



Sweden

EDCTP participation



Sweden in EDCTP

(2003-present)

Sweden in EDCTP: key figures

Since 2003, Swedish institutions have made a strong and internationally connected contribution to EDCTP, combining broad project participation with coordination roles.



52

projects involving Swedish institutions



15

Swedish **institutions involved** in EDCTP-funded projects



52

collaborating countries with Swedish institutions through EDCTP-funded projects



11

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



€23.2 M

EDCTP funding attributed to Swedish entities



191

international partner institutions collaborating with Swedish institutions*

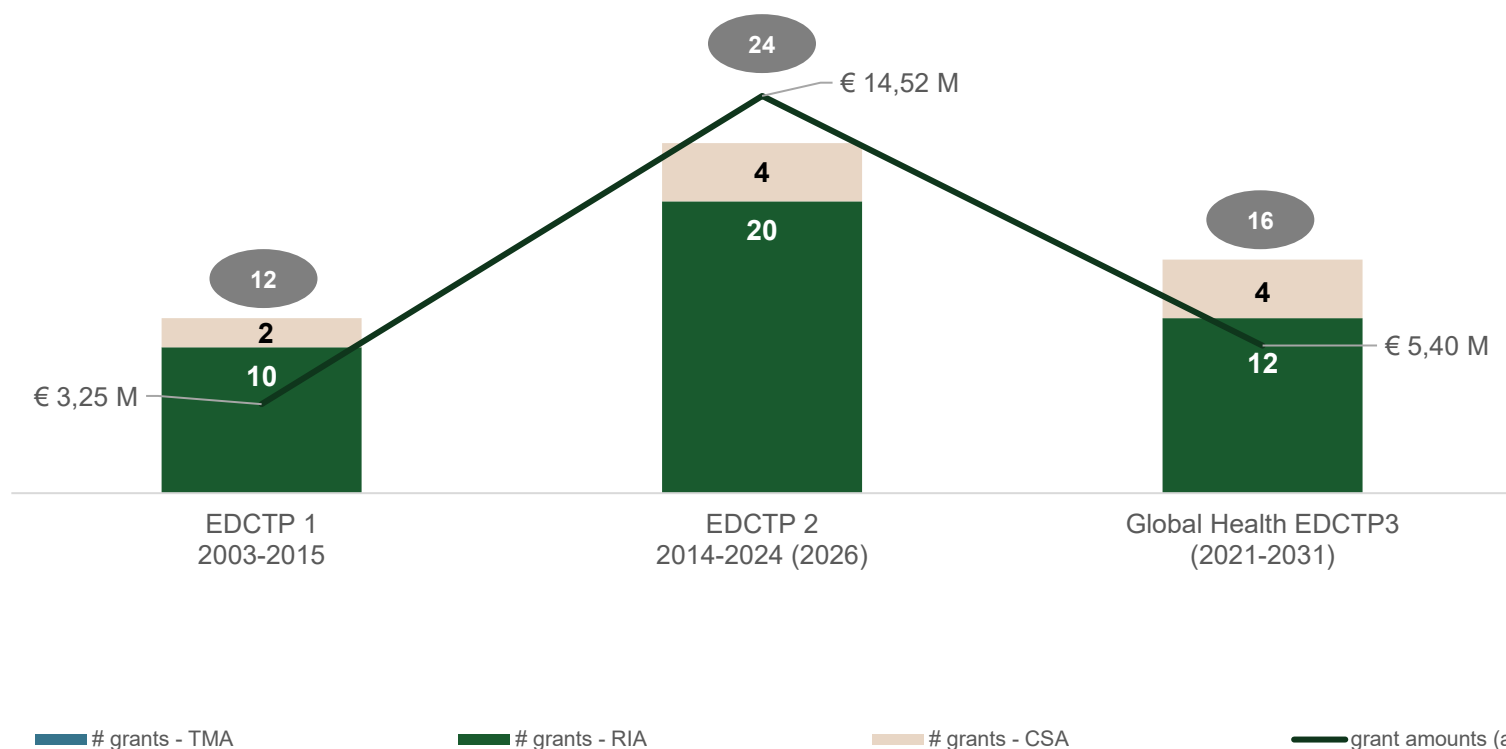
M = million

**Distinct non-Swedish institutions participating in EDCTP-funded projects that include at least one Sweden-based institution*

Sweden in EDCTP: participation over time

Swedish institutions' engagement has remained sustained across successive EDCTP programmes, with a marked peak in EDCTP2.

Sweden participation across EDCTP iterations

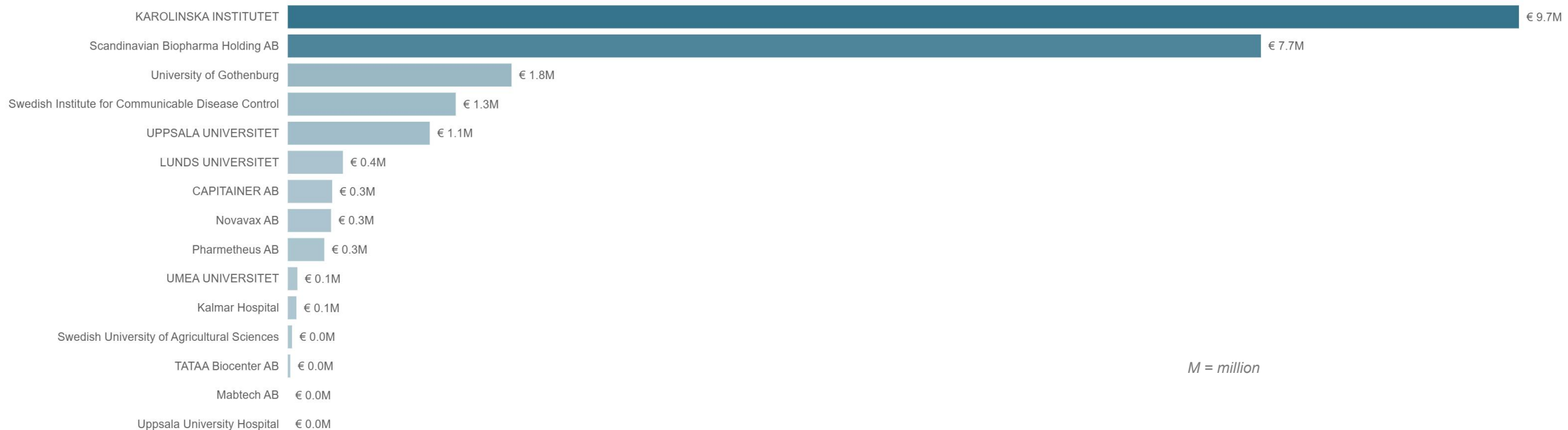


TMA = Training and Mobility Action; **RIA** = Research and Innovation Action; **CSA** = Coordination and Support Action. EDCTP1 used 10 original funding categories, which were regrouped here under TMA, RIA and CSA equivalents for over-time comparability. In Global Health EDCTP3, CSAs may include fellowship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

Sweden in EDCTP: participating organisations

Since 2003, Sweden has brought a mix of academic, research, and private-sector actors to EDCTP-funded projects.

Sweden-based entities by EDCTP funding

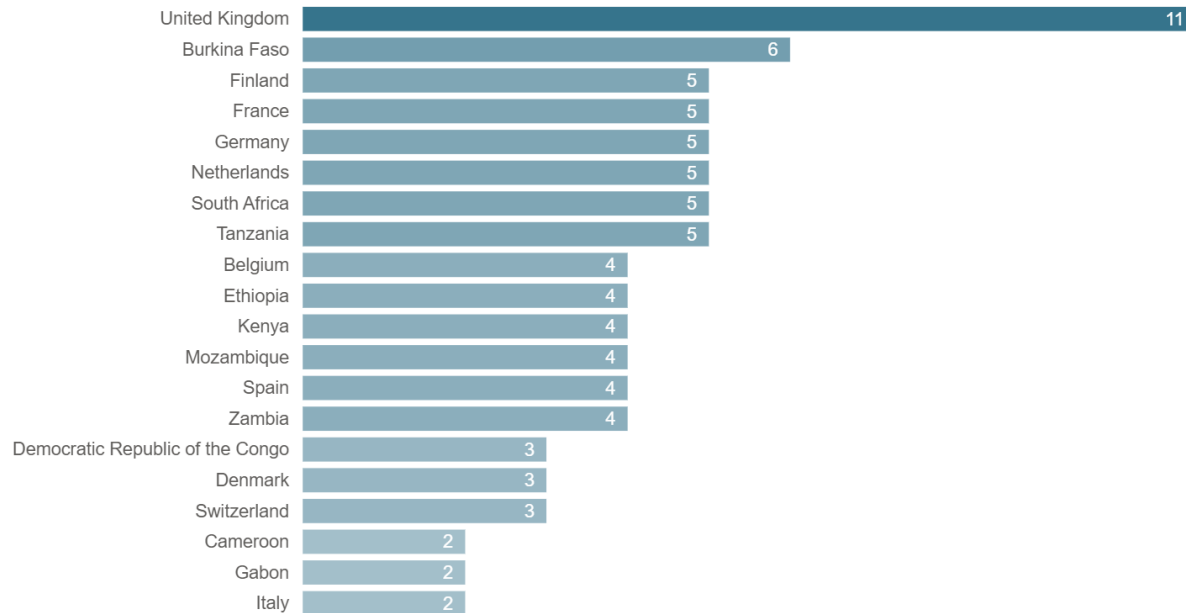


Sweden in EDCTP: international collaboration

Since 2003, EDCTP projects have connected Sweden-based institutions with partners across Africa, Europe, and beyond, creating a broad international collaboration network.

52 collaborating countries: **29** in Africa | **17** in Europe | **6** in other regions

Top 20 partner countries by number of collaborating Sweden-based organisations



Geographical spread of Sweden's EDCTP collaboration links



Sweden's wider contribution to EDCTP

Beyond project participation, Sweden has contributed to EDCTP through financial contributions, nationally funded activities aligned with EDCTP objectives, and programme governance.

€18.6 M in-cash contribution

Sweden's contribution to the EDCTP Association
(since 2015)

€122.8 M aligned national activities

Value of Sweden's in-kind activities aligned with EDCTP
programme objectives (since 2014)

Strategic Oversight

Dr Markus Moll, Sida

Global Health EDCTP3 Governing Board member
EDCTP Association Board member and Sweden's General
Assembly representative

Aligned national in-kind activities

Training and capacity development

Sweden has invested over €11 million in **WHO/TDR** to promote scientific collaboration and research training within EDCTP's disease scope, while also supporting the **Alliance for Health Policy and Systems Research** to strengthen evidence-based health systems in LMICs.

Supporting additional R&I activities and ecosystem development

Sweden supports the **International Vaccine Institute (IVI)** to advance safe, effective, and affordable vaccines for global health. It also supports **JPIAMR** and its successor programme, the EU Partnership on One Health and AMR (**EUOHAMR**), through the Swedish Research Council and Sida, to strengthen international AMR research collaboration through a One Health approach and enable participation from researchers in sub-Saharan Africa.

Impact example: a lifesaving innovation for African children (R21/Matrix-M)

Swedish researchers developed Matrix-M, the adjuvant used in the R21 malaria vaccine, helping to enhance its efficacy and supporting affordability.

Story

Matrix-M is an innovative vaccine adjuvant developed by the Swedish biotech company Novavax AB. It builds on ISCOM technology developed by Professor Bror Morein at the Swedish University of Agricultural Sciences.

What changed

Combined with the R21 malaria vaccine antigen developed by the University of Oxford, Matrix-M was evaluated in an EDCTP-funded Phase II trial that demonstrated **77% efficacy in children**, exceeding WHO's 75% target for a first-generation malaria vaccine. Matrix-M enhances immune responses and enables a low-antigen formulation, **helping to make the vaccine more affordable**. The vaccine is currently priced at **US\$2.99 per dose**.

Why this matters

Malaria killed an estimated 610,000 people in 2024, mostly African children. The R21/Matrix-M malaria vaccine is recommended by WHO and has been introduced into national immunisation programmes in 25 African countries.

[First-ever malaria vaccines - Global Health EDCTP3 - European Union](#)

EDCTP's contribution included:

- ✓ Supporting R21/Matrix-M clinical development and real-world implementation research through projects such as [MVC-2G](#) and [IMVACS](#).
- ✓ Strengthening local capacity to support effective and equitable malaria vaccine delivery.

References

[Efficacy of a low-dose candidate malaria vaccine, R21 in adjuvant Matrix-M, with seasonal administration to children in Burkina Faso: a randomised controlled trial - The Lancet](#)



WHO-
recommended



Impact example: the first malaria treatment for newborns and young infants

Sweden partnered with EDCTP to help fund the development of critical new antimalarial treatments for children.

Story

The Swedish development agency **Sida** co-funded the PAMAFrica consortium with EDCTP to support the clinical development of **Coartem® Baby**, the first dispersible artemether-lumefantrine formulation for neonates and infants under 5 kg. The consortium generated evidence on safety, parasite clearance and therapeutic drug levels. EDCTP awarded **€21.9 million** in 2019, complemented by over **€22 million** from partners, with Sida funding helping to sustain the research through key financing gaps.

What changed

Before Coartem® Baby, there was **no approved malaria treatment specifically adapted for infants weighing 2–5 kg**. Swissmedic authorised it in July 2025, WHO prequalified it in April 2026, and WHO updated its malaria guidelines in September 2026 to support national adoption. Novartis is supplying it largely on a not-for-profit basis.

Why this matters

Malaria remains a major threat to young children in Africa. A treatment designed for the youngest and most vulnerable patients can help reduce illness and deaths, ease the burden on families, and support public health priorities across endemic countries.

[First malaria treatment for newborns and young infants - Global Health EDCTP3](#)



WHO-
recommended

EDCTP's contribution included:

- ✓ Supporting clinical development of new antimalarial medicines and improved malaria technologies.
- ✓ Strengthening research capacity for trials and surveillance.

References

[Pharmacokinetics, safety and efficacy of an optimized dose of artemether–lumefantrine in the treatment of acute uncomplicated Plasmodium falciparum malaria in neonates and infants of less than 5 kg body weight](#)



EDCTP project highlight

Sweden has been actively involved in PROFORMA, an EDCTP-funded project strengthening pharmacovigilance and medicine-safety systems in East Africa.

Implemented across Ethiopia, Kenya, Rwanda and Tanzania, PROFORMA combined training and capacity building, baseline assessments of national pharmacovigilance systems, and country-specific development plans.

A strong Swedish capacity-building contribution came through Karolinska Institutet, with five senior leaders completing PhD studies in collaboration with the institute.

The project also supported drug-safety monitoring during mass drug administration and vaccine roll-outs, while strengthening collaboration between public-health programmes, regulatory authorities, and academic institutions.

Pharmacovigilance



EDCTP project highlight

Sweden has played a leading role in the ETEC Vaccine Efficacy project

The ETEC Vaccine Efficacy project was coordinated by Scandinavian Biopharma Holding AB, to evaluate the oral ETVAX® vaccine against enterotoxigenic *E. coli* (ETEC), a major cause of severe diarrhoeal disease in young children.

The €14.9 million project received €7.4 million from EDCTP, with co-funding including the Swedish International Development Cooperation Agency (Sida). Its phase IIb trial enrolled 4,936 children aged 6–18 months in The Gambia, following earlier safety studies in Zambia.

Results published in 2026 showed around 50% efficacy against ETEC-positive moderate-to-severe diarrhoea, rising to 68% among children vaccinated before nine months of age, alongside a strong safety profile. The accumulated evidence has supported progression of ETVAX to pivotal phase III development.

Vaccine efficacy



EDCTP project highlight

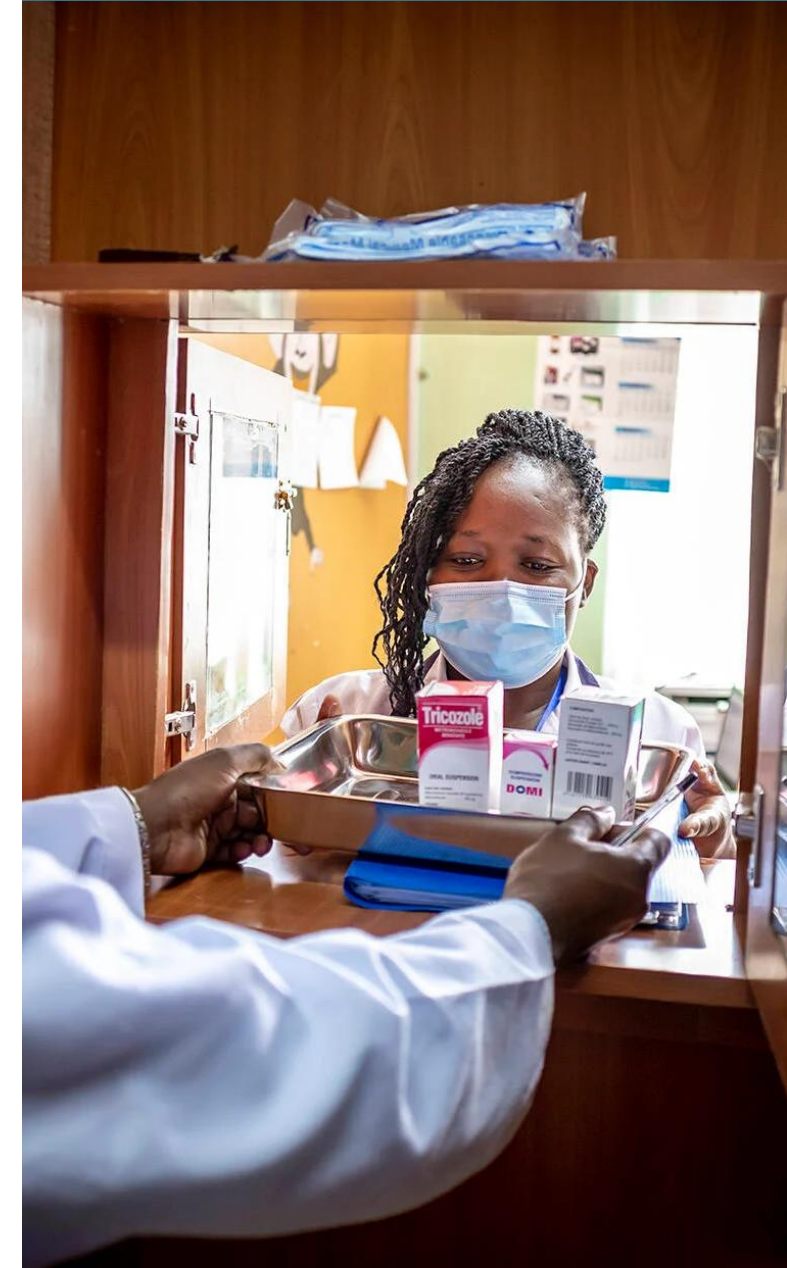
Sweden was actively involved in REMSTART, an EDCTP-funded clinical trial testing a low-cost strategy to reduce early mortality among people with advanced HIV starting antiretroviral therapy.

The trial enrolled 1,999 people in Tanzania and Zambia and combined screening for cryptococcal infection with prompt antifungal treatment and four home visits by trained lay workers to support adherence to HIV treatment.

The intervention reduced mortality by 28% at 12 months compared with standard care (13% versus 18%). REMSTART subsequently provided evidence supporting WHO guidance on the management of advanced HIV disease.

Sweden participated through Karolinska University Hospital, Huddinge, with Prof. Lars Lindqvist among the project collaborators.

HIV treatment

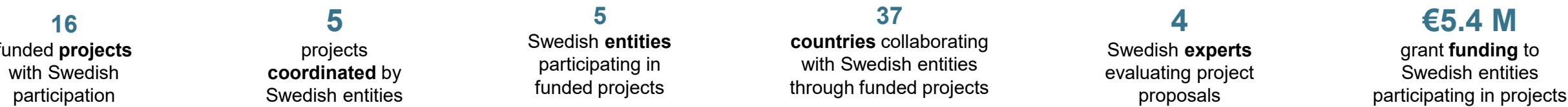


Sweden in Global Health EDCTP3

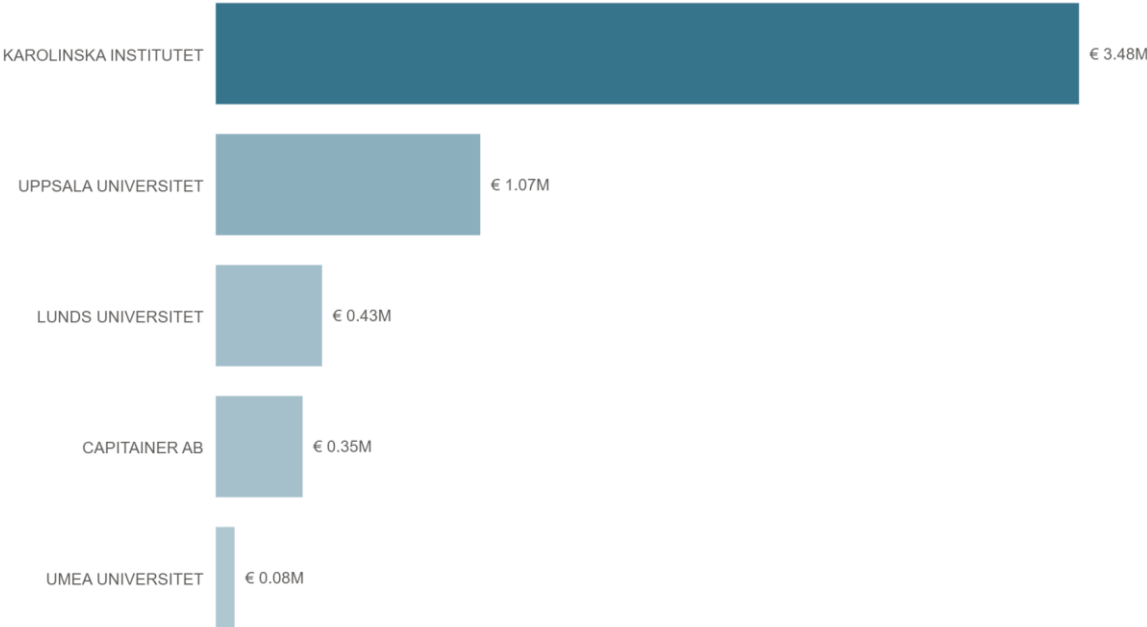
(2021-present)

Sweden in Global Health EDCTP3: key figures

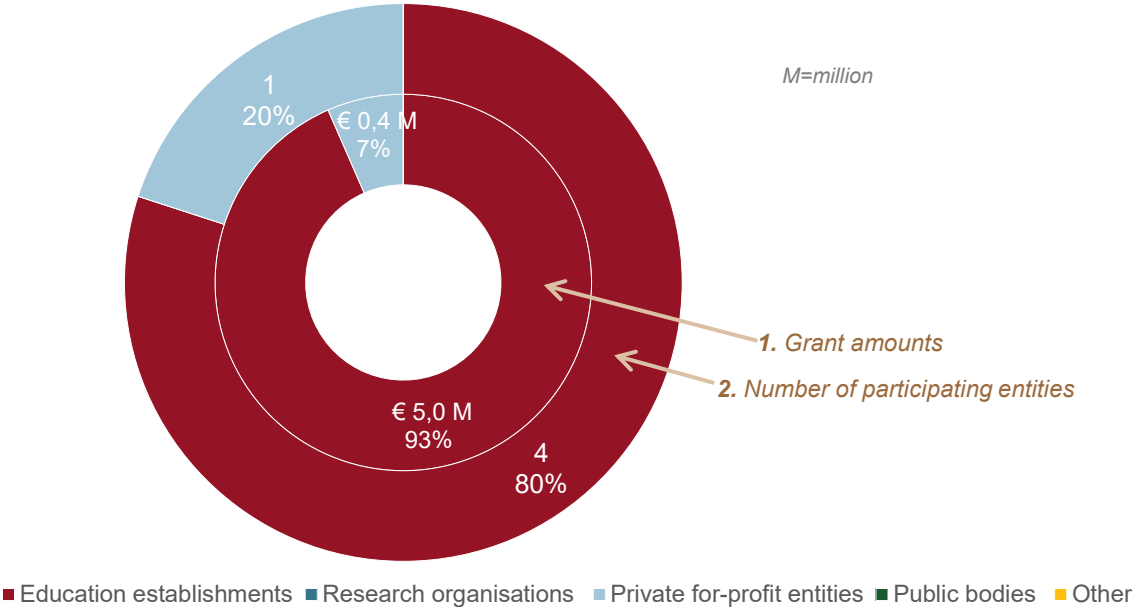
Sweden's Global Health EDCTP3 participation is concentrated in a small number of institutions, with a strong role in project coordination.



Participating Swedish entities by grant amounts



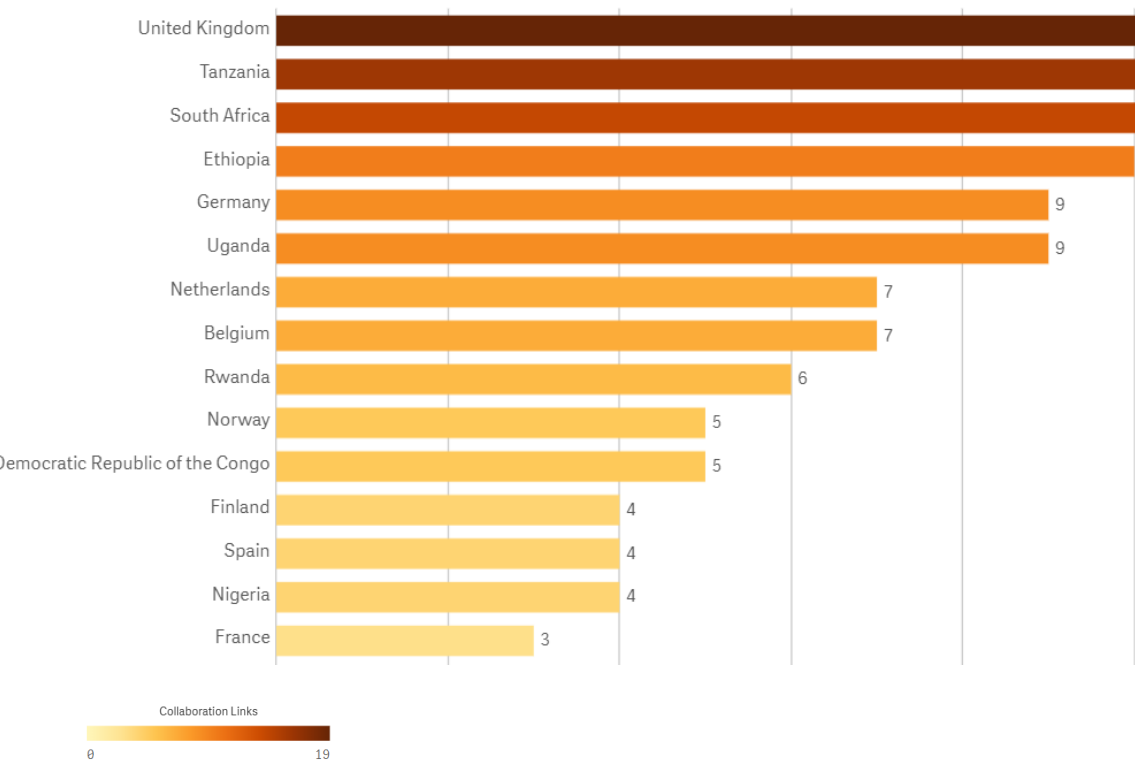
Sweden participating entities by type



Sweden in Global Health EDCTP3: key figures

Sweden's Global Health EDCTP3 partnerships combine strong European links with a particularly dense network across East and Southern Africa.

Top 15 countries collaborating with Sweden in funded projects (number of links)



Geographical distribution of Sweden's collaboration links



Sweden in Global Health EDCTP3: project portfolio

Sweden contributes across a diverse Global Health EDCTP3 portfolio, from clinical trials and vaccines to preparedness, surveillance, and research capacity.

Project	Focus	Number of project countries	Grant amount - total	Grant amount - Sweden
UTI-Diag	UTI diagnostics and antibiotic stewardship	8	€ 3.94 M	€ 0.95 M
ACT-PREP	Clinical research and epidemic preparedness capacity	11	€ 12.75 M	€ 0.75 M
EAVI	Chikungunya vaccine evaluation in Africa	7	€ 13.70 M	€ 0.71 M
PREGART	HIV treatment in pregnancy	4	€ 1.80 M	€ 0.50 M
MAMS4CL	Cutaneous leishmaniasis treatment trial	5	€ 5.50 M	€ 0.45 M
EACCR4	Eastern African clinical research network	13	€ 12.75 M	€ 0.40 M
ODIN	Environmental surveillance for public health	8	€ 5.19 M	€ 0.40 M
OPT-bCPAP	Childhood pneumonia oxygen therapy	5	€ 4.64 M	€ 0.40 M
EX-DR TB	Drug-resistant tuberculosis treatment	12	€ 7.10 M	€ 0.18 M
RER-CTO	Clinical trial ethics and regulatory oversight	4	€ 0.93 M	€ 0.13 M
PYRAPREG-extended	Malaria treatment in pregnancy	8	€ 1.54 M	€ 0.13 M
TASP	TB antimicrobial stewardship	9	€ 6.00 M	€ 0.12 M
MARC SE-Africa	Artemisinin resistance in malaria	9	€ 4.17 M	€ 0.11 M
The META Trial	Diabetes prevention in people with HIV	5	€ 1.81 M	€ 0.08 M
BREEDIME	Research ethics, diagnostics and regulatory capacity	4	€ 0.60 M	€ 0.07 M
ODIN-MPox	MPox environmental surveillance	8	€ 1.38 M	€ 0.03 M
16 projects		38	€ 83.80 M	€ 5.40 M

Project highlight: ODIN-MPox

Sweden coordinates ODIN-MPox, using genomic wastewater surveillance to strengthen mpox detection and outbreak response in sub-Saharan Africa.

The challenge:

- Traditional surveillance misses community-level and asymptomatic infection data.
- Genomic wastewater surveillance capacity is still limited in many sub-Saharan African countries.

Expected impact:

- Track mpox trends to detect hotspots early and guide targeted vaccination.
- Generate and share viral sequence data to identify key sub-lineages.
- Develop tools to monitor transmission.



Coordinator:
Lunds Universitet, Sweden

Scientific leader:
Université de Kinshasa, DRC

Countries: **Sweden, Finland, DRC, Tanzania, Belgium, Burkina Faso, UK, Norway**

Funding: **€1,378,272.50**

Project length: **2024 – 2026**

https://www.global-health-edctp3.europa.eu/projects/odin-mpox_en

Project highlight: PREGART

Sweden coordinates PREGART, evaluating the safety and effectiveness of HIV treatments for pregnant women in sub-Saharan Africa.

The challenge:

- Pregnant women with HIV face high risks, yet treatment decisions rely largely on data from non-pregnant populations.

Expected impact:

- Conduct a clinical trial comparing treatment outcomes for pregnant women living with HIV, building on research supported by EDCTP2.
- Provide safety data on both pregnancy outcomes and early infant development.



Coordinator:
Karolinska Institutet, Sweden

Scientific leader:
Hawassa University, Ethiopia

Countries: **Sweden, Italy, Uganda, Ethiopia**

Funding: **€1,800,000**

Project length: **2026 – 2028**

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

Project highlight: BREEDIME

Sweden coordinates BREEDIME which builds resilient research ethics, diagnostics, and medicines regulatory capacity.

The challenge:

- Regulatory capacity for clinical research in sub-Saharan Africa remains uneven and often limited.
- Increasingly complex health technologies and emergencies strain existing oversight systems.

Expected impact:

- Strengthen regulatory capacity in Tanzania through training on clinical trial oversight, post-market evaluation, and emergency research response.
- Develop ethics frameworks and promote regional regulatory collaboration.



Coordinator:
Karolinska Institutet, Sweden

Scientific leader:
Tanzania Medicines and Medical Devices Authority, Tanzania

Countries: **Sweden, Tanzania, Rwanda, UK**

Funding: **€599,637.50**

Project length: **2023 – 2026**

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

Project highlight: The META Trial

Sweden contributes to META Trial which supports research evidence on diabetes prevention among people living with HIV, contributing to improved long-term care strategies.

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.



Coordinator:
Instituto de Salud Global de Barcelona,
Spain

Scientific leader:
National Institute for Medical Research,
Tanzania

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

Funding: **€1,811,067.50**

Project length: **2025 – 2026**

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



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Thank you!

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