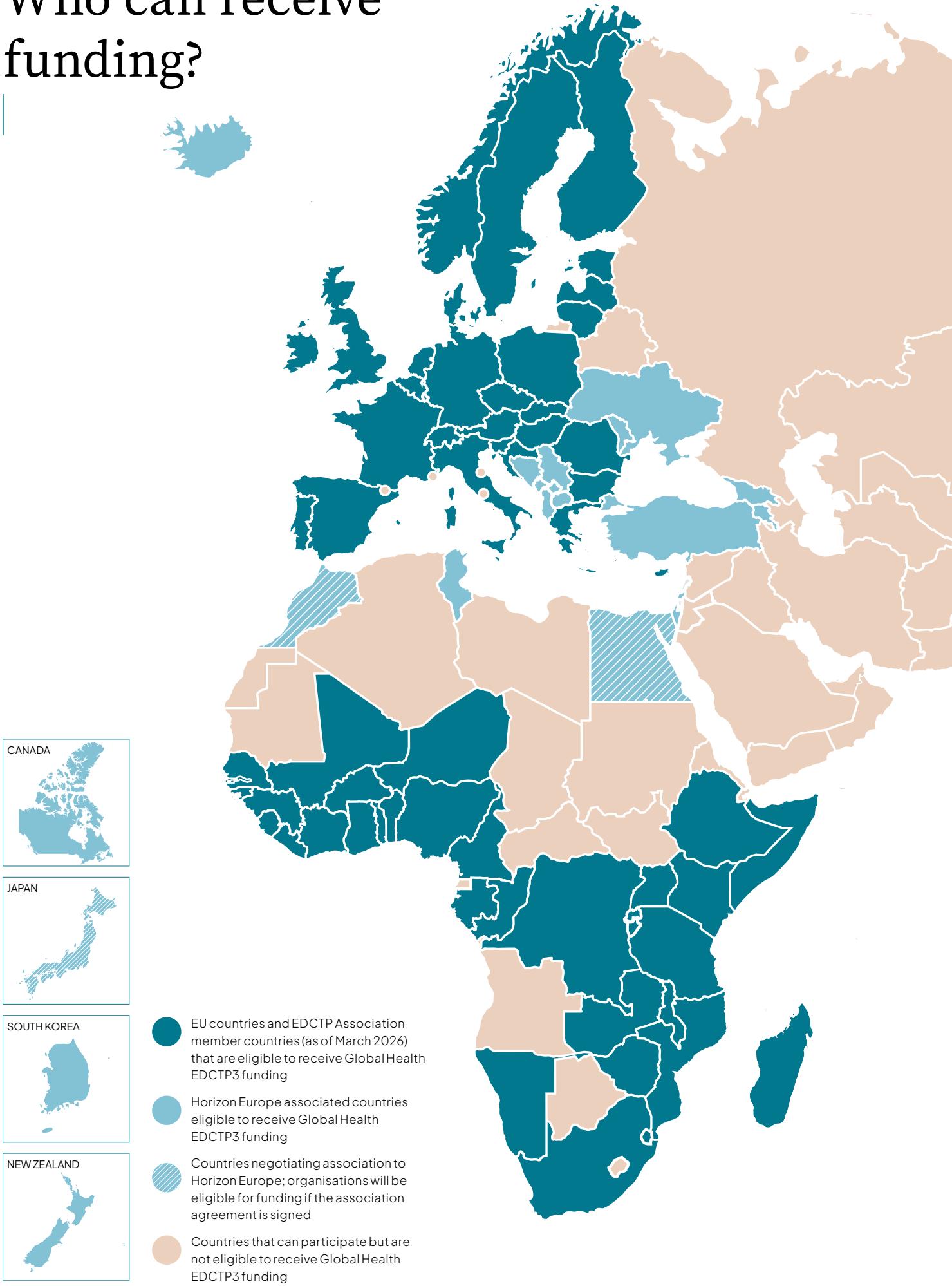
CUTTING-EDGE CLINICAL RESEARCH TO TREAT NEONATAL SEPSIS

SNIP-AFRICA is establishing a clinical research network to improve the treatment of severe infections in newborns, particularly sepsis. The project is pioneering an adaptive trial platform to test new treatments and respond to rising antimicrobial resistance. This approach allows researchers to compare multiple treatments, doses, and durations for different pathogens, generating robust evidence on how best to treat neonatal sepsis.

PREVENTING MOTHER-TO-CHILD TRANSMISSION OF HIV

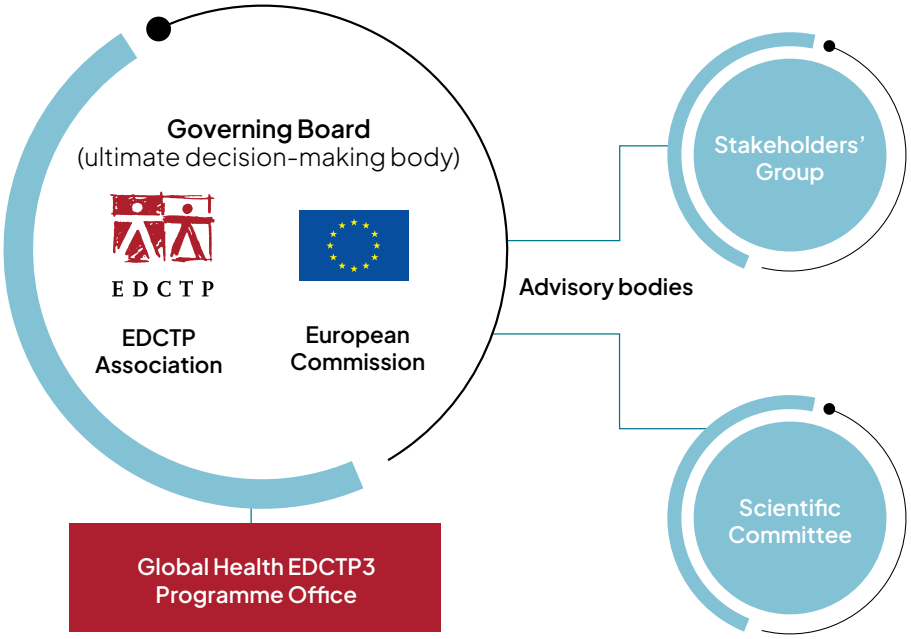
PROMISE-ZERO aims to prevent mother-to-child transmission of HIV during breastfeeding. It assesses the cost and effectiveness of a novel clinical approach that combines near-patient testing with lamivudine treatment.

Who can receive funding?



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 45 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.

Working in partnership

GREATER IMPACT THROUGH COLLECTIVE INVESTMENT

For more than 20 years, EDCTP has brought together partners across Africa and Europe to support research and implementation efforts that no single actor could deliver alone, by aligning priorities and pooling resources.

The EDCTP Association brings together countries from Europe and sub-Saharan Africa that jointly shape the programme's priorities and contribute to its activities. Through this shared commitment, the partnership mobilises public and private investment for clinical research, training and health research capacity across the African continent.

ENGAGING PUBLIC AND PRIVATE PARTNERS

Global Health EDCTP3 also collaborates with a wide range of public and private partners to foster greater collaboration in global health. This includes pharmaceutical companies, Product Development Partnerships (PDPs), international organisations, research institutions, civil society organisations and research funders, among others. Their contributions help accelerate the development of new health technologies and strengthen clinical research systems in sub-Saharan Africa.

GLOBAL LEADERSHIP THROUGH EQUITABLE PARTNERSHIPS

Strategic partnerships help reinforce research capacity, align investments and support the translation of scientific evidence into policy and practice. Global Health EDCTP3 also engages with regulatory and public health institutions in Africa and Europe to strengthen the clinical research environment. Our Stakeholders' Group provides advice on strategic priorities and emerging collaboration opportunities.

> **At a time of geopolitical uncertainty, trusted partnerships with a proven track record like EDCTP are more essential than ever.**

Dr Delese Mimi Darko
Director General of the African Medicines Agency

CO-INVESTMENTS IN HEALTH INNOVATION

Over 40 Contributing Partners have committed nearly €150 million in co-investments with Global Health EDCTP3 by December 2025. These contributions support late-stage development of tuberculosis vaccines, next-generation antimalarial drugs, and regional networks advancing clinical research, genomics, ethics and regulation, and digitisation.

One-third of these contributions originate from African partners, and over two-thirds from industry and innovation actors, including pharmaceutical companies, small businesses, PDPs and biotech firms.

PARTNERING FOR THE FUTURE

We strive to further expand our collaboration with partners who share our commitment to advancing research and innovation against infectious diseases.

Organisations can contribute to Global Health EDCTP3 activities through financial or in-kind support to strengthen clinical research systems and accelerate the development of life-saving health technologies.

Learn more
about partnering with us

Visit our website
www.global-health-edctp3.europa.eu

Follow us on

Subscribe to our newsletter
europa.eu/!PdCyWj

Brussels, Belgium, March 2026