Global Health EDCTP3

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# Q&A: Global Health EDCTP3 Work Programme 2026

## Document history

| Revision | Date | Description |
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| 1 | 15/12/2025 | First publication (questions 1 to 44) |
| 2 | 16/02/2026 | Second publication (updated clarifications to all Q&As and new questions 45 to 57 added) |
| 3 | 20/02/2026 | Third publication (updated clarifications to Q&As 43 and 46 on Global Collaboration Actions and new Q&As 58 – 126) |
| 4 | 27/02/2026 | Fourth publication (updated clarification to Q&A 118 and new Q&As 127 to 139) |
| 5 | 02/07/2026 | Fifth publication (updated clarification to Q&A 52) |

## Questions and Answers

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| Q1 | Can any legal entity (e.g. non-governmental institutions) established in a SSA country that is an EDCTP Association member be coordinator (lead applicant) of a proposal? | No. As provided for in the Global Health EDCTP3 Work Programme, coordinators can only be established in European Union Members States, countries associated to Horizon Europe or South Africa. |
| Q2 | Is it possible for a legal entity to participate in a proposal even if it is based in a country that is not an EDCTP Association member? | In principle, any legal entity, regardless of its place of establishment, including legal entities from third countries non-associated to Horizon Europe or international organisations, is **eligible to participate** (whether it is eligible for funding or not)[1].<br><br>Furthermore, to be **eligible for funding**, legal entities must be established in one of the Member States of the European Union, or in a country associated to Horizon Europe or a country that is a member of the EDCTP Association.<br><br>Legal entities not eligible for funding can still participate in Global Health EDCT3 projects in other roles, for |

[1] Provided that the conditions laid down in the Horizon Europe Regulation have been met, along with any other conditions laid down in the specific call topic. Please also note that the General Annexes of the Horizon Europe Work programme also establishes exceptions for example for entities established in Russia or Belarus.

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| | | example as associated partners. Exceptionally, they can participate as beneficiaries if their contribution is considered essential for the action by the contracting authority. |
| Q3 | Can a legal entity established in a country which is neither a European Union Member State, nor associated to Horizon Europe, nor a member of the EDCTP Association, participate as a consortium member? | Yes, though in principle without receiving funding. Please see reply to question 2 above. |
| Q4 | Who can participate in Global Health EDCTP3 calls? | Participation is generally open to all legal entities compliant with the eligibility and exclusion criteria established in the general annexes of the Horizon Europe Programme, regardless of their place of establishment; however, eligibility for funding is restricted to organisations based in the European Union Member States, in countries associated to Horizon Europe and in countries that are members of the EDCTP Association. |
| Q5 | Belgium is a member country of the EDCTP Association but Belgium is represented by at least three regions. Are Flanders, Brussels and Wallonia all EDCTP Association members? | Belgium is both a member country of the EDCTP Association as well as a European Union Member state, therefore organisations established in any of its regions can participate as beneficiaries and request funding as long as they do not fall in any of the exclusion criteria established in the general annexes of the Horizon Europe Programme. |
| Q6 | From the collaboration aspect, the consortium should include a minimum composition of three different entities - should they be from different countries? Or can they be within the same country, for example, from South Africa? Can there be at least one collaborator from the same country? | The consortium must include as beneficiaries:<br>• At least three legal entities independent from each other and **each established in a different country,** where legal entities are eligible to receive funding;<br>• At least one independent legal entity established in a European Union Member State, or in a country associated to Horizon Europe that is a member of the EDCTP Association; and<br>• At least one independent legal entity established in a sub-Saharan African country that is a member of the EDCTP Association.<br><br>According to the first condition, at least three entities should be established each in a different country, where legal entities are eligible for funding.<br><br>Additionally, the coordinator must be established in a European Union Member State or country associated to Horizon Europe, or South Africa. |
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| | Must all the members of a consortium be entities established in countries that are members of the EDCTP Association, or is it enough if the coordinator is established in such a country? | Not all members of the consortium must be established in EDCTP Association member countries.<br><br>The requirements for a consortium to be eligible are:<br><br>• At least three legal entities independent from each other and each established in a different country, where legal entities are eligible to receive funding;<br>• At least one independent legal entity established in a European Union Member State, or in a country associated to Horizon Europe that is a member of the EDCTP Association; and<br>• At least one independent legal entity established in a sub-Saharan African country that is a member of the EDCTP Association. |
| Q8 | In how many calls can a scientist or an institution participate? | **Institutions:** as long as the institution is eligible for funding (please check the eligibility criteria for each specific call), there is no limit. However, please keep in mind that an activity cannot be doubly funded.<br><br>**Scientist** (employed): In case of work on multiple actions per year, the total number of day-equivalents declared across EU grants for the person cannot be higher than 215 per calendar year (or the corresponding pro-rata by multiplying 215 with the working time factor), to avoid double-funding of personnel cost. In addition, the employment agreement should respect the labor regulation of the country. |
| Q9 | Can a UK institution be the coordinator of a proposal/project? | The UK can be coordinator of a proposal/project since the UK is a country associated to Horizon Europe.<br><br>Please see the Horizon Europe List of Participating Countries on the Funding & Tenders Portal for up-to-date information on the current list and on the position for Associated Countries: Association to Horizon Europe - Research and innovation |
| Q10 | Kindly confirm how to check whether a country is a member of the EDCTP Association? | Please check here the website of the EDCTP Association: https://www.edctp.org/about-us/governance/general-assembly/members-of-the-general-assembly/ |
| Q11 | It seems that the list of member states eligible for funding is in contradiction with the reference document on the EU portal where interested parties are referred to "eligible countries" in General Annexes of Horizon Europe Work Programme. For example, Madagascar is not a country member | Please refer to the Global Health EDCTP3 Work Programme 2026, where the list of all countries is clearly presented under section 4.1.2.4 (Specific conditions to Global Health EDCTP3). The rules for eligibility for funding of Global Health EDCTP3 differ from the standard rules under Horizon Europe.<br><br>In particular, for the most up-to-date list of EDCTP |

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| | of the EDCTP Association but is mentioned in the General Annexes. Which list includes all countries in which the legal entities should be established to be eligible and applicants should refer to? | Association member countries, please refer to the EDCTP Association website: https://www.edctp.org/about-us/governance/general-084assembly/members-of-the-general-assembly/ |
| Q12 | Although the U.S. is unable to receive funding as a partner can they be subcontracted? | A US entity is not established in a country eligible for JU funding, therefore it can participate with its own funding. For a US entity to receive funding, this entity should be considered essential for implementing the action. The "essentiality" of an entity is assessed by the independent experts during the evaluation and decided by the granting authority.<br><br>Entities from the USA may be eligible as contractors or subcontractors (beware that contractors may not perform action tasks of a project, only provide goods or services). However, allowing them as subcontractors should not result in circumventing the rules on eligibility for funding. We could nevertheless consider such an option in exceptional circumstances, if it is essential to involve a given entity for a project to be viable. Such an assessment would be made in an analogous way to the one we make for entities that request funding as beneficiaries whereas they are not eligible for it in principle. |
| Q13 | Who are the stakeholders that are expected to apply to the CSA calls? | Eligibility criteria regarding the composition of the consortium and the entities requesting funding must be complied with. Furthermore, it is the responsibility of applying consortia to add any other co-applicant with relevance to the call topic scope.<br><br>Moreover, according to the topic texts, proposals should come from consortia with strong representation from institutions and researchers across sub-Saharan African countries, demonstrating a broad regional distribution in the SSA region, including involvement of Franco/Lusophone countries where possible and relevant, and considering previous EDCTP1 and EDCTP2 investments and the current Global Health EDCTP3 call.<br><br>Applicants are also reminded of the expectation of reaching out to organisations in countries with high burden of disease with relatively lower research capacities, to foster inclusive equitable partnerships. Collaboration with other international research groups with relevant experience and participation in networking and joint activities, as relevant, is strongly encouraged.<br><br>Please consult the topic text for more details. |

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| Q14 | Can a researcher from a country which has won the grant before, join another team, as a team member, applying from another country? | The question seems to refer to the case where the researcher changes organisation/employer. This is possible, however, please be mindful about the rules on eligibility for funding that apply to the new organisation involved. |
| Q15 | What is the exact deadline for submission of the first-stage (short) proposals? | The deadline is 4 March 2026, 17:00:00 Brussels time. This applies to these two-stage call topics:<br>• HORIZON-JU-GH-EDCTP3-2026-01-TB-01-two-stage: Global Collaboration Action for the development of TB drugs for therapy and chemoprophylaxis in adults and children in sub-Saharan Africa<br>• HORIZON-JU-GH-EDCTP3-2026-01-LRTI-02-two-stage: Global Collaboration Action for Prevention and treatment of Lower Respiratory Tract Infections (LRTIs) in sub-Saharan Africa<br>• HORIZON-JU-GH-EDCTP3-2026-01-HIV-03-two-stage: Global collaboration action towards a better prevention, treatment and clinical management of HIV co-infections or co-morbidities in sub-Saharan Africa<br>• HORIZON-JU-GH-EDCTP3-2026-02-CH-01-two-stage: Global Collaboration Action on climate and health in sub-Saharan Africa |
| Q16 | Is it advised to have more than one European partner? Although only one is necessary to meet consortium requirements, would a proposal with more than one European partner be considered as stronger? | The consortium should include:<br>• At least three legal entities independent from each other and each established in a different country, where legal entities are eligible to receive funding;<br>• At least one independent legal entity established in a European Union Member State, or in an associated country to Horizon Europe that is a member of the EDCTP Association; and<br>• At least one independent legal entity established in a sub-Saharan African country that is a member of the EDCTP Association.<br>Only if admissible and eligible, the proposals will be evaluated and ranked against the following award criteria: impact, excellence and quality and efficiency of the implementation. The existence of an additional European partner does not by itself make the proposal stronger. It is the consortium's expertise that is evaluated as part of the "quality and efficiency of implementation" criterion. |
| Q17 | Can consortium partners who are | If such entities are also not established in a European |

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| | neither established in EDCTP Association member countries nor in Horizon Europe Associated Countries commit co-funding? | Union Member State, they should bring their own funding in the proposed project as they are not eligible for JU funding. Therefore, in this situation, it is not only possible but required for these consortium partners to commit co-funding. |
| Q18 | Are overheads (for shared services like HR, legal, IT) incurred by global organisations across their different locations to support their eligible country offices eligible for funding or can we only include the cost incurred locally? | That depends:<br>1. If the global organisation and the country offices are different organisations (i.e. eligible country office has a legal personality on its own which gives access to the grant) then no, since both can be considered as different entities towards the grant agreement and only the local office can claim the costs incurred by themselves.<br>2. If the costs incurred by the shared services can be tracked to the action (i.e. timesheets on internally invoices goods and services scheme) for the time really spent in the action then they can be considered as direct costs provided the usual accounting practices allow the allocation of those costs to different actions/projects, this should be established already regardless of the awarding of the action. If this is not possible then those overheads can be covered by the indirect costs flat rate offered by the grant, provided the general conditions for flat-rate costs to be eligible are fulfilled. |
| Q19 | For how many years would the funding be provided for? | The project duration cannot be beyond the time frame of the Global Health EDCTP3 programme, which is 2031. The total indicative JU budget for the relevant topic should be also taken into consideration by applicant consortia. |
| Q20 | In the first-stage submission, a consortium should be already formed or this can be done if the proposal gets to second-stage? | The consortium should be in place already for the first stage submission and be eligible according to the consortium composition rule.<br>Changes in consortium composition (including the coordinator) are allowed between stage 1 and stage 2 submission.<br>However, the full proposal submitted to stage 2 must be consistent with the outline proposal submitted to stage 1 and may not differ substantially (i.e. obvious change concerning a substantial part of the proposed project).<br>Consortia are requested in the template of second-stage evaluation to declare and justify any substantial changes compared to first stage proposal in terms of partnership, budget and approach : "*The full stage-2 proposal must be consistent with the short outline proposal submitted to* |

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| | | *the stage 1 – in particular with respect to the proposal characteristics addressing the concepts of excellence and impact."*<br><br>The aim of this is to ensure fair and equal treatment of competing proposals. It should prevent applicants from deliberately setting out false promises in the first stage that are not reflected in their second stage proposals.<br><br>The evaluation of full proposals during Stage 2 is independent from the evaluation of the outline proposals submitted to Stage 1. At Stage 2, all three award criteria are evaluated for every full proposal submitted.<br><br>Please also be mindful that the specific condition on consortium composition regarding the participation of three independent legal entities and the countries on which these entities should be based, as described in 4.1.2.4 Specific conditions to Global Health EDCTP3, Section B. Consortium composition, of the Global Health EDCTP3 JU Work Programme 2026, being an eligibility condition, should be respected already with the submission of the first-stage proposal. |
| Q21 | Where can I find the link to download the application template for preparation before online submission? | **The valid templates for a call are always and only the ones downloaded directly from the submission system for that specific call. Templates available elsewhere in the Portal (and notably as links to the Reference documents section) are for reference and information only.**<br><br>For First Stage RIA: Tpl_Application Form (Part B) (HE-JU-EDCTP3 1st stage RIA and IA).pdf |
| Q22 | Is cost share a requirement for the proposal applications? Is there an indirect cost rate limit? | An estimate of costs for each beneficiary and for each budget category (or work package in case of lump sum calls) will be part of the proposal. The funding rate for Global Health EDCTP3 grants is 100%. For the indirect costs, there is a flat rate of 25% of the eligible personnel and purchase costs. |
| Q23 | Is Morocco, Egypt or Japan eligible for funding? Is Morocco, Egypt or Japan considered an associated country? | Morocco, Egypt or Japan is not yet associated to the Horizon Europe Programme. However, entities based in Morocco, Egypt or Japan are treated as if Morocco/Egypt/Japan was associated to Horizon Europe at the level of proposal submission (transitional arrangements). This means that these entities are provisionally considered eligible for funding, which has implications in terms of budget requested and consortium composition eligibility.<br><br>The situation is re-evaluated during grant agreement preparation, taking into account the status of the |

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| | | association agreement between the European Union and Morocco/Egypt/Japan.<br><br>In particular, entities based in Morocco, Egypt or Japan would be treated as potential beneficiaries during the process of proposals' eligibility and admissibility checks, and evaluation. In case Morocco, Egypt or Japan is not associated at a mature stage of the grant agreement preparation, the status of the entities based in Morocco/ Japan/Egypt as beneficiaries will be revised; they may still participate in projects as associated partners (not eligible for funding). Where relevant, the consortium may have to change its coordinator and add a participant based in the EU or a country associated to Horizon Europe that is a member of the EDCTP Association to fulfil the consortium composition requirements.<br><br>The situation of entities established in Morocco, Egypt or Japan will be reassessed during grant agreement preparation and at the moment of grant agreement signature.<br><br>Grant agreements with beneficiaries established in Morocco, Egypt or Japan can only be signed if the association of the country to Horizon Europe has started producing legal effects, i.e. the association agreement has started to apply.<br><br>Consequently, applicants established in Morocco, Egypt or Japan will be treated for such award procedures as entities established in an associated country, subject to their association agreement to Horizon Europe being applicable at the time of signature of the grant agreement.<br><br>We therefore recommend that any consortium applying with entities based in Morocco, Egypt or Japan makes sure to have a back-up plan, in case Morocco/Egypt/Japan is not associated to Horizon Europe later in 2026. |
| Q24 | Can a private company be a partner and eligible for funding? | Yes, to be eligible for funding, the company must be established in a European Union Member State or a country associated to Horizon Europe, or a EDCTP Association member country and not be in any of the exclusion criteria established in the general annexes of the Horizon Europe Programme. |
| Q25 | How does a country become a member of the EDCTP Association? What is the process? | Please check out the membership section of the EDCTP Association website (https://www.edctp.org/about-us/governance/general-assembly/membership-of-the-edctp-association/) for further information on becoming a member. |

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| Q26 | If a consortium has two companies (including lead member) from same African country and two companies from same European country, i.e. four partners from two countries, is this consortium eligible? | The consortium should include:<br><br>• At least three legal entities independent from each other and each established in a different country, where legal entities are eligible to receive funding;<br>• At least one independent legal entity established in a European Union Member State, or in an associated country to Horizon Europe that is a member of the EDCTP Association; and<br>• At least one independent legal entity established in a sub-Saharan African country that is a member of the EDCTP Association.<br><br>The consortium in question would lack eligibility based on the first condition to have at least three legal entities each established in a different country. |
| Q27 | Could you please clarify how the budget of a project can be managed in the consortium? | The project budget has to be managed taking into account the general cost eligibility conditions outlined in the grant agreement. According to the grant agreement, the coordinator distributes the payments received from the granting authority to the other beneficiaries without unjustified delay. |
| Q28 | What is the difference between the indicative budget and the expected project budget? | Indicative budget refers to the total indicative Joint Undertaking budget for a specific topic, covering all proposals chosen.<br><br>Expected Joint Undertaking contribution is the Global Health EDCTP3's estimated amount that would allow the outcomes of this topic to be addressed appropriately. Nonetheless, this does not preclude submission and selection of a proposal requesting different amounts. |
| Q29 | Can we have a partner from India? Would the grant be split to all partners? How does it work? | Organisations based in India may participate as associated partners, which are not eligible for funding.<br><br>The grant is paid to the coordinator, who then distributes the respective share to each beneficiary eligible for funding. |
| Q30 | Can an African firm be part of a consortium since it is tagged as an associated partner? | An organisation established in an African country which is a member of the EDCTP Association is eligible to participate as a beneficiary (and therefore request funding).<br>If it is established in a country that is not a member of the EDCTP Association, it may participate as associated partner (and therefore without JU funding). |
| Q31 | Can an early career researcher lead in the consortium probably because other | This matter is something to be discussed at a consortium level. There are no requirements on the seniority of the |

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| | eligible entities are not in eligible project country? | researcher leading the consortium stipulated in the call text and it is at the discretion of the consortium to assign appropriately experienced individuals to perform the role.<br><br>Note that the award criteria against which proposals are evaluated are: excellence, impact and quality and efficiency of implementation. Expertise is part of the valuation of the "quality and efficiency of implementation" criterion (please see General Annexes of the Horizon Europe Programme).<br><br>Please also note that it should be the legal entity of the early career researcher that participates as, in Global Health EDCTP3 projects, legal entities (and not individual researchers) form the consortia. |
| Q32 | Are there calls under Lump Sum form? Please confirm that for direct Lump Sum costs, no invoices need to be demonstrated. | The CSAs are lump sum calls. As such, the invoices will not be requested by Global Health EDCTP3 but are essential for financial management within the beneficiary organization. |
| Q33 | In lump sum calls, apart from not having financial reporting obligation, has anything changed with respect to depreciation costs? | The equipment costs should still follow the eligibility conditions. For Global Health EDCTP3 projects, only the applicable depreciation costs and use for the action are considered eligible. |
| Q34 | Some countries are listed in Annex 4.2 IKAA plan of the Work Programme 2026. Are these the countries that are expected to provide the co-funding or are associated countries (not beneficiaries) being looked for here to join the consortium as contributing partners? | Annex 4.2 does not relate to calls for proposals but is a list of the value of the additional activities which are planned to be initiated in year 2026 by the constituent countries, members of the EDCTP Association. These additional activities are different and separate from the proposals which will be submitted in response to the calls.<br><br>It is important to note that a public entity cannot be a contributing partner, unless it is linked to a country that is not a member of the EDCTP Association. In cases where it is linked to a country that is a member of the EDCTP Association, this entity cannot be considered as contributing partner. |
| Q35 | As mentioned in the Work Programme 2026, "entities established in low- and middle-income countries that are not members of the EDCTP Association and listed in the Horizon Europe List of Participating Countries on the Funding & Tenders Portal are not eligible for funding unless the specific country in which the entity is established, is associated to Horizon Europe or if the participation of the entity is considered | The Central African Republic is not a member of the EDCTP Association. The entity based in the Central African Republic can be an associated partner in a project, but to be automatically eligible for funding, the Central African Republic must be a member of the EDCTP Association at the time of signature of the grant agreement. It may also be eligible for funding if considered essential for implementing the action by the granting authority, however this assessment is in principle based on the recommendations of independent experts and is therefore performed during the evaluation |

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| | essential for implementing the action by the granting authority". We wonder if an entity based in Central African Republic will be eligible for funding in case it applies for EDCTP3 calls as a partner? | phase. |
| Q36 | We wonder if in case our Institute is a partner, we could benefit from funding as our participation will be considered essential for implementing the action (as mentioned in the Work Programme)? | In case your entity is not based in a country that is eligible for funding, it may be eligible for funding if their participation is considered essential for implementing the action by the granting authority. The “essentiality” of an entity is assessed by the independent experts during the evaluation and decided by the granting authority.<br><br>Participation should be considered essential for carrying out the action if there are clear benefits for the consortium, such as outstanding competence/expertise, access to research infrastructure, access to particular geographical environments, access to data, etc.<br><br>Note that this assessment is in principle based on the recommendations of independent experts and is therefore, performed during the evaluation phase. |
| Q37 | It is noted that **the RIA calls of the Work Programme 2026 are Global Collaboration Actions** which require in kind or financial contribution from contributing partners at the level of the proposal. Do you have some extra information about this? Are contributing partners identified or the applicant consortia should seek on their own? | For the RIA actions of the Work Programme 2026, it is expected that the requested funding from Global Health EDCTP3 would be matched equally or with greater financial and/or in-kind contribution from partners. The contributions can consist of financial contributions and/or in-kind contributions. This is not an eligibility requirement, which means that it does not preclude submission and selection of a proposal with a different contribution profile.<br><br>Global Health EDCTP3 contributing partners can be a country, an international organisation or any public or private legal entity, other than the Global Health EDCTP3 members or their constituent or affiliated entities (please consult the Guide for contributing partners.).<br><br>In case of in-kind contribution (even combined with financial contribution), contributing partners become a part of the applicant consortium and participate in the project, as appropriate i.e. as beneficiaries or affiliated entities in the meaning of Article 8 of the Horizon Europe model grant agreement.<br><br>Both for stage 1 (short) proposals and stage 2 (full) proposals, proposals should define the activities of their project in its entirety, including details of the component(s) for which Global Health EDCTP3 funding is requested as well as the component(s) that are to be financed by contributing partners. Each contribution should be well described and budgeted in each proposal, so that the activities and related costs that are covered by the in-kind or financial contribution(s) are |

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| | | clearly identified.<br><br>For the first stage evaluation, the proposals will be evaluated and ranked against the following award criteria in General Annex D (see annexes to the call in F&T portal). While not an eligibility criterion, additional activities (as financed by contributing partner) may have a favorable effect on the evaluation. For the second-stage evaluations, the evaluation of the proposals will be done against the award criteria included in General Annex D, and additionally, the following aspects of "Impact" and "Quality and efficiency of the implementation" criteria:<br><br>(1) for the 'impact' criterion: "production of meaningful and significant effects enhancing the impact of the relevant research activities via the inclusion of effective in-kind and/or financial contribution of contributing partners";<br><br>(2) for the 'quality and efficiency of the implementation' criterion: "leveraging of financial and/or in-kind contributions from contributing partners that are equal or greater than the requested JU contribution, in order to ensure the necessary resources and effort for the action".<br><br>As explained in the Work Programme 2026, note that for the second stage, the applicants' contributing partner(s) must submit the endorsement letter for approval by the Global Health EDCTP3 Governing Board before the deadline for submission of the second-stage applications. It is recommended that the draft letter is submitted to the Global Health EDCTP3 Programme Office sufficiently ahead of deadline for submission of proposals to allow the review.<br><br>The contributing partners are not identified in the topic texts. It is for the applicant consortia to seek these partners. On top of what has been mentioned in the call/topic text, more information about contributing partners can be found on our website, specifically on this page. |
| Q38 | It is noted that RIA calls of the Work Programme 2026 (Global Collaboration Actions) require in-kind or financial contributions from contributing partners at the level of the proposal. Should the letter of endorsement by a contributing partner be sent and approved before the first-stage submission, or only at the second stage? | As explained in the Work Programme 2026, the applicants' contributing partner(s) must submit the endorsement letter for approval by the Global Health EDCTP3 Governing Board before the deadline for submission of the second-stage applications. Therefore, this is not required for the first-stage submission. It is recommended that the draft letter is submitted to the Global Health EDCTP3 Programme Office well in advance of the second-stage submission deadline to allow sufficient time for review. |

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| Q39 | If wishing to apply to a topic that is a Global Collaboration Action, what is the expected amount from contributing partners to a given consortium? | It is expected that the requested funding from Global Health EDCTP3 would be matched equally or with greater financial and/or in-kind contribution from partners. The contributions can consist of financial contributions and/or in-kind contributions.<br><br>The level of contribution by the contributing partner(s) mentioned in the call text is not an eligibility requirement, which means that it does not preclude submission and selection of a proposal with a different contribution profile.<br><br>For the first-stage evaluation, the proposals will be evaluated and ranked against the award criteria in General Annex D of the Horizon Europe General Annexes. While not an eligibility criterion, additional activities (as financed by contributing partners) may have a favorable effect on the evaluation.<br><br>For the second-stage evaluation, the evaluation of the proposals will be done against the award criteria included in General Annex D, and additionally, the following aspects of "Impact" and "Quality and efficiency of the implementation" criteria:<br>(1) for the 'impact' criterion: "production of meaningful and significant effects enhancing the impact of the relevant research activities via the inclusion of effective in-kind and/or financial contribution of contributing partners";<br>(2) for the 'quality and efficiency of the implementation' criterion: "leveraging of financial and/or in-kind contributions from contributing partners that are equal or greater than the requested JU contribution, in order to ensure the necessary resources and effort for the action". |
| Q40 | Is the call generally on collaboration or can a single institute send a proposal? | An organisation cannot submit a proposal on its own, it must be part of a consortium. For consortium composition, see replies to relevant questions above, as outlined in section 4.1.2.4 (Specific conditions to Global Health EDCTP3) of the Global Health EDCTP3 Work Programme 2026. |
| Q41 | Is there any guidance or a template for the Letter of Endorsement of contributing partners that would like to participate in the Global Collaboration Actions? | Yes, on the Global Health EDCTP3 website: https://www.global-health-edctp3.europa.eu/about-us/partner-us_en. It is recommended that the draft letter is submitted to the Global Health EDCTP3 Programme Office well in advance of the second-stage proposal submission deadline to allow sufficient time for review. |
| Q42 | How can contributing partners be contacted by the applicants for the | A contributing partner can be based in any country, it can be an international organisation or legal entity, other than a member of the Joint Undertaking, that supports the |

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| | Global Collaboration Actions? How may applicants know who they are? | objectives of the programme. In the case of a contributing partner being a government/public body, it should be based in a country that is not a member of the EDCTP Association. |
| Q43 | Can you confirm that contributing partners refer exclusively to funding in cash or in-kind from an external third party and not to co-funding from consortium partners? | In case of **in-kind contribution** (even combined with financial contribution), contributing partners become a part of the applicant consortium and participate in the project, as appropriate i.e. as beneficiaries or affiliated entities in the meaning of Article 8 of the Horizon Europe model grant agreement.<br><br>If only **cash contribution** is provided, the contributing partner does not sign the GA (unless of course it has tasks in the project and is JU-funded). **The cash may be transferred to the JU or directly to beneficiaries. In both cases, a funding agreement has to be concluded.** The template of this agreement may be found here: https://www.global-health-edctp3.europa.eu/partner-us/how-become-contributing-partner_en#step-5-contractual-arrangements |
| Q44 | It was mentioned that a contributing partner could not be an organisation in an EDCTP Association member state - how is this possible since all the consortium partners would be established in EDCTP Association member countries? Who can be contributing partner and how can a contributing partner participate in the proposals? | Contributing partners may be countries, international organisations, or public or private legal entities. They cannot however, be Global Health EDCTP3 members or their constituent or affiliated entities, such as public entities based in a country member of the EDCTP Association. They may, however, be a private organisation based in an EDCTP Association member country.<br><br>Furthermore, in case the contributing partners also request funding, legal entities must be established in a country that is member of the EDCTP Association or in one of the Member States of the European Union, or in a country associated to Horizon Europe. Please see above answer to question 2.<br><br>The contribution of contributing partners shall be in form of eligible costs for the action and can be in cash, in kind (such as staff time, equipment, or services), or a combination of both. If a partner provides an in-kind contribution (with or without financial support), they must join the applicant consortium and take part in the project. They will do so as beneficiaries or affiliated entities, in line with Article 8 of the Horizon Europe Model Grant Agreement. |
| Q45 | What about the contribution of public entities based in a country member of the EDCTP Association? Are they taken into consideration since they cannot be declared as contributing partners' contributions? | The contributions (in-kind or financial) of public entities based in a country member of the EDCTP Association cannot be considered as contributing partners' contribution. However, the inclusion of such contributions, being part of the proposal, will be taken into consideration by the experts for the evaluation of the award criteria. Furthermore, such contributions could |

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| | | also count as the Association's in-kind contributions to operational activities (IKOP or eligible non-funded contributions).<br><br>Global Health EDCTP3 will liaise with the EDCTP Association in the near future to ensure that a communication channel is established between the Association and public entities based in a country member of the EDCTP Association on this matter. |
| Q46 | Please clarify to what extent the presence or absence of in-kind/cash contributions of contributing partners in Global Collaboration Action influences the evaluation process, and whether it is considered a formal requirement, or an optional element. | As mentioned in the relevant topic texts, for **the RIA actions under the Work Programme 2026**, it is expected that the funding requested from Global Health EDCTP3 will be matched by partners with an equal or higher contribution. This contribution can be in cash (or "financial contribution" to a beneficiary of the grant for eligible costs of the action), in kind (or in-kind contribution for operational activities "IKOP" corresponding to eligible costs such as staff time, equipment, or services), or a combination of both.<br><br>Matching funding is **not an eligibility requirement**. This means that proposals with a different level or type of contribution can still be submitted and selected. In that sense their contributions are not a formal requirement to submit a proposal.<br><br>Contributing partners could constitute though an added value for the proposal to which they contribute, and this is reflected in the evaluation at the level of the award criteria, both at the first and second stage evaluations.<br><br>• **For stage 1**, proposals will be evaluated and ranked using the award criteria in General Annex D (see the annexes in the Funding & Tenders Portal). Although partner contributions are not an eligibility requirement, **additional activities funded by contributing partners may improve a proposal's evaluation for "impact" and "excellence" criteria that will be evaluated as such by external evaluators.**<br><br>• **For stage 2**, proposals will again be evaluated using the criteria in General Annex D. Furthermore, based on the topic text, and in addition to the aspects of the general criteria included in Annex D, the following aspects will also be specifically considered regarding the contributions of contributing partners:<br>1. **Impact**: whether the involvement of contributing partners, through financial |

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| | | and/or in-kind contributions, increases the impact of the research activities.<br>2. **Quality and efficiency of implementation**: whether the project effectively uses partner contributions that are **equal to or greater** than the requested Global Health EDCTP3 funding to ensure sufficient resources and effort.<br><br>For example, in the second stage evaluation, in case of bringing complementary contribution of 50% compared to the requested Global Health EDCTP3 funding would necessarily be an element that will be considered by the experts, as explained above, for the **"Impact" criterion**.<br>For the "**Quality and efficiency of implementation**", the contributions need to be equal or greater than the requested Global Health EDCTP3 funding for this additional aspect to be taken into consideration**.** |
| Q47 | Please clarify where a consortium can include a contributing partner in their application at the second stage of the evaluation in the Global Collaboration Actions. | Contributing partners are not named in the topic texts. It is the responsibility of the applicant consortium to identify and engage them.<br><br>Both stage 1 (short) and stage 2 (full) proposals must describe the full scope of the project. This includes clearly explaining:<br><br>• which parts of the project will be funded by Global Health EDCTP3, and<br>• which parts will be funded by contributing partners.<br><br>All partner contributions must be clearly described and included in the budget, so it is clear which activities and costs are covered by financial and/or in-kind contributions.<br><br>As stated in the Work Programme 2026, **for stage 2 proposals, contributing partners must submit an endorsement letter.** This letter must be approved by the Global Health EDCTP3 Governing Board before the stage 2 submission deadline. Applicants are encouraged to send a draft of the letter to the Global Health EDCTP3 Programme Office, well in advance, to allow time for review.<br><br>It is possible to add a contributing partner at the second stage of the evaluation, provided that this addition does not substantially change the proposal between the first and the second stage evaluations. Consortia are |

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| | | requested in the template of second-stage evaluation to declare and justify any substantial changes compared to first stage proposal in terms of partnership, budget and approach: "*The full stage-2 proposal must be consistent with the short outline proposal submitted to the stage 1 – in particular with respect to the proposal characteristics addressing the concepts of excellence and impact.*"<br><br>Please also be mindful that the specific condition on consortium composition regarding the participation of three independent legal entities and the countries on which these entities should be based, as described in 4.1.2.4 Specific conditions to Global Health EDCTP3, Section B. Consortium composition, of the Global Health EDCTP3 JU Work Programme 2026, being an eligibility condition, should be respected already with the submission of the first-stage proposal. |
| Q48 | Where can the applicants find more information on lump sum grants (CSAs)? | Please find below some relevant documentation on the Global Health EDCTP3 website at the following link: Legal and financial guidance - Global Health EDCTP3 - European Union<br><br>Applicants can also consult the frequently asked questions of the EU Funding & Tenders Portal |
| Q49 | In case of a lump sum call, at the end of the project itself, must the consortium provide a financial report which will allow some control on how the money was actually spent? | For lump sum projects, there will be **no financial reporting or financial ex-post audit, review or check**. During project implementation, there will only be releases of lump sum shares per beneficiary and WP at the end of each reporting period. This would be done based on the completed work packages and assessment done by the Joint Undertaking.<br>Implementing a lump sum grant has as main objective to provide simplification for the Global Health EDCTP3 beneficiaries with a focus on the scientific-technical content of projects.<br><br>Please note that in accordance with the HE lump sum model grant agreement (Article 25), the granting authority, during the action or afterwards, may carry out internal checks, reviews and audits on the proper implementation of the action and compliance with the obligations under the Agreement.<br><br>Consequently, checks, ex-post audits, or reviews are still possible, as far as horizontal obligations and technical project implementation is concerned.<br><br>Please also consider Article 20 of the HE lump sum model grant agreement about Record Keeping "The beneficiaries must — at least until the time-limit set out in the Data Sheet (see Point 6) — keep records and other supporting documents to prove the proper |

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| | | implementation of the action (proper implementation of the work and/or achievement of the results as described in Annex 1) in line with the accepted standards in the respective field (if any); beneficiaries do not need to keep specific records on the actual costs incurred."<br><br>For example, for research activities, beneficiaries should keep documentation as required by good research practices such as lab books, technical documents, prototypes, proceedings in conferences, and publications. |
| Q50 | Do lump sum calls receive pre-financing? | The lump sum calls do receive pre-financing payment just like the actual-cost grants. |
| Q51 | What happens if one of the participating entities does not have an allocated budget even though it has tasks assigned in the work packages? | The budget presented in the proposal should be taken into account in the evaluation, as covering the full tasks (in some cases some tasks are funded by the beneficiary itself or a contributing partner but this should be indicated in the proposal). It is not possible to increase the requested funding.<br><br>However, for actual cost grants, during the grant agreement implementation, the concept of budget flexibility applies (Article 5.5 MGA). Generally, it means that you can use the budget as you see fit as long as the project is implemented in accordance with Annex 1, please mind that there are some exceptions regarding subcontracting.<br><br>For lump sum grants, while the principle of budget flexibility is not relevant (Article 5.5 MGA), the consortium is free to spend the lump sum as they see fit, provided the project is carried out as described in the grant agreement. However, if the consortium is willing to reflect those changes, for instance in case there are substantial differences to the real implementation, it should be done via an amendment. In practice, if you would like to formalise a change in the breakdown of the lump sum shares (Annex 2), this requires an amendment.<br><br>Such budget transfers may be done:<br>− within the same work package (i.e. increasing the share of one beneficiary and decreasing the share of another) and/or − between work packages (i.e. increasing the share allocated to one work package and decreasing the share of another).<br><br>You need to justify these changes on the basis of the technical implementation of the action. Transfers from or to a work package which has already been declared completed and paid in a preceding reporting period are NOT allowed. |

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| Q52 | How can I contact the EDCTP Association for technical support to prepare our proposal or to request its involvement as coordinator for the CSAs? | The EDCTP Association has set as deadline for accepting requests to act as project coordinator the 31st March 2026; therefore, the Association is no longeraccepting requests to act as project coordinator. Please have a look at the following link https://www.edctp.org/edctp-association-as-coordinator-of-global-health-edctp3-projects-2/2026-calls-for-proposals/ |
| Q53 | Is it mandatory to include the EDCTP Association as coordinator of the project for the CSAs? | No, this is optional. |
| Q54 | Will consortia that include the EDCTP Association as coordinator be evaluated more positively, in particular under the “Quality and efficiency of the implementation” award criterion for a CSA topic? | No. This option is only a suggestion to applicants due to the experience of the EDCTP Association with lump sum funding. |
| Q55 | If we opt for including the EDCTP Association as coordinator, what organisation should submit the proposal for a CSA? | It is the duty of the coordinator to submit proposals, therefore the EDCTP Association would do so. |
| Q56 | In the past there had been many challenges with the submission system (the EU portal) becoming very unstable even in the days leading up towards the respective deadlines (even with an excellent internet connection from our side, based in Europe). Could you please comment on that? | Should you encounter any technical issues withe Portal, please contact the IT helpdesk EU Funding & Tenders Portal https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/support/helpdesks/contact-form. |

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| Q57 | (a) If a public entity based in a EDCTP country provide in-kind contribution (e. personnel carrying tasks of the project) will it be considered IKOP?<br><br>(b) If a consortium of public entities provides 50% of in-kind contribution, although not considered Contributing Partners, will that have the same positive scoring in Impact and Implementation than having a contributing partner?<br><br>(c) For a first stage is it enough to indicate that extra-funding will be leverage, both in forms of CP or in-kind contribution of partners?<br><br>(d) The budget from the Contributing partners that contribute to the call (not a specific project) is already considered in the JU contribution indicated in the topics? It should appear in Annex 4.1 but I cannot find exactly which CP have decided to contribute to the different topics. | (a) Please refer to reply to question 45 above.<br><br>(b) This would be an element that will be considered by the experts to the extent relevant for the evaluation of the general award criteria as established in the HE General Annexes but does not relate to the additional aspects of 'Impact' and Implementation' criteria that were included in the Global Collaboration Actions (RIAs) and refer to contributing partners only. Please see replies to questions 45 and 46 above.<br><br>(c) Both for stage 1 (short) proposals and stage 2 (full) proposals, proposals should define the activities of their project in its entirety, including details of the component(s) for which Global Health EDCTP3 funding is requested as well as the component(s) that are to be financed by contributing partners. Each contribution should be well described and budgeted in each proposal, so that the activities and related costs that are covered by the in-kind or financial contribution(s) are clearly identified. Please see reply to question 37.<br><br>(d) No, it is not. For example, for the two CSAs it is mentioned that "According to the topic text, the budget for this call topic may increase, subject to the confirmation of CEPI as a Contributing Partner." |
| Q 58 | Also, do all entities participating in a consortium need to submit their PICs? | Yes, if you want to participate in a project proposal, your organisation needs to be registered in the Participant Register of the Funding & Tenders Portal and have a 9-digit Participant Identification Code (PIC). |
| Q 59 | Does "*HORIZON-JU-GH-EDCTP3-2026-02-CH-01-two-stage*" include co-funding? | The call topic "*HORIZON-JU-GH-EDCTP3-2026-02-CH-01-two-stage*" is a Global Collaboration Action on climate and health in sub-Saharan Africa".<br><br>Based on the Work Programme 2026: *"For all Global Collaboration Actions such as this topic, proposals submitted are expected to leverage financial and/or in-kind contributions from contributing partners.*<br><br>*Proposals should define the activities of their project in its entirety, including details of the component(s) for which Global Health EDCTP3 funding is requested and the component(s) that are to be financed by contributing partners. Each contribution should be well described and budgeted in each proposal, so that the activities and related costs that are covered by the in-kind or financial* |

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| | | *contribution(s) are clearly identified."*<br><br>For Global Collaboration Actions, please see replies to questions 37 to 42 above. |
| Q 60 | Given the focus of topic *HORIZON-JU-GH-EDCTP3-2026-02-CH-01* on climate and health, would a proposal for a Shigella vaccine be considered competitive if it demonstrates the link between climate-driven floods/water scarcity and shigellosis outbreaks? | The inclusion of climate-sensitive vectors is at the core of the "*HORIZON-JU-GH-EDCTP3-2026-02-CH-01 Global collaboration action on climate and health in sub-Saharan Africa*" topic, where you can find the following requirements:<br><br>***Expected outcomes***<br>*Proposals submitted under this topic should aim to deliver results that are contributing to improved health outcomes related to climate sensitive vector- and water-borne pathogens in the scope of the Global Health EDCTP3 SRIA in SSA. In addition, proposals are also expected to lead to:*<br>*1. Improved health outcomes related to climate sensitive vector- and water-borne pathogens in the scope of the Global Health EDCTP3 SRIA with dual focus on SSA and Europe, and/or*<br>*2. Enhanced evidence-based decision-making related to mitigating the impact of climate change on the health of SSA populations based on study data, and/or*<br>*3. Increased community and primary health care engagement towards lowering the burden of climate-sensitive vector- and water-borne diseases in the scope of the Global Health EDCTP3 SRIA*<br><br>After submission, your proposal will be evaluated by external experts following the standard evaluation procedures and based on the established award criteria. |
| Q 61 | For the topic *HORIZON-JU-GH-EDCTP3-2026-01-HIV-03-two-stage Global collaboration action towards better prevention, treatment and clinical management of HIV co-infections or co-morbidities in sub-Saharan Africa:*<br><br>For the topic on HIV and co-infections, do you consider only clinical trials for the scope? | For the "*HORIZON-JU-GH-EDCTP3-2026-01-HIV-03-two-stage Global collaboration action towards better prevention, treatment and clinical management of HIV co-infections or co-morbidities in sub-Saharan Africa*", please make sure that the requirements outlined in the "Scope" section are met.<br><br>In particular, regarding your question, please note the following requirements outlined in "Scope":<br><br>"*The proposals submitted under this topic should generate evidence on efficacy, immunogenicity, safety and/or clinical utility for healthcare professionals and clinicians in SSA of novel/improved products that aim to improve prevention and/or treatment outcomes for a co-infection or co-morbidity to HIV. This includes the prevention of developing HIV co-morbidities or advanced HIV disease (as per WHO definition74).*<br><br>*Proposals should address effective service integration in different healthcare systems in SSA, including safer* |

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| | | *polypharmacy use. The proposals submitted under this topic should address late-stage (phase IIb and thereafter) clinical development."* |
| Q 62 | Can regional institutions join the association? If so, how? | For this type of guidance, please contact the EDCTP Association directly. http://www.edctp.org/about-us/contact/ |
| Q 63 | We are developing a consortium that includes a UK-based coordinator institution and a research partner based in an EDCTP Association sub-Saharan African member state. A core technology partner essential to the project is established in the United States.<br><br>a) Given that the UK is an Associated Country and not an EU Member State, does the consortium still require a separate beneficiary established in an EU Member State to meet the minimum eligibility conditions under Section 4.1.2.4?<br><br>b). Can US-based organisations participate as associated partners or through subcontracting arrangements with eligible beneficiaries, and if so, are there any caps or limitations on the proportion of the budget that can flow to non-eligible entities via subcontracting under the lump sum model used for this topic? | a) The UK is associated to Horizon Europe and country member of the EDCTP Association. It qualifies under the second point of the Consortium Composition eligibility requirements, see reply to question 6 above.<br><br>Please see the Horizon Europe List of Participating Countries on the Funding & Tenders Portal for up-to-date information on the current list and on the position for Associated Countries: list-3rd-country-participation_horizon-euratom_en.pdf<br><br>b) For US based organisations, please see reply to question 12 above. |
| Q 64 | We are searching co-founding partners in the be2match platform, but there are none. Is there an alternative way to find them?<br><br>The co-funding partners are just the ones already included in the network platform? We did not find a list of contributors. | The networking platform is designed to also help you identify potential Contributing Partners, Networking platform - Global Health EDCTP3 - European Union https://www.global-health-edctp3.europa.eu/funding/networking-platform_en<br><br>Any legal entity that supports a project proposal with its own resources—cash and/or in-kind—can potentially become a Contributing Partner.<br><br>Contributing partners may be countries, international organisations, or public or private legal entities. They cannot however, be Global Health EDCTP3 members or their constituent or affiliated entities, such as public entities based in a country member of the EDCTP Association. They may, however, be a private organisation based in an EDCTP Association member |

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| | | country.<br><br>Any eligible entity can become a Contributing Partner, not only entities that are on the platform — there is no closed list.<br><br>More information is available here: Partner with us - Global Health EDCTP3 - European Union https://www.global-health-edctp3.europa.eu/partner-us_en |
| Q 65 | Do you have case studies or descriptions that explain different scenarios of how contributing partners integrate the project and the in-kind contributions they make? | There is more information on the different types of contributions on our website.<br><br>Please check this page out: What type of contributions are possible? - Global Health EDCTP3 https://www.global-health-edctp3.europa.eu/partner-us/what-type-contributions-are-possible_en . |
| Q 66 | Could the grant be utilized to support long-term educational pursuits, such as a PhD programme? | A grant should be utilized within the scope defined in the topic indicated in the Work Programme. |
| Q 67 | Please clarify if CFS/CCS are requested in the context of Lump sum grants. | Under Horizon Europe lump sum grants, Certificates on Financial Statements (CFS) or similar cost certificates are not required, because funding is based on the completion of work packages rather than on actual costs incurred.<br><br>However, beneficiaries must still keep adequate records to prove proper implementation, and the granting authority may perform technical checks, reviews, or audits if needed.<br><br>Please also see reply to question 49 above. |
| Q 68 | Is there a specific budget template for proposals? | Templates are available in EU Funding & Tenders Portal \| EU Funding & Tenders Portal and the budget can be found as specific item withing the template of the proposal https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/home<br><br>**Please be mindful that the valid templates for a call are always and only the ones downloaded directly from the submission system for that specific call. Templates available elsewhere in the Portal (and notably as links to the Reference documents section) are for reference and information only.**<br><br>In particular, for lumpsum grants a detailed estimated budget needs to be provided. Please find below the link |

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| | | to the template: https://ec.europa.eu/info/funding-tenders/opportunities/docs/2021-2027/common/temp-form/af/detailed-budget-table_he-ls-euratom_en.xlsm |
| Q 69 | Our headquarters is in Korea, but we have a branch that is registered as a legal entity in Switzerland, which is a country associated to Horizon Europe. | Please be aware that both Korea and Switzerland are countries associated to Horizon Europe, therefore they can participate as beneficiaries in the calls. |
| Q 70 | For topic "*HORIZON-JU-GH-EDCTP3-2026-03-DIGIT-2 Enhancing integrated research and healthcare in sub-Saharan Africa through digital innovation and Artificial Intelligence*":<br><br>Are projects on development of innovative digital and AI tools relevant for use by Medicines Agencies for regulatory and ethic systems enhancement in scope? | In the Work Programme 2026, the topic "*HORIZON-JU-GH-EDCTP3-2026-03-DIGIT-2 Enhancing integrated research and healthcare in sub-Saharan Africa through digital innovation and Artificial Intelligence*", reads as follows:<br><br>*"The goal is not to create new technologies, but to make better use of what already exists by improving coordination, strengthening human capacity, and supporting evidence-based policies and investments that can unlock the true potential of digital health across the region."*<br><br>This topic is not about developing new tools, but integrating existing ones. |
| Q 71 | Regarding the lump sum funding - how are the difficulties dealt with considering that many institutions in SSA do not have the funds for pre-financing, e.g. for personnel, which need to be fully financed for the entire duration of the project? | First of all, please note this aspect is not specific to lump sum grants as such aspect would have the same consideration as in actual costs' grants.<br><br>Then, it is to be mentioned that there are no specific provisions addressing liquidity constraints of institutions in Sub-Saharan Africa (or other regions) that may lack sufficient funds to pre-finance personnel costs or other, over the full duration of a project. The system relies on standard prefinancing and interim payment mechanisms to support cash flow: prefinancing is intended to provide beneficiaries with an initial float and is paid at the start of the action (from 40% to 80% of the grant value depending on the number of reporting periods), while interim payments can cover up to 90% of the maximum grant amount, the difference would be payable at the end of the action with the final payment, subject to the completion and approval of work packages.<br><br>However, the Grant Agreement explicitly requires beneficiaries to have the appropriate resources to implement the action and places full responsibility for financial capacity and cash-flow management on them. |
| Q 72 | In relation to lumpsum proposals, expound more about pre-financing and how it may impact the implementation of the | Under the Lump Sum Model Grant Agreement, prefinancing is not a reimbursement, but an advance payment intended to provide beneficiaries with an initial cash-flow "float.", as indicated in the reply to |

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| | project. Is pre-payment referring to the re-imbursement model of payment? If so, how often are the re-imbursements paid? | question 71 above.<br><br>The Grant Agreement explicitly states that "the aim of the prefinancing is to provide the beneficiaries with a float" and that it remains the property of the JU until the final payment when it should be fully cleared. Initial prefinancing is normally paid shortly after entry into force or the starting date of activities. Pre-payment therefore does not refer to a reimbursement model based on actual costs incurred.<br><br>In lump sum grants, payments are linked to the completion and approval of work packages, not to the declaration of real costs. Interim payments reimburse the eligible lump sum contributions for work packages implemented and completed during the reporting period and are subject to approval of the periodic report.<br><br>The frequency of these interim payments therefore depends on the structure of the project and number of WP per reporting period – and therefore the reporting schedule stated in the Grant Agreement. Typically, beneficiaries submit periodic reports (often annually or every year and half at defined reporting intervals), and interim payments are made following their validation.<br><br>Generally, the duration of a reporting period is 18 months (sometimes 12 months depending on the overall duration of the action). |
| Q 73 | Is there an expectation to describe the work packages' structure already in stage one proposals of two stage evaluations? | For two stage projects, the Criterion "Quality and efficiency of the implementation" will only be evaluated in the second stage.<br><br>This criterion includes the following aspects:<br><br>• Quality and effectiveness of the work plan, assessment of risks, and appropriateness of the effort assigned to work packages, and the resources overall.<br>• Capacity and role of each participant, and the extent to which the consortium as a whole brings together the necessary expertise. |
| Q 74 | Why did you decide not to include RIA in the pilot for lump sum funding? Would you consider them at the later stage? | Global Health EDCTP3 was interested in launching a pilot of lump sum grants first for CSAs which are considered more predictable in their implementation than RIA topics, which in our case, are for clinical trials funding. Costs' variations for such trials are expected to generate potentially more work packages re-allocations during their implementation and leading to more amendments. The JU is therefore willing to launch lump sum by phase, based on experience with our beneficiaries. |

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| | | It is expected that we will launch our first RIA lump sum in the next call 2027. |
| Q 75 | Are there any priorities for community led organisation, and PLHIV networks? | In Work Programme 2026, section 4.1.2.3 “General conditions related to this Work Programme”, there are “More common conditions for all topics”. Point number 3 cites community engagement in the following way:<br><br>*“As relevant, the proposals should involve all stakeholders, most notably policy makers, public health authorities, health care professionals and end-users. The applicants must ensure strong community engagement. International cooperation is encouraged, and the proposed research is expected to be multidisciplinary.”* |
| Q 76 | For topic “*HORIZON-JU-GH-EDCTP3-2026-02-CH-01-two-stage* “*Global collaboration action on climate and health in sub-Saharan Africa*”:<br><br>In "Global collaboration action on climate and health in sub-Saharan Africa" is malaria also included as disease? | In the Work Programme 2026, the topic “HORIZON-JU-GH-EDCTP3-2026-02-CH-01-two-stage “*Global collaboration action on climate and health in sub-Saharan Africa*”, reads as follows in the section “Scope”:<br><br>“*Climate-sensitive infectious diseases are defined in scope of this call as diseases whose incidence, prevalence, or intensity is negatively impacted by climate change and includes the vector- and water-borne pathogens in the scope of the Global Health EDCTP3 SRIA*.”<br><br>Malaria is in the scope of the Global Health EDCTP3 SRIA. |
| Q 77 | For topic “*HORIZON-JU-GH-EDCTP3-2026-03-SERP-01: Training and innovation networks for sustained capacity development related to ethics, regulatory, pharmacovigilance, and related digital regulatory platforms*”:<br><br>How can African consortia best show that ethics training programmes and digital regulatory tools will be sustained and owned locally after the funding ends, and how should applicants demonstrate these convincingly in their proposals? | A proposal submitted under the topic “*HORIZON-JU-GH-EDCTP3-2026-03-SERP-01: Training and innovation networks for sustained capacity development related to ethics, regulatory, pharmacovigilance, and related digital regulatory platforms*” should make clear that ethics training programmes and digital regulatory tools are aligned with existing national strategies, regulatory roadmaps, pharmacovigilance systems and digital-health policies, and that relevant authorities intend to integrate them into routine operations once the project ends.<br><br>This can be done by citing concrete policy instruments, describing how curricula will be accredited by national bodies or universities, and explaining how digital platforms will be incorporated into the IT infrastructures of regulators or ethics committees.<br><br>Proposals should therefore describe governance arrangements beyond the project lifetime, explaining how train-the-trainer schemes will be embedded in universities or regulatory agencies, how new professional roles or career pathways will be created, |

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| | | and how communities of practice or regional networks will continue to support knowledge exchange.<br><br>Applicants should articulate post-funding targets such as the proportion of ethics committees using the developed training modules, the number of regulatory authorities adopting the digital tools, or the level of domestic funding secured for continued operation. |
| Q 78 | **For all RIAS**:<br><br>What is the expected Technology Readiness Level (TRL) at the start and end of a project for the 2026 RIA calls? | As defined in the "Guiding notes to use the TRL self-assessment tool" in the section "Horizon Europe Research and Innovation actions (RIA & IAs)":<br><br>*"The Research and Innovation Actions cover typically projects starting at TRL 2-3 and reaching TRL 5-6 while the Innovation Actions are covering projects that start at TRL4-5 and end at TRL6-8."*<br><br>This condition applies in cases where the TRL is not specified in the Call Topic. In particular, in the topic "Global collaboration action on climate and health in sub-Saharan Africa", you can find the following excerpt in the "Scope" section:<br><br>*"Conduct large-scale implementation research on a validated (corresponding to Technology Readiness Level 8) medical device or novel vector control intervention for pathogens in scope in the context of integrated disease control interventions (which may include surveillance systems, early warning tools, diagnostics, and vector control innovations)".* |
| Q 79 | Can partners from Taiwan, knowing they cannot get funding, be part of the consortium members? | Please see replies to question 2 and 3 above. |
| Q 80 | In which way EU registered independent experts can participate in proposals as partner? | Global Health EDCTP3 does not fund individuals but legal entities. Experts can only participate in proposals if they are affiliated with a legal entity applying to one of the calls as part of a consortium.<br><br>In that case, an EU registered expert will not be able to participate as an evaluator in the evaluations for this topic for which the institution with which he or she is affiliated participates in an applicant consortium, due to the obligation of absence of conflict of interest of the experts evaluating the proposals. |
| Q 81 | As an associated country to Horizon Europe, an entity based in the UK, applying as Coordinator, do we also need to include an EU partner in our application? | The Coordinator is considered part of the Consortium Composition. Please also refer to the replies to questions 6 and 7 on consortium composition eligibility requirements above. |

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| Q 82 | Can any legal entity (e.g. non-governmental institutions) established in a SSA country that is an EDCTP Association member be **coordinator** (lead applicant) of a proposal?<br><br>Can the **scientific leader** of the project be based in an SSA country member of the EDCTP Association? | No. As provided for in the Global Health EDCTP3 Work Programme, coordinators can only be established in EU Members States, countries associated to Horizon Europe or South Africa.<br><br>However, If the coordinator is not established in a country in SSA (please see previous paragraph), the designation of a scientific project leader established in a SSA country member of the EDCTP Association is mandatory.<br><br>Therefore, a legal entity established in an SSA country member of the Association can be scientific project leader – but not coordinator (unless based in South Africa). |
| Q 83 | Can organizations working in conflict zones, such as in eastern DRC, also submit their proposals? | Eligibility of entities for participation and for funding is established in the Work Programme, and outlined also in the replies to questions 2 and 3 above (unless there are specific call conditions). |
| Q 84 | Can EDCTP3 JU be coordinator on RIA grant applications? | EDCTP3 (or Global Health EDCTP3 Joint Undertaking) is the granting authority, and therefore, cannot be part of any consortium. If you refer to the EDCTP Association, then the Association may be contacted on this question. |
| Q 85 | Does it make a difference if the coordinator is an EU member state or in an eligible state associated to Horizon Europe? | No, it does not, please see reply to question 6 above. |
| Q 86 | Which appendices are required for the financial section of the first S-stage application of two stage evaluation? | Only Section 3 of the Application Form should be filled in. |
| Q87 | For topic "*HORIZON-JU-GH-EDCTP3-2026-01-HIV-03-two-stage: Global collaboration action towards better prevention, treatment and clinical management of HIV co-infections or co-morbidities in sub-Saharan Africa*":<br><br>Regarding the call for proposals on HIV and comorbidities, I would like to know whether an HIV trial to prevent comorbidities is eligible for this call. | In the topic "*HORIZON-JU-GH-EDCTP3-2026-01-HIV-03-two-stage: Global collaboration action towards better prevention, treatment and clinical management of HIV co-infections or co-morbidities in sub-Saharan Africa*", the scope includes the following reference to trials to prevent comorbidities:<br><br>"*The proposals submitted under this topic should generate evidence on efficacy, immunogenicity, safety and/or clinical utility for healthcare professionals and clinicians in SSA of novel/improved products that aim to improve prevention and/or treatment outcomes for a co-infection or co-morbidity to HIV*."<br><br>Please note that this reply only refers to the limited information provided in your question. |

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| | | After submission, your proposal will be evaluated by external experts following the standard evaluation procedures. |
| Q 88 | For the institutions that are members of the consortium, and given that they are from different countries, is it necessary for each institution to lead a specific sub-project? Additionally, should each institution indicate a dedicated budget for its respective sub-project? | It is important that each member of the consortium either leads or contributes to tasks aimed at achieving the objectives of the action. These will be thoroughly described in the proposal.<br><br>It is not necessary that each institution leads a specific work package; the distribution of the work packages will be described in your implementation plan and evaluated by external experts after your proposal is submitted.<br><br>The final proposal will have a budget section where a dedicated budget for the respective institution is shown.<br><br>Further information can be found on our website: Legal and financial guidance - Global Health EDCTP3 - European Union https://www.global-health-edctp3.europa.eu/funding/legal-and-financial-guidance_en |
| Q 89 | Are budgets required in the initial submission for two-stage evaluations? | For two-stage calls, the overall value of the proposed action is expected in the initial submission, but the detailed budget will only be required in the second-stage submission.<br><br>For single-stage calls, the budget is part of the submitted proposal. |
| Q 90 | For topic "*HORIZON-JU-GH-EDCTP3-2026-02-CH-01-two-stage: Global collaboration action on climate and health in sub-Saharan Africa" :*<br><br>Does the scope of the Climate and Health RIA include Phase IIb/III vaccine trials for water-borne pathogens like Shigella that are exacerbated by climate-driven flooding, or is the call prioritizing 'adaptation strategies' and 'surveillance' over medical countermeasure development? | In the topic "*HORIZON-JU-GH-EDCTP3-2026-02-CH-01-two-stage: Global collaboration action on climate and health in sub-Saharan Africa"* of the Work Programme 2026, you can find the following excerpt:<br><br>"Scope<br>*Proposals under this topic should include:*<br>*A/ Minimum one of the following:*<br>*1. Conduct a phase IIb or III clinical trial, or post-authorisation effectiveness (phase IV) trial developing a preventive or therapeutic medicine, or vaccine against the pathogens in scope,*<br>*OR 2. Conduct large-scale implementation research on a validated (corresponding to Technology Readiness Level 8) medical device or novel vector control intervention for pathogens in scope in the context of integrated disease control interventions (which may include surveillance systems, early warning tools, diagnostics, and vector control innovations).*<br><br>*B/ In addition, proposals should address ALL of the following:*<br>*1. Where appropriate, integrate the OneHealth aspect in the research, the cross-over between human health* |

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| | | *with environmental and animal health (guidelines EU for OneHealth incorporation in climate and health). Package interventions could also be considered here. 87 Global Health EDCTP3 Strategic Research and Innovation Agenda Page 83/105*<br>*2. Encompass primary health care systems, community health workers and the community into the study.*<br>*3. Include underserved and vulnerable populations such as children under five, pregnant women, elderly people, people with co-morbidities, immunocompromised people, and displaced populations including those living in informal settlements in urban or peri-urban areas as relevant.*<br><br>*C/ In addition, the proposals should address at least two of the following:*<br>*1. Include indigenous populations as defined per national/regional context.*<br>*2. Study the impact of climate change on supply chains and access to medical countermeasures.*<br>*3. Involve local, regional or national health and climate authorities/policymakers, bridging the gap between research and policymaking. 4. Integrate research in national adaptation plans and National Health Emergency Plans. 5. Include adaptations of primary health care systems to climate change, for example infrastructural improvements or the training of the primary care workforce*." |
| Q 91 | **For all RIAs:**<br><br>Would it be acceptable if the preparation phase that includes protocol development, ethical review process, staff recruitment....is presented as one work package? | The quality and feasibility of the project implementation plan (including work packages) will be evaluated by external experts on a case-by-case basis. |
| Q 92 | Are organizational wide audits required - or would this only be requested at the end of project for project related funding (with the CFS)? | No, for actual costs grants, only CFS would be required for the costs declared in the financial statements. |
| Q 93 | Is Switzerland eligible for funding from EDCTP3 given that is not yet part of the EDCTP association? If yes, under what circumstances? | Switzerland is country associated to Horizon Europe. Please see the Horizon Europe List of Participating Countries on the Funding & Tenders Portal for up-to-date information on the current list and on the position for Associated Countries: list-3rd-country-participation_horizon-euratom_en.pdf |
| Q 94 | What exactly is the F&T portal? | It is the entry point for EU funded programmes, in which one can explore the available EU funding opportunities by searching for calls for proposals, find partners and submit a proposal.<br><br>EU Funding & Tenders Portal \| EU Funding & Tenders |

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| | | Portal https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/home |
| Q 95 | Could you clarify the financial eligibility criteria for an applicant intending to be the consortium coordinator? | Please check Article 27 of the Horizon Europe regulation on Financial capacity of applicants - Regulation (EU) 2021/695 of the European Parliament and of the Council of 28 April 2021 establishing Horizon Europe Publications Office https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32021R0695 |
| Q 96 | For all RIAs, should contributing partners be included as beneficiary or as associated partner in the proposal as they bring their own funding and do not request EC funding? | As mentioned in the relevant topic texts, for **the RIA actions under the Work Programme 2026**, it is expected that the funding requested from Global Health EDCTP3 will be matched by partners with an equal or higher contribution. This contribution can be in cash (or "financial contribution" to a beneficiary of the grant for eligible costs of the action), in kind (or in-kind contribution for operational activities "IKOP" corresponding to eligible costs such as staff time, equipment, or services), or a combination of both.<br><br>In case of **in-kind contribution** (even combined with financial contribution), contributing partners become a part of the applicant consortium and participate in the project, as appropriate i.e. as beneficiaries or affiliated entities in the meaning of Article 8 of the Horizon Europe model grant agreement. The contributing partner signs the grant agreement in case of award and must comply with Grant Agreement rules.<br><br>If only **cash contribution** is provided, the contributing partner does not sign the GA (unless of course it has tasks in the project and is JU-funded). The cash may be transferred to the JU or directly to beneficiaries. In both cases, a funding agreement has to be concluded. The template of this agreement may be found here: https://www.global-health-edctp3.europa.eu/partner-us/how-become-contributing-partner_en#step-5-contractual-arrangements |
| Q 97 | a) For the institutions that are members of the consortium, and given that they are from different countries, is it necessary for each institution to lead a specific sub-project?<br><br>b) Should each institution indicate a dedicated budget for its respective sub-project? | a) It is not necessary that each institution leads a specific work package.<br><br>b) Depending on the funding scheme, for actual cost grant the budget should be expressed in terms of budget categories, for lumpsum the budget should be expressed in budget categories and work packages (for the proposal) and in work packages for the grant agreement if awarded. |
| Q 98 | Private organizations (Foundations) for member states becoming a participant | A private organization (e.g. a foundation) that becomes a contributing partner may use funding it receives from |

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| | partner can use funding they receive from the government as cash contribution? | a government as a cash contribution, provided certain conditions are met.<br><br>The Global Health EDCTP3 Work Programme foresees that contributing partners may provide financial (cash) or in-kind contributions in support of Global Collaborative Actions.<br><br>However, the funding used must be clearly committed, traceable, and not constitute double funding of the same costs under the EU grant. In other words, government-origin funding can be channeled through a private foundation as a cash contribution, but it must be additional, transparently declared, and compliant with the applicable call and grant conditions. |
| Q 99 | **For all RIAs:**<br><br>How will the contribution of Investigational Medicinal Product (IMP) be assessed on impact? Is this considered helpful? Because access to IMP will make it more likely to achieve the implementation.<br><br>Would provision of vaccine or IMP for a trial be considered co-funding? | Applicants must explain how the consortium will access the IMP for the study, and if there another party donating the product as a contribution, this can be considered as in-kind co-funding.<br><br>Assessment of a contribution of a contributing partner will be considered at both stages of evaluation, see reply to question 46 above. |
| Q 100 | International organisations (IOs) are not eligible to receive funding, but they can become contributing partners. Is this correct? | The Global Health EDCTP3 Work Programme establishes the following:<br><br>*"International European research organisations are eligible to receive funding. Other international organisations are not eligible to receive funding unless their participation is considered essential for implementing the action by the granting authority. International organisations with headquarters in a Member State or associated country are eligible to receive funding when provided for in the specific call conditions."*<br><br>At the same time, international organizations may become contributing partners, as contributing partners can be a country, an international organization or any public or private legal entity – please see replies to questions 44 and 64 above. |
| Q 101 | For topic "H*ORIZON-JU-GH-EDCTP3-2026-01-HIV-03-two-stage Global collaboration action towards better prevention, treatment and clinical management of HIV co-infections or co-morbidities in sub-Saharan Africa*":<br><br>Is the term "Product" related to a novel | Regarding the "H*ORIZON-JU-GH-EDCTP3-2026-01-HIV-03-two-stage Global collaboration action towards better prevention, treatment and clinical management of HIV co-infections or co-morbidities in sub-Saharan Africa*", you need to ensure that your proposal fulfils all requirements set in the "Expected Outcomes" and the "Scope" sections.<br><br>"***Expected outcomes*** |

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| | or repurposed drug/vaccine... or can we also submit a project aiming at evaluating efficacy of a novel therapeutic protocol or care relying on already drugs? | *Proposals submitted under this topic should aim for delivering results that are directed, tailored towards and contributing to ALL of the following expected outcomes:*<br>*1. Improved prevention and/or treatment outcomes for co-infection(s) or co-morbidity/ies to HIV in SSA.*<br>*2. Better integration of healthcare services and support programs related to HIV co-infection(s) or co-morbidity/ies for people living with HIV in different healthcare systems in SSA. 3. Improved management of people living with HIV and related co-infection(s) or co-morbidity/ies, particularly safer polypharmacy use.*<br>*4. Enhanced and informed public health management decision-making by policy makers and public health authorities with regards to people living with HIV and related co-infection(s) or co-morbidity/ies."* |
| Q 102 | When a topic is a 'Global Collaboration Action' (RIAs), will the evaluation of the 'Leveraging' criterion give equal weight to private sector investment (EU and LMIC industry) as it does to philanthropic grants?<br><br>Specifically, if 50% of our total project cost is covered by industry partners via In-Kind Contributions (IKOP), will this be viewed as meeting the 'large-scale' strategic objective of the call? | Please refer to reply to question 46 above, in which the evaluation of the additional aspects of "Impact" and "Quality and efficiency of implementation" are explained.<br><br>The source of the contribution of the contributing partners is irrelevant (private or philanthropic), as long as the contributing partner is eligible, please see reply to question 44 above. |
| Q 103 | **For all RIAs:**<br><br>Is it mandatory to include indigenous population in the clinical trial?<br>How does EDCTP3 view the inclusion of highly vulnerable indigenous groups in Phase IIb/III trials? Are there specific Ethics & Regulatory Coordination (CSA) resources available to help us design culturally sensitive informed consent for these populations? | It is not mandatory to include indigenous populations in all trials under RIA calls, but it is advised depending on the study type and regional context. There are no specific resources via CSA calls to address that.<br><br>However, in the budget of projects with clinical trials through RIA calls, it is possible to request funding for the design of a context-specific consenting procedure and consent form. |
| Q 104 | How can I become an evaluator of proposals? | To become an expert evaluator, you need to register on the EU Funding & Tenders Portal |
| Q 105 | How can I apply for a grant? Is there any link for the website to be used? Or just the website? | To apply for a Call, you need to visit the EU Funding & Tenders Portal |
| Q 106 | For topic "*HORIZON-JU-GH-EDCTP3-2026-02-CH-01-two-stage Global collaboration action on climate and health in sub-Saharan Africa*": | For topic "*HORIZON-JU-GH-EDCTP3-2026-02-CH-01-two-stage Global collaboration action on climate and health in sub-Saharan Africa*", the conditions set out in the "Scope" must be fulfilled: |

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| | Does the implementation research need to specifically be on a medical device or technology? Is implementation research without the medical device acceptable? | *Proposals under this topic should include:*<br>*A/ Minimum one of the following:*<br>*1. Conduct a phase IIb or III clinical trial, or post-authorisation effectiveness (phase IV) trial developing a preventive or therapeutic medicine, or vaccine against the pathogens in scope, OR*<br>*2. Conduct large-scale implementation research on a validated (corresponding to Technology Readiness Level 8) medical device or novel vector control intervention for pathogens in scope in the context of integrated disease control interventions (which may include surveillance systems, early warning tools, diagnostics, and vector control innovations).*<br><br>*B/ In addition, proposals should address ALL of the following: 1. Where appropriate, integrate the OneHealth aspect in the research, the cross-over between human health with environmental and animal health (guidelines EU for OneHealth incorporation in climate and health). Package interventions could also be considered here.*<br>*2. Encompass primary health care systems, community health workers and the community into the study.*<br>*3. Include underserved and vulnerable populations such as children under five, pregnant women, elderly people, people with co-morbidities, immunocompromised people, and displaced populations including those living in informal settlements in urban or peri-urban areas as relevant.*<br><br>*C/ In addition, the proposals should address at least two of the following:*<br>*1. Include indigenous populations as defined per national/regional context.*<br>*2. Study the impact of climate change on supply chains and access to medical countermeasures.*<br>*3. Involve local, regional or national health and climate authorities/policymakers, bridging the gap between research and policymaking.*<br>*4. Integrate research in national adaptation plans and National Health Emergency Plans.*<br>*5. Include adaptations of primary health care systems to climate change, for example infrastructural improvements or the training of the primary care workforce.* |
| Q 107 | Are neglected tropical diseases such as schistosomiasis within the scope of NTD's? | From the Work Programme 2026, page 11, footnote 1:<br><br>*The Global Health EDCTP3's remit will cover the following diseases from this list: Buruli ulcer, dengue and chikungunya, dracunculiasis (guinea-worm disease), echinococcosis, food-borne trematodiases, human African trypanosomiasis (sleeping sickness), leishmaniases, leprosy (Hansen disease), lymphatic filariasis, mycetoma, onchocerciasis (river blindness), rabies, schistosomiasis, soil-transmitted helminthiases, taeniasis/cysticercosis, trachoma, and yaws. The* |

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| | | *Global Health EDCTP3's remit will not cover chromoblastomycosis and other deep mycoses, scabies and other ectoparasites, and snakebite envenoming.* |
| Q 108 | For topic "*HORIZON-JU-GH-EDCTP3-2026-02-CH-01-two-stage Global collaboration action on climate and health in sub-Saharan Africa*" :<br><br>Is it necessary to show that there is an emerging endemic risk in Europe, or is it enough that the is a climate-driven disease burden in Africa? | From the Work Programme 2026, the topic "*HORIZON-JU-GH-EDCTP3-2026-02-CH-01-two-stage Global collaboration action on climate and health in sub-Saharan Africa*", reads as follows:<br><br>"*Proposals are encouraged to integrate climate-epidemiological models integrating humans, animals and ecosystems under different climate scenarios and to indicate how it will contribute to improving the preparedness of health security related to climate sensitive pathogens in (Southern) EU.*"<br><br>Proposals are encouraged to do so; however it is not mandatory. |
| Q 109 | For topic "HORIZON-JU-GH-EDCTP3-2026-01-LRTI-02-two-stage: Global collaboration action for prevention and treatment of Lower Respiratory Tract Infections (LRTIs) in sub-Saharan Africa":<br><br>For the lower respiratory tract infection- can the proposal address just one pathogen? Or does it have to address more than one pathogen? | Proposals can also address only one pathogen, provided that they meet the criteria established in the topic "*HORIZON-JU-GH-EDCTP3-2026-01-LRTI-02-two-stage: Global collaboration action for prevention and treatment of Lower Respiratory Tract Infections (LRTIs) in sub-Saharan Africa*". |
| Q 110 | For topic "*HORIZON-JU-GH-EDCTP3-2026-03-SERP-01: Training networks for sustained capacity building related to ethics, regulatory and pharmacovigilance":*<br><br>Can partners for the topic on training networks for sustained capacity building include a pharmaceutical company? | Yes, they can, as long as the consortium composition is met. |
| Q 111 | I am PhD researcher on NTDs sustainability and health system strengthening. Am I eligible for funding for data collection? | To find opportunities to join potential beneficiaries, please visit our networking platform.<br>Networking platform - Global Health EDCTP3 - European Union https://www.global-health-edctp3.europa.eu/funding/networking-platform_en |
| Q 112 | Can the EDCTP3 Association act as coordinator in more than one consortium in these two call topics?<br><br>To clarify - specifically in HORIZON-JU-GH-EDCTP3-2026-03-DIGIT-02 | Yes, it is an option for the EDCTP Association to act as a Coordinator in the two CSA actions.<br><br>There is no limit to the number of grants for which the EDCTP Association can be a Coordinator. |

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| | where the indicative number of grants is eight (8): Can the EDCTP Association coordinate more than one consortium funded from this CSA action? | Please check the call Calls for proposals - Global Health EDCTP3 - European Unionhttps://www.global-health-edctp3.europa.eu/funding/calls-proposals_en |
| Q 113 | For topic "*HORIZON-JU-GH-EDCTP3-2026-02-CH-01-two-stage: Global collaboration action on climate and health in sub-Saharan Africa* ":<br><br>Will EUR 25M grant be equally distributed for five projects? Can a single project in this call get up to EUR 10M? | For "HORIZON-JU-GH-EDCTP3-2026-02-CH-01-two-stage: Global collaboration action on climate and health in sub-Saharan Africa ", as published in the Calls for proposals, based on the topic text:<br><br>"*Global Health EDCTP3 estimates that a JU contribution of up to EUR 5 million per project to be matched by an equal or greater financial and/or in-kind contribution from other contributing partners, would allow the outcomes of this topic to be addressed appropriately. Nonetheless, this does not preclude submission and selection of a proposal requesting different amounts."* |
| Q 114 | Under *HORIZON-JU-GH-EDCTP3-2026-01-TB-01-two-stage,* can studies proposing Phase I/IIa clinical trials be eligible? | As published in the Calls for proposals, the relevant topic reads as follows:<br><br>"*Proposals submitted under this topic should address the following points:*<br>*• Advance the clinical development by generating clinical data (Phase IIa trials and beyond) to progress towards registration of new TB drugs, improved or shorter therapeutics TB regimens, chemoprophylaxis and/or more comprehensive interventions combining therapeutics and chemoprophylaxis*." |
| Q 115 | For topic *HORIZON-JU-GH-EDCTP3-2026-03-SERP-01*:<br><br>Should all the 3 scopes(or areas addressed by the call): ethics, regulatory,<br>pharmacovigilance, and related digital regulatory platforms be addressed or one or two can be chosen?<br>2. Is there a maximum number of countries/ eligibilities in a consortium<br>3. Is there a template for submission of the proposal? | 1. For the HORIZON-JU-GH-EDCTP3-2026-03-SERP-01, you need to ensure that your proposal is compliant with all the conditions of the call.<br><br>In particular, while the Scope mentions "ethics, regulatory **and/or** PV systems", your proposal needs to fulfil the requirements outlined in the "Expected Outcomes".<br><br>"***Expected outcomes***<br>*Proposals submitted under this topic should aim to deliver results that are contributing to increased regulatory capacity of (national, regional (supranational) or continental) Regulatory Authorities for the clinical trial oversight, registration and marketing authorisation and/or PV functions to operate at WHO maturity level 3 (ML3) as benchmarked against WHO Global Benchmarking Tool for medical products (therapeutics and vaccines) and/or increased research ethics oversight capacity using the WHO Research Ethics Oversight Benchmarking tool including streamlining and coordinating ethics oversight for multi-centre trials for* |

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| | | *medical products (therapeutics and vaccines) within countries.*<br><br>*In addition, proposals are expected to lead to* ***at least two of the following****:*<br>*1. Improved digital infrastructure including emerging digital technologies (i.e. AI and/or big data) in SSA for the assessment of clinical trial protocols by RECs and/or regulatory authorities and/or applications for marketing authorisation by regulatory authorities.*<br>*2. Availability and accelerated use of digital technologies and data analytics, for real-time safety data monitoring and reporting, and timely PV data sharing across countries in SSA and globally through PIDM, for pre- and post-authorisation PV processes.*<br>*3. Greater harmonisation, coordination and streamlining of research ethics processes within countries to allow for efficient processes for ethics review of multi-centre trials.*<br>*4. Greater alignment and cooperation across countries in SSA regarding global standards in ethics, regulatory and PV.*<br>*5. Greater preparedness for emergency use authorisation [incl. authorisation of Monitored Emergency Use of Unregistered and Investigational Interventions (MEURI)] through implementation of accelerated and harmonised processes."* |
| Q 116 | Why did you exclude TB from the HIV call when it is the most important co-morbidity by far? | We decided to exclude TB from the HIV call because fundings will be allocated to TB projects via the Call "*HORIZON-JU-GH-EDCTP3-2026-01-TB-01-two-stage: Global collaboration action for the development of TB drugs for therapy and chemoprophylaxis in adults and children in sub-Saharan Africa"* |
| Q 117 | Please help me understand which call will fund TB prevention studies in children? | Please see our Call H*ORIZON-JU-GH-EDCTP3-2026-01-TB-01-two-stage: Global collaboration action for the development of TB drugs for therapy and chemoprophylaxis in adults and children in sub-Saharan Africa* within our Work Programme 2026 |
| Q 118 | For topic *HORIZON-JU-GH-EDCTP3-2026-01-TB-01-two-stage: Global collaboration action for the development of TB drugs for therapy and chemoprophylaxis in adults and children in sub-Saharan Africa*<br><br>It mentions that the objective and funding of the leprosy-related objective can be included in the proposal with a total indicative JU budget of 5 million EUR. Is this | The contribution of the Leprosy Research Initiative (LRI) to the topic "Global collaboration action for the development of TB drugs for therapy and chemoprophylaxis in adults and children in sub-Saharan Africa" will be provided at the topic level and will be allocated as part of the overall JU contribution to projects with leprosy-related research components. Due to an error, the original call topic text stated: "The objective and funding of the leprosy-related objective is to be included in the proposal with a total indicative JU budget of 5 million EUR". However, it should be noted that the total indicative budget for any project under this call topic is EUR 10 M, regardless of whether the |

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| | budget on top of the TB budget? | proposal includes leprosy-related research components. |
| Q 119 | Are there any recommendations whether it would be advantageous to include a dedicated partner taking care of dissemination and communication activities? Since administration between various European and African countries might be rather cumbersome, would the involvement of a dedicated project management partner be feasible? | It is up to the consortium to decide how project tasks will be allocated. The quality of project implementation will be evaluated by external experts. |
| Q 120 | Apart from the minimum requirements of participating entities as provided in the guidelines, is there any recommendation regarding the size and the composition of the consortium? E.g. how many entities from SSA countries should be participating, how many European countries should be participating, how can a balanced consortium composition look like? | Apart from the minimum requirements of participating entities as provided in the Work Programme 2026, regarding consortium composition eligibility, according to the topic texts, proposals should include consortia with strong representation from institutions and researchers across sub-Saharan African countries, demonstrating a broad regional distribution in the SSA region, including involvement of new institutions and Franco/Lusophone countries, and considering previous EDCTP1 and EDCTP2 investments and the current Global Health EDCTP3 call.<br><br>Applicants are also reminded of the expectation of reaching out to organisations in countries with high burden of disease with relatively lower research capacities, for which appropriate funding allocations should be proposed. Collaboration with other international research groups with relevant experience and participation in networking and joint activities, as relevant, is strongly encouraged.<br><br>Please consult each topic text for more details. |
| Q121 | Are institutions from countries that are neither EU Member States nor sub-Saharan African countries participating in EDCTP3 are allowed to join a consortium only as partners (for example as associated partners or non-funded collaborators). In other words, can an organisation from a non-EU, non-SSA country that is not eligible for EDCTP3 funding still participate in a proposal as part of the consortium, provided it brings in-kind contributions or participates without receiving funding? | Please see reply to question 2 above. |

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| Q122 | Could an entity based on a non-SSA country be included as a "passive" consortium member, i.e. a consortium member not receiving funding? | Yes, though in principle without receiving funding. Please see reply to question 2 above.<br><br>Please also note that, even members of the consortium that do not receive JU funding, implement action tasks, therefore their role is not “passive” in that sense. |
| Q123 | Are there specific requirements for the ratio of European to African partners in the consortium beyond the at least 1 EU + 2 different countries' minimum? | Please see reply to question 6 above. |
| Q124 | Can a specific organisation be member of two separate applicant consortia (either as coordinator or member of the consortium) for the same call? | Please see reply to question 8 above. |
| Q125 | Is it possible technically for the project to be funded even if they have not met the co-funding criteria?<br><br>For stage 1 evaluation, how will co-funding contributions be assessed? Does it only affect the scoring at Stage 2? Could you elaborate on the statement made before on "proposals will not be penalized if they do not get an equal or greater amount, but those who will bring those amounts will be rewarded"?<br><br>How much this positive "reward" of participation of Contributing partners will impact the overall score for Global Collaboration Actions RIAs? | Please see reply to question 46 above. |
| Q126 | Do consortia need letters of support from contributing partners of the consortium for the first-stage submission for the RIAs Global Collaboration Actions? | Please see reply to question 47 above. |
| Q127 | If the consortium plans one of the activities in a country that is not associated to EDCTP Association, can the consortium plan for budget targeted to these activities? | In principle, a consortium may plan and allocate budget for activities implemented in a country that is not associated to EDCTP Association, but eligibility of those costs depends on conditions set out in the Work Programme, the specific topic text and the grant |

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| | | agreement. |
| Q128 | Are multiple contributing partners allowed to take part in the same consortium? | Yes. You can bring as many contributing partners as you want. You can also have contributing partners and other co-funders (e.g. public entities based in an EDCTP Association Member State).<br><br>Please check the rules for more details: Partner with us - Global Health EDCTP3 - European Union: https://www.global-health-edctp3.europa.eu/partner-us/how-become-contributing-partner_en |
| Q129 | Regarding co-funding, will any supporting document attesting to the co-funding be required? Same question for the contributing partner funding. | For contributing partners, please see reply to questions 38 and 41 above.<br><br>For other co-funders (e.g. not eligible to become contributing partners, see reply to question 45 above), the contribution should be included in the proposal.<br><br>Please also check our website for information on this: How to become a Contributing Partner? - Global Health EDCTP3: https://www.global-health-edctp3.europa.eu/partner-us/how-become-contributing-partner_en |
| Q130 | What is expected of the co-founders and what they can and cannot provide that is counted towards financial or IKOP? | The key aspect is that contributions must be eligible costs under the proposal submitted. These are costs for which you are not requesting EDCTP3 funding, but that are necessary for your project and clearly explained in your proposal.<br><br>The eligibility of costs is explained in article 6 of the Model Grant Agreement.<br><br>Please also consult the guides for Contributing Partners: Partner with us - Global Health EDCTP3 - European Union: Partner with us - Global Health EDCTP3 - European Union<br><br>If you need further assistance, you can always contact us at the address shown: Partnerships@global-health-edctp3.europa.eu |
| Q131 | Apart from letter of endorsement, is there a need for letters of support from government or collaborating institutions for the phase 1 or phase 2 application? | You do not need letters of support at any stage or for specific call topics. Letters of endorsement are the formal request from an organisation to the Global Health EDCTP3 Governing Board to become a |

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| | | Contributing Partner. They are required only if you want your co-funding contributions to be positively scored in a project proposal.<br><br>At stage 1, no letter of endorsement is required; you only need to ensure that your project application reflects your co-funding contribution.<br><br>In stage-two calls, organisations aspiring to be Contributing Partners must submit letters of endorsement before the call deadline if they want their contributions to be scored in the stage 2 evaluation.<br><br>Please see reply to question 47 above. |
| Q132 | Does that mean that an Associated Partner cannot participate with Own Contributions as IKOP? More concretely, do these partners have to sign the grant agreement (= become a beneficiary)? If you ask a partner not receiving any funding to do this, the negotiations of the Consortium Agreement become extremely difficult as they often do not want to comply with reporting and IPR rules (something that is very well organized in case they become Associated Partner). | Under the Lump Sum Model Grant Agreement, just like in an actual-cost grant, an Associated Partner (AP) may participate in the implementation of action tasks but does so without the right to charge costs or claim contributions. Grant agreement explicitly states that Associated Partners may not charge lump sum contributions and that their costs are not eligible or included in the estimated budget. Therefore, an Associated Partner's costs cannot be considered in-kind contribution to operational activities (IKOP) where such contributions would constitute eligible costs forming part of the project budget. If an entity intends to provide IKOP, it must participate as a beneficiary or affiliated entity rather than an Associated Partner.<br><br>Only beneficiaries sign the Grant Agreement (GA) and may implement action tasks that generate eligible claim contributions.<br><br>By contrast, associated partners (APs) participate without signing the Grant Agreement and without the right to charge costs or claim contributions.<br><br>Therefore, if a partner is expected to provide eligible in-kind contributions (e.g. IKOP that form part of the work packages and the lump sum breakdown), they must become a beneficiary (or affiliated entity) and sign the Grant Agreement.<br><br>Remaining an associated partner is only possible where they contribute to the action without generating eligible contributions and without their costs being included in the budget. |
| Q133 | If you have an industry representative wanting to contribute in-kind funding to | Please see reply to question 132 above. |

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| | a particular project, does this partner have to become an official member of the consortium or simply state that they are providing an in-kind contribution to the project (with details provided)? In other words, why does an in-kind funder need to become a member of the consortium? | For contributing partners' specific case, please see also reply to question 43 above. |
| Q134 | Will the RIA calls for 2026 be managed via lump-sum grants or traditional budget reporting? | The 2026 RIA calls are not lump sum calls but calls with actual costs reporting. |
| Q135 | Are government agencies or ministries allowed to collaborate with a research team for a proposal? | In principle, yes, but please check the replies to questions 2 and 4 above regarding the conditions for participation eligibility and funding eligibility. |
| Q136 | For the role of coordination, the EDCTP association needs to be included in project budgeting of the CSAs? | Yes. EDCTP Association's costs when participating in a project as coordinator must be included in the project budget. They will not be able to request funding from Global Health EDCTP3 to cover the costs (in accordance with the CSAs specific topic conditions), nevertheless, their costs are eligible project costs and may be counted as in-kind contribution to operational activities (IKOP). |
| Q137 | Seeking clarity on the two-stage calls (RIAs) when it is mentioned that the applicants should have co-funders. Does it have to be funding or can it be capacity needed for certain technical aspects of the study? | The contribution can be financial or in-kind.<br><br>Please check the similar questions we have on our published Q&A Calls for proposals - Global Health EDCTP3 - European Union: https://www.global-health-edctp3.europa.eu/funding/calls-proposals_en. |
| Q138 | For the CSA calls, the call deadline is set as 2nd September 2026, but do we need to submit the application first to the EDCTP coordination office in advance for review? If so, what is the deadline for this? | Please contact the EDCTP Association in the email csacoordinator@edctp.org<br><br>Please also consult the EDCTP Association website: 2026 Calls for proposals - EDCTP |
| Q139 | Can an US-based organization, classified as an Associated Partner within a consortium, be a Contributing Partner? | If the US-based organisation only contributes financial contribution (i.e. by giving cash to the JU or directly supporting a project beneficiary), they can remain Associated Partners.<br><br>If the US-based organisation would like to contribute in-kind contributions to operational activities (IKOP), they need to participate as beneficiaries or affiliated entities, not as an Associated Partner, since only beneficiaries or affiliated entities can generate eligible costs which |

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| | | can be considered IKOP. |