Global Health
EDCTP3

EDCTP

COUNTRY PROFILE

Tanzania

EDCTP participation

Data as of 22 September 2026

Brussels

Co-funded by the European Union

Global Health
EDCTP3

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Tanzania in EDCTP

(2003-present)

Co-funded by
the European Union

Tanzania in EDCTP-funded projects: key facts

Since 2003, Tanzania has had a strong EDCTP presence, reflected in funding, institutional participation, project coordination, and international collaboration.

€95.1 M

funding received by Tanzania-based beneficiaries since 2003

137

projects with participation of institutions or fellows based in Tanzania

15

consortia-based **projects coordinated** by Tanzania-based institutions

31

Tanzania-based **institutions involved** in the implementation of EDCTP-funded projects

53

collaborating countries with Tanzania organisations through EDCTP-funded projects

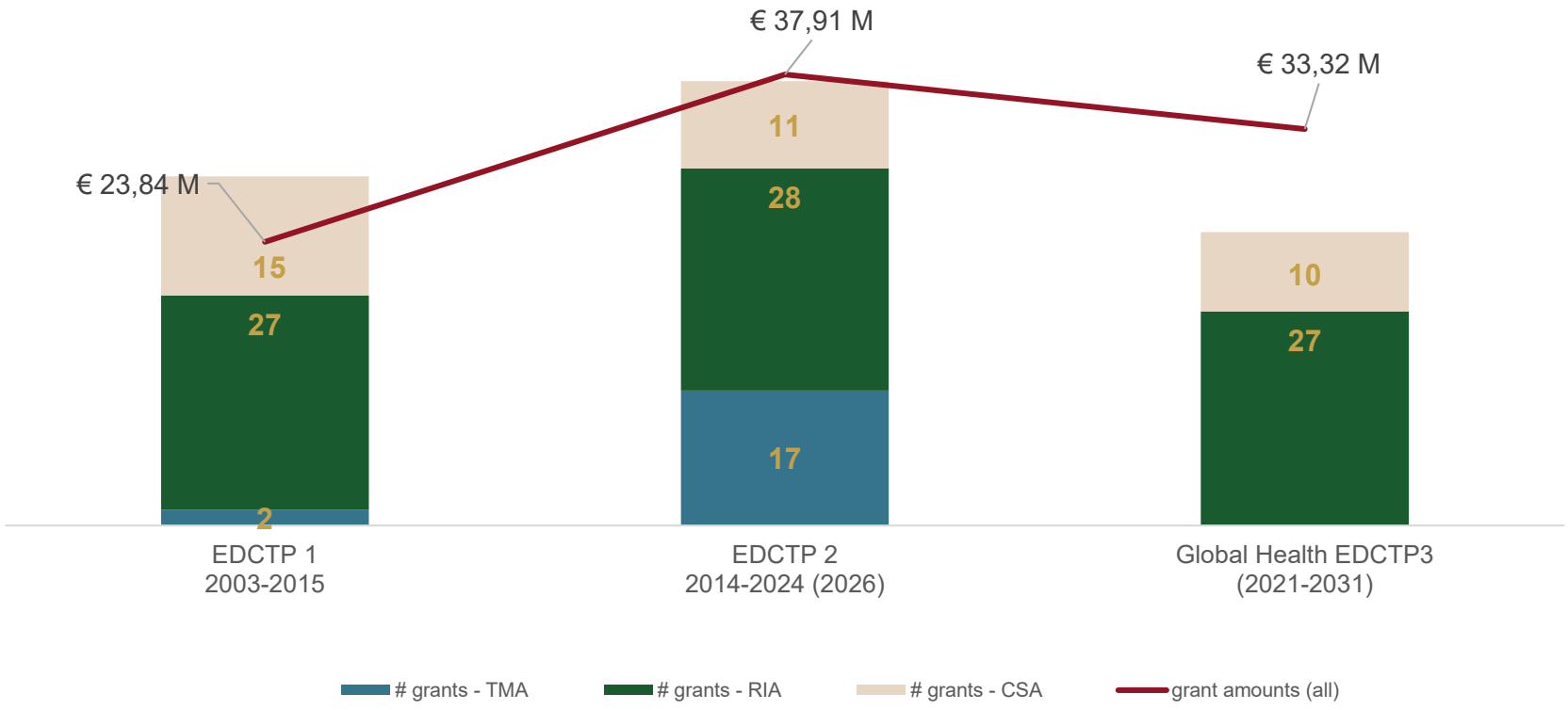
10

projects with **scientific leadership** of a Tanzania-based institution (Global Health EDCTP3*)

** Project scientific leader role was introduced in the Work Programme 2023 and implemented in projects funded as of 2024*

Tanzania in EDCTP-funded projects: key facts

Participation remained strong across the three Programme iterations, with over €95 million in EDCTP funding awarded to Tanzania-based organisations.

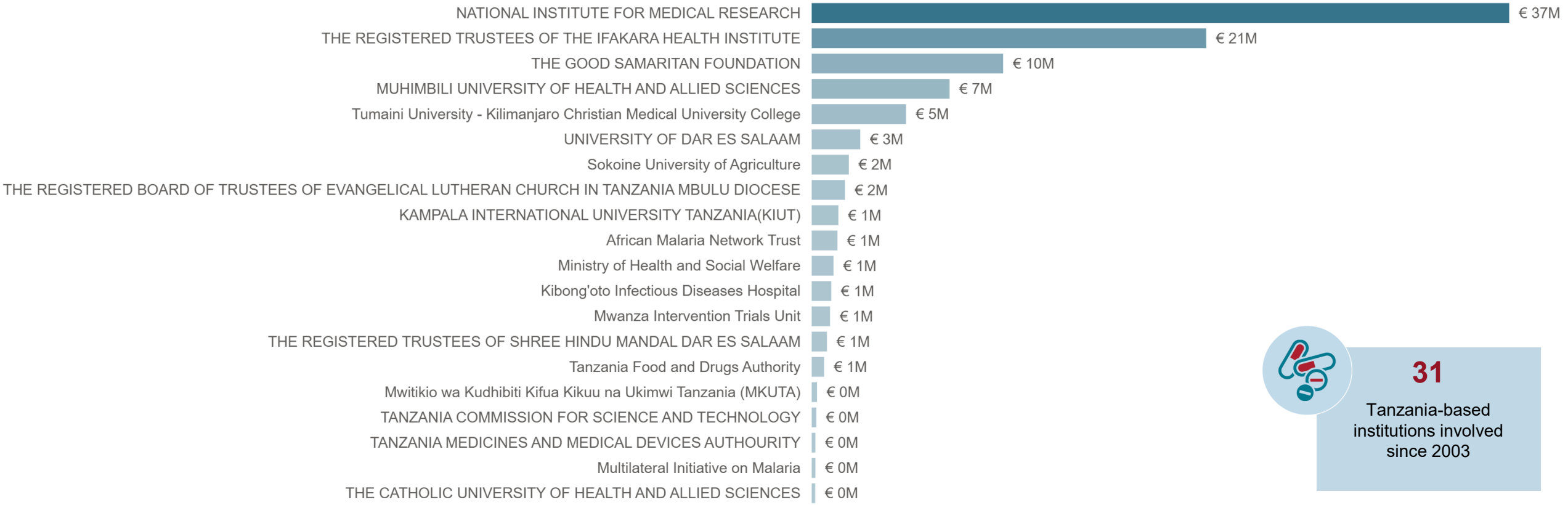


TMA = Training and Mobility Action; RIA = Research and Innovation Action; CSA = Coordination and Support Action. EDCTP1 used 10 original funding categories, which were regrouped here under TMA, RIA and CSA equivalents for over-time comparability. In Global Health EDCTP3, CSAs may include fellowship components, but not direct individual fellowship grants as under the TMA model in EDCTP 1 and 2

Tanzania-based participating organisations

NIMR ranks first among Tanzania-based institutions, with 39% of EDCTP funding awarded since 2003.

Top 20 Tanzania-based beneficiary institutions by grant amount



31

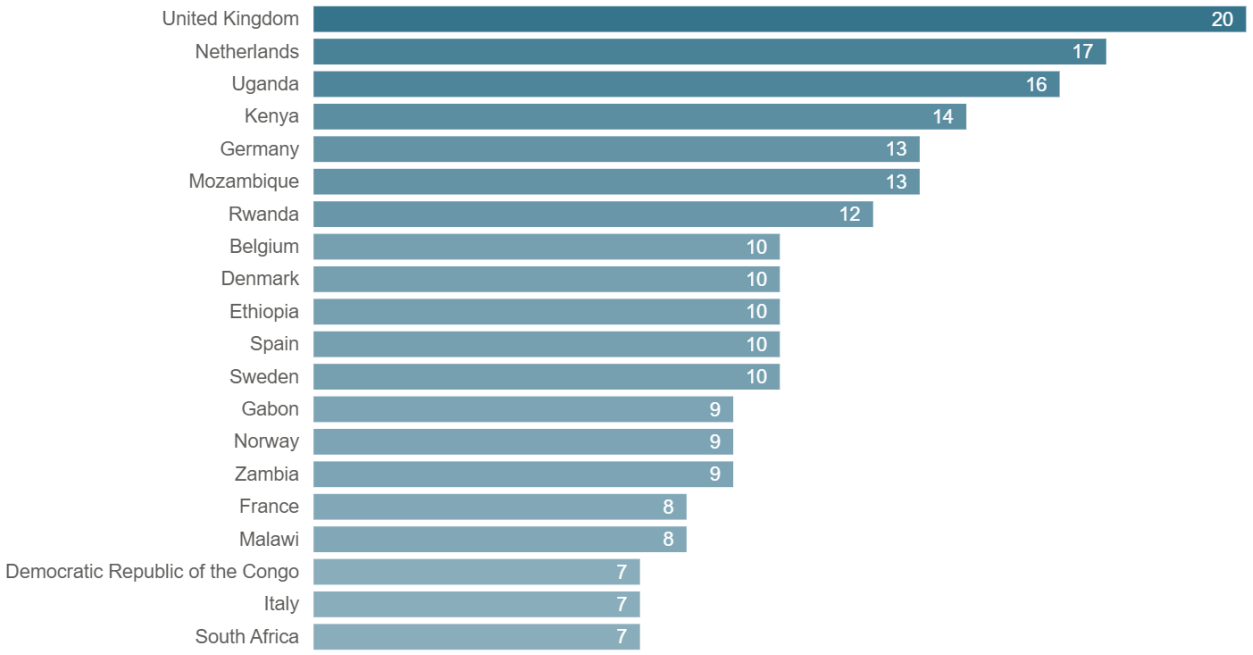
Tanzania-based institutions involved since 2003

Tanzania in EDCTP: international collaboration network

Since 2003, Tanzania has collaborated with partners in 49 countries through EDCTP-funded projects, with strong links across Africa and Europe.

53 collaborating countries: **31** in Africa | **16** in Europe | **6** in other world regions

Top 20 partner countries by number of shared EDCTP-funded projects



Geographical spread of Tanzania's EDCTP collaboration links

Tanzania in EDCTP country rankings

Across the full period since 2003, Tanzania ranks **4th** by grant funding received and **11th** by number of participating organisations.

Top 20 countries by EDCTP grant amounts

Country	Value	Rank
South Africa	€ 216.9 M	1
United Kingdom	€ 184.6 M	2
Uganda	€ 111.2 M	3
United Republic of Tanzania	€ 95.1 M	4
Kenya	€ 84.1 M	5
Germany	€ 74.5 M	6
France	€ 73.4 M	7
Netherlands	€ 58.6 M	8
Spain	€ 58.3 M	9
Burkina Faso	€ 51.3 M	10
Mozambique	€ 49.8 M	11
Switzerland	€ 44.3 M	12
Zambia	€ 42.7 M	13
Ghana	€ 42.3 M	14
Mali	€ 38.0 M	15
Senegal	€ 35.4 M	16
Gabon	€ 33.0 M	17
Ethiopia	€ 32.0 M	18
Democratic Republic of The Congo	€ 32.0 M	19
Belgium	€ 30.1 M	20

Top 20 countries by number of participating organisations

Country	Value	Rank
United Kingdom	57	1
France	50	2
South Africa	50	2
Uganda	48	3
Spain	43	4
Kenya	42	5
Germany	37	6
Nigeria	36	7
Netherlands	34	8
Italy	33	9
United Republic of Tanzania	31	10
Ethiopia	29	11
Switzerland	25	12
United States	24	13
Cameroon	19	14
Rwanda	18	15
Belgium	17	16
Burkina Faso	16	17
Ghana	16	17
Democratic Republic of The Congo	15	18

Governance and advisory input

Tanzanian experts and representatives have contributed to EDCTP advisory and governance structures across successive Programme iterations.

ADVISORY — 3 Tanzanian experts in EDCTP advisory bodies

Andrew Yona Kitua
Malaria expert

EDCTP Developing Countries Coordination Committee, chairperson
National Institute for Medical Research (NIMR)

Mecky Isaac Matee
Infectious diseases expert

EDCTP Developing Countries Coordination Committee, member
Muhimbili University of Health and Allied Sciences (MUHAS)

Salim Abdulla
Malaria / clinical epidemiology expert

Partnership Board and Scientific Advisory Committee
Ifakara Health Institute (IHI)

GOVERNANCE — 2 representatives of Tanzania in the EDCTP Association General Assembly over time

Khadija Malima

General Assembly
Tanzania Commission for Science and Technology (COSTECH)

Bugwesa Zablon Katale

General Assembly
Tanzania Commission for Science and Technology (COSTECH)

Tanzania helped bring rapid TB diagnosis closer to patients

Through the EDCTP-funded TB-CAPT project, Tanzania helped test rapid molecular TB diagnosis at primary health care level.

Main story

The TB-CAPT CORE trial, conducted in Tanzania and Mozambique, tested whether the Molbio Truenat MTB-Plus and RIF Dx assays could be used directly in primary care facilities, rather than relying on referral-based testing.

What changed

Truenat testing brought molecular TB diagnosis closer to patients. Among confirmed TB patients, 97% in Truenat clinics started treatment within 7 days, compared with 63% under standard care. Same-day treatment initiation increased from 3.3% to 82.2%.

Why this matters

Tanzania helped generate real-world evidence showing that decentralised molecular TB testing can support earlier diagnosis and faster treatment initiation in high-burden settings.

WHO approved

EDCTP's contribution included:

- ✓ funding for pragmatic, real-world implementation research
- ✓ support to test a WHO-endorsed diagnostic platform in primary care settings
- ✓ evidence to guide national TB programmes on decentralised molecular diagnosis

The Lancet Primary Care, 1, October, 2025
PLOS Glob Public Health, 5(5): e0004724, May 30, 2025

Tanzania helped generate evidence for a WHO-recommended malaria vaccine

Building on EDCTP-supported phase II evidence, Tanzania helped confirm the safety and efficacy of R21/Matrix-M in a phase III trial in African children.

Main story

The R21/Matrix-M malaria vaccine advanced from EDCTP-supported phase II testing to a large phase III trial in Burkina Faso, Kenya, Mali and Tanzania. Tanzania participated through Ifakara Health Institute, contributing evidence from an East African trial site.

What changed

The phase III trial showed that R21/Matrix-M was safe and effective against clinical malaria in children. In 2023, WHO recommended it as the second malaria vaccine for prevention of malaria in children.

Why this matters

Malaria remains a major cause of illness and death among African children. Tanzania contributed to the final evidence base for a vaccine that can now be used alongside other malaria prevention tools in endemic countries.

WHO-recommended

EMA positive opinion

EDCTP's contribution included:

- ✓ support to early clinical development of R21/Matrix-M
- ✓ phase II evidence enabling progression to phase III evaluation
- ✓ support to African malaria vaccine research capacity

The Lancet, Volume 397, Issue 10287, P1809-1818, May 15, 2021

Tanzania helped make child-friendly schistosomiasis treatment available

Tanzania was the first country to approve arpraziquantel, an EDCTP-supported treatment made especially for very young children with schistosomiasis.

Main story

Arpraziquantel is the first child-friendly version of a schistosomiasis treatment made specifically for pre-school-aged children. It is designed to be easier for young children to take. EDCTP supported its development through the Pediatric Praziquantel Consortium.

What changed

Tanzania approved arpraziquantel and started using it through a pilot in the Lake Zone region, reaching more than 25,000 young children across Itilima, Sengerema, and Kigoma District Councils.

Why this matters

Until recently, very young children were often left out of schistosomiasis treatment campaigns because there was no suitable version of the medicine for them. Tanzania helped turn an EDCTP-supported innovation into real access for children in affected communities.

EMA positive opinion

EDCTP's contribution included:

- ✓ support to develop a treatment suitable for young children
- ✓ partnership with public and private global health actors
- ✓ evidence supporting approval and access to treatment

The Lancet Infectious Diseases, Vol. 23, Issue 7, P867-876, July 2023

EDCTP2 Fellow

Dr Stellah Mpagama (Tanzania)

Dr Stellah Mpagama is a leading tuberculosis (TB) researcher whose work focuses on improving TB treatment and understanding how other conditions, such as diabetes, affect TB outcomes.

Her early research career was supported through the EDCTP1- and EDCTP2-funded PanACEA consortium, aimed at accelerating the development of shorter TB treatment regimens and developing a sustainable TB clinical trials network in Africa.

She later received an EDCTP2 Senior Fellowship to investigate ways to reduce the side effects of TB medicines while training doctoral and master's students in Tanzania. She has been the principal investigator of the OptiRiMoxTB trial, part of the EDCTP2-funded SimpliciTB project evaluating a shortened TB treatment regimen.

Dr Mpagama also co-leads the Global Infectious Diseases Research Programme, a joint initiative between the Kilimanjaro Clinical Research Institute (KCRI), Tanzania, and the University of Virginia, USA, which is providing tailored training to six postdoctoral researchers from Tanzania, supporting their development as future research leaders.

EDCTP2 Fellow

Dr Ilse Marion Sumari-de Boer (Tanzania)

Dr Ilse Marion Sumari-de Boer is an EDCTP Senior Fellow and Principal Investigator at the Kilimanjaro Clinical Research Institute (KCRI) in Moshi, Tanzania. She is a recognised leader in Tanzania, where she has built and strengthened a strong team of researchers through the **PanACEA Consortium**.

Her work focuses on infectious disease epidemiology, data management, and digital tools to improve adherence to HIV and TB treatment. Over the course of her career, she has led several major studies, including an EDCTP2 Career Development Fellowship in 2016 investigating an internet-enabled medication dispenser with reminders and tailored feedback, and an EDCTP2 Senior Fellowship Plus in 2020, through which she conducted the REMIND-KID studies on a customised digital adherence tool for children and adolescents living with HIV in Tanzania and Rwanda.

She has served as the Tanzanian principal investigator of the EA-PoC study, conducted under the umbrella of the EDCTP-funded EACCR3 Network of Excellence.

Project highlight: PanACEA

Tanzania has contributed to TB treatment innovation through the EDCTP-supported PanACEA platform.

PanACEA is an African-European consortium established under EDCTP1 in 2008.

The consortium was set up to accelerate development of new TB drugs, by coordinating activities across multiple groups, promoting use of novel laboratory techniques, and using innovative trial designs (such as the innovative 'multi-arm, multi-study' MAMS trial, an adaptive trial comparing ways to shorten TB treatment).

It included 11 African trial sites in 6 countries and built clinical trial capacity in 3 Tanzanian sites, expanded TB expertise in Uganda and Gabon, and conducted four phase II and one phase III fully GCP compliant, regulatory-standard TB trials.

PanACEA is working with other TB trials networks (including the TB Alliance, the US NIH and the US CDC TBTC), to enhance coordination in development and avoid duplication.

PanACEA

TB treatment

Project highlight: SIMPLICI-TB / OptiRiMoxTB

Tanzania has strengthened African-led TB clinical trial sponsorship through the EDCTP-supported SIMPLICI-TB project.

SIMPLICI-TB supported the OptiRiMoxTB trial, testing whether shorter 16-week treatment regimens for drug-susceptible pulmonary TB can be as effective and safe as the standard 26-week treatment.

Sponsored by Kibong'oto Infectious Diseases Hospital in Tanzania, and implemented with NIMR Mwanza and Ifakara Health Institute, the trial highlights Tanzania's role in African-led TB clinical research.

The trial enrolled 414 participants across 4 countries and completed enrolment in January 2025. Results are expected at the end of 2026.

PanACEA

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Tanzania in Global Health EDCTP3

(2021-present)

Co-funded by
the European Union

Tanzania in Global Health EDCTP3

Tanzania has a strong Global Health EDCTP3 footprint, driven mainly by higher education and research organisations.

37
funded projects with Tanzania participation

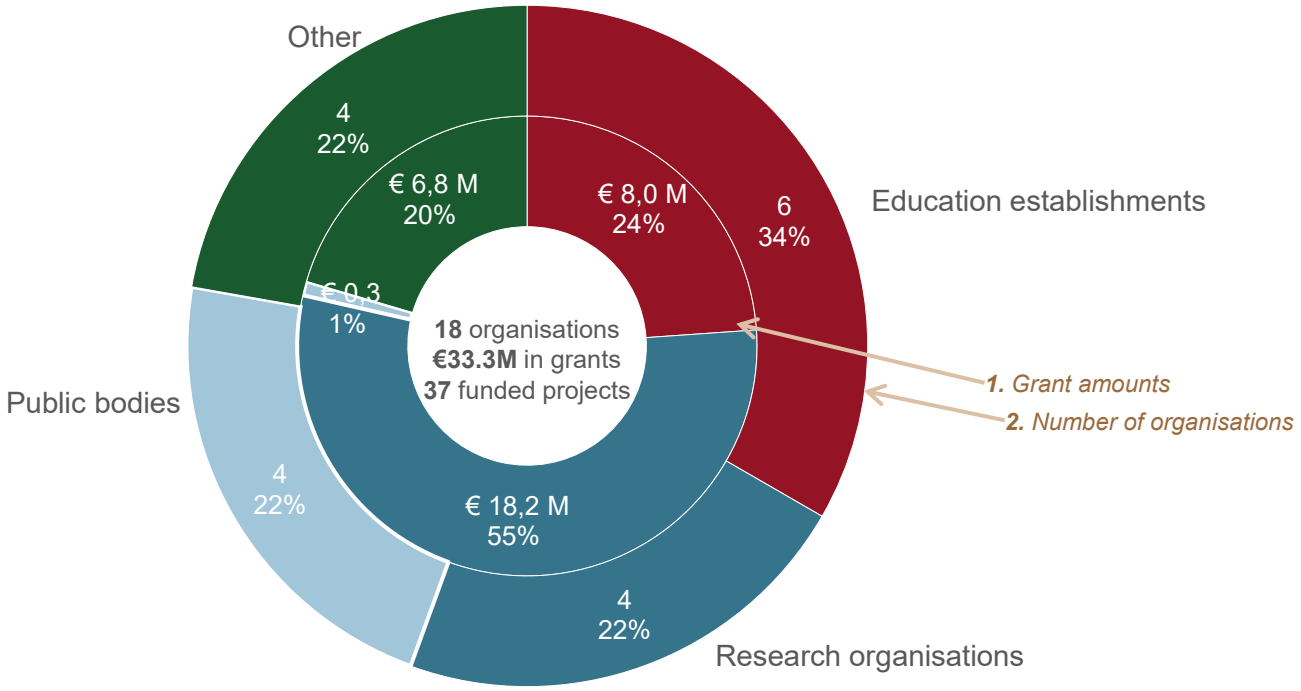
10
funded projects with scientific leadership by Tanzania-based organisations

18
Tanzania-based participating organisations

43
countries collaborating with Tanzania-based organisations through the 37 projects

€33.3 M
grant funding to Tanzania-based organisations

Tanzania-based organisations by type*



1 SME
Mwitikio wa Kudhibiti Kifua Kikuu na Ukimwi Tanzania (MKUTA)

** Types of organisations follow the taxonomy used by the European Commission and Horizon Europe programme*
*** Organisations participating in multiple projects are counted only once*

Project highlight: LINDA-FAMILIA

With scientific leadership from Tanzania, the project is helping introduce and expand digital health tools for mothers and children across East Africa.

The challenge:

- Health systems in East Africa are fragmented and still largely paper-based.
- High maternal and neonatal mortality persists, where better digital tools could improve outcomes.

Expected impact:

- Introduce a dozen evidence-based digital health technologies for maternal, neonatal, and child health
- Improve patient-related information capture and storage, patient referrals, clinical decisions, workforce planning and patient communication.

Coordinator:
University College Cork, Ireland

Scientific leader:
The Good Samaritan Foundation, Tanzania

Countries: **Ireland, Tanzania, Norway, Ethiopia, UK, Uganda, Rwanda**

Funding: **€5 million**

Project length: **2025 – 2029**

https://www.global-health-edctp3.europa.eu/projects/linda-familia_en

Project highlight: The META Trial

With scientific leadership from Tanzania, the project is testing whether metformin can help prevent type 2 diabetes in people living with HIV who are at high risk.

The challenge:

- High prevalence of undiagnosed type 2 diabetes and pre-diabetes among people living with HIV in SSA.
- Limited feasibility of delivering interventions to prevent progression to diabetes.

Expected impact:

- Complete recruitment and three-year follow-up of over 2,000 people living with HIV in Tanzania.
- Provide policymakers with evidence on the efficacy of *metformin* for diabetes prevention in this critical group.

The META Trial

Coordinator:
Instituto de Salud Global de Barcelona, Spain

Scientific leader:
National Institute for Medical Research, Tanzania

Countries: **Spain, Tanzania, Sweden, Ireland, UK**

Funding: **€1.8 million**

Project length: **2025 – 2026**

https://www.global-health-edctp3.europa.eu/projects/meta-trial_en

Project highlight: OPTIC-TB

With scientific leadership from Tanzania, the project is testing whether WHO guidance can help health workers detect more cases of TB in children.

The challenge:

- Children with TB are undertreated and underdiagnosed, due to non-specific symptoms and limited guidance.

Expected impact:

- Assess if WHO's guidance improves TB detection and reduce disease burden in children through a cluster randomised controlled trial comparing the use of the WHO's TDAs with existing diagnostic practice.
- Identify success factors and cost-effectiveness to guide introduction into routine practice.

Coordinator:
Universitetet i Bergen, Norway

Scientific leader:
National Institute for Medical Research, Tanzania

Countries: **Norway, Tanzania, DRC, Uganda**

Funding: **€4 million**

Project length: **2024 – 2028**

https://www.global-health-edctp3.europa.eu/projects/optic-tb_en

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Thank you!

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