Global Health
EDCTP3

Annex to GB decision N° GH-EDCTP3-GB/42/2023

WORK PROGRAMME 2024

adopted by the Governing Board of Global Health EDCTP3 Joint Undertaking on 15 December 2023

In accordance with Council Regulation (EU) 2021/2085 and with Article 33 of the Financial Rules of the Global Health EDCTP3 Joint Undertaking, Decision GH-EDCTP3-GB/22/2022.
The Work Programme is made publicly available after its adoption by the Governing Board.

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LIST OF ACRONYMS, DEFINITIONS AND ABBREVIATIONS

Acronym/Abbreviation	Full title/Definition
Africa CDC	Africa Centres for Disease Control and Prevention
AMR	Antimicrobial Resistance
CA	Contractual Agent
COVID-19	Coronavirus disease 2019
CSA	Coordination and Support Action
DG	Directorate-General
DG BUDG	Directorate-General for Budget
ECA	European Court of Auditors
EDCTP	European and Developing Countries Clinical Trials Partnership
EU	European Union
GB	Governing Board
Global Health EDCTP3 JU	Global Health EDCTP3 Joint Undertaking
HIV	Human immunodeficiency virus/acquired immunodeficiency syndrome
HR	Human resources
IHI	Innovative Health Initiative Joint Undertaking
JU	Joint Undertaking
IAS	Internal Audit Service (of the European Commission)
ICF	Internal Control Framework
IT	Information and communication technology
IKAA	In-kind contributions to additional activities
NTDs	Neglected tropical diseases
OJ	Official Journal of the European Union
PPMT	Public procurement management tool
RIA	Research and Innovation Action
R&D	Research and Development
SARS-CoV2	Severe acute respiratory syndrome coronavirus 2
SDGs	Sustainable development goals
SLA	Service-level agreement
SRIA	Strategic Research and Innovation Agenda
SSA	Sub-Saharan Africa
TA	Temporary Agent
TB	Tuberculosis
WHO	World Health Organization

1. INTRODUCTION

1.1 Mission statement of the Global Health EDCTP3 Joint Undertaking

The European and Developing Countries Clinical Trials Partnership (EDCTP) exists to accelerate the clinical development of new or improved health technologies for the identification, treatment and prevention of poverty-related and neglected infectious diseases[1], including (re-)emerging diseases, particularly those affecting sub-Saharan Africa (SSA). In addition, the EDCTP funds activities for research capacity building in Africa, supporting networking and researchers' careers and strengthening national health research systems. Furthermore, the partnership facilitates alignment of public and private funders around a common Strategic Research and Innovation Agenda.

In the context of the Commission's priorities of contributing to the United Nations Sustainable Development Goals (SDGs), in particular Sustainable Development Goal 3, the Comprehensive Strategy with Africa[2], the Global Approach to Research & Innovation[3] and the new EU Global Health Strategy[4], the EU is committed to ensuring healthy lives and promoting well-being for all, to building an even stronger partnership between the two continents and to supporting the development of research and innovation capacities within Africa.

The Global Health EDCTP3 Joint Undertaking (Global Health EDCTP3 JU) builds on the first and second European and Developing Countries Clinical Trials Partnership programmes. This new joint undertaking (JU) is a partnership between the EU and the EDCTP Association, whose members are several European and African countries. The partnership will deliver new solutions for reducing the burden of infectious diseases in SSA and strengthen research capacities to prepare and respond to re-emerging infectious diseases in this region and across the world.

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1 WHO's list of neglected tropical diseases covers a diverse group of 20 diseases caused by different pathogens that have diverse manifestations, life cycles, and methods of transmission. The Global Health EDCTP3 JU's remit will cover the following diseases from this list: Buruli ulcer, dengue and chikungunya, dracunculiasis (guinea-worm disease), echinococcosis, foodborne trematodiases, human African trypanosomiasis (sleeping sickness), leishmaniases, leprosy (Hansen disease), lymphatic filariasis, mycetoma, onchocerciasis (river blindness), rabies, schistosomiasis, soil-transmitted helminthiases, taeniasis/cysticercosis, trachoma, and yaws. The Global Health EDCTP3 JU's remit will not cover chromoblastomycosis and other deep mycoses, scabies and other ectoparasites, and snakebite envenoming.

2 https://ec.europa.eu/commission/presscorner/detail/en/fs_20_374

3 https://ec.europa.eu/commission/presscorner/detail/en/ip_21_2465

4 https://ec.europa.eu/commission/presscorner/detail/en/ip_22_7153

1.2 Background and link with the Strategic Research and Innovation Agenda

Infectious diseases remain a major cause of death, disability, and ill health in SSA. Diseases such as human immunodeficiency virus/acquired immunodeficiency syndrome (HIV), malaria, tuberculosis (TB), respiratory infections, diarrhoeal disease, and a panoply of neglected infectious diseases have a devastating impact on individuals and communities and delay national economic development.

SSA is also at risk of emerging and re-emerging infections, such as Ebola, Marburg, Lassa fever, yellow fever and, most recently, SARS-CoV-2, which imperil global health security. The rise of antimicrobial resistance is compromising available treatments and undermining multiple branches of medicine that rely on effective therapies for infection control. Changing patterns of disease, driven by the climate crisis and environmental degradation, exacerbate these challenges.

Combating infectious diseases is central to achieving SDG3, *to ensure healthy lives and promote well-being for all at all ages*. Furthermore, preventing and treating infections supports progress towards multiple other SDGs, by reducing the economic burden on countries, enhancing child development, and ensuring that healthier populations contribute to greater productivity and national prosperity.

As a strategic partner, the EU seeks to enhance cooperation with Africa to promote actions targeted to finding solutions to challenges that are global in nature, but which often hit Africa hardest, such as infectious diseases. The Comprehensive Strategy with Africa and the Global Approach to Research & Innovation are the EU's most recent policy initiatives that prioritise research and innovation as a key dimension of sustainable development. Moreover, the new EU Global Health Strategy offers a framework for EU health policies leading up to 2030, setting policy priorities and guiding principles to shape global health, including by tackling infectious diseases.

Initially set up in 2003, EDCTP has established itself as the focal point of clinical research cooperation for infectious diseases between the EU, European and SSA countries. The Global Health EDCTP3 JU builds on and will extend the platforms created by EDCTP, contributing to the above-mentioned policies.

The Global Health EDCTP3 JU work programmes for years 2022 and 2023 addressed several key aspects of the Strategic Research and Innovation Agenda (SRIA – GB Decision N° GH-EDTP3-GB/04/2022)[5]. This work programme sets out the activities

[5] https://www.globalhealth-edctp3.eu/sites/default/files/2023-05/EDCTP3%20SRIA.pdf

to be carried out in 2024, building on the activities supported so far. Broader topics are launched and thus a two-stage call process is used.

The focus and goals of the Global Health EDCTP3 JU of bringing health technologies to patients and health systems are addressed directly by six of the seven topics programmed for the 2024 work programme and indirectly by the remaining topic.

One of the call topics focuses on the development of novel, innovative HIV therapeutic interventions with improved efficacy, safety, adherence, and quality of life for HIV patients. The goal is reducing HIV-associated mortality and morbidity in sub-Saharan Africa, in particular for vulnerable HIV patients such as infants, children and those with co-morbidities.

Currently, two vaccines are recommended for malaria prevention, RTS'S and R21/Matrix-M. At the same time, more candidates are in the pipeline undergoing safety and/or efficacy trials. The aim of this topic is to support activities that are 1) generating additional data on safety and efficacy for the two recommended vaccines (RTS'S and R21/Matrix-M), and 2) generating evidence required for accelerating registration of new vaccine candidates. The topic is also expected to support projects that will lead to evidence-based recommendations on how to boost the sub-Saharan African manufacturing capacity and efficient supply chain for vaccines in general and malaria vaccines in particular.

The topic addressing neglected tropical diseases will contribute to the development of therapeutics towards registration and will advance integration of pharmaceutical interventions into national health systems, to make progress in the control and elimination of neglected tropical diseases (NTDs) in the scope of the Global Health EDCTP3 JU. The work should lead to improved understanding of barriers for progression of new therapeutics against NTDs through the R&D pipeline.

One of the call topics focuses on tackling Antimicrobial Resistance (AMR), specifically by conducting R&D on new and existing antimicrobials. AMR is one of the top 10 global public health threats facing humanity. Each year, at least 1.27 million people die of AMR, with Africa having the world's highest mortality rate from AMR infections.

A topic aims to address the burden of vector-borne diseases, which is highest in tropical and subtropical areas, disproportionately affecting the poorest populations. Focusing on vectors responsible for the transmission of one or more diseases within the scope of the Global Health EDCTP3 JU, projects supported under this topic should aim to deliver results that are contributing to the development and evaluation of new tools, technologies and approaches for vector control, aiming to reduce the

burden of all those vector-borne diseases with no effective vaccines available and/or that cannot be effectively prevented with other well-established strategies.

Recent rapid advancements in digitalisation and unprecedented opportunities created by digital health, data or AI, promise to accelerate the achievement of the health-related SDGs and contribute to the implementation of the EU-AU summit declaration[6], the EU Global Health Strategy[7] and the Africa Centres for Disease Control and Prevention (Africa CDC) Digital Transformation Strategy[8].

The expected outcomes of the topic are to support:

1. Development of digital innovative solutions supporting clinical research through smart, highly innovative digital health technologies or concepts to accelerate the development of preventive, therapeutic or diagnostic interventions addressing poverty-related diseases in sub-Saharan Africa;
2. Develop new digital technologies in public health interventions that can serve as drivers for the strengthening of health systems in sub-Saharan Africa. The proposed digital solutions should allow notably but not exclusively the improvement of development, production and access to health countermeasures, data and research evidence for better health outcomes and for the development and implementation of informed health policies and/or improved clinical guidelines in sub-Saharan Africa;
3. Contribution to the implementation of national and/or overarching regional digital health strategies.

Training activities are addressed through a collaboration with pharmaceutical companies. They will provide training on development of pharmaceutical interventions through classroom and online training activities. The companies also provide funding to support master-level training at academic institutions. The call will select one consortium of academic institutions that will incorporate the industry training in their training programme. Importantly, the fellows to be selected through an open and transparent procedure will be offered a return phase to pursue research. The return phase is also meant to ensure that there is no brain-drain from the African countries where the fellows come from.

It is also foreseen to directly reach out to the research and innovation community without launching a call for proposals in case of a public health emergency and for now EUR 1 million is set aside for this activity. This amount may be increased by

[6] https://www.consilium.europa.eu/media/54412/final_declaration-en.pdf
[7] https://ec.europa.eu/commission/presscorner/detail/en/ip_22_7153
[8] https://africacdc.org/download/digital-transformation-strategy/

transferring funding from other topics, depending on the type of public health emergency and need for launching actions.

All topics planned for this work programme support South-South and South-North networking. This is reflected in the obligation to have at least one partner from EU member states or countries associated to Horizon Europe and at least one partner from SSA countries that are members of the EDCTP Association.

1.3 Strategy for the implementation of the programme

To maximise the impact of the partnership, the Global Health EDCTP3 JU focuses on strategically critical areas of unmet medical need. Mechanisms are established to identify emerging priorities and opportunities. The Global Health EDCTP3 JU issues annual calls for proposals that reflect specific current research needs for target diseases and research capacity development. Prioritisation is indicated in the SRIA and takes account of the following criteria:

- State of the product development landscape: For each disease area, the current state of clinical development of interventions for prevention (including vaccination), diagnosis, and treatment will be analysed.
- Priority infections: Priority setting will be informed by analyses of disease burden, changing patterns of disease, contribution of a weakened immune system, extent of unmet medical needs, and the potential impact on a disease as a public health problem.
- Disease burden and treatment/prevention priorities: These analyses will identify key knowledge gaps and need for new evidence.
- Emerging opportunities of translational bottlenecks: The Global Health EDCTP3 JU will focus on points in the translational and implementation pathway that delay the clinical development and uptake of novel interventions, supporting effectiveness studies, pharmacovigilance, and product-focused implementation research as required.
- Strategic engagement: Committed to early engagement with the World Health Organization (WHO) and other strategically important international and African partners, the Global Health EDCTP3 JU will ensure global alignment of its policies and priorities and promote coordinated responses to evidence gaps and capacity-building needs.
- Strategic portfolio: The Global Health EDCTP3 JU will aim to develop and sustain a strategic portfolio across disease areas, types of intervention, and types of study. It will balance short-term and long-term priorities and funding across targeted diseases, with a view to supporting intervention research that

is most likely to produce significant reductions in disease burden and overall mortality. In some areas, a portfolio approach will be used in prioritising and selecting different intervention candidates for funding.

Priority setting aims to balance the need for an over-arching framework to guide the work of the Global Health EDCTP3 JU with the flexibility to respond to emerging opportunities and health challenges. This annual programme includes details of the specific calls for proposals for the year 2024.

On the side of launching calls for proposals, the focus for the year 2024 is to expand on the investments made with the 2022 and 2023 work programme and implement a two-stage call. The strategy process for developing the 2024 work programme was launched with discussions and a meeting of the Scientific Committee and the same approach will be taken for developing the 2025 work programme. With the Stakeholders Group fully operational, their input will be sought early in the process of developing the 2025 work programme. Dedicated consultations on specific areas will also be held in different formats, as appropriate. Outreach to prospective contributing partners is a continuous effort and this will be pursued in a portfolio approach.

Building on the initial topics for training networks in the 2023 work programme and academia/industry fellowships under the 2024 work programme, strategic planning of the training activities for the coming years should take place during the year, with involvement of the EDCTP Africa Office.

Contributions from the EDCTP Association and contributing partners

The EDCTP Association continues to plan for significant contributions in-kind to additional activities (IKAA). The IT tools for planning and reporting of IKAA are now in place and will be fully rolled out during the year. Close interaction with the EDCTP Association will be maintained to ensure timely reporting and certification of the IKAA.

For the 2024, a second contribution from contributing partners (pharmaceutical companies) is foreseen. Discussions with various other contributing partners are at different stages of maturity and are planned to be concluded during the year for contributions to the work programme 2025.

Preparing grant agreements – reporting from ongoing grants

In 2024 the grants from the 2023 calls for proposals will be prepared, both from the single-stage call (earlier in the year) and from the two-stage call (as of conclusion of

the evaluation towards the middle of the year). All grants from the 2022 call are concluded.

There will be only limited reporting from ongoing grants in 2024 and the related activities of checking the scientific and financial reports will become more substantial only as of 2025.

2. WORK PROGRAMME 2024

2.1 Executive Summary

This is the third work programme under the Global Health EDCTP3 JU. The topics are based on the Strategic Research and Innovation Agenda adopted by the Governing Board[9].

The work programme includes six topics for Research and Innovation Actions (RIA) under a two-stage call and one topic for a Coordination and Support Action (CSA) under a special two-stage call. For the academia/industry fellowship programme at stage one, a single outline proposal will be selected and will be merged with the pre-existing consortium of two companies. A joint full proposal will then be evaluated.

The other actions foresee mobilisation of research funds in case of public health emergencies without the launch of a call for proposals, as was already provided for under the 2023 work programme.

Call indicative topics and other actions not subject to Calls for proposals	Indicative call launch timing	Indicative budget (in EUR)	Call process
Developing novel, innovative HIV therapeutics for reducing the disease burden of HIV in sub-Saharan Africa – RIA	Q1 2024	22 000 000	Two-stage
Research on existing Malaria vaccines and development of new promising candidates – RIA	Q1 2024	30 000 000	Two-stage
Accelerating development of therapeutics and non-pharmaceutical interventions against neglected tropical diseases (NTDs) in sub-Saharan Africa – RIA	Q1 2024	22 000 000	Two-stage
Tackling Antimicrobial Resistance (AMR) through R&D in novel and existing antimicrobials – RIA	Q1 2024	24 000 000	Two-stage
New tools, technologies and approaches for vector control in sub-Saharan Africa – RIA	Q1 2024	18 432 135	Two-stage
Innovative digital health solutions for sub-Saharan Africa – RIA	Q1 2024	20 000 000	Two-stage

[9] https://www.globalhealth-edctp3.eu/sites/default/files/2023-05/EDCTP3%20SRIA.pdf

Global Health EDCTP3 academia/industry fellowship with return phase – CSA	Q1 2024	3 500 000	Two-stage
Mobilisation of research funds in case of public health emergencies – RIA/CSA as appropriate	Q1-Q4 2024	1 000 000	Single stage
Cost for monitoring experts		1000	
Total for Calls for proposals incl. other actions not subject to Calls for proposals		140 933 135	

The cost for external expertise, notably for the peer-review evaluation including ethics review will be covered under this part of the programme.

Total for Calls for proposals incl. other actions not subject to Calls for proposals		140 933 135	
Cost for evaluation experts		727 865	
Total operational expenditure		141 661 000	

2.2 Operational objectives

2.2.1 Objectives, indicators and risks

Global Health EDCTP3 JU Objectives	Indicators
To advance development and use of new or improved health technologies for tackling infectious diseases by supporting the conduct of the clinical trials, in SSA	# of calls launched; # projects funded; € invested in RIA
To strengthen research and innovation capacity and the national health research systems in SSA for tackling infectious diseases	# of calls launched; # projects funded; € invested in CSA
To facilitate better alignment of Member States, associated countries and sub-Saharan countries around a common Strategic Research and Innovation Agenda in the field of global health to increase the cost-effectiveness of European public investment	# of in-kind contributions to additional activities (IKAA) included annual work plan € invested by countries on IKKA

To strengthen capacity in SSA for epidemic preparedness through effective and rapid research response to develop essential diagnostics, vaccines and therapeutics for early detection and control of emerging diseases of epidemic potential	# of calls launched; # projects funded; € invested in RIA & CSA
To promote productive and sustainable networking and partnerships in the area of global health research building North-South and South-South relationships with multiple private and public-sector organisations	# of joint calls with Contributing partners # projects funded by Contributing partners € invested by Contributing partners

2.2.2 Scientific priorities, challenges and expected impacts

Despite much progress, infections such as HIV, TB, malaria, respiratory infections, diarrhoeal diseases, and other poverty-related and neglected infectious diseases, are still responsible for a high burden of disease in SSA. Besides their impact on individuals, infectious diseases impose a high economic burden on countries, impeding national development. Moreover, the COVID-19 pandemic has revealed that new infectious threats may appear and that, with the increased connectivity of different regions in the world, these can spread rapidly all over the world. Developing health technologies is therefore crucial to limit the spread of such diseases, as well as to fight them once they have spread, protecting the health of citizens in the countries most concerned (SSA) and in the Union.

The Global Health EDCTP3 JU will work towards achieving scientific priorities related to implementation of clinical trials to develop health technologies to control and treat infectious diseases, as well as enhancing research and innovation coordination, supporting the training of SSA researchers and building strategic partnerships.

These investments will result in specific outputs and results, such as an increased number of new or improved health technologies and better use of them in SSA, stronger research and innovation capacity in SSA, an increased cost-effectiveness of European public investment and strengthened sustainable global health networks.

The long term expected impacts of the Global Health EDCTP3 JU are to achieve a reduced socio-economic burden of infectious diseases in SSA and an increased health security in SSA and globally.

2.2.3 Calls for proposals

Described in Annex 1A to the 2024 work programme.

2.3 Support to operations of the Global Health EDCTP3 Joint Undertaking

2.3.1 Back-office arrangements

According to Article 13 of Council Regulation 2021/2085 establishing the joint undertakings under Horizon Europe, the JUs under Horizon Europe shall achieve synergies via the establishment of back-office arrangements operating in some identified areas. The Council Regulation also underlines that these synergies should be implemented where screening of resources has proved to be efficient and cost effective, while respecting the autonomy and the responsibility of each Authorising Officer.

The back-office arrangements "*shall be provided by one or more selected joint undertakings to all others. Interrelated arrangements shall be kept within the same joint undertaking to the extent appropriate for efficient and effective implementation of the tasks concerned in order to ensure a coherent organisational structure*".

Accounting

The Accounting Officer function for the JUs established under Horizon 2020 was provided in a fully centralised manner by the Budget department of the European Commission (DG BUDG). Due to resource constraints, the service is no longer provided since 1 December 2022 and a new solution had to be found for the JUs established under Horizon Europe.

Thus, the accounting function was the first area where back-office arrangements have been implemented. The Global Health EDCTP3 JU signed the service-level agreement (SLA) to join the accounting function provided under the lead of the Europe's Rail JU. The accounting officer in the back-office arrangement for accounting was nominated by the Governing Board in preparation for financial autonomy and will prepare the accounts of the Global Health EDCTP3 JU. An accounting correspondent in the Global Health EDCTP3 JU is also nominated to interact closely with the accounting officer.

A procurement was concluded in 2023 to provide accounting services via an external contractor as well as consulting services related to accounting and financial

management. The services of these companies will be used to support the in-house work on the annual accounts and the financial management.

Human resources (HR)

Article 13 of the Council Regulation 2021/2085 establishing the joint undertakings under Horizon Europe identifies human resources (HR) support among the areas where common back-office arrangements can be set up. The HR domain is a sensitive area for all JUs, where confidentiality is a key building block of effective HR policies and for staff management, considering the strategic objectives to be achieved. It is therefore welcome that the legislator focuses on the support area of HR where synergies can be achieved without impacting HR policies that must remain under the remit of the JU and ultimately under the responsibility of each Executive Director as appointing authority.

For what concerns the HR domain, the JUs explore synergies in different areas, such as:

- Recruitment: establishment of common recruitment procedures, mapping of procedures, sharing of the recruitment IT tool, etc.
- Legal framework: common HR strategies, shared networks of confidential counsellors, etc.
- Digitalisation: harmonisation of IT tools, shared practices, possibly obtaining a single contract for all JUs, etc.

These synergies will allow obtaining a better harmonisation among the JUs, exploiting best practices, achieving efficiency gains and economy of scale.

Already in 2023, the Global Health EDCTP3 JU carried out the recruitment for the budget officer position jointly with the Circular Biobased Europe JU. It is expected that this practice of creating joint reserve lists will continue in 2024. Also, joint undertakings open reserve lists to each other. Again, already in 2023, the Global Health EDCTP3 JU benefited from getting access to a reserve list from another JU and provided access to some of its reserve lists. More strategic use of joint recruitments for common functions will be pursued in 2024.

Procurement

Centralised administrative procurement capability and process to maximise open tenders for award of inter-JUs framework contracts and middle value negotiated procedures with focus on the critical joint administrative procurement is being set up. The back-office arrangement in this area was established through an SLA. A joint

procurement for the building was carried out in 2023, as well as a joint procurement for accounting services and consulting services related to financial management and accounting. Furthermore, a service provider to support the data protection officers was selected in a joint procurement and common IT services were procured (see below). Further common procurements in the areas of corporate services, some communication support services, or list of law firms to use in case of need for legal representation, for example in case of litigation, are expected to be carried out in 2024. The areas that are taken forward are defined and agreed via joint public procurement planning.

The public procurement management tool (PPMT) that was developed by the DG Joint Research Centre will be used also by the JUs as part of the common back-office arrangements.

In addition, where relevant and appropriate, framework contracts of the European Commission are used to the extent possible. For example, the Global Health EDCTP3 JU recently expressed its interest in joining procurements launched by the European Commission's Research and Innovation department for procuring event organising services and another procedure for acquiring services to provide training in use of the financial management tools (currently ABAC, in future SUMMA).

Information and communication technologies (IT)

The goal is to achieve economies of scale such as the purchase of joint licenses to the extent that this will be possible in each individual case. The deployment of IT solutions will be synchronised and experiences across JUs will be leveraged. The goal is to arrive at a flexible solution by appropriately managing quotas and ceilings in joint procurements. The IT management and administrative follow-up will be simplified.

The back-office arrangement should also lead to improved business continuity with effective back up and overcoming redundancies. The back-office arrangements can also provide the framework for building a common and standardised approach/method for reporting on common Horizon Europe KPIs as well as leveraging common tools for database management and data visualisation (e.g., PowerBI).

The back-office arrangements ICT working arrangements will be settled in the form of an SLA that is about to be finalised, which shall formalise and clarify the mandate(s), roles and responsibilities as well as establish criteria for repartition of costs.

2.3.2 Communication, dissemination and exploitation

Communication activities will focus on the calls for proposals for 2024, the grants signed under work programmes 2022 and 2023, and the promotion of other activities carried out by the Global Health EDCTP3 JU, such as contributions to events and meetings or the activities of the bodies of the JU.

With the launch of the 2024 calls, coordinated communication activities will be undertaken to ensure that a broad range of relevant stakeholders learn about such calls. Info-day sessions to give details on the calls for proposals will be organised and social media activities will be launched. These events and activities will focus on both scientific content and administrative aspects, so that applicants have a good understanding of the specific requirements and conditions of the Global Health EDCTP3 JU calls. This is done to ensure that Global Health EDCTP3 JU attracts the broadest possible range of relevant applicants to its calls and involves partners at all levels to achieve its goals.

Particular attention will be paid to have good understanding amongst applicants and grantees about the legal obligation to ensure affordable access and how this is translated into contractual obligations for relevant grants, as well as the role of scientific project leaders, a novelty under Global Health EDCTP3 JU compared to EDCTP2. In order to reach out to stakeholders and especially potential applicants in SSA countries, the EDCTP Africa Office will support the activities undertaken by the Global Health EDCTP3 JU. It is planned to organise info day sessions also in French. For providing information in Portuguese, collaboration with the Portuguese member of the EDCTP Association will be sought.

As strategic discussions and actions, for example interactions with contributing partners, are carried out, these will be supported by relevant communication activities.

In 2024, preparations for the Twelfth EDCTP Forum will begin. This event is expected to be held in 2025 and much of the organisational work will have to be carried out during the year 2024, including developing the general concept and idea and hiring a contractor to support in the implementation of the event. The input from the Stakeholders Group will be sought extensively and other bodies and partners of the joint undertaking will also be consulted.

As relevant and appropriate, the Global Health EDCTP3 JU will contribute to exploiting results from the predecessor programme. This can occur by selecting follow-on grants that build on results from previous EDCTP programmes. It can also be achieved by working in collaboration with the EDCTP Secretariat for organising events,

workshops and presenting at conferences and meetings. Synergies in exploitation and dissemination are particularly relevant in the reach-out to countries in SSA and in Europe.

Other communication activities will include the up-to-date maintenance of the Global Health EDCTP3 JU website launched in 2023 and the social media channels.

2.3.3 Procurement and contracts

The Governing Board adopted its decision GB/10/2023 on 3 August 2023 approving the principle of back-office arrangements between joint undertakings on procurement. Prior to that, the interim Executive Director had signed an SLA with several other joint undertakings setting out the frame and conditions for this arrangement. Clean Aviation Joint Undertaking acts as the lead joint undertaking in this context, coordinating the back-office arrangement and providing services to other joint undertakings. Its Executive Director is responsible for the organisation, oversight and coordination including reporting. It is supported for this purpose by the Europe' Rail and EuroHPC Joint Undertakings. This arrangement enables the joint undertakings to carry out common procurement procedures. Such synergies imply that the Global Health EDCTP3 JU may save substantial human resources as its staff in charge of procurement may often rely on a common procedure led by the Clean Aviation Joint Undertaking instead of launching its own. In addition, financial savings are also expected given that the contracts to be awarded relate to larger needs, which are pooled between joint undertakings. This arrangement has already proved efficient, and it is expected that it will be used for most of the procurement needs of the Global Health EDCTP3 JU in the future.

Under this approach, it is also planned to use the PPMT that has been developed by the Joint Research Centre.

The Global Health EDCTP3 JU will generally also seek to join existing framework contracts or common procedures managed by the European Commission or EU agencies, as it did in 2023.

No major procurement activities of the Global Health EDCTP3 JU on its own are planned at this point for 2024.

SLAs are in place with DG Human Resources for several services (such as medical service). Within the frame of the SLA, more detailed arrangements are being put in place, for example for the use of the human resources management system (SYSPER). An agreement with the paymaster office of the European Commission (PMO) has been signed in relation to experts and their payment and with DG DIGIT for

the provision of IT support services and the participation of the JU in the ICT framework contracts. An SLA with the Secretariat General for the provision of HAN service (archiving) is planned to be concluded in Q1/2024. An SLA has also been concluded with DG BUDG regarding the use of the ABAC system and treasury services. The agreement between the Global Health EDCTP3 JU and the Innovative Health Initiative (IHI) JU to rent offices in the White Atrium Building in Brussels remains in force in 2024.

2.3.4 Information Technology

With regards to Information Technology, the main objectives of the Global Health EDCTP3 JU in 2024 are to:

- Achieve IT autonomy for the Global Health EDCTP3 JU from European Commission;
- Strengthen further the collaboration with the other JUs through the back-office arrangements on IT;
- Define the data architecture and start implementation of a data warehouse.

A number of pre-conditions must be fulfilled in order to implement the JU IT autonomy, like setting up new email addresses @globalhealth-edctp3.eu and obtaining from DG DIGIT new EU Login(s) for the staff. When all preconditions are met, the JU would proceed to setup new laptops with the new accounts and handover them to the staff, as well as migrate existing staff roles in corporate IT systems like HAN/ARES for document management, SyGMa/Compass & eExperts for managing grants, HR systems, ABAC, etc. In order to allow digital signature of contracts with the external world, digital certificates will need to be purchased and set up.

The current website hosting contract will expire at the end of March 2024; in this sense the Global Health EDCTP3 JU will be looking into contracting a new hosting service that offers the required support and security updates.

In alignment with the practices of the other JUs, the Global Health EDCTP3 JU will be part of the implementation of the next-generation secured network with the European Commission (also known as S-Testa) and from a connectivity perspective, the JU will on-board telecommunication services and integrate them with Microsoft 365.

In the broader context of the back-office arrangements on IT, the Global Health EDCTP3 JU will collaborate with the other JUs in the fields of shared IT infrastructure, inter-JU IT governance, IT framework contracts, tools and services and Security and compliance management.

To ensure safe and FAIR (findable, accessible, interoperable, reusable) collection of data and results of projects funded by the Global Health EDCTP3 JU, the JU will define a data architecture and start the implementation of a data warehouse. The new data warehouse will allow user-friendly retrieval of information for the staff, to communicate and disseminate information easily and with transparency. Additionally, various possibilities for tracking of publications funded by the Global Health EDCTP3 JU and related analyses will be further investigated.

In order to foster collaboration and information sharing among staff, as well as easy access to data, reporting and systems, a private secured Intranet will be created.

The replacement of the corporate accounting system ABAC with SUMMA has been postponed to 2025; the JU will need to prepare the necessary steps to ensure a smooth transition to SUMMA.

With most of the meetings with external participants being conducted via teleconference, the JU office meeting rooms will be equipped with the necessary video-conference equipment.

The Global Health EDCTP3 JU will continue working to align with the corporate requirements in terms of cybersecurity and data protection.

Further, the JU will take the necessary steps to implement effective record management, covering both electronic and physical records. The record management implementation will contribute to meet our transparency and accountability obligations as well as ensure evidence of the Global Health EDCTP3 JU activities and retention of its legacy.

2.3.5 Data protection and access to documents

Regarding data protection, the Global Health EDCTP3 JU will continue its work towards setting up its data protection framework to ensure compliance with Regulation No 2018/1725 laying down data protection obligations for the EU institutions and bodies when processing personal data. The Global Health EDCTP3 JU is liaising with the relevant services of the European Data Protection Supervisor and contributing to the activities of the inter-institutional data protection networks to raise awareness among the staff and stakeholders.

Regarding access to documents, the Global Health EDCTP3 JU will address any requests for access to documents according to Regulation No 1049/2001, in a spirit of openness and transparency, in order to bring its activities and outputs closer to the public by giving the opportunity to the public to monitor its work.

2.3.6 Other support operations

As already mentioned above, the Global Health EDCTP3 JU will use existing arrangements amongst the JUs established under Horizon Europe, such as in the areas of IT, HR, procurement. Additional areas for collaboration through back-office arrangements will be explored.

The Global Health EDCTP3 JU will continue to use the Horizon Europe corporate IT tools for encoding work programme call topics for publication to submission of proposals through evaluation, grant preparation and grant management and follow-up (eGrants suite of online tools). The reimbursement of evaluation experts will continue to be handled by the Research Executive Agency as part of the use of the Horizon Europe IT tools. Some training may be required in view of the planned migration to SUMMA, which will impact also on the tool for selecting and contracting evaluation experts.

It is planned to use the AGM tool of the Paymasters Office of the European Commission to reimburse ad-hoc experts. The use of the tool is already covered by the SLA in place.

In addition to collaborating through back-office arrangements as explained above, the joint undertakings also work together informally at all levels of the organisations: Executive Directors, Heads of Unit of Administration and Finance, IT Officers, HR Officers, Scientific Project Officers, etc.

As several other JUs, the Global Health EDCTP3 JU is in the process of joining the EU agencies network (EUAN) which provides support and information sharing on relevant matters, such as HR.

The Global Health EDCTP3 JU currently rents offices from the IHI JU, which brings significant cost savings. During 2024 the move towards the new contract for renting office space in the White Atrium building needs to be prepared. Until the larger office space becomes available, interim solutions to acquire additional office space need to be found. The hybrid working arrangements with hot-desking provides for a flexible and cost-effective solution to procuring office space. Nevertheless, the current office footprint of just 329 m^2 is not sufficient for the growing needs of the JU.

2.3.7 Human resources (HR)

2.3.7.1 HR Management

The HR function will continue to be critical to the successful consolidation of the Global Health EDCTP3 JU as an autonomous JU during 2024.

Main HR ongoing objectives:

Recruitment:

In 2023, 16 staff members joined the Global Health EDCTP3 JU, amongst them the key functions during the setting-up phases: IT, Legal, HR, Budget, Governance, Communications Officers; Financial and Operations Assistants; Internal control and audit Manager.

The Governing Board appointed the Executive Director. The selected candidate was able to take function in November 2023, ensuring that the Global Health EDCTP3 JU could obtain its financial autonomy before the end of the year.

Three different vacancy notices were published in 2023. The Head of Administration and Finance, the Personal Assistant to the Executive Director and two Administrative Assistants. All are expected to take up duties before Q2.

Progress on recruiting and integrating staff is on track. The Executive Director will identify the profiles for which new reserve lists will be established. Further vacancies are expected to be published during the year, based on the posts available in the staff establishment plan. A total of 34 posts (26 Temporary Agents and 8 Contractual Agents) are available for 2024.

Key management roles at Head of Unit level will be filled in 2024: the selected candidate for Head of Unit Administration and Finance is expected to take up duties in Q1 and a Head of Scientific Operations is expected to be recruited.

It is expected that some administrative support through an interim position will continue to be needed at least for part of the year, while the assistant positions from vacancies launched in 2023 are being filled.

Legal framework and HR policies:

The main legal implementing rules to Staff Regulations, applicable to staff, were adopted. The Global Health EDCTP3 JU will continue to carefully monitor the

implementing rules to the Staff Regulations that are being adopted by the European Commission.

The first Global Health EDCTP3 JU staff committee was successfully elected and established in the final months of 2023.

Specific HR policies were also adopted (e.g. policy on duration of contracts, renewal of contracts, recruitment policy). By the end of 2024, the HR policies will be completed, with focus on the following activities:

- Learning and development: the first learning and development framework will be adopted; covering the initial staff training and development needs specific to the Global Health EDCTP3 JU;
- Performance management: In 2024, the Global Health EDCTP3 JU will execute its first performance management cycle, in which individual goals for performance and development are defined, monitored and evaluated;
- Activities to ensure wellbeing of staff and non-discrimination will be implemented. The Global Health EDCTP3 JU will develop a culture that is in line with its operational objectives and agreed vision and values, and an internal organisation that fosters efficiency and collaboration.

HR IT tools, allowing autonomy in the selection process were onboarded in 2023. The Global Health EDCTP3 JU will investigate the possibility of acquiring more tools to facilitate its work.

The European Commission training catalogue is accessible to the Global Health EDCTP3 JU staff. Training needs for the staff concern in particular the use of the Horizon Europe IT tools, financial management and language training as appropriate. Some trainings are also procured separately.

Through an SLA with the European Commission medical and social services for staff are accessible. This concerns for example the medical examinations for newly recruited staff or seasonal vaccinations.

2.3.7.2 Strategy for achieving efficiency gains and synergies

As mentioned before, options for the back-office arrangements, as foreseen under Article 13 of the Council Regulation 2021/2085 establishing the joint undertaking under Horizon Europe are being put in place through SLAs with the different lead JUs.

Throughout the setting up of the Global Health EDCTP3 JU, the best possible efficiency of the organisation is being considered. Synergies within the organisation

and with other JUs, and – where relevant – with Commission services as well as outside partners are explored.

This concerns for example the co-location in the office space of the IHI JU. This led to 'automatic synergies' for the use of office equipment, the basic IT service provision, and all elements of infrastructure, that otherwise would have had to be organised, if the Global Health EDCTP3 JU were in its own offices elsewhere.

This synergy as regards infrastructure will continue with the jointly procured office space for most of the JUs established in Brussels post-2024 (the current rental contract runs out in 2025). It is planned to remain in the same building, with some upgrades to the infrastructure foreseen.

Synergies on the side of the implementation of the programme will be sought in 2024. Working groups at Scientific Project Officer level were established in 2023 and are expected to provide concrete suggestions for joint work.

2.3.7.8 Staff establishment plan

Function group and grade	2023				2024		2025	
	Authorised budget		Actually filled at 31/12		Authorised budget		Authorised budget	
	Permanent posts	Temporary posts	Permanent posts	Temporary posts	Permanent posts	Temporary posts	Permanent posts	Temporary posts
AD14	0	1	0	1	0	1	0	1
AD12	0	2	0	0	0	2	0	2
AD11	0	1	0	0	0	1	0	1
AD8	0	5	0	0	0	7	0	7
AD7	0	4	0	5	0	4	0	4
AD6	0	5	0	2	0	7	0	7
AD5	0	1	0	3	0	1	0	1
Total AD	0	19	0	0	0	23	0	23
AST5	0	1	0	0	0	1	0	1
AST4	0	1	0	0	0	1	0	1
AST3	0	1	0	0	0	1	0	1
Total AST	0	3	0	0	0	3	0	3
Total AD+AST	0	22	0	11	0	26	0	26
Total staff (incl. CA)	0	30	0	17	0	34	0	34

Contract Agents	FTE corresponding to the authorised budget 2023	Executed FTE at 31/12/2023	Headcount at 31/12/2023	FTE corresponding to the authorised budget 2024	FTE corresponding to the authorised budget 2025
FGIV	4	3.16	4	4	4
FGIII	4	1.79	2	4	4
Total	8	4.96	6	8	8

2.4 Governance activities

Following the successful setting up of the Global Health EDCTP3 Joint Undertaking, its governance, advisory and consultation bodies have also been set up and are fully operational.

According to the relevant provisions of the Council Regulation establishing the joint undertakings under Horizon Europe, the bodies of the Global Health EDCTP3 JU are:

a) Governing Board
b) Executive Director
c) Scientific Committee
d) Stakeholders Group

Governing Board

The Governing Board is the decision-making body of the Global Health EDCTP3 JU. It has the overall responsibility for the strategic orientation, coherence with the relevant Union objectives and policies and operations of the JU and supervises the implementation of its activities.

The Governing Board of the Global Health EDCTP3 JU is composed of six representatives of the European Commission on behalf of the Union and six representatives of the EDCTP Association. It shall hold ordinary meetings at least twice a year, whereas extraordinary meetings may be convened at the request of the Chairperson, the Executive Director, the Commission or the EDCTP Association. The meetings of the Governing Board are convened by the Chairperson. The agenda of the meetings and the decisions taken are made publicly available on the website of the Global Health EDCTP3 JU.

In 2024, it is foreseen that the Governing Board of the Global Health EDCTP3 JU will hold three meetings, one in Q2 where the main point will be the adoption of the consolidated annual activity report and the final annual accounts for 2023 and two in Q4 with main points the adoption of the award decision for the calls 2024 and the discussion about and then adoption of the work programme for 2025.

Key activities for 2024	
Adoption of the 2023 Annual Activity Report and Final Annual Accounts	Q2 2024
Award decision for calls 2024	Q4 2024
Adoption of the 2025 work programme	Q4 2024

Further important decisions such as amendments to the work programme, adoption of staff regulation implementing rules etc. may be adopted via written procedures which are launched by the Executive Director on behalf of the Chairperson of the Governing Board.

Executive Director

The Executive Director is the chief executive responsible for the day-to-day management of the JU. The Executive Director is the legal representative of the Global Health EDCTP3 JU and is accountable to the Governing Board. He is supported in his activities by the staff of the joint undertaking.

The initial mandate of the current Executive Director Dr Michael Makanga started in 2023 for a period of four years until 15 November 2027.

Scientific Committee

The Scientific Committee is the scientific advisory body of the Global Health EDCTP3 JU.

During 2024, the Scientific Committee will continue its important work of providing input on the scientific priorities to be addressed and the scope of the calls for proposals. The Scientific Committee is also consulted on the IKAAs plan.

In line with the Council Regulation establishing the joint undertakings under Horizon Europe, the Chairperson shall prepare a report after each meeting of the Scientific Committee and submit it to the Governing Board.

For 2024, three meetings of the Scientific Committee are planned.

Stakeholders Group

The Stakeholders Group of the Global Health EDCTP3 JU will actively provide input on the scientific, strategic and the technological priorities to be addressed by the JU as laid down in the Strategic Research and Innovation Agenda taking into account the progress and needs of the Global Health and adjacent sectors.

As foreseen in the Council Regulation 2021/2085 establishing the joint undertakings under Horizon Europe, the Executive Director may advise the Governing Board to consult the Stakeholders Group on specific issues. Where such consultation takes place, a report shall be submitted to the Governing Board after the relevant

discussion within the Stakeholders Group and will be published on the website of the joint undertaking.

During 2024, three meetings for the Stakeholders Group are planned.

When the occasion arises, a joint meeting of the Scientific Committee and the Stakeholders Group may be held.

The host agreement with Belgium should be concluded in 2024.

2.5 Strategy and plans for the organisational management and internal control systems

The Global Health EDCTP3 JU Internal Control Framework (ICF) was adopted by the Governing Board in August 2023 (Decision GH-EDCTP3-GB/11/2023), whilst the operations of the JU were still covered by the organisational management and internal control system of the Research & Innovation Directorate-General of the European Commission until financial autonomy on 23 November 2023.

The priority objective remains to implement and maintain an effective internal control system so that reasonable assurance can be given that resources assigned to the activities are used according to the principle of sound financial management and control procedures in place give the necessary guarantees concerning the legality and regularity of transactions.

In preparation for autonomy, an action plan on the ICF was prepared. The action plan was the result of a gap analysis performed on the 17 principles of the ICF of the Global Health EDCTP3 JU. The objective of the gap analysis was to understand and assess if all principles of the ICF were a) present and b) functioning. In the case that during the assessment there is a negative response this means a gap has been identified. Then, based on a gap analysis an action plan was prepared and validated by the interim Executive Director (Decision GH-EDCTP3-ED/22/2023). The timeframe for the actions to be implemented covers the period Q4 2023 to Q3 2024.

2.5.1 Financial procedures

The Global Health EDCTP3 JU Financial Rules were adopted by the Governing Board by decision GH-EDCTP3-GB/22/2022. The workflows in place follow the financial rules, as adopted via the GB Decision abovementioned. The financial circuits were adopted by the interim Executive Director by decision GH-EDCTP3-ED/21/2023.

In Horizon Europe, reporting and validation of costs (including evaluation experts) is implemented using the European Commission IT tools (SyGMa, COMPASS, EMI).

2.5.2 Ex-ante and ex-post controls

The purpose of ex-ante controls is to ascertain that the expenditure is in order and complies with the provisions applicable and the principle of sound financial management has been applied. Monitoring will be ensured through indicators such as time to pay and budget implementation amongst others.

Ex-ante controls for Horizon Europe programme are implemented using the tools and methods developed by the European Commission.

In 2024, specific attention will be put to the following elements of ex-ante control:

- Project and financial webinar(s) for beneficiaries and projects to provide information on eligibility rules for Horizon Europe.

Ex-post controls are an important tool to support management's assurance on the achievement of the financial management and internal control objectives.

Ex-post controls of operational expenditure will continue to be implemented in line with the Horizon Europe Audit Strategy. The Common Audit Service of the Common Implementation Centre of the Research & Innovation department of the European Commission carries out all audits for the Global Health EDCTP3 JU (internally or outsourced to external firms) for Horizon Europe. At this stage, no ex-post audits for the Global Health EDCTP3 JU have yet been identified for 2024.

2.5.3 Risk Assessment and Management

The risk assessment methodology aims to identify the main risks in achieving the objectives of the JU, analyse them and determine action plans on how they should be managed. All risks are captured in the Global Health EDCTP3 JU Risk Register, which provides for an evaluation of the risk level and description of the mitigating activities.

The first annual risk assessment exercise took place between September and October 2023. The most significant risks were included in the risk register of the Global Health EDCTP3 JU. An action plan has been put in place and will be monitored and followed up during the year 2024. The annual risk assessment exercise will be repeated in Q4/2024.

2.5.4 Anti-fraud initiatives

The Global Health EDCTP3 JU acknowledges that an anti-fraud strategy is based on the identification of the potential risks for the entity and the measures to manage those risks. In this regard, the JU has planned for adoption of a specific Global Health EDCTP3 JU anti-fraud strategy in 2024. Further actions have been planned, such as:

- Awareness raising amongst staff on anti-fraud measures;
- Participation to meetings organised by DG Research & Innovation and common trainings organised for the JUs (in cooperation with the Common Audit Service).

2.5.5 Audits

Internal audits are carried out by the Internal Audit Service of the European Commission (IAS) in liaison with Internal Control and Audit Manager. In 2024, the IAS will commence risk assessment to establish the strategic internal audit plan for the Global Health EDCTP3 JU. Therefore, the main activity for the year will focus on coordinating and supporting IAS audit work on risk assessment.

External audits are carried by the European Court of Auditors (ECA). The ECA will audit and issue opinions on the legality and regularity of the underlying transactions, revenue, and reliability of accounts.

In 2024, the key activities will focus:

- Provide the necessary information and support for ECA audit on 2023 accounts;
- Liaise with the external audit company that will audit the 2023 annual accounts, as required by the Financial Rules of the Global Health EDCTP3 JU);
- Support the ECA team in their field or remote missions for Global Health EDCTP3 JU projects selected (on a sample basis) for an ex-post financial review, if any were to be launched in 2024.

The Internal Audit Capability of the Global Health EDCTP3 JU is performed by the Internal Control and Audit Manager. The objective established for the Internal Audit Capability is to provide the Executive Director with assurance as to the effectiveness and efficiency of risk management, control and governance process in the JU.

3. BUDGET 2024

	STATEMENT OF REVENUE								
	Title	Financial year 2023				Financial year 2024			
Budget line	Chapter	Estimated Commitment Appropriations	In %	Estimated Payment Appropriations	In %	Estimated Commitment Appropriations	In %	Estimated Payment Appropriations	In %
1	EU contribution (excl. EFTA and third countries contribution)	133,693,568	97.2%	49,651,035	96.9%	144,172,417	97.2%	67,384,950	97.2%
10	of which (fresh C1) Administrative (Title 1&2)	2,600,102	4.01,9%	2,600,102	5.1%	6,490,427	4.4%	6,490,427	9.4%
11	of which Operational (Title 3)	131,093,466	95.3%	47,050,933	91.9%	137,681,990	92.8%	60,894,523	87.8%
2	EFTA and third countries contribution	3,863,744	2.8%	1,573,347	3.1%	4,166,583	2.8%	1,947,425	2.8%
20	of which Administrative EFTA (Title 1&2)	159,631	0.1%	159,631	0.3%	187,573	0.1%	187,573	0.3%
21	of which Operational (Title 3)	3,704,113	2.7%	1,413,716	2.8%	3,979,010	2.7%	1,759,852	2.5%
3	Financial contribution members other than the Union*	0				0		0	
31	Of which operational (Title 3)	0				0		0	
4	Financial contribution Contributing Partners	0				0		0	
5	Interest generated	0				0		0	
	Unused appropriations from previous years	0				0		0	
8	Of which administrative	0				0		0	
9	Of which operational	0				0		0	
	TOTAL ESTIMATED REVENUE	137,557,312	100.0%	51,224,382	100.0%	148,339,000	100%	69,332,375	100%

* According to Article 102 of the Council Regulation 2021/2085, the European Union covers the entire administrative expenditure for the Global Health EDCTP3 JU.

STATEMENT OF EXPENDITURE					
Budget line	Title Chapter	Financial year 2023		Financial year 2024	
		Estimated Commitment Appropriations	Estimated Payment Appropriations	Estimated Commitment Appropriations	Estimated Payment Appropriations
1 - Staff expenditure					
11	**Salaries & allowances**	**1,324,953**	**1,324,953**	**3,701,016**	**3,701,016**
110	*- Of which establishment plan posts*	*940,651*	*940,651*	*3,224,746*	*3,224,746*
111	*- Of which external personnel*	*384,302*	*384,302*	*476,270*	*476,270*
120	**Expenditure relating to staff recruitment**	**132,920**	**132,920**	**105,684**	**105,684**
130	**Mission expenses**	**71,723**	**71,723**	**120,000**	**120,000**
140	**Socio-medical infrastructure**	**33,230**	**33,230**	**110,000**	**110,000**
150	**Training**	**53,498**	**53,498**	**40,000**	**40,000**
160	**External Services**	**212,153**	**212,153**	**260,000**	**260,000**
170	**Receptions, events and representation**	**3,323**	**3,323**	**4,000**	**4,000**
180	**Social welfare**	**0**	**0**	**0**	**0**
190	**Other staff related expenditure**	**0**	**0**	**0**	**0**
Total Staff		**1,831,800**	**1,831,800**	**4,340,700**	**4,340,700**
2 - Infrastructure and operating expenditure					
200	**Rental of buildings and associated costs**	**220,000**	**220,000**	**300,000**	**300,000**
210	**Information, communication technology and data processing**	**294,537**	**294,537**	**600,000**	**600,000**
220	**Office equipment (movable property and associated costs)**	**21,142**	**21,142**	**162,300**	**162,300**
230	**Current administrative expenditure**	**92,094**	**92,094**	**50,000**	**50,000**
240	**Postage / Telecommunications**	**40,314**	**40,314**	**35,000**	**35,000**
250	**Meeting expenses**	**1,485**	**1,485**	**150,000**	**150,000**
260	**Running costs in connection with operational activities**	**0**	**0**	**250,000**	**250,000**
270	**Information and publishing**	**149,144**	**149,144**	**410,000**	**410,000**
280	**Service contracts**	**86,018**	**86,018**	**380,000**	**380,000**
290	**Other infrastructure and operating expenditure**	**0**	**0**	**0**	**0**
Total infrastructure and operating		**904,734**	**904,734**	**2,337,300**	**2,337,300**
TOTAL ADMINISTRATIVE (1+2)		**2,736,534**	**2,736,534**	**6,678,000**	**6,678,000**
3 - Operational expenditure					
300	**Grants**	**134,286,758**	**47,936,556**	**140,932,135**	**61,702,048**
EC BL	***Experts costs****	***534,020***	***551,292***	***728,865***	***728,865***
320	**Other operational costs**	**0**	**0**	**0**	**223,462**
TOTAL OPERATIONAL (3)		**134,820,778**	**48,487,848**	**141,661,000**	**62,654,375**
TOTAL ESTIMATED EXPENDITURE		**137,557,312**	**51,224,382**	**148,339,000**	**69,332,375**

*This budget line has a type II co-delegation RTD>REA and the inscription of the appropriations for both CA and PA is done on a budget line in ABAC that remains at the European Commission side.

4. ANNEXES

4.1 Calls for proposals 2024

The calls for proposals and topic descriptions are annexed as a separate document (Annex 1A).

4.2 In-kind contributions to operational activities (IKAA) plan

The IKAA plan is annexed as a separate document (Annex 1B).

4. ANNEX 1A to Work Programme 2024

4.1 Calls for proposals 2024

This is the third work programme under the Global Health EDCTP3 Joint Undertaking (Global Health EDCTP3 JU). The topics are based on the Strategic Research and Innovation Agenda adopted by the Governing Board.[1] The Global Health EDCTP3 programme is implemented under the framework of the EU global health strategy[2] adopted in November 2022, the EU-AU summit deliverables[3] and the AU-EU innovation agenda launched in July 2023[4] and will play a key role in achieving the objectives of these strategies and initiatives.

Under this year's work programme, two calls for proposals are launched:

- HORIZON-JU-GH-EDCTP3-2024-01-two-stage covering six topics for Research and Innovation Actions (RIA);
- HORIZON-JU-GH-EDCTP3-2024-02-two-stage covering one topic for Coordination and Support Actions (CSA).

The work programme also foresees other actions, including: (a) expenditure related to experts carrying out monitoring of running actions for the Global Health EDCTP3 JU, and (b) funding to be mobilised in case of a public health emergency.

With the 2024 work programme we extend the range of topics addressed under the Global Health EDCTP3 JU, building on the activities launched previously in 2022 and 2023. The work programme this year puts particular emphasis on supporting the development of interventions, ranging from pharmaceutical interventions (medicines and vaccines) and a possibly broad range of interventions for vector control to digital health tools. Training activities are addressed through a programme where academic training is to be followed by a return phase (HORIZON-JU-GH-EDCTP3-2024-02-01-two-stage). For all topics in the work programme, where relevant, the support to African scientists through degree training in clinical research and/or hands on training during implementation of research projects should be provided to assist them in advancing their scientific careers. These scientists should be selected keeping gender and regional balance in mind.

[1] https://www.globalhealth-edctp3.eu/sites/default/files/2023-05/EDCTP3%20SRIA.pdf
[2] https://ec.europa.eu/commission/presscorner/detail/en/ip_22_7153
[3] Sixth European Union - African Union Summit: A Joint Vision for 2030 - Consilium (europa.eu)
[4] https://research-and-innovation.ec.europa.eu/system/files/2023-07/ec_rtd_au-eu-innovation-agenda-final-version.pdf

The work programme addresses a range of conditions within the scope of the objectives of Global Health EDCTP3 JU, including HIV/AIDS, Malaria, neglected tropical diseases and antimicrobial resistance (AMR). This support through topics targeted to a particular disease area complements support provided through broader topics under the previous work programmes of Global Health EDCTP3 JU[5].

Clinical studies

In the context of this work programme, a clinical study covers clinical studies/trials/investigations/ cohorts and is defined as any systematic prospective or retrospective collection and analysis of health data obtained from individual patients or healthy persons to address scientific questions related to the understanding, prevention, diagnosis, monitoring or treatment of a disease, mental illness, or physical condition. It includes but it is not limited to clinical studies, as defined by Regulation 536/2014 (on medicinal products), clinical investigation and clinical evaluation as defined by Regulation 2017/745 (on medical devices), performance study and performance evaluation as defined by Regulation 2017/746 (on *in vitro* diagnostic medical devices).

Studies must be registered in a registry meeting WHO Registry criteria[6] before recruitment of the first subject. From 31 January 2023, all initial clinical trial applications in the European Union (EU) must be submitted via the Clinical Trials Information System (CTIS). CTIS is now the single-entry point for sponsors and regulators of clinical trials for the submission and assessment of clinical trial data. This follows a one-year transition, during which sponsors could choose whether to apply for a new clinical trial in the EU/EEA in line with the Clinical Trials Directive or under the new Clinical Trials Regulation (CTR), which entered into application on 31 January 2022[7].

For stage-2 proposals, the use of the "Essential information on clinical studies" template is recommended:

https://ec.europa.eu/info/funding-tenders/opportunities/docs/2021-2027/horizon/temp-form/af/information-on-clinical-studies_he_en.docx

[5] Tuberculosis, emerging infectious diseases as well as HIV/AIDS, Malaria and neglected infectious diseases have all been addressed through projects funded from previous calls.
[6] https://www.who.int/clinical-trials-registry-platform/network/registry-criteria
[7] https://www.ema.europa.eu/en/news/use-clinical-trials-information-system-becomes-mandatory-newclinical-trial-applications-eu

Also, the three mandatory deliverables below should be included in the stage-2 proposals with clinical studies, to the extent relevant depending on the stage of the study:

1. Study initiation package (before enrolment of the first study participant) including:

- Registration number of the clinical study in a registry meeting WHO Registry criteria[8]
- Final version of study protocol as approved by the regulator(s) / ethics committee(s)
- Regulatory and ethics (if applicable, institutional) approvals required for the enrolment of the first study participant (In case of multicentre clinical studies, submission of approvals for the first clinical site is sufficient).

2. Midterm recruitment report

This report is due when 50% of the study population is recruited. The report shall include an overview of the number of recruited participants by clinical sites, any problems in recruitment and, if applicable, a detailed description of implemented and planned measures to compensate for any incurred delays.

3. Report on the status of posting results

Irrespective of the successful completion of the clinical study, summary results must be posted in the applicable registry/ies (where the study was registered) even if the timing of posting of results falls outside of the grant period. The report is to be scheduled for the time results posting is expected or for the last months of the project, whichever comes earlier.

FAIR data principles and open access of publications are required in line with the Model Grant Agreement[9]. In the context of this work programme, FAIR data are data which meet principles of findability, accessibility, interoperability, and reusability. Data can include exploitation of information and data from European data infrastructures and programmes such as Copernicus, European Space Agency, and the GEO initiative. For further details, see the FAIR principles website[10], the FAIR cookbook[11] and the guides for researchers on how to make your data FAIR[12]. Data

[8] https://www.who.int/clinical-trials-registry-platform/network/registry-criteria
[9] unit-mga_he_en.pdf (europa.eu)
[10] https://www.go-fair.org/fair-principles/
[11] https://faircookbook.elixir-europe.org/content/home.html
[12] https://www.openaire.eu/how-to-make-your-data-fair

quality and integration as well as issues of cybersecurity and data protection must be addressed. Use of explainable and transparent artificial Intelligence tools[13] in all research is encouraged where appropriate.

The proposals should put emphasis on involving vulnerable groups, including participants from poorer, underserved, or hard-to-reach communities in SSA. Applicants are also encouraged to provide methodologies for translating research findings into public health practice and policy guidelines. They are welcome to draw on any relevant lessons from the COVID-19 vaccination strategies. 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.

Proposals are expected to come from research consortia with a strong representation of institutions and researchers from sub-Saharan African countries, including involvement of Franco/Lusophone countries where possible and relevant. Whilst Horizon Europe primarily supports excellence in research, proposals are encouraged to involve organisations from countries with relatively lower research capacities.

Where relevant It will be important for proposals to consider and support the existing and emerging partnerships between the European Union (EU)/Team Europe (EU institutions, Member States and EU Financing Institutions) and the African Union (AU) and their key agencies, notably the Team Europe Initiatives on MAV+[14], Sustainable Health Security[15], Public Health Capacity[16], Digital Health[17] and align with the Africa CDC Strategic Plan 2023-2027[18] and the African Medicines Agency. Moreover, collaborations with the African Regional Intellectual Property Organisation[19] (ARIPO) and the African Intellectual Property Organisation (OAPI)[20] should also be fostered as well as strengthened promoting the development and assessment of innovative tools.

[13] See: European strategic research agenda in artificial intelligence: https://www.elise-ai.eu/work/agendaand-programs
[14] Team Europe Initiative on manufacturing and access to vaccines, medicines and health technologies in Africa (europa.eu)
[15] Sustainable Health Security - Africa | Capacity4dev (europa.eu)
[16] Public Health Capacity - Africa | Capacity4dev (europa.eu)
[17] Digital Health - Africa | Capacity4dev (europa.eu)
[18] Africa CDC Strategic Plan 2023 – 2027 – Africa CDC
[19] African Regional Intellectual Property Organization (ARIPO)
[20] African Intellectual Property Organization (OAPI)

It will also be important that the projects arising from this call will contribute to the implementation of the short-term and medium-term actions of the AU-EU Innovation Agenda[21] in the area of Public Health and the EU global health strategy[22].

Proposals must clearly demonstrate their added value, beyond the state of the art within their respective areas complementing existing research and funding and building on success of past programmes and projects financed by the EDCTP Association and/or other funders, in line with Article 100 of the Council Regulation 2021/2085[23].

Proposals must comply with all ethics requirements arising out of the research, in line with Article 112 of the Council Regulation 2021/2085. In addition to the scientific evaluation, proposals above threshold and considered for funding will undergo an ethics screening carried out by independent ethics experts. The ethics appraisal process focuses on the compliance with ethical rules and standards, relevant European legislation, international conventions and declarations, national authorisations and ethics approvals, proportionality of the research methods, and the applicants' awareness of the ethical aspects and social impact of their planned research.

Finally, the proposals should consider the impact of climate change in the research as appropriate, for example as regards the ability to carry out the proposed activities. Also, proposals should address how the climate impact of the planned research can be minimised.

Of note, despite blind evaluation being mentioned in the standard application form for stage 1 proposals, available in the Funding and Tenders Portal (at the stage of adoption of this Work Programme), please note that this call is not part of the 'blind evaluation pilot', therefore no anonymisation is required for stage 1 proposals of the two-stage calls.

[21] AU-EU Innovation Agenda: https://research-and-innovation.ec.europa.eu/system/files/2023-07/ec_rtd_au-eu-innovation-agenda-final-version.pdf
[22] https://ec.europa.eu/commission/presscorner/detail/en/ip_22_7153
[23] Council Regulation (EU) 2021/2085 of 19 November 2021 establishing the Joint Undertakings under Horizon Europe and repealing Regulations (EC) No 219/2007, (EU) No 557/2014, (EU) No 558/2014, (EU) No 559/2014, (EU) No 560/2014, (EU) No 561/2014 and (EU) No 642/2014. *OJ L 427, 30.11.2021, p. 17–119;*
https://eur-lex.europa.eu/eli/reg/2021/2085

BUDGET

Call	Budget (EUR million)	Deadline
Horizon-JU-GH-EDCTP3-2024-01-two-stage	136.432	4 April (first stage)*
Horizon-JU-GH-EDCTP3-2024-02-two-stage	3.500	4 April (first stage)*
Other actions	1.728	
Total	141.661	

*to be confirmed when call planning is finalised

General conditions related to this work programme

Unless specified otherwise, the sections of the General Annexes to the Horizon Europe work programme[24] apply *mutatis mutandis* to the Global Health EDCTP3 JU work programme.

Admissibility conditions	The conditions are described in General Annex A.
Eligibility conditions	The conditions are described in General Annex B except for the specific conditions for the Global Health EDCTP3 JU funding as regards entities eligible for funding and consortium composition, the specific issue of countries where the coordinator may be established and the obligation to designate a scientific project leader. Participation conditions related to Russia's illegal invasion of Ukraine are also set out below.
Financial and operational capacity and exclusion criteria	The criteria are described in General Annex C.
Award criteria	The criteria are described in General Annex D. The scores and weighting section as regard Research and Innovation Actions (RIA) second stage of two-stage evaluations is set out below.
Documents	The documents are described in General Annex E.
Procedure	The procedure is described in General Annex F.
Legal and financial set-up of the Grant Agreements	The rules are described in General Annex G and the application of the right to object is described below. For the topics under the call Horizon-JU-GH-EDCTP3-2024-01-two-stage, specific conditions regarding affordable access apply. For the topic under the call Horizon-JU-GH-EDCTP3-2924-02, specific conditions regarding financial support to third parties apply. The conditions are spelled out under the respective topics.

[24] https://ec.europa.eu/info/funding-tenders/opportunities/docs/2021-2027/horizon/wp-call/2023-2024/wp-13-general-annexes_horizon-2023-2024_en.pdf

Replacing relevant sections in General Annex B to the Horizon Europe work programmes on eligibility (*" Entities eligible for funding")*

To become a beneficiary, legal entities must be eligible for funding.

To be eligible for funding, applicants must be established in one of the following countries:

- The Member States of the European Union, including their outermost regions: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden;
- The Overseas Countries and Territories (OCTs) linked to the Member States: Aruba (NL), Bonaire (NL), Curação (NL), French Polynesia (FR), French Southern and Antarctic Territories (FR), Greenland (DK), New Caledonia (FR), Saba (NL), Saint Barthélemy (FR), Sint Eustatius (NL), Sint Maarten (NL), St. Pierre and Miquelon (FR), Wallis and Futuna Islands (FR);
- Countries associated to Horizon Europe[25]: Albania, Armenia, Bosnia and Herzegovina, Faroe Islands, Georgia, Iceland, Israel, Kosovo[26], Moldova, Montenegro, New Zealand (associated to Pillar II 'Global Challenges and European Industrial Competitiveness' as from the Work Programmes 2023 onwards, including for the institutionalised European partnerships), North Macedonia, Norway, Serbia, Tunisia, Turkey, Ukraine, United Kingdom.

Until association agreements start producing legal effects either through provisional application or their entry into force, transitional arrangements apply. The transitional arrangements apply, at the time of the adoption of this Work Programme, with regard to the following countries and legal entities established in these countries, with which association negotiations are being processed or where association is imminent):

1. Canada

2. Morocco

[25] The list is correct at the time of adoption of this work programme. 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.
https://ec.europa.eu/info/funding-tenders/opportunities/docs/2021-2027/common/guidance/list-3rd-country-participation_horizon-euratom_en.pdf

[26] This designation is without prejudice to positions on status and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence.

– The following countries which are constituent states of the EDCTP Association[27]: Benin, Burkina Faso, Cameroon, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Gabon, The Gambia, Ghana, Guinea-Bissau, Guinea-Conakry, Kenya, Liberia, Malawi, Mali, Mozambique, Niger, Nigeria, Republic of the Congo, Rwanda, Senegal, Sierra Leone, Somalia, South Africa, Tanzania, Uganda, Zambia, Zimbabwe.

Consortium composition

Unless otherwise provided for in the specific call conditions, for all actions, due to the policy objectives of the Global Health EDCTP3 JU, legal entities forming a consortium are eligible to participate in actions under the programme provided that the consortium includes:

- At least three legal entities independent from each other and established in different countries, where legal entities are eligible to receive funding;
- At least one independent legal entity established in a Member State or an associated country; and
- At least one independent legal entity established in a sub-Saharan African (SSA) country that is a member of the EDCTP Association.

This condition applies to both Research and Innovation Actions (RIA) and Coordination and Support Actions (CSA).

Specific cases:

Affiliated entities — Affiliated entities (i.e. entities with a legal or capital link to a beneficiary[28] which participate in the action with similar rights and obligations to the beneficiaries, but which do not sign the grant agreement and therefore do not become beneficiaries themselves) are allowed, if they are eligible for participation and funding.

Associated partners — Entities not eligible for funding (and therefore not able to participate as beneficiaries) may participate as associated partners, unless specified otherwise in the specific call conditions.

International organisations – International European research organisations are eligible to receive funding. Other international organisations are not eligible to

[27] The list is correct at the time of adoption of this work programme. For an update, please check the EDCTP Association website www.edctp.org
[28] See Article 187 EU Financial Regulation 2018/1046.

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.

Specific rules regarding legal entities that may be the coordinator of an indirect action

In accordance with Article 110(2) of the Council Regulation 2021/2085 establishing the Joint Undertakings under Horizon Europe[29], where entities established in a third country without an agreement to protect the financial interests of the Union participate with funding in an indirect action, the financial coordinator of the indirect action must be established in a Member State or associated country. Of the SSA countries members of the EDCTP Association, only South Africa concluded such an agreement at the moment[30].

Scientific project leader

If the coordinator is not established in a country in sub-Saharan Africa (SSA), the designation of a scientific project leader established in a SSA country member of the EDCTP Association with the roles as described below is mandatory. A work package on 'scientific project leadership' must be included in the proposals and budget needs to be provided for this activity.

The scientific project leader oversees the project scientific governance and leadership. For this purpose, proposals must include a work package where the details of scientific project leadership are laid down. The scientific project leader should indicatively perform the following tasks:

- During the call for proposals and selection process, coordinate meetings on and drafting of the full project proposal;
- Work with the coordinator and other beneficiaries on the drafting and negotiation of the consortium agreement and other legal agreements among the beneficiaries;
- Act as the key contact point for the Global Health EDCTP3 JU regarding all scientific action governance issues, steer and provide oversight in the

[29] Council Regulation (EU) 2021/2085 of 19 November 2021 establishing the Joint Undertakings under Horizon Europe and repealing Regulations (EC) No 219/2007, (EU) No 557/2014, (EU) No 558/2014, (EU) No 559/2014, (EU) No 560/2014, (EU) No 561/2014 and (EU) No 642/2014. *OJ L 427, 30.11.2021, p. 17–119;* https://eur-lex.europa.eu/eli/reg/2021/2085

[30] https://research-and-innovation.ec.europa.eu/strategy/strategy-2020-2024/europe-world/international-cooperation/south-africa_en

development of the scientific actions, without prejudice to the tasks entrusted directly to the coordinator as per the Model Grant Agreement;
- Support and collaborate with the coordinator on its monitoring activities and the adoption of appropriate internal measures, to ensure that beneficiaries are fulfilling their obligations regarding budget, timeline, deliverables, and scientific quality;
- Review the action's deliverables and reports before their submission by the coordinator;
- Lead the work packages(s) related to the tasks of scientific project leadership.

Annex 1 to the grant agreement and the consortium agreement should address the relationship of the scientific project leader with the coordinator regarding their respective tasks, for example sharing of the information received from or sent to the Global Health EDCTP3 JU on all issues of interest for the proper scientific management of the action.

Replacing the *scores and weighting* section in General Annex D to the Horizon Europe work programmes as regards Research and Innovation Actions (RIA) second stage of two-stage evaluations.

Scores and weighting

Evaluation scores will be awarded for the criteria, and not for the different aspects listed in the table. For full applications, each criterion will be scored out of 5. The threshold for individual criteria 1 (Excellence) and 2 (Impact) will be 4 and for criteria 3 (Quality and efficiency of the implementation) will be 3. The overall threshold, applying to the sum of the three individual scores, will be 12.

Proposals that pass the individual threshold and the overall threshold will be considered for funding, within the limits of the available call budget. Other proposals will be rejected.

Nota bene, for the first stage of the two-stage evaluation, the scores and weighting as indicated in Annex D of the General Annexes of the Horizon Europe work programme 2023/2024 apply. Furthermore, the scores and weighting for Coordination and Support Actions apply.

General Annex G to the Horizon Europe work programmes

The Global Health EDCTP3 JU may, up to 4 years after the end of the action, object to a transfer of ownership or to the exclusive licensing of results, as set out in the specific provision of Annex 5 of the Model Grant Agreement. In addition, in accordance with Article 24(3) of Council Regulation 2021/2085 establishing the Joint Undertakings under Horizon Europe[31] and the Model Grant Agreement, the right to object applies also to participants that have not received funding from the JU.

[31] Council Regulation (EU) 2021/2085 of 19 November 2021 establishing the Joint Undertakings under Horizon Europe and repealing Regulations (EC) No 219/2007, (EU) No 557/2014, (EU) No 558/2014, (EU) No 559/2014, (EU) No 560/2014, (EU) No 561/2014 and (EU) No 642/2014; OJ L 427, 30.11.2021, p. 17

HORIZON-JU-GH-EDCTP3-2024-01-two-stage

CONDITIONS FOR THIS CALL

INDICATIVE BUDGET(S)

Topics under Call HORIZON-JU-GH-EDCTP3-2024-01-two-stage	Type of Action	Indicative GH EDCTP3 JU Budget (EUR million)	Expected GH EDCTP3 JU contribution per project (EUR million)	Number of projects expected to be funded
Opening: 18 January 2024 Deadline stage 1: 4 April 2024				
HORIZON-JU-GH-EDCTP3-2024-01-01-two-stage	RIA	22.000	5.50	4
HORIZON-JU-GH-EDCTP3-2024-01-02-two-stage	RIA	30.000	15.00	2
HORIZON-JU-GH-EDCTP3-2024-01-03-two-stage	RIA	22.000	5.00	4
HORIZON-JU-GH-EDCTP3-2024-01-04-two-stage	RIA	24.000	6.00	4
HORIZON-JU-GH-EDCTP3-2024-01-05-two-stage	RIA	18.432	6.14	3
HORIZON-JU-GH-EDCTP3-2024-01-06-two-stage	RIA	20.000	5.00	4
Overall indicative budget		136.432		

Expected Impacts:

Activities funded under the 2024 work programme of the Global Health EDCTP3 JU calls for proposals should contribute to:

- Reduce the individual, social, and economic burdens of infectious diseases in sub-Saharan Africa through the development and uptake of new or improved interventions, and
- Increase health security in sub-Saharan Africa and globally by reducing the risk of outbreaks and pandemics and enhancing national and regional capacity to address antimicrobial resistance.
- Progressing towards the achievement of SDG3 'Ensure healthy lives and promote well-being for all at all ages' in sub-Saharan African (SSA) countries;

- Enable the implementation of the short- and medium-term actions foreseen by the AU EU Innovation Agenda (adopted in July 2023) in the area of public health and the EU Global Health Strategy (November 2022);
  - Improve equitable access to a full range of essential health services from health promotion to disease prevention and affordable quality treatment, rehabilitation and palliative care to fight communicable diseases;
  - Expand partnerships based on equal footing, co-ownership, mutual interest and strategic priorities;
- Provide evidence for informed health policies and guidelines within public health systems in SSA and at international level;
- Enhance sustainable global scientific collaboration in health research and international cooperation across SSA;
- Develop novel, innovative HIV therapeutics for reducing the disease burden of HIV in SSA
- Research on existing Malaria vaccines and development of new promising candidates
- Accelerating development and integration of therapeutics against neglected tropical diseases (NTDs) in SSA;
- Tackle Antimicrobial Resistance (AMR) through R&D in novel and existing antimicrobials
- Develop new tools, technologies and approaches for vector control in SSA;
- Develop innovative digital health solutions for SSA.
- Build appropriate local capacity.

Proposals are invited against the following topics:

HORIZON-JU-GH-EDCTP3-2024-01-01-two-stage: Developing novel, innovative HIV therapeutics for reducing the disease burden of HIV in sub-Saharan Africa

Specific conditions	
Expected EU contribution per project	The Global Health EDCTP3 JU estimates that a JU contribution of around EUR 5.5 million 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.
Indicative budget	The total indicative budget for the topic is EUR 22 million.
Type of Action	Research and Innovation Actions
Legal and financial set-up of the Grant Agreements - Standard deliverables	Implementing the provision on affordable access as defined in Article 114 of the Council Regulation 2021/2085 establishing the Joint Undertakings under Horizon Europe[32], grants awarded under this topic will have to submit the following deliverables: 1. Stewardship plan Participants must prepare stewardship plans outlining how to achieve the optimal use of an intervention, including, for example, how to avoid irrational use, overuse or abuse of health technologies (e.g. antimicrobials). A draft plan must be submitted after half the duration of the project has elapsed and a final plan must be submitted with the final report. 2. Global access plan With the final report, participants must submit an appropriate and proportionate global access plan that covers registration targets, plans to meet demand, flexible approaches to IP and other strategies that reflect ability to pay and ensure that economic barriers to access are low.

[32] Council Regulation (EU) 2021/2085 of 19 November 2021 establishing the Joint Undertakings under Horizon Europe and repealing Regulations (EC) No 219/2007, (EU) No 557/2014, (EU) No 558/2014, (EU) No 559/2014, (EU) No 560/2014, (EU) No 561/2014 and (EU) No 642/2014; OJ L 427, 30.11.2021, p. 17

Legal and financial set-up of the Grant Agreements - Additional exploitation obligations	Also in line with Article 114 of the Council Regulation 2021/2085, participants will be subject to the following additional exploitation obligations: 1. Participants must – up to four years after the end of the action (see Data Sheet, Point 1) – use their best efforts to ensure that resulting health technologies and services will be broadly available and accessible, as soon as possible and at fair and reasonable conditions. In this respect, if, despite a participants' best efforts, the results are not exploited within one year after the end of the action, participants must (unless otherwise agreed in writing with the granting authority) use the Horizon Results Platform to find interested parties to exploit the results. 2. In case the participants cannot fulfil the preceding obligation, the participants must (if requested by the granting authority) grant non-exclusive licences - under fair and reasonable conditions - to their results to legal entities that commit to rapidly and broadly exploiting the resulting health technologies and services and ensure that they are broadly available and accessible, as soon as possible and at fair and reasonable conditions. 3. In case of transfer of the ownership or licensing of results, participants must pass on such additional exploitation obligations to the legal entities exploiting the results. 4. For up to four years after the action (see Data Sheet, Point 1), the funding body must be informed every year about the status of the development of the product and any other exploitation of the results through an annual report that is due on each anniversary of the end of the grant agreement.
Other requirements	For all projects under this topic, if the coordinator is not from a country in sub-Saharan Africa, the designation of a scientific project leader with the roles as described in the introduction is mandatory. A work package on 'scientific

	project leadership' must be included in the proposals and budget needs to be provided for this activity.

Expected Outcome:

This topic aims at supporting activities that contribute to one or several of the expected impacts for this call. To that end, proposals submitted under this topic should aim for delivering results that are directed, tailored towards and contributing to at least two of the following expected outcomes:

- Evidence of efficacy, safety and clinical utility for health care professionals and clinicians in sub-Saharan Africa about novel, targeted HIV therapeutics that improve treatment outcomes and quality of life;
- Innovative HIV therapeutics that have demonstrated meaningful advances over existing therapeutic interventions for patients living with HIV in terms of their ability to improve efficacy, safety, adherence, quality of life and reduce HIV-associated mortality and morbidity.
- Public health authorities and policy makers have information from comprehensive clinical trial data on the overall health effects of novel therapeutic HIV interventions, helping them to draft updated or new evidence-based clinical guidelines and best practices as well as design tailor-made HIV policies.

Background:

Over the last few decades, antiretroviral therapy has dramatically increased the life expectancy of HIV patients, turning HIV from a death sentence into a chronic illness. Nevertheless, there are currently around 39 million infected people around the globe and HIV remains a major cause of death, disability and ill-health. The HIV disease burden continues to be high in sub-Saharan Africa, in particular for children and adolescents, and those with co-morbidities. There is therefore a strong need to achieve the 2030 UNAIDS 95-95-95 target[33] (95% of people with HIV know their HIV status; 95% of people with diagnosed HIV infection receive antiretroviral therapy; 95% of people receiving antiretroviral therapy have effective viral suppression) and develop novel HIV therapeutics, novel clinical delivery modes for their administration and novel biomarkers for optimising treatment decisions.

[33] Joint United Nations Programme on HIV/AIDS (UNAIDS). (2014). Fast-Track: ending the AIDS epidemic by 2030. https://www.unaids.org/sites/default/files/media_asset/JC2686_WAD2014report_en.pdf

Scope:

Accordingly, the proposed research must deliver on the following:

- Carry out advanced stage clinical trials of promising HIV therapeutic interventions, for example but not limited to broadly neutralising antibodies, long-acting antiretrovirals or gene therapy approaches.

It may additionally also include:

- Creation and testing of novel clinical delivery routes for the administration of HIV therapeutic interventions that bring meaningful benefit for HIV patients in terms of safety, efficacy, adherence and quality of life;
- In the context of the planned clinical investigations, identification and validation of biomarkers for better optimisation and personalisation of HIV treatment decisions as well as more accurate predictors of progression towards AIDS.

Applicants need to concisely describe any prior research findings and explain how the proposal builds on these results.

Proposals must carry out late-stage clinical research. Implementation research is not in scope for this topic. The research to be conducted must be inclusive and involve vulnerable groups, in particular infants, children and adolescents. Applicants are further encouraged to involve populations with limited clinical trial data, as well as HIV patients with co-infections and co-morbidities, both of which are associated with polypharmacy and present a serious risk for drug-drug interactions. Sex and gender differences and the effects of age should be duly taken into account.

Proposals should engage all relevant stakeholders, most notably researchers, health care professionals, policy makers, public health authorities and end-users. Applicants should provide methodologies for translating research findings into public health practice and policy guidelines.

Where possible, collaboration and coordination with the Team Europe Initiative on Manufacturing and Access to Vaccines, medicines and health products (TEI-MAV+) is encouraged. The applicants could show, for example, willingness to enter into technology transfer agreements with African counterparts - including the provision of patents, technical knowledge and know-how -, or early engagement with regulators or with African manufacturers to support the translation into affordable products adapted to the regional market.

Applicants are reminded of the expectation that proposals should come from research consortia with a strong representation of institutions and researchers from sub-Saharan African countries, including involvement of Franco/Lusophone countries if possible. Collaboration with other international research groups developing HIV therapeutics is very much encouraged. Applicants are also reminded of the expectation of reaching out to organisations in countries with relatively lower research capacities.

HORIZON-JU-GH-EDCTP3-2024-01-02-two-stage: Research on existing Malaria vaccines and development of new promising candidates

Specific conditions	
Expected EU contribution per project	The Global Health EDCTP3 JU estimates that a JU contribution of around EUR 15 million 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.
Indicative budget	The total indicative budget for the topic is EUR 30 million.
Type of Action	Research and Innovation Actions
Legal and financial set-up of the Grant Agreements - Standard deliverables	Implementing the provision on affordable access as defined in Article 114 of the Council Regulation 2021/2085 establishing[34], grants awarded under this topic will have to submit the following deliverables: 1. Stewardship plan Participants must prepare stewardship plans outlining how to achieve the optimal use of an intervention, including, for example, how to avoid irrational use, overuse or abuse of health technologies (e.g. antimicrobials). A draft plan must be submitted after half the duration of the project has elapsed and a final plan must be submitted with the final report. 2. Global access plan With the final report, participants must submit an appropriate and proportionate global access plan that covers registration targets, plans to meet demand, flexible approaches to IP and other strategies that reflect ability to pay and ensure that economic barriers to access are low.

[34] Council Regulation (EU) 2021/2085 of 19 November 2021 establishing the Joint Undertakings under Horizon Europe and repealing Regulations (EC) No 219/2007, (EU) No 557/2014, (EU) No 558/2014, (EU) No 559/2014, (EU) No 560/2014, (EU) No 561/2014 and (EU) No 642/2014; OJ L 427, 30.11.2021, p. 17

Legal and financial set-up of the Grant Agreements - Additional exploitation obligations	Also in line with Article 114 of the Council Regulation 2021/2085, participants will be subject to the following additional exploitation obligations: 1. Participants must – up to four years after the end of the action (see Data Sheet, Point 1) – use their best efforts to ensure that resulting health technologies and services will be broadly available and accessible, as soon as possible and at fair and reasonable conditions. In this respect, if, despite a participants' best efforts, the results are not exploited within one year after the end of the action, participants must (unless otherwise agreed in writing with the granting authority) use the Horizon Results Platform to find interested parties to exploit the results. 2. In case the participants cannot fulfil the preceding obligation, the participants must (if requested by the granting authority) grant non-exclusive licences - under fair and reasonable conditions - to their results to legal entities that commit to rapidly and broadly exploiting the resulting health technologies and services and ensure that they are broadly available and accessible, as soon as possible and at fair and reasonable conditions. 3. In case of transfer of the ownership or licensing of results, participants must pass on such additional exploitation obligations to the legal entities exploiting the results. 4. For up to four years after the action (see Data Sheet, Point 1), the funding body must be informed every year about the status of the development of the product and any other exploitation of the results through an annual report that is due on each anniversary of the end of the grant agreement.
Other requirements	For all projects under this topic, if the coordinator is not from a country in sub-Saharan Africa, the designation of a scientific project leader with the roles as described in the introduction is mandatory. A work package on 'scientific

	project leadership' must be included in the proposals and budget needs to be provided for this activity.

Expected Outcome:

This topic aims at supporting activities that are contributing to one or several of the expected impacts for this call. Proposals submitted under this topic should aim at delivering results that contribute to at least two of the following expected outcomes:

- Generating evidence required for accelerating registration of new vaccine candidates;
- Generating long-term safety and efficacy data on currently registered vaccines;
- Safety and efficacy results from other vaccines, especially those targeting all stages of plasmodium falciparum lifecycle, including promising candidates in phase 2a/b;
- Generating evidence-based recommendations on how to boost manufacturing capacity and build an efficient supply chain for vaccines in general, and malaria vaccines in particular sub-Saharan Africa.

Background:

Currently, two vaccines are recommended for malaria prevention, RTS'S and R21/Matrix-M. At the same time, more candidates are in the pipeline undergoing safety and/or efficacy trials. To maximise the impact of currently recommended malaria vaccines in the context of the global technical strategy for malaria 2016-2030, it is important for the Global Health EDCTP3 JU to capitalise on the 1) recommendation of RTS'S as the first malaria vaccine recommended for large scale, 2) latest WHO recommendation of R21/Matrix-M for malaria prevention in updated advice on immunization.

As a longstanding public health crisis, malaria requires a multidimensional approach, including more and better vaccine strategies. Therefore, further R&D on other promising candidates in the pipeline is required, and further research on cross-cutting issues is necessary, to ensure both pharmaceutical and non-pharmaceutical prevention strategies are part of future evidence-based malaria prevention and control measures. Cross-cutting issues may include social sciences and community engagement activities as part of vaccines studies in malaria endemic regions. Synergy between researchers and other relevant stakeholders is required to develop

and strengthen vaccines manufacturing capacity and to build an efficient supply chain in sub-Saharan Africa.

Scope:

Proposals submitted under this topic are expected to advance knowledge on the safety, efficacy and effectiveness of currently recommended malaria vaccines or new malaria vaccines. To this end, proposals submitted under this call topic should address at least two of the following:

- Trials from Phase 2a should be considered, to ensure continuation of R&D on new generations of vaccines targeting all stages of plasmodium falciparum lifecycle;
- Long term effectiveness studies through aligned primary endpoints should be considered where possible;
- Collection, analysis and sharing of pharmacovigilance data on vaccines that are currently registered or candidates in late-stage efficacy trials.

Where possible, collaboration and coordination with the Team Europe Initiative on Manufacturing and Access to Vaccines, medicines and health products (TEI-MAV+) is encouraged. The proposers could show, for example, willingness to enter into technology transfer agreements with African counterparts - including the provision of patents, technical knowledge and know-how -, or early engagement with regulators or with African manufacturers to support the translation into affordable products adapted to the regional market.

Applicants are reminded of the expectation that proposals should come from research consortia with a strong representation of institutions and researchers from sub-Saharan African countries, including involvement of Franco/Lusophone countries if possible. Applicants are also reminded of the expectation of reaching out to organisations in countries with relatively lower research capacities.

HORIZON-JU-GH-EDCTP3-2024-01-03-two-stage: Accelerating development and integration of therapeutics against Neglected Tropical Diseases (NTDs) in sub-Saharan Africa

Specific conditions	
Expected EU contribution per project	The Global Health EDCTP3 JU estimates that a JU contribution of around EUR 5 million 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.
Indicative budget	The total indicative budget for the topic is EUR 22 million.
Type of Action	Research and Innovation Actions
Legal and financial set-up of the Grant Agreements - Standard deliverables	Implementing the provision on affordable access as defined in Article 114 of the Council Regulation 2021/2085 establishing[35], grants awarded under this topic will have to submit the following deliverables: 1. Stewardship plan Participants must prepare stewardship plans outlining how to achieve the optimal use of an intervention, including, for example, how to avoid irrational use, overuse or abuse of health technologies (e.g. antimicrobials). A draft plan must be submitted after half the duration of the project has elapsed and a final plan must be submitted with the final report. 2. Global access plan With the final report, participants must submit an appropriate and proportionate global access plan that covers registration targets, plans to meet demand, flexible approaches to IP and other strategies that reflect ability to pay and ensure that economic barriers to access are low.

[35] Council Regulation (EU) 2021/2085 of 19 November 2021 establishing the Joint Undertakings under Horizon Europe and repealing Regulations (EC) No 219/2007, (EU) No 557/2014, (EU) No 558/2014, (EU) No 559/2014, (EU) No 560/2014, (EU) No 561/2014 and (EU) No 642/2014; OJ L 427, 30.11.2021, p. 17

Legal and financial set-up of the Grant Agreements - Additional exploitation obligations	Also in line with Article 114 of the Council Regulation 2021/2085, participants will be subject to the following additional exploitation obligations: 1. Participants must – up to four years after the end of the action (see Data Sheet, Point 1) – use their best efforts to ensure that resulting health technologies and services will be broadly available and accessible, as soon as possible and at fair and reasonable conditions. In this respect, if, despite a participants' best efforts, the results are not exploited within one year after the end of the action, participants must (unless otherwise agreed in writing with the granting authority) use the Horizon Results Platform to find interested parties to exploit the results. 2. In case the participants cannot fulfil the preceding obligation, the participants must (if requested by the granting authority) grant non-exclusive licences - under fair and reasonable conditions - to their results to legal entities that commit to rapidly and broadly exploiting the resulting health technologies and services and ensure that they are broadly available and accessible, as soon as possible and at fair and reasonable conditions. 3. In case of transfer of the ownership or licensing of results, participants must pass on such additional exploitation obligations to the legal entities exploiting the results. 4. For up to four years after the action (see Data Sheet, Point 1), the funding body must be informed every year about the status of the development of the product and any other exploitation of the results through an annual report that is due on each anniversary of the end of the grant agreement.
Other requirements	For all projects under this topic, if the coordinator is not from a country in sub-Saharan Africa, the designation of a scientific project leader with the roles as described in the introduction is mandatory. A work package on 'scientific

	project leadership' must be included in the proposals and budget needs to be provided for this activity.

Expected Outcome:

This topic aims at supporting activities that contribute to at least two of the expected impacts for this call. Proposals under this topic should aim at delivering results that are contributing to the following expected outcomes:

- Accelerate development of therapeutics towards registration to make progress in the control and elimination of NTDs in sub-Saharan Africa;
- Improve the understanding of barriers for progression of existing and new therapeutics against NTDs through the R&D pipeline;
- Generate evidence-based recommendations on how to better integrate research and innovation in efficient supply chains for NTDs;
- Gain a better understanding of different country or region-specific health and research needs, to ensure a better case management of patients with NTDs;

Background:

There is some progress in eliminating and eradicating NTDs as per WHO publication[36] in October 2023: "*nineteen countries in Africa have eliminated at least one NTD and there are currently 18 million fewer people requiring interventions against NTDs. Togo achieved a world first by eliminating four NTDs. Guinea worm disease (dracunculiasis) is on the verge of eradication; sleeping sickness (T. b. gambiense human African trypanosomiasis) has been eliminated as a public health problem in seven countries; and the number of reported Buruli ulcer cases decreased by 71% between 2010 and 2021*". However, diseases such as schistosomiasis, onchocerciasis, and other NTDs continue to affect hundreds of millions of people who are most often society's poorest, in sub-Saharan Africa. The WHO Global report provides information for 2021-2022 on regional progress in Africa NTDs[37].

Many of NTDs are vector-borne diseases (NTD vector control is in scope of topic HORIZON-JU-GH-EDCTP3-2024-01-05-two-stage of this call: new tools, technologies and approaches for vector control in sub-Saharan Africa), have animal reservoirs and are associated with complex life cycles. The epidemiology of NTDs is

[36] Ending the neglect: lessons from a decade of success in responding to Neglected tropical diseases in Africa
[37] Global report on neglected tropical diseases 2023 (who.int)

complex and multifactorial, often related to environmental conditions, that makes their public-health control challenging. Moreover, COVID-19 pandemic severely disrupted health systems, including conduct of clinical trials, supply chains for NTD therapeutics and health products and the implementation of prevention strategies. Thus, pharmaceutical interventions combined with interventions such as house improvements, improved access to safe water, sanitation and hygiene (WASH) are also critical in the prevention for the majority of the NTDs, especially[38] *for Trachoma, Soil-transmitted helminthiases (STHs), Schistosomiasis and Dracunculiasis.*

Scope:

The proposals submitted to this call topic are expected to address at least one of the following activities in scope:

- Conduct clinical trials on therapeutics for NTDs in the scope of the Global Health EDCTP3JU:

Buruli ulcer, dengue and chikungunya, dracunculiasis (guinea-worm disease), echinococcosis, foodborne trematodiases, human African trypanosomiasis (sleeping sickness), leishmaniases, leprosy (Hansen disease), lymphatic filariasis, mycetoma, onchocerciasis (river blindness), rabies, schistosomiasis, soil-transmitted helminthiases, taeniasis/cysticercosis, trachoma, and yaws. Global Health EDCTP's remit will not cover chromoblastomycosis and other deep mycoses, scabies and other ectoparasites, and snakebite envenoming.

    - For existing therapeutics for specific indications, there is need to conduct clinical trials of combination therapies against multiple diseases and applicability to vulnerable populations
    - For infections where therapeutics are lacking entirely, clinical trials will be required for the development of new interventions (early stage) or extension of indications (re-purposing)

- Implementation research of pharmaceutical interventions for several NTDs and, when possible, their mainstreaming into national health systems in combination with other control measures

Where possible, collaboration and coordination with the Team Europe Initiative on Manufacturing and health products (TEI-MAV+) is encouraged. The proposals could show, for example, willingness to enter into technology transfer agreements with

[38] Information on cross-cutting issues in NTDs | InfoNTD

African counterparts - including the provision of patents, technical knowledge and know-how -, or early engagement with regulators or with African manufacturers to support the translation into affordable products adapted to the regional market.

Activities related to community engagement are encouraged in the context of developing new pharmaceutical interventions targeting NTDs.

Applicants need to concisely describe any prior research findings and explain how the proposal builds on these results.

The research to be conducted must involve vulnerable groups, including participants from poorer, underserved or hard-to-reach communities in sub-Saharan Africa. The full range of relevant determining characteristics (sex, gender, age, socio-economic status, etc.) needs to be considered.

Applicants are also encouraged to provide methodologies for translating research findings into public health practice and policy guidelines.

The proposals should involve all stakeholders, most notably policy makers, public health authorities, health care professionals and end-users. Activities related to community engagement are encouraged in the context of developing new pharmaceutical interventions targeting NTDs. International cooperation is encouraged, and the proposed implementation research for pharmaceutical interventions is expected to be multidisciplinary through the involvement of medical sciences, psychological sciences, social sciences and the humanities.

All projects funded under this topic are strongly encouraged to participate in networking and joint activities, as appropriate. These networking and joint activities could, for example, involve the participation in joint workshops, the exchange of knowledge, the development and adoption of best practices, or joint communication activities. The details of these joint activities will be defined during the grant agreement preparation phase.

Applicants are reminded of the expectation that proposals should come from research consortia with a strong representation of institutions and researchers from sub-Saharan African countries, including involvement of Franco/Lusophone countries if possible. Applicants are also reminded of the expectation of reaching out to organisations in countries with relatively lower research capacities.

HORIZON-JU-GH-EDCTP3-2024-01-04-two-stage: Tackling Antimicrobial Resistance (AMR) through R&D in novel and existing antimicrobials

Specific conditions	
Expected EU contribution per project	The Global Health EDCTP3 JU estimates that a JU contribution of around EUR 6 million 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.
Indicative budget	The total indicative budget for the topic is EUR 24 million.
Type of Action	Research and Innovation Actions
Legal and financial set-up of the Grant Agreements - Standard deliverables	Implementing the provision on affordable access as defined in Article 114 of the Council Regulation 2021/2085 establishing[39], grants awarded under this topic will have to submit the following deliverables: 1. Stewardship plan Participants must prepare stewardship plans outlining how to achieve the optimal use of an intervention, including, for example, how to avoid irrational use, overuse or abuse of health technologies (e.g. antimicrobials). A draft plan must be submitted after half the duration of the project has elapsed and a final plan must be submitted with the final report. 2. Global access plan With the final report, participants must submit an appropriate and proportionate global access plan that covers registration targets, plans to meet demand, flexible approaches to IP and other strategies that reflect ability to pay and ensure that economic barriers to access are low.

[39] Council Regulation (EU) 2021/2085 of 19 November 2021 establishing the Joint Undertakings under Horizon Europe and repealing Regulations (EC) No 219/2007, (EU) No 557/2014, (EU) No 558/2014, (EU) No 559/2014, (EU) No 560/2014, (EU) No 561/2014 and (EU) No 642/2014; OJ L 427, 30.11.2021, p. 17

Legal and financial set-up of the Grant Agreements - Additional exploitation obligations	Also in line with Article 114 of the Council Regulation 2021/2085, participants will be subject to the following additional exploitation obligations: 1. Participants must – up to four years after the end of the action (see Data Sheet, Point 1) – use their best efforts to ensure that resulting health technologies and services will be broadly available and accessible, as soon as possible and at fair and reasonable conditions. In this respect, if, despite a participants' best efforts, the results are not exploited within one year after the end of the action, participants must (unless otherwise agreed in writing with the granting authority) use the Horizon Results Platform to find interested parties to exploit the results. 2. In case the participants cannot fulfil the preceding obligation, the participants must (if requested by the granting authority) grant non-exclusive licences - under fair and reasonable conditions - to their results to legal entities that commit to rapidly and broadly exploiting the resulting health technologies and services and ensure that they are broadly available and accessible, as soon as possible and at fair and reasonable conditions. 3. In case of transfer of the ownership or licensing of results, participants must pass on such additional exploitation obligations to the legal entities exploiting the results. 4. For up to four years after the action (see Data Sheet, Point 1), the funding body must be informed every year about the status of the development of the product and any other exploitation of the results through an annual report that is due on each anniversary of the end of the grant agreement.
Other requirements	For all projects under this topic, if the coordinator is not from a country in sub-Saharan Africa, the designation of a scientific project leader with the roles as described in the introduction is mandatory. A work package on 'scientific

	project leadership' must be included in the proposals and budget needs to be provided for this activity.

Expected Outcome:

Proposals under this topic should aim to deliver results that are directed, tailored towards, and contributing to the following expected outcomes. Proposals need to address at least two of these, with the first bullet point being compulsory:

- Improvement of the use of existing antimicrobials to reduce AMR and providing data contributing to their equitable access in sub-Saharan Africa, and/or the advancement of late-stage clinical R&D of novel antimicrobials with improved properties (efficacy, safety, resistance pattern, useability) in the clinical trials pipeline;
- Data about development and implementation of antimicrobial stewardship (AMS) processes to optimise the use of antimicrobial medicines in human health and reduce antimicrobial resistance (AMR), employing the One Health approach;
- Effective infection prevention control measures, sanitation and hygiene to reduce the need for and the use of antimicrobial medicines.

Background:

The WHO has declared that AMR is one of the top 10 global public health threats facing humanity. Each year, at least 1.27 million people die as a consequence of AMR, with Africa having the world's highest mortality rate from AMR infections, resulting in over 27 deaths per 100,000[40]. Without action, the death toll could rise even higher, to as many as 10 million deaths annually by 2050[41].

Tackling AMR requires multi-modal interventions, the collaboration of many disciplines and countries. According to the Organisation for Economic Co-operation and Development (OECD), measures to prevent infections such as vaccinations, promoting hand hygiene and better hygiene in health-care facilities more than halves the risk of death and decreases the health burden of AMR. Antimicrobial stewardship

[40] The Lancet AMR analysis: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02724-0/fulltext
[41] World Bank, Antimicrobial Resistance: https://www.worldbank.org/en/topic/health/brief/antimicrobial-resistance-amr and Global AMR R&D Hub and WHO, Incentivising the development of new antibacterial treatments 2023: https://globalamr.e-laborat.eu/incentivising-the-development-of-new-antibacterial-treatments-progress-report-by-the-global-amr-rd-hub-and-who/

(AMS) could further reduce the burden of drug-resistant infection[42]. The WHO defines AMS as a coherent set of integrated actions which promote the responsible and appropriate use of antimicrobials to help improve patient outcomes across the continuum of care. Responsible and appropriate use of antimicrobials includes prescribing only when needed, selection of the optimal drug regime, drug dosing, route of administration and duration of treatment following proper and optimized diagnosis. These actions are complemented by the implementation of infection prevention and control (IPC), enhancing water, sanitation and hygiene (WASH), and optimizing vaccination coverage[43].

AMR is one of the Global Health issues which can hugely benefit from the employment of the One Health approach. The One Health approach is defined as a joint effort of various disciplines that come together to provide solutions for human, animal, and environmental health, including food safety[44]; more information can also be found in the Global research priorities agenda for One Health AMR[45]. AMR transmission is a critical global problem affecting humans, the environment, and animals. Hence, proposals need to have the One Health approach at their centre[46].

Furthermore, the availability and access to existing antibiotics is also a challenge[47]. The Global Leaders Group on AMR recently established that the world faces a serious antibiotic pipeline and access crisis that requires innovative financing measures. In

[42] OECD, Stemming the Superbug Tide: https://www.oecd.org/els/stemming-the-superbug-tide-9789264307599-en.htm; Antimicrobial stewardship programmes in health-care facilities in low-and middle-income countries: a WHO practical toolkit: https://www.who.int/publications/i/item/9789241515481; A European One Health Action Plan against Antimicrobial Resistance (AMR): https://health.ec.europa.eu/antimicrobial-resistance/eu-action-antimicrobial-resistance_en#ref-2017-eu-one-health-action-plan-against-amr; Antimicrobial stewardship: can we add pharmacovigilance networks to the toolbox? https://link.springer.com/article/10.1007/s00228-020-03035-3

[43] WHO policy guidance on integrated antimicrobial stewardship activities: https://www.who.int/publications/i/item/9789240025530;
WHO Global research agenda for antimicrobial resistance in human health: https://www.who.int/publications/m/item/global-research-agenda-for-antimicrobial-resistance-in-human-health;
Global Action Plan on Antimicrobial resistance: https://www.who.int/publications/i/item/9789241509763

[44] Antimicrobial resistance: global report on surveillance: https://iris.who.int/handle/10665/112642;
Council recommendation published in June 2023: https://www.consilium.europa.eu/en/press/press-releases/2023/06/13/tackling-antimicrobial-resistance-council-adopts-recommendation/#:~:text=Overall%2C%20the%20Council's%20recommendation%20seeks,become%20resistant%20to%20medical%20intervention

[45] WHO Global One Health priority research agenda for antimicrobial resistance: https://iris.who.int/bitstream/handle/10665/370279/9789240075924-eng.pdf?sequence=1

[46] ILRI One Health Strategy: Stopping the global rise of high-impact zoonotic disease, foodborne disease and antimicrobial resistance: https://cgspace.cgiar.org/bitstream/handle/10568/125264/OneHealthStrategy.pdf?sequence=1&isAllowed=y

[47] Progress report by the Global AMR R&D Hub and WHO 2023: https://globalamr.e-laborat.eu/incentivising-the-development-of-new-antibacterial-treatments-progress-report-by-the-global-amr-rd-hub-and-who/;
The Global Response to AMR, Wellcome Trust: https://wellcome.org/sites/default/files/wellcome-global-response-amr-report.pdf

particular, efforts to ensure equitable access to antibiotics in LMICs that experience the highest burden of AMR, are needed.

Scope:

Proposals must address at least two of the following areas, with the delivery of the first bullet point being compulsory:

- Conduct R&D on the better use of existing antimicrobials to reduce AMR and provide data to contribute to their equitable access in SSA, and/or conduct late-stage clinical R&D on novel antimicrobials with improved properties (efficacy, safety, resistance pattern, useability) for infections within the scope of EDCTP3 to reduce AMR;
- Develop innovative antimicrobial stewardship strategies in human health on how to tackle AMR based on the One Health approach within the scope of EDCTP3 in SSA;
- Develop and implement cost effective, acceptable and feasible infection prevention and control (IPC) strategies, in reducing AMR in healthcare facilities and communities.

Only proposals focusing their research on existing and/or novel antimicrobials from phase 3 onwards will be eligible. Neither pre-clinical research nor early-stage clinical trials in the context of product development are within the scope of this call.

The inclusion of industry partners involved in the development and/or manufacturing of the antimicrobials in the consortium is strongly encouraged.

Where possible, collaboration and coordination with the Team Europe Initiative on Sustainable Health Security in Africa or Manufacturing and health products (TEI-MAV+) is encouraged. The applicants could show, for example, willingness to enter into technology transfer agreements with African counterparts - including the provision of patents, technical knowledge and know-how -, or early engagement with regulators or with African manufacturers to support the translation into affordable products adapted to the regional market.

Environmental aspects relating to antimicrobial resistance in the production of antimicrobials and the waste of antimicrobials should be considered.

For the purposes of this call, existing antimicrobials are classified as those already on the market, but impacted by AMR, and in need of improvement of their use to

minimise AMR, whilst by novel antimicrobials we refer to those in the clinical trial development pipeline, but not yet on the market.

Proposals should assess the impact, contribution, utility, accessibility, equity and cost-effectiveness of proposed interventions on AMR across socioeconomic settings in SSA.

Sepsis is included in the scope of this call. According to the Berlin Declaration on Sepsis, calling upon the enforcement of the WHA70.7 resolution, sepsis should be tackled as part of actions against AMR to maximise efficiencies and reduce the burden of disease.[48]

Applicants are encouraged to work among international sectors and actors, including human and veterinary medicine, agriculture, finance and environment experts.

Applicants need to concisely describe any proven research evidence of previous findings and explain how the proposal builds on these results.

Proposals should present a sound assessment of the feasibility of the proposed work, in particular as regard to the proposed clinical interventions. Realistic plans for recruitment of subjects (as part of the clinical trial plan with projected dates) should be presented and documented by demonstrated success from previous studies. The proposals should justify the choice of populations to be enrolled into the interventions. Relevant determining characteristics (such as socio-economic status) also need to be considered.

Proposals must assure that the clinical trials are conducted in line with national and international standards of research, to comply with current legislation, good clinical practice, ethics, and safety-related issues, as well as good manufacturing practice, as relevant.

Proposals should describe how stakeholder views of the proposal's relevance and the study design have been incorporated into the work plan of the research proposal. Proposals should indicate explicitly the plans for good participatory practices for engaging stakeholders at every step of the research life cycle.

[48] 2023 Berlin Declaration on Sepsis: https://www.esaic.org/esa-news/the-2030-world-sepsis-declaration/#:~:text=The%20Berlin%20Declaration%20on%20Sepsis%20is%20an%20urgent%20call%20for,reinvigorated%20global%20action%20on%20sepsis

Proposals should provide details on the methodology for linking clinical research aspects with the translation into healthcare practice and policy.

For all proposed research activities, attention should be paid to critical social factors such as sex, gender, age, socio-economic factors, ethnicity/migration, and disability both in terms of the consortium composition and the selection of study participants. Vulnerable populations need to be included in the clinical study population, including children, pregnant women, people with co-infections and comorbidities, older people and people living in hard-to-reach communities (unless excluded for physiologic or metabolic reasons).

FAIR data principles and open access of publications are required.

All projects funded under this topic are strongly encouraged to participate in networking and joint activities, as appropriate.

Applicants are reminded of the expectation that proposals should come from research consortia with a strong representation of institutions and researchers from sub-Saharan African countries, including involvement of Franco/Lusophone countries if possible. Applicants are also reminded of the expectation of reaching out to organisations in countries with relatively lower research capacities.

HORIZON-JU-GH-EDCTP3-2024-01-05-two-stage: New tools, technologies and approaches for vector control in sub-Saharan Africa

Specific conditions	
Expected EU contribution per project	The Global Health EDCTP3 JU estimates that a JU contribution of around EUR 6.14 million 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.
Indicative budget	The total indicative budget for the topic is EUR 18.432 million.
Type of Action	Research and Innovation Actions
Legal and financial set-up of the Grant Agreements - Standard deliverables	Implementing the provision on affordable access as defined in Article 114 of the Council Regulation 2021/2085 establishing[49], grants awarded under this topic will have to submit the following deliverables: 1. Stewardship plan Participants must prepare stewardship plans outlining how to achieve the optimal use of an intervention, including, for example, how to avoid irrational use, overuse or abuse of health technologies (e.g. antimicrobials). A draft plan must be submitted after half the duration of the project has elapsed and a final plan must be submitted with the final report. 2. Global access plan With the final report, participants must submit an appropriate and proportionate global access plan that covers registration targets, plans to meet demand, flexible approaches to IP and other strategies that reflect ability to pay and ensure that economic barriers to access are low.

[49] Council Regulation (EU) 2021/2085 of 19 November 2021 establishing the Joint Undertakings under Horizon Europe and repealing Regulations (EC) No 219/2007, (EU) No 557/2014, (EU) No 558/2014, (EU) No 559/2014, (EU) No 560/2014, (EU) No 561/2014 and (EU) No 642/2014; OJ L 427, 30.11.2021, p. 17

Legal and financial set-up of the Grant Agreements - Additional exploitation obligations	Also in line with Article 114 of the Council Regulation 2021/2085, participants will be subject to the following additional exploitation obligations: 1. Participants must – up to four years after the end of the action (see Data Sheet, Point 1) – use their best efforts to ensure that resulting health technologies and services will be broadly available and accessible, as soon as possible and at fair and reasonable conditions. In this respect, if, despite a participants' best efforts, the results are not exploited within one year after the end of the action, participants must (unless otherwise agreed in writing with the granting authority) use the Horizon Results Platform to find interested parties to exploit the results. 2. In case the participants cannot fulfil the preceding obligation, the participants must (if requested by the granting authority) grant non-exclusive licences - under fair and reasonable conditions - to their results to legal entities that commit to rapidly and broadly exploiting the resulting health technologies and services and ensure that they are broadly available and accessible, as soon as possible and at fair and reasonable conditions. 3. In case of transfer of the ownership or licensing of results, participants must pass on such additional exploitation obligations to the legal entities exploiting the results. 4. For up to four years after the action (see Data Sheet, Point 1), the funding body must be informed every year about the status of the development of the product and any other exploitation of the results through an annual report that is due on each anniversary of the end of the grant agreement.
Other requirements	For all projects under this topic, if the coordinator is not from a country in sub-Saharan Africa, the designation of a scientific project leader with the roles as described in the introduction is mandatory. A work package on 'scientific

	project leadership' must be included in the proposals and budget needs to be provided for this activity.

Expected Outcome:

Proposals under this topic should aim to deliver results that are directed, tailored towards, and contributing to the development and evaluation of tools, technologies and approaches for vector-borne diseases, including vector control and disease management technologies.

Background:

Vector-borne diseases[50] account for more than 17% of all infectious diseases, causing more than 700000 deaths annually. They are human illnesses caused by parasites, virus and bacteria that are transmitted by vectors, living organisms that can transmit infectious pathogens between humans or from animals to humans. Most vectors are bloodsucking insects, such as mosquitos and ticks.

The burden of vector-borne diseases is highest in tropical and subtropical areas, and they disproportionately affect the poorest populations. Continuing urbanization and climate change are driving the expansion of the geographic range in which many of these vectors can thrive. Increasing numbers of autochthonous cases have also been reported from European countries[2].

The "Global Vector Control Response (GVCR) 2017–2030", approved by the World Health Assembly in 2017, supports the implementation of approaches to vector control that will enable the achievement of disease-specific national and global goals and contribute to achievement of the Sustainable Development Goals and Universal Health Coverage.

Many of vector-borne diseases are preventable, through protective measure and community mobilisation. Vaccines can help prevent some vector-borne diseases, such as yellow fever, Japanese encephalitis, tick-borne encephalitis. Another crucial element in reducing the burden of vector-borne diseases is behavioural change. Access to water and sanitation is another very important factor in disease control and elimination. However, not all vector-borne diseases have effective vaccines available and/or can be effectively prevented.

[50] Vector-borne diseases (who.int) and Disease vectors (europa.eu)

Scope:

Within the scope of this topical area should be innovative interventions that target any vector-borne disease including transmission through mosquitos, ticks, flies, fleas, lice, aquatic snails, and bugs.

Proposals submitted to this call topic must focus on vectors responsible for the transmission of one or more diseases with the scope of the Global Health EDCTP3 JU scope (see Table 1). To that end, the following diseases are considered as relevant to this call topic:

Chikungunya, Dengue, Lymphatic filariasis, Rift Valley fever, Yellow Fever, Schistosomiasis, Onchocerciasis, Plague, Leishmaniasis, Crimean-Congo haemorrhagic fever, Sleeping sickness and malaria.

Table 1: Vector-Borne infectious diseases in the scope of the Global Health EDCTP3 JU

Vector		Disease caused	Type of pathogen	GH EDCTP3 JU scope category
Mosquito	*Aedes*	Chikungunya	Virus	NTDs
		Dengue	Virus	NTDs
		Lymphatic filariasis	Parasite	NTDs
		Rift Valley fever	Virus	EIDs
		Yellow Fever	Virus	EIDs
	Anopheles	Lymphatic filariasis	Parasite	NTDs
		Malaria	Parasite	PRDs
	Culex	Lymphatic filariasis	Parasite	NTDs
Aquatic snails		Schistosomiasis (bilharziasis)	Parasite	NTDs
Blackflies		Onchocerciasis (river blindness)	Parasite	NTDs
Fleas		Plague (transmitted from rats to humans)	Bacteria	EIDs
Sandflies		Leishmaniasis	Parasite	NTDs
Ticks		Crimean-Congo haemorrhagic fever	Virus	EIDs
Tsetse flies		Sleeping sickness (African trypanosomiasis)	Parasite	NTDs

Intervention could include novel or improved approaches of:

- Vector traps;
- Genetic manipulation;

- Sterilization agents;
- Reduced pathogen transmission by microorganisms;
- Insecticide-treated nets (ITN);
- Chemosensory interference, specifically spatial repellents, bait station and repel and lure strategies;
- Systemic insecticides and endectocides;
- Improvements in housing/urbanisation;
- Monitoring and surveillance tools.

Emphasis should be given to interventions at the community level and to the barriers of vector-control in the health system. Initiatives with linkage to climate change impact are welcome.

Applicants are reminded of the expectation that proposals should come from research consortia with a strong representation of institutions and researchers from sub-Saharan African countries, including involvement of Franco/Lusophone countries if possible. Applicants are also reminded of the expectation of reaching out to organisations in countries with relatively lower research capacities.

HORIZON-JU-GH-EDCTP3-2024-01-06-two-stage: Innovative digital health solutions for sub-Saharan Africa

Specific conditions	
Expected EU contribution per project	The Global Health EDCTP3 JU estimates that a JU contribution of around EUR 5 million 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.
Indicative budget	The total indicative budget for the topic is EUR 20 million.
Type of Action	Research and Innovation Actions
Legal and financial set-up of the Grant Agreements - Standard deliverables	Implementing the provision on affordable access as defined in Article 114 of the Council Regulation 2021/2085 establishing[51], grants awarded under this topic will have to submit the following deliverables: 1. Stewardship plan Participants must prepare stewardship plans outlining how to achieve the optimal use of an intervention, including, for example, how to avoid irrational use, overuse or abuse of health technologies. A draft plan must be submitted after half the duration of the project has elapsed and a final plan must be submitted with the final report. 2. Global access plan With the final report, participants must submit an appropriate and proportionate global access plan that covers registration targets, plans to meet demand, flexible approaches to IP and other strategies that reflect ability to pay and ensure that economic barriers to access are low.

[51] Council Regulation (EU) 2021/2085 of 19 November 2021 establishing the Joint Undertakings under Horizon Europe and repealing Regulations (EC) No 219/2007, (EU) No 557/2014, (EU) No 558/2014, (EU) No 559/2014, (EU) No 560/2014, (EU) No 561/2014 and (EU) No 642/2014; OJ L 427, 30.11.2021, p. 17

Legal and financial set-up of the Grant Agreements - Additional exploitation obligations	Also in line with Article 114 of the Council Regulation 2021/2085, participants will be subject to the following additional exploitation obligations: 1. Participants must – up to four years after the end of the action (see Data Sheet, Point 1) – use their best efforts to ensure that resulting health technologies and services will be broadly available and accessible, as soon as possible and at fair and reasonable conditions. In this respect, if, despite a participants' best efforts, the results are not exploited within one year after the end of the action, participants must (unless otherwise agreed in writing with the granting authority) use the Horizon Results Platform to find interested parties to exploit the results. 2. In case the participants cannot fulfil the preceding obligation, the participants must (if requested by the granting authority) grant non-exclusive licences - under fair and reasonable conditions - to their results to legal entities that commit to rapidly and broadly exploiting the resulting health technologies and services and ensure that they are broadly available and accessible, as soon as possible and at fair and reasonable conditions. 3. In case of transfer of the ownership or licensing of results, participants must pass on such additional exploitation obligations to the legal entities exploiting the results. 4. For up to four years after the action (see Data Sheet, Point 1), the funding body must be informed every year about the status of the development of the product and any other exploitation of the results through an annual report that is due on each anniversary of the end of the grant agreement.
Other requirements	For all projects under this topic, if the coordinator is not from a country in sub-Saharan Africa, the designation of a scientific project leader with the roles as described in the introduction is mandatory. A work package on 'scientific

	project leadership' must be included in the proposals and budget needs to be provided for this activity.

Expected Outcome:

This topic aims at supporting activities that contribute to one or several of the expected outcomes for this call. Proposals under this topic should aim to deliver results that are contributing to the following expected outcomes:

- Development, improvement and/or scaling-up of digital innovative solutions supporting clinical research through smart, highly innovative digital health technologies or concepts to accelerate the development of preventive, therapeutic or diagnostic interventions addressing poverty-related diseases in sub-Saharan Africa;
- Development, improvement and or Scale-up of digital technologies in public health interventions that can serve as drivers for the strengthening of health systems in sub-Saharan Africa. The proposed digital solutions should allow notably but not exclusively the improvement of development, production and access to health countermeasures, data and research evidence for better health outcomes and for the development and implementation of informed health policies and/or improved clinical guidelines in sub-Saharan Africa;
- Contribution to the implementation of national and/or overarching regional digital health strategies.

Background:

The recent rapid advancements in digitalisation and the unprecedented opportunities created by digital health, data or AI promise to accelerate the achievement of the health-related SDGs. The EU-AU summit declaration[52] identified digitalisation, health, scientific cooperation and technology sharing (through the AU-EU innovation Agenda) as key pillars of the joint EU-U commitments. Digital health and health research have a central role, both in the EU Global Health Strategy[53] and the Africa CDC's Digital Transformation Strategy. Whilst aligning with the WHO Global Strategy on Digital Health 2020-2025[54], this call will contribute to the implementation of the EU-AU summit commitments, including the EU-AU innovation agenda[55]; to the

[52] https://www.consilium.europa.eu/media/54412/final_declaration-en.pdf
[53] EU Global Health Strategy - Guiding Principles 4 and 5: https://health.ec.europa.eu/system/files/2023-03/international_ghs-report-2022_en.pdf
[54] https://www.who.int/docs/default-source/documents/gs4dhdaa2a9f352b0445bafbc79ca799dce4d.pdf
[55] AU-EU Innovation Agenda: https://research-and-innovation.ec.europa.eu/system/files/2023-07/ec_rtd_au-eu-innovation-agenda-final-version.pdf

implementation of the EU Global Health Strategy and contribute to enabling the implementation of the Africa CDC's Strategic Plan 2023-2027, by enhancing and integrating digital and analytics approaches to public health in Africa.

Integration of digital health innovations in national and/or regional strategies and context will be instrumental to ensure long-term impact and sustainability.

Scope:

Proposals are expected to:

- Be anchored in the scope of Global Health EDCTP3 and national/regional igital health strategies;
- Target demonstrated highest medical needs in Sub-Saharan Africa;
- Tackle justified context-specific needs;
- Develop, improve or upscale solutions, with early-stage involvement of end users and health services implicated;
- Propose solutions which demonstrate seamless integration interoperability with key existing national, regional or global systems;
- Propose tools which are sustainable, accessible, open-source, evidence-based and which follow the standards of data protection and digital health global public goods[56] [57].

Propose a sound sustainability/integration strategy and prevent further fragmentation of the digital health ecosystem through a multiplication of pilots. Proposals of new tools must justify the need for additional developments and the shortcomings of available solutions. Strong evidence is expected for the justification of proposed actions. Access to evidence for existing solutions must be demonstrated. Scoping studies/Evidence generation on the need for proposed solutions are encouraged in the initiation phase of projects.

Proposals could be related to one or more of the following areas:

- Scaling-up of digital innovations that have already yielded proven results, and their transferring to other countries where they have not yet been adopted;
- Digital systems used in the implementation of clinical research and patients management;

[56] Indicative standards (to be agreed which reference should be): https://digitalpublicgoods.net/standard/
[57] https://digitalpublicgoods.net/standard/

- Integration of digital health resources and data systems in sub-Saharan African countries with limited capacity, defining best practices, open standards, and quality-assured building blocks such as data harmonisation;
- Remote access to diagnostics capabilities and health professionals;
- Optimisation and adaptation of bioinformatics pipeline for next-generation-sequencing data and omics analyses in relation to the infectious diseases in scope;
- Systems biology applications to sustain health technology manufacturing, development, and optimisation;
- Systematic architectures and warehouses, at both national and provincial level, for clinical and epidemiological data collection, respecting the FAIR guidelines (Findable, Accessible, Interoperable, Reusable);
- Adaptation of image-based analysis tools and software for diagnostics systems of diseases in scope.

Where possible, collaboration and coordination with the Team Europe Initiative on Digital Health[58] is encouraged. Applicants are reminded of the expectation that proposals should come from research consortia with a strong representation of institutions and researchers from sub-Saharan African countries, including involvement of Franco/Lusophone countries if possible. Applicants are also reminded of the expectation of reaching out to organisations in countries with relatively lower research capacities.

[58] Digital Health - Africa | Capacity4dev (europa.eu)

HORIZON-JU-GH-EDCTP3-2024-02-two-stage

CONDITIONS FOR THIS CALL

Topics under Call HORIZON-JU-GH-EDCTP3-2024-02-two-stage	Type of Action	Indicative GH EDCTP3 JU Budget (EUR million)	Expected GH EDCTP3 JU contribution per project (EUR million)	Number of projects expected to be funded
Opening: 18 January 2024 Deadline stage 1: 4 April 2024				
HORIZON-JU-GH-EDCTP3-2024-02-01-two-stage	RIA	3.50	3.50	1
Overall indicative budget		3.50		

Expected Impacts

Activities funded under the 2024 work programme of the Global Health EDCTP3 JU calls for proposals should contribute to:

- Achieve SDG3 'Ensure healthy lives and promote well-being for all at all ages' in sub-Saharan African (SSA) countries;
- Enable the implementation of the short- and medium-term actions foreseen by the AU EU Innovation Agenda (adopted in July 2023) in the area of public health and the EU Global Health Strategy (November 2022);
  - Improve equitable access to a full range of essential health services from health promotion to disease prevention and affordable quality treatment, rehabilitation and palliative care to fight communicable diseases;
  - Expand partnerships based on equal footing, co-ownership, mutual interest and strategic priorities;
- Enhance sustainable global scientific collaboration in health research and international cooperation across sub-Saharan Africa.
- Improve opportunities for training of researchers and healthcare professionals in sub-Saharan Africa.

Proposals are invited against the following topic:

HORIZON-JU-GH-EDCTP3-2024-02-01-two-stage: Global Health EDCTP3 JU training fellowship with return phase

Topic expected to be implemented with contributions from contributing partners from the pharmaceutical industry (to be confirmed at a later stage):

Expected JU contribution per project	The Global Health EDCTP3 JU estimates that a JU contribution of around EUR 3.5 million 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.
Indicative budget	The total indicative budget for the topic is EUR 3.5 million.
Type of Action	Coordination and Support Action, one project will be funded following the second stage evaluation
Legal and financial set-up of the Grant Agreements - Costs for providing financial support to third parties allowed	Beneficiaries may provide financial support to third parties. The maximum amount to be granted to each third party is EUR 300,000. The support to third parties can only be provided in the form of grants. These grants are the fellowships to be awarded. For multi-annual fellowships, the amount of up to EUR 300,000 is needed.
	.

Expected Outcome:

Project results are expected to contribute to the following outcomes:

- Foster the culture of pharmaceutical innovation and entrepreneurship in sub-Saharan Africa;
- Increase the number of skilled clinical researchers and innovators in sub-Saharan Africa;
- Promote the career development and retention of skilled personnel in sub-Saharan Africa;
- Strengthen sub-Saharan African countries clinical human capital base in Research and Innovation (R&I);
- Enhance talent retention, knowledge circulation and uptake across the research and innovation landscape in sub-Saharan Africa;
- Establish sustainable and mutually beneficial collaboration between clinical research organisations, academia, and Industry Partners across sub-Saharan Africa and Europe.

Background:

Sub-Saharan Africa (SSA) has a disproportionally low number of skilled researchers and innovators working on interventions against infectious diseases that are highly prevalent in SSA. To establish a sustainable and robust ecosystem of clinical research and innovators in sub-Saharan Africa synergy between funders, academia, and industry is planned to advance relevant skills. This Global Health EDCTP3 training fellowship programme will target early and mid-career African global health scientists seeking international academic credentials and other professional enrichment.

By providing this funding for return-home R&D studies, after a period training enriched with industry mentorship, the fellowship programme will enable the alumnae fellows to position themselves as pivotal leaders in improving global health and R&D equity.

Where relevant, it will be important for proposals to consider and support the existing and emerging partnerships between the EU/Team Europe and the AU and their key agencies, notably the Team Europe Initiatives on MAV+, One Health, Public Health Institutes, and the collaboration with the Africa CDC and the AMA. Moreover, collaborations with the African Regional Intellectual Property Organization (ARIPO) and the African Intellectual Property Organisation (AIPO) should also be fostered as well as strengthened promoting the development and assessment of innovative tools.

It will also be important that the projects arising from this call will contribute to the implementation of the short-term and medium-term actions of the AU-EU Innovation Agenda around Public Health.

Scope:

Proposals submitted to this topic should implement a master's level training programme in a discipline relevant for the Global Health EDCTP3 JU, providing transferable R&D skills, fostering innovation and entrepreneurship, incl. commercialisation of results, Intellectual Property Rights, communication, public engagement, and citizen science. The training provided by the academic institutions is expected to be complemented by training modules provided by pharmaceutical companies. It is expected that pharmaceutical companies will join the consortium as beneficiaries and/or associated partners at a later stage. The companies are expected to bring cash or in-kind contributions to the training programme for the fellows.

The training will address the research and development value chain from pre-clinical to clinical research including pharmaceuticals and vaccines.

Proposals must demonstrate all of the following:

- A high-quality training programme related to R&D on diseases in the scope of the Global Health EDCTP3 JU at master level in global health/clinical research;
- An open, fair and transparent procedure for selecting the fellows coming from different geographical regions of SSA, based on quality and with appropriate gender balance;
- Design of a programme where training for each fellow includes a first phase (or outgoing phase) of minimum 12 and maximum 24 months enrolment into an academic organization, and a second phase (or return phase) of at least 12 months in the country of origin of the fellow;
- A robust training and mentorship mechanisms to support the fellows through their first training phase and second home return phase;
- Linkages with other Global Health EDCTP3 JU actions should be foreseen as relevant (e.g. Global Health EDCTP3 Training Networks or Global Health EDCTP3 Genomic Epidemiology Networks).

Proposals should be made by institutions with a proven track record in the provision of high-quality research training and established regional and global collaborations. These may include research organisations, institutions of higher learning such as universities.

The proposals must explain how many fellows they plan to recruit, what the cost of the training in the first phase will be and how much funding will be provided to the fellows for the return phase.

Based on the described skills and curricula offered by the successful consortium, future fellows will apply to the available training opportunities in line with their own professional development plans.

Proposals should also clearly outline how future fellows will be mentored in the development and implementation of the second phase (return phase) at the home institution in SSA.

In-kind and financial contributions from private (profit and non-profit) entities, clinical research organisations and others interested in this scheme are encouraged. Financial contributions can be made with or without direct participation in the project implementation.

Especially, consortium members established in countries that are not eligible for the Global Health EDCTP3 JU funding, will have to cover the costs related to their tasks within the project without JU funding.

Financial contributions from third parties (e.g., foundations) interested in this scheme are encouraged to contribute to increase the budget, diversity, and impact.

OTHER ACTIONS NOT SUBJECT TO CALLS FOR PROPOSALS

1. External expertise

This action will support the use of appointed independent experts for the monitoring of running actions (grant agreement, grant decision, public procurement actions, financial instruments) funded under Horizon Europe and include ethics checks, where appropriate, as well as compliance checks regarding the Gender Equality Plan eligibility criterion.

Form of Funding: Other budget implementation instruments

Type of Action: Expert contract action

Indicative timetable: 2024

Indicative budget: EUR 1000 from the 2024 budget.

2. Mobilisation of research funds in case of Public Health Emergencies

Expected Outcome:

Proposals should set out a credible pathway to contributing to one or several expected impacts of this work programme.

Project results are expected to contribute to the following expected outcome:

Allow the Union and sub-Saharan African countries to respond to Public Health Emergencies.

Work in this area should allow a faster research response to outbreaks of epidemic or pandemic infectious diseases. This will allow the EU and sub-Saharan African member countries of the EDCTP Association to respond to public health emergencies. Funds will be raised if a public health emergency is to occur[59]. For example: a public health emergency that is considered to be of international concern (PHEIC) by the World

[59] Should there be no Public Health Emergency in 2024, the indicative budget may be reallocated.

Health Organization; a public health emergency under Regulation (EU) 2022/2371[60]; or a public health emergency under applicable national frameworks and regulations. I

In line with Article 195 (b) of the EU Financial Regulation[61], funding will be raised to award grants without a call for proposals in exceptional and duly justified emergencies.

At that time, the Funding & Tenders Portal will open a dedicated section where proposals can be submitted. This will be widely communicated, including on the Global Health EDCTP3 JU website and to the National Contact Points.

The invitation to apply for funding will be open to all eligible entities or be limited to targeted entities, taking into account the need to achieve the underlying objectives in a quick and efficient manner considering the exceptional circumstances;

and/or ·

The award of additional funding for ongoing grant agreements funded through EU Framework Programmes for Research and Innovation to cover additional activities specifically linked to the public health emergency, in exceptional and duly substantiated emergencies. Providing such additional funding to ongoing EU Framework Programmes for Research and Innovation grants that can support pertinent short- and mid-term research efforts to confront the public health emergency will save valuable time and allow addressing the situation with the appropriate urgency. Restricted calls for expression of interest or proposals will develop such additional activities or add additional partners to existing EU Framework Programmes for Research and Innovation actions.

It is expected that quality-controlled data are shared in accordance with the FAIR[62] principles. The use of harmonised protocols in collaboration with other actors is recommended for this purpose.

The general conditions, including admissibility conditions, eligibility conditions, award criteria, evaluation and award procedure, legal and financial set-up for grants, financial and operational capacity and exclusion, and procedure are provided in the

[60] Regulation (EU) 2022/2371 of the European Parliament and of the Council of 23 November 2022 on serious cross-border threats to health and repealing Decision No 1082/2013/EU (Text with EEA relevance) OJ L 314 6.12.2022, p. 26 (see https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32022R2371&qid=1673372768554)

[61] Article 195 (b) of the Financial Regulation 2018/1046 'Grants may be awarded without a call for proposals only in the following cases: […] (b) in other exceptional and duly substantiated emergencies'.

[62] See the Horizon Europe programme guide available on the Funding & Tenders portal at https://ec.europa.eu/info/funding-tenders/opportunities/docs/2021-2027/horizon/guidance/programme-guide_horizon_en.pdf

introduction to this work programme and in parts A to G of the General Annexes to the Horizon Europe work programmes 2023-2024.

The beneficiaries must comply with the public emergency related provisions listed in the General Annexes concerning the project implementation under - Intellectual Property Rights (IPR), background and results, access rights and rights of use (article 16 and Annex 5) for the duration of the Public Health Emergency; and under Communication, dissemination, open science and visibility (article 17 and Annex 5) during the entire duration of the action and for four years after the end of the action.

Form of Funding: Grants not subject to calls for proposals

Type of Action: Grant awarded without call for proposals according to Financial Regulation Article 195 (b)

Specific conditions	
Indicative timetable	Will depend on the Public Health Emergency
Indicative budget	EUR 1.00 million from the 2024 budget
Type of Action	Will depend on the Public Health Emergency
Procedure	The following derogation to the evaluation procedure described in General Annexes F applies to open invitations to submit applications: In order to ensure a balanced portfolio covering responses to different aspects of the public health emergency, grants will be awarded to applications not only in order of ranking, but also to those projects that enhance the quality of the project portfolio through synergies between projects and avoidance of overlaps, provided that the applications attain all thresholds.
Legal and financial set-up of the Grant Agreements - Costs for providing financial support to third parties allowed	The action may also include justified derogations from the standard limits to financial support to third parties (maximum EUR 60,000 unless justified). Where applicable, the relevant grant agreement options will be applied.
Legal and financial set-up of the Grant Agreements -	Implementing the provision on affordable access as defined in Article 114 of the Council Regulation 2021/2085

Standard deliverables	establishing[63], grants that implement clinical studies awarded under this topic will have to submit the following deliverables: 1. Stewardship plan Participants must prepare stewardship plans outlining how to achieve the optimal use of an intervention, including, for example, how to avoid irrational use, overuse or abuse of health technologies (e.g. antimicrobials). A draft plan must be submitted after half the duration of the project has elapsed and a final plan must be submitted with the final report. 2. Global access plan With the final report, participants must submit an appropriate and proportionate global access plan that covers registration targets, plans to meet demand, flexible approaches to IP and other strategies that reflect ability to pay and ensure that economic barriers to access are low.
Legal and financial set-up of the Grant Agreements - Additional exploitation obligations	Also in line with Article 114 of the Council Regulation 2021/2085, participants will be subject to the following additional exploitation obligations: 1. Participants must – up to four years after the end of the action (see Data Sheet, Point 1) – use their best efforts to ensure that resulting health technologies and services will be broadly available and accessible, as soon as possible and at fair and reasonable conditions. In this respect, if, despite a participants' best efforts, the results are not exploited within one year after the end of the action, participants must (unless otherwise agreed in writing with the granting authority) use the Horizon Results Platform to find interested parties to exploit the results.

[63] Council Regulation (EU) 2021/2085 of 19 November 2021 establishing the Joint Undertakings under Horizon Europe and repealing Regulations (EC) No 219/2007, (EU) No 557/2014, (EU) No 558/2014, (EU) No 559/2014, (EU) No 560/2014, (EU) No 561/2014 and (EU) No 642/2014; OJ L 427, 30.11.2021, p. 17

	2. In case the participants cannot fulfil the preceding obligation, the participants must (if requested by the granting authority) grant non-exclusive licences - under fair and reasonable conditions - to their results to legal entities that commit to rapidly and broadly exploiting the resulting health technologies and services and ensure that they are broadly available and accessible, as soon as possible and at fair and reasonable conditions. 3. In case of transfer of the ownership or licensing of results, participants must pass on such additional exploitation obligations to the legal entities exploiting the results. 4. For up to four years after the action (see Data Sheet, Point 1), the funding body must be informed every year about the status of the development of the product and any other exploitation of the results through an annual report that is due on each anniversary of the end of the grant agreement.

4. ANNEX 1B to Work Programme 2024

4.2 In-kind contributions to operational activities (IKAA) plan

IN-KIND CONTRIBUTIONS TO ADDITIONAL ACTIVITIES TO BE INITIATED IN 2024 (€)						
EDCTP Association Member Countries	Coordination & Support activity	Research & Innovation activity	Strategic Partnership Building activity	Training activity	Other	Total
Belgium	1 600 000.00	85 000.00		2 071 514.00		3 756 514.00
Denmark					3 353 094.00	3 353 094.00
Ethiopia		200 000.00				200 000.00
France	18 250 000.00	9 300 000.00	1 000 000.00	530 000.00		29 080 000.00
Guinea-Bissau				300 000.00		300 000.00
Malawi				575 000.00		575 000.00
Mozambique			100 000.00			100 000.00
Niger	2 591.00	220 573.00				223 164.00
Norway		18 000 000.00	1 350 000.00	589 695.00		19 939 695.00
Portugal	480 000.00	1 290 907.00				1 770 907.00
South Africa			454 476.00	114 000.00		568 476.00
Spain	2 101 000.00	150 000.00				2 251 000.00
Uganda		10 801 2240.47				10 801 224.47
United Kingdom		77 015 420.00		2 909 675.00		79 925 095.00
Total	22 433 591.00	117 063 124.47	2 904 476.00	7 089 884.00	3 353 094.00	152 844 169.47

Member countries of EDCTP Association, member of Global Health EDCTP3 JU	Title	Description	Duration (months)	Type of Activity	Activity category	Contribution to GH EDCTP3 specific objectives	Contribution to Horizon Europe operational objectives	Planned task to link with other EDCTP Member State Additional Activity	Estimated commitment (€)
Belgium	VLIR-UOS ICP Master of Statistics & Data Sciences	The IPC Master in Statistics and Data Sciences, a two-year program at the University of Hasselt, provides multidisciplinary training encompassing fundamental methodology, clinical trials, public health, longitudinal data, survey methodology, and genetics, emphasizing practical application with modern statistical software. VLIR-UOS sponsors ten students annually, with half from Sub-Saharan Africa. - Funding organisation: Belgian Development Cooperation – DGD - Sub-Saharan African countries involved: Benin, Burkina Faso, Burundi, Cameroon, DRC, Ethiopia, Guinea, Kenya, Madagascar, Mozambique, Niger, Rwanda, Senegal, South Africa, Tanzania, Uganda, Zimbabwe	36	Training activity	Training and skills development	Strengthen research and innovation capacity	Strengthen scientific excellence	The master program is based in Belgium but collaborates and interacts with programmes in Ethiopia, Uganda, Kenya, South Africa, and Rwanda for exchange, learning, and capacity building.	€ 1 035 587.00
Belgium	VLIR-UOS ICP Master Epidemiology	ICP Master in Epidemiology, an international two-year training program by the University of Antwerp, prepares students for epidemiological research in disease prevention and health enhancement. It encompasses infectious disease, clinical, and environmental epidemiology. Each year, VLIR-UOS supports ten new students, with half hailing from Sub-Saharan Africa. - Funding organisation: Belgian Development Cooperation – DGD - Sub-Saharan African countries involved: Benin, Burkina Faso, Burundi, Cameroon, DRC, Ethiopia, Guinea, Kenya, Madagascar, Mozambique, Niger, Rwanda, Senegal, South Africa, Tanzania, Uganda, Zimbabwe	36	Training activity	Training and skills development	Strengthen research and innovation capacity	Strengthen scientific excellence	The master programme is primarily in Belgium but has connections to training programmes of partners in Ethiopia, Uganda, Tanzania for exchange, mutual learning, capacity building.	€ 1 035 927.00

Member countries of EDCTP Association, member of Global Health EDCTP3 JU	Title	Description	Duration (months)	Type of Activity	Activity category	Contribution to GH EDCTP3 specific objectives	Contribution to Horizon Europe operational objectives	Planned task to link with other EDCTP Member State Additional Activity	Estimated commitment (€)
United Kingdom	Supplementary funding to EDCTP2 grants and other activities	Supplementary funding to cover EDCTP2 project shortfalls related to COVID-19 delays and other research and capacity development activities managed by the EDCTP Association. - Funding organisation: Medical Research Council; Department for Health and Social Care; Joint Global Health Trials - Sub-Saharan African countries involved: TBC	24	Research & Innovation activity	Support to additional R&I	Advance development and use of new or improved technologies	Strengthen scientific excellence	Information exchanged with other GH EDCTP3 Member States in preparation for dialogue on partnership opportunities and to find synergies between GH EDCTP3 additional activities.	€ 200 000.00
Ethiopia	In-kind Contribution from Ethiopia for 2024	Ethiopia is a member of the General Assembly of EDCTP would like to contribute in-kind to the global research collaborations. Armauer Hansen Research Institute is a public biomedical and clinical research institute operating under Ministry of Health. The research undertakings supported by our institute can be considered as in IKAA. - Funding organisation: TBC - Sub-Saharan African countries involved: TBC	12	Research & Innovation activity	Support to additional R&I	Advance development and use of new or improved technologies	Strengthen scientific excellence	A meeting will be organised with other GH EDCTP3 Participating States	€ 200 000.00
United Kingdom	Product Development Partnerships	Public–private partnerships (PDPs) established to develop and provide access to new health products – especially vaccines, therapeutics, and diagnostics – for poverty-related and neglected diseases. - Funding organisation: Foreign, Commonwealth & Development Office - Sub-Saharan African countries involved: TBC	36	Research & Innovation activity	Support to additional R&I	Advance development and use of new or improved technologies	Strengthen scientific excellence	Information exchanged with other GH EDCTP3 Member States in preparation for dialogue on partnership opportunities and to find synergies between GH EDCTP3 additional activities.	€ 66 340 590.00

Member countries of EDCTP Association, member of Global Health EDCTP3 JU	Title	Description	Duration (months)	Type of Activity	Activity category	Contribution to GH EDCTP3 specific objectives	Contribution to Horizon Europe operational objectives	Planned task to link with other EDCTP Member State Additional Activity	Estimated commitment (€)
Malawi	Malawi Contribution towards implementation of clinical trials	Good Clinical and Research Practice for the health care workers with skills and knowledge Supporting Research Methodologies training to the health care workers with skills and knowledge Inspections of research clinical trials conducted in Malawi by academic and research institutions - Funding organisation: TBC - Sub-Saharan African countries involved: Malawi	12	Training activity	Training and skills development	Strengthen research and innovation capacity	Reinforce links between R&I, edu, training & other policies	Joint funding with other GH EDCTP3 Participating States of the same activity and regular dialogue between Malawi and other countries. Research Dissemination conducted annually in Malawi	€ 575 000.00
Spain	Core funding support to TDR Action Plan	Core funding to support annual TDR work plan - Funding organisation: Spanish Agency of International Cooperation for Development - Sub-Saharan African countries involved: TBC	12	Research & Innovation activity	Support to additional R&I	Strengthen research and innovation capacity	Strengthen international cooperation	TDR and EDCTP maintain a close sustainable cooperation on the field of training and capacity building	€ 150 000.00
Spain	Mozambique: Health research capacity for evidence-based decisions	The Barcelona Global Health Institute in close cooperation with the Manişha Health Research Centre (Mozambique) carry out a comprehensive health research programme aimed at providing scientific evidence which help to the health policy decision process - Funding organisation: Spanish Agency for International Cooperation and Development - Sub-Saharan African countries involved: TBC	12	Coordination & Support activity	Supporting ecosystems development	Strengthen research and innovation capacity	Strengthen international cooperation	From the ISCIII we look for exchanging information among Spanish research group currently granted by EDCTP in order to increase cooperation.	€ 1 551 000.00
Spain	Equatorial Guinea: Support for health research capacities	It is a programme composed of several health research projects aimed at upgrading EG health authorities capacities (institutional, organisational, infrastructures and professional) to fight against poverty related and neglected tropical diseases in the country. - Funding organisation: Spanish Agency for International Cooperation and	24	Coordination & Support activity	Supporting ecosystems development	Strengthen research and innovation capacity	Support scientific evidence based implementation of policies	This is a programme open to other research groups some of them currently EDCTP granted at national or international level.	€ 550 000.00

Member countries of EDCTP Association, member of Global Health EDCTP3 JU	Title	Description	Duration (months)	Type of Activity	Activity category	Contribution to GH EDCTP3 specific objectives	Contribution to Horizon Europe operational objectives	Planned task to link with other EDCTP Member State Additional Activity	Estimated commitment (€)
		Development - Sub-Saharan African countries involved: Equatorial Guinea							
France	Training in entomology	To train 15 medical entomologists from central Africa - Funding organisation: L'Initiative/Expertise France - Sub-Saharan African countries involved: Congo, The Democratic Republic of the	0	Training activity	Training and skills development	Strengthen research and innovation capacity	Strengthen scientific excellence	Strengthen scientific excellence, including by considering, where relevant, state-of-the-art basic and frontier research findings in the implementation of their activities	€ 200 000.00
France	Operational Research Call for proposal	Support to operational research projects on malaria - Funding organisation: L'Initiative/Expertise France - Sub-Saharan African countries involved: TBC	48	Research & Innovation activity	Support to additional R&I	Strengthen research and innovation capacity	Strengthen scientific excellence	Strengthen scientific excellence, including by considering, where relevant, state-of-the-art basic and frontier research findings in the implementation of their activities	€ 7 000 000.00
France	BAMS and pharmaceutical training	Technician training - Funding organisation: Fondation Mérieux - Sub-Saharan African countries involved: Madagascar	36	Training activity	Training and skills development	Strengthen capacity for epidemics preparedness	Reinforce links between R&I, edu, training & other policies	Shared curriculum during an EDCTP3 forum and ensure the training is referenced within CTCAN project (for medical biology)	€ 90 000.00
France	CICM research capacity	Ensure CICM infrastructure to conduct research and lab activities - Funding organisation: Fondation Mérieux - Sub-Saharan African countries involved: Madagascar	36	Research & Innovation activity	Supporting ecosystems development	Strengthen research and innovation capacity	Reinforce links between R&I, edu, training & other policies	When Madagascar becomes eligible, integrate the CICM as site reference with CTCAN project (EDCTP3 project with CSA activities)	€ 300 000.00
France	RESAMAD	Laboratory network in Madagascar - Funding organisation: Fondation	36	Coordination & Support activity	Supporting ecosystems development	Strengthen capacity for	Reinforce links between R&I,	This network will be liaised with CTCAN project (EDCTP3	€ 450 000.00

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		Mérieux - Sub-Saharan African countries involved: Madagascar				epidemics preparedness	edu, training & other policies	project with CSA activities)	
France	Master of Medical Biology in Mali	Training in medical biology in Mali - Funding organisation: Fondation Mérieux - Sub-Saharan African countries involved: Mali	48	Training activity	Training and skills development	Strengthen capacity for epidemics preparedness	Reinforce links between R&I, edu, training & other policies	Shared curriculum during an EDCTP3 forum and ensure the training is referenced within CTCAN project (for medical biology)	€ 240 000.00
France	RESAOLAB3	West African Network of Biomedical Analysis Laboratories - Funding organisation: Fondation Merieux - Sub-Saharan African countries involved: Benin, Burkina Faso, Guinea, Mali, Niger, Senegal, Togo	48	Coordination & Support activity	Supporting ecosystems development	Strengthen capacity for epidemics preparedness	Reinforce links between R&I, edu, training & other policies	This network will be liaised with CTCAN project (EDCTP3 project with CSA activities)	€ 600 000.00
France	ALLIANCE SHS Afrique	ALLIANCE SHS Afrique – AmeLiorer La cApacité de répoNse des Instituts de santé Africains faCE aux crises épidémiques 'Improving the capacity of African health institutes to respond to epidemic crises - Funding organisation: Institut Pasteur - Sub-Saharan African countries involved: Cameroon, Central African Republic, Cote d'Ivoire, Madagascar, Niger, Senegal, Tunisia	24	Strategic Partnership Building activity	Supporting ecosystems development	Promote networking, building partnerships and strategic alliances	Strengthen international cooperation	Open project meeting(s) will be organised with experts of other GH EDCTP3 member countries to share their experience, and lessons learnt.	€ 1 000 000.00
France	ANRS-EID HR support for LMIC Project coordination	To support the implementation and valorization of research in LMICs, and to encourage the emergence of synergies between research teams in the North and South, ANRS-EID finances research coordination positions with a national/regional scope. - Funding organisation: ANRS | Emerging Infectious Diseases (ANRS | EID) - Sub-Saharan African countries involved: Senegal, Zambia	12	Coordination & Support activity	Supporting ecosystems development	Strengthen research and innovation capacity	Reinforce links between R&I, edu, training & other policies	Discussions with African and European research teams and funders to present and synergise our efforts in LMICs in order to better align	€ 200 000.00

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France	ANRS-EID Special projects funded outside CFPs	In order to provide reactive strategies for epidemic preparedness and response in LMICs, and in its role of coordinating French research on these topics, ANRS-EID can also fund special projects outside annual CFPs or ad hoc CFPs - Funding organisation: ANRS | Emerging Infectious Diseases (ANRS | EID) - Sub-Saharan African countries involved: TBC	36	Coordination & Support activity	Supporting ecosystems development	Strengthen research and innovation capacity	Reinforce links between R&I, edu, training & other policies	Workshops between recipients and feedback discussions between european funding institutions and networks (e.g. GloPID-R)	€ 1200 000.00
France	ANRS-EID Annual support for Partner Sites 2024	ANRS-EID has 10 Research Partner Sites worldwide, among which 6 in SSA. The sites are home to numerous research projects carried out by French and local teams. They liaise with local and international health authorities and partners. ANRS-EID supports them through annual funding. - Funding organisation: ANRS | Emerging Infectious Diseases (ANRS | EID) - Sub-Saharan African countries involved: Burkina Faso, Cameroon, Congo, The Democratic Republic of the, Cote d'Ivoire, Guinea, Senegal	12	Coordination & Support activity	Supporting ecosystems development	Strengthen capacity for epidemics preparedness	Reinforce links between R&I, edu, training & other policies	Workshops between recipients and feedback discussions between european funding institutions and networks (e.g. GloPID-R)	€ 1800 000.00
France	ANRS-EID joint bilateral CFP on EIDs	The ANRS-EID joint bilateral CFP aim is to support research on any emerging infectious disease jointly with a bilateral partner, in a joint call for proposals - Funding organisation: ANRS | Emerging Infectious Diseases (ANRS | EID) - Sub-Saharan African countries involved: South Africa	36	Research & Innovation activity	Support to additional R&I	Strengthen research and innovation capacity	Reinforce links between R&I, edu, training & other policies	Joint elaboration of the ToRs of the CFP with the South African MRC, exchange meetings, evaluation of the proposals, communication on the results	€ 2 000 000.00

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France	ANRS-EID Ad Hoc CFP on EIDs 2024-2	The Ad Hoc CFP on EIDs aims to fund research on any emerging infectious disease that needs further support in LMICs, such as Ebola, Lassa fever, Marburg fever, etc, depending on the urgency and the needs expressed by local authorities. - Funding organisation: ANRS | Emerging Infectious Diseases (ANRS | EID) - Sub-Saharan African countries involved: TBC	48	Coordination & Support activity	Support to additional R&I	Strengthen research and innovation capacity	Reinforce links between R&I, edu, training & other policies	Workshops between recipients and feedback discussions between european funding institutions and networks (e.g. GloPID-R)	€ 3 000 000.00
France	ANRS-EID Ad Hoc CFP on EIDs 2024-1	The Ad Hoc CFP on EIDs aims to fund research on any emerging infectious disease that needs further support in LMICs, such as Ebola, Lassa fever, Marburg fever, etc, depending on the urgency and the needs expressed by local authorities. - Funding organisation: ANRS | Emerging Infectious Diseases (ANRS | EID) - Sub-Saharan African countries involved: TBC	48	Coordination & Support activity	Support to additional R&I	Strengthen research and innovation capacity	Reinforce links between R&I, edu, training & other policies	Workshops between recipients and feedback discussions between european funding institutions and networks (e.g. GloPID-R)	€ 2 000 000.00
France	ANRS-EID Annual Call for Proposals on EIDs 2024	In addition to the annual CFPs on HIV, viral hepatitis, STIs, TB,, ANRS-EID has been entrusted with the coordination of research on emergencies, for French research teams, and in collaboration with research teams from LMICs - Funding organisation: ANRS | Emerging Infectious Diseases (ANRS | EID) - Sub-Saharan African countries involved: TBC	48	Coordination & Support activity	Supporting ecosystems development	Strengthen research and innovation capacity	Reinforce links between R&I, edu, training & other policies	Workshops between recipients and feedback discussions between european funding institutions and networks (e.g. GloPID-R)	€ 3 000 000.00
France	ANRS-EID Annual Call for Proposals 2024-2	ANRS-EID is a Public Institution whose missions are to facilitate, evaluate, coordinate, and fund research into HIV, viral hepatitis, STIs, TB, and EIDs. It funds grant applications for clinical research, capacity building initiatives, PhD grants via the launch of 2 annual	48	Coordination & Support activity	Supporting ecosystems development	Strengthen research and innovation capacity	Reinforce links between R&I, edu, training & other policies	Workshops between recipients and feedback discussions between european funding institutions and networks (e.g. GloPID-R)	€ 3 000 000.00

Member countries of EDCTP Association, member of Global Health EDCTP3 JU	Title	Description	Duration (months)	Type of Activity	Activity category	Contribution to GH EDCTP3 specific objectives	Contribution to Horizon Europe operational objectives	Planned task to link with other EDCTP Member State Additional Activity	Estimated commitment (€)
		CFP (EIDs excluded) - Funding organisation: ANRS | Emerging Infectious Diseases (ANRS | EID) - Sub-Saharan African countries involved: TBC							
France	ANRS-EID Annual Call for Proposals 2024-1	ANRS-EID is a Public Institution whose missions are to facilitate, evaluate, coordinate, and fund research into HIV, viral hepatitis, STIs, TB, and EIDs. It funds grant applications for clinical research, capacity building initiatives, PhD grants via the launch of 2 annual CFP (EIDs excluded) - Funding organisation: ANRS | Emerging Infectious Diseases (ANRS | EID) - Sub-Saharan African countries involved: TBC	48	Coordination & Support activity	Supporting ecosystems development	Strengthen research and innovation capacity	Reinforce links between R&I, edu, training & other policies	Workshops between recipients and feedback discussions between european funding institutions and networks (e.g. GloPID-R)	€ 3 000 000.00
Mozambique	Biomedical Research in the Manhiça Health Research Center 2024	General Objective: Strengthern the capacities of health research in Mozambique as a tool to provide the National Health System and international partners with scientific evidence in decision making Specific Objective: Consolidate the Fundação Manhiça/Manhiça Health Research Centre as a Mozambican Institution of reference in Biomedical Research - Funding organisation: Ministry of Health - Sub-Saharan African countries involved: TBC	12	Strategic Partnership Building activity	Supporting ecosystems development	Promote networking, building partnerships and strategic alliances	Strengthen international cooperation	Short exchange of fellows with another Participating State The University of Barcelona in Spain will exchange fellows with the Manhica Foundation Vice versa	€ 100 000.00
Denmark	Gavi, The Vaccine Alliance	Gavi is an international alliance established in 2000 to improve access to new and underused vaccines for children living in the world's poorest countries. - Funding organisation: TBC - Sub-	12	Other	Other	Strengthen research and innovation capacity	Strengthen scientific excellence	Collaboration with gavi provides opportunities to explore synergies with bodies working on complementary	€ 3 353 094.00

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		Saharan African countries involved: TBC						areas of development assistance.	
Niger	IMPACT OF GEOCLIMATIC CONDITIONS ON THE PREVALENCE OF MALARIA	Study the impact of geoclimatic conditions on the prevalence of malaria among adults in Niger and identify the factors that influence the prevalence in the population studied - Funding organisation: TBC - Sub-Saharan African countries involved: Niger	12	Coordination & Support activity	Support to additional R&I	Advance development and use of new or improved technologies	Encourage exploitation of R&I results	A workshop will be organized to share this result at the end of the study	€ 2 591.00
Guinea-Bissau	Enhancing Guinea-Bissau's pandemic preparedness and response capabilities	Lessons learned from COVID-19 led the country to set a plan of proactive measures and strategies, to straighten the healthcare systems, and communities to anticipate, mitigate, and respond effectively to the outbreak. This includes activities like planning, resource allocation, and healthcare infrastructure strengthening among others. - Funding organisation: Ministério da Saúde Pública - Sub-Saharan African countries involved: Mozambique	12	Training activity	Supporting ecosystems development	Strengthen capacity for epidemics preparedness	Support scientific evidence based implementation of policies	Strengthen the laboratory infrastructure for testing and diagnostics of highly pathogenic microorganisms. Train healthcare professionals on pandemic response protocols.	€ 300 000.00
South Africa	BIO Africa Convention	The Convention facilitates networking and collaboration spaces amongst emerging academia, regulatory authorities, civil society, indigenous knowledge holders, and future industry leaders. This space for researchers, entrepreneurs, indigenous knowledge holders, small medium enterprises, technology transfer offices and investors to have access to partnering opportunities. - Funding organisation: TBC - Sub-	1	Strategic Partnership Building activity	Supporting ecosystems development	Promote networking, building partnerships and strategic alliances	Accelerate industrial transformation	A meeting will be organised with other GH EDCTP3 Participating States to find synergies between IKAAs	€ 454 476.00

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		Saharan African countries involved: TBC							
Belgium	HIVDR-Prevent	Design and evaluation of interventions for preventing HIV drug resistance in Dar es salaam urban cohort study (DUCS) area in Tanzania, using a transdisciplinary human centered approach. - Funding organisation: VLIR-UOS - Sub-Saharan African countries involved: Tanzania, United Republic of	60	Research & Innovation activity	Support to additional R&I	Strengthen research and innovation capacity	Support scientific evidence based implementation of policies	Workshops between recipients of care and suppliers of care in different GH EDCTP3 Member States to adapt and contextualise the models.	€ 85 000.00
Belgium	Institutional Strengthening INS-Mozambique (phase IV)	The project will further strengthen the capacities of the National Public Health Institute of Mozambique for evidence based policy preparation, coordinator and implementer of high quality health research and monitoring, including on AMR, and as public communicator against dis- and misinformation. - Funding organisation: Flanders Chancellery and Foreign Office - Sub-Saharan African countries involved: Mozambique	60	Coordination & Support activity	Supporting ecosystems development	Strengthen research and innovation capacity	Strengthen scientific excellence	Invitation of partner to ITM Joint Partner Meeting, where they get the opportunity to exchange with 24 other partners engaged with ITM	€ 1 600 000.00

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Portugal	Lusophone Platform for Clinical Research & Biomedical Innovation	Development of a Lusophone Platform for Clinical Research & Biomedical Innovation to function as a catalyst for a proactive intervention of PT scientific community in PALOP and neighbour countries (and others). The ultimate objective is to promote human and infrastructural capacity development, in CR&BI, of PALOP Clinical and Research Institutions. - Funding organisation: AICIB - Portuguese Agency for Clinical Research and Biomedical Innovation, FCT - Portuguese Foundation for Science and Technology - Sub-Saharan African countries involved: Angola, Cape Verde, Mozambique	36	Coordination & Support activity	Supporting ecosystems development	Strengthen research and innovation capacity	Strengthen international cooperation	To reach alignment, synergies and/or complementarities between this Platform and other relevant programmes conducted by other GH EDCTP3 PS, meetings will be organised on a regular basis with PS.	€ 480 000.00
United Kingdom	Global Health Trials 2024	Randomised controlled trials addressing any major health related problem affecting LMICs, particularly those that affect the most vulnerable populations. Focus on late-stage (equivalent to phase III/IV) clinical and health intervention trials that evaluate efficacy and effectiveness - Funding organisation: Department of Health and Social Care, Foreign, Commonwealth & Development Office, Medical Research Counci - Sub-Saharan African countries involved: TBC	60	Research & Innovation activity	Support to additional R&I	Advance development and use of new or improved technologies	Strengthen scientific excellence	Information exchanged with other GH EDCTP3 Member States in preparation for dialogue on partnership opportunities and to find synergies between GH EDCTP3 additional activities.	€ 5 819 350.00
United Kingdom	Applied Global Health Research 2024	he Applied Global Health Research Board supports applied research that will be of direct and primary benefit to the health of vulnerable populations living in LMICs to develop practical solutions to health challenges. This includes implementation research. - Funding organisation: Foreign,	60	Research & Innovation activity	Support to additional R&I	Advance development and use of new or improved technologies	Strengthen scientific excellence	Information exchanged with other GH EDCTP3 Member States in preparation for dialogue on partnership opportunities and to find synergies	€ 1 163 870.00

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		Commonwealth & Development Office, Medical Research Council - Sub-Saharan African countries involved: TBC						between GH EDCTP3 additional activities.	
United Kingdom	African Research Leader (ARL) scheme 2024	Funding to support excellent global health research and strengthen research leadership across sub-Saharan Africa. The scheme aims to attract and retain exceptionally talented 'rising star' individuals who will lead high quality research on key global health issues pertinent to SSA. - Funding organisation: Foreign, Commonwealth & Development Office, Medical Research Council - Sub-Saharan African countries involved: TBC	60	Training activity	Training and skills development	Advance development and use of new or improved technologies	Strengthen scientific excellence	Information exchanged with other GH EDCTP3 Member States in preparation for dialogue on partnership opportunities and to find synergies between GH EDCTP3 additional activities.	€ 1745 805.00
United Kingdom	MRC Fellowships 2024	MRC offers a range of fellowship schemes to meet diverse needs allowing training placements in the UK, abroad or in industry. Aimed at supporting a range of career development and capacity strengthening opportunities for scientists at all levels and across the breadth of biomedical research - Funding organisation: Medical Research Council - Sub-Saharan African countries involved: TBC	60	Training activity	Training and skills development	Advance development and use of new or improved technologies	Strengthen scientific excellence	Information exchanged with other GH EDCTP3 Member States in preparation for dialogue on partnership opportunities and to find synergies between GH EDCTP3 additional activities.	€ 1163 870.00
United Kingdom	MRC Research Grants 2024	MRC funds research through a range of grants and highlight notices in response-mode via MRC Research Boards and Panels. The MRC supports research in all major disease areas across the biomedical spectrum, from fundamental lab-based science to	60	Research & Innovation activity	Support to additional R&I	Advance development and use of new or improved technologies	Strengthen scientific excellence	Information exchanged with other GH EDCTP3 Member States in preparation for dialogue on partnership opportunities and to	€ 3 491 610.00

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		early phase clinical trials - Funding organisation: Medical Research Council - Sub-Saharan African countries involved: TBC						find synergies between GH EDCTP3 additional activities.	
Niger	mapping of plasmodial species in Niger	Many cases of malaria in 2020 than in other years, which makes it necessary to define the epidemiological profile of malaria. The species are poorly known to dispensary laboratory workers and can be confused. The search for rare species is necessary to update the cartography. - Funding organisation: TBC - Sub-Saharan African countries involved: Niger	24	Research & Innovation activity	Support to additional R&I	Advance development and use of new or improved technologies	Support scientific evidence based implementation of policies	A meeting will be organised with other GH EDCTP3 participating States to find synergies between IKAA. Sharing of the results, including the technical and financial report.	€ 49 995.00
Niger	microscopic tests of acid-alcohol-fast bacilli BAAR NIGER	Alarming discrepancies are observed between positive alcohol-resistant bacilli smear results and the Xpert MTB RIFnegative test in patients previously treated in centers with the Xpert test. It is necessary to determine the causative agent of respiratory infection using systematic molecular identification. - Funding organisation: TBC - Sub-Saharan African countries involved: Niger	24	Research & Innovation activity	Support to additional R&I	Strengthen capacity for epidemics preparedness	Support scientific evidence based implementation of policies	A meeting will be organised with other GH EDCTP3 participating States to find synergies between IKAA. Sharing of the results, including the technical and financial report.	€ 5 917.00
South Africa	Applied Ethics in Health Research Training and Good Clinical Practice	The Applied Ethics in Health Research Training will provide researcher with an overview of the data management plan, POPIA- in research, research norms and standards that promote adherence and foster research integrity. Good Clinical Practice training for researchers will provide standards	1	Training activity	Training and skills development	Strengthen research and innovation capacity	Strengthen scientific excellence	A meeting will be organised with other GH EDCTP3 Participating States to find synergies between IKAAs	€ 15 000.00

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		and guidelines for the conduct of clinical research. - Funding organisation: TBC - Sub-Saharan African countries involved: TBC							
South Africa	Annual Call for PhD and Masters Scholarship program	Attract young scientists of the highest caliber, to complement SAMRC senior researchers and influence sustainable long-term collaboration with national and international institutions through joint supervision of SA students. Contribute towards increasing the number of PhD candidates from Historically Disadvantaged Institutions (HDIs) with high-quality PhDs and some form of national/international exposure. - Funding organisation: TBC - Sub-Saharan African countries involved: TBC	12	Training activity	Training and skills development	Strengthen research and innovation capacity	Strengthen scientific excellence	A meeting will be organised with other GH EDCTP3 Participating States to find synergies between IKAAs	€ 99 000.00
Niger	factors associated with deaths among TB/HIV coinfected	Study the determinants of mortality among people co-infected with tuberculosis and HIV in health structures in Niger. For causes of death related to tuberculosis, we particularly study the nutritional status of living and deceased participants at the end of the study. - Funding organisation: TBC - Sub-Saharan African countries involved: Niger	19	Research & Innovation activity	Support to additional R&I	Strengthen research and innovation capacity	Strengthen scientific excellence	This study will be shared on a large scale and a technical and financial report will be submitted to EDCTP.	€ 164 661.00

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Norway	Support for ETHIMED	Enhancing Ethics and Integrity Capacity in Medical Research and Clinical Practice (ETHIMED) is a collaboration that will facilitate mobility amongst partners for purposes of research ethics/integrity and clinical ethics capacity building in Norway, Tanzania and Rwanda. - Funding organisation: TBC - Sub-Saharan African countries involved: Rwanda , Tanzania, United Republic of	36	Training activity	Training and skills development	Strengthen research and innovation capacity	Strengthen international cooperation	The project is linked to the EDCTP2-funded CSA called AccessAfrica with reference CSA2019ERC-2680, the EDCTP-funded AccessAfrica2 and the IKAA with reference IKAA2023-3419. Synergies will be explored.	€ 589 695.00
Norway	Core support for AHPSR	The Alliance for Health Policy and Systems Research promotes the generation and use of health policy and systems research as a means to strengthen the health systems of LMICs. - Funding organisation: Norwegian Agency for Development Cooperation - Sub-Saharan African countries involved: TBC	60	Strategic Partnership Building activity	Supporting ecosystems development	Promote networking, building partnerships and strategic alliances	Support scientific evidence based implementation of policies	EDCTP3 member states Sweden and Norway provide core support to AHPSR. It is planned to continue dialogue between donors.	€ 1350 000.00
Portugal	Next-generation of drugs and treatments for malaria	The execution of this translational research project will foster understanding at the molecular level of antimalarial resistance development mechanisms in P. falciparum; the developed knowledge will be used to propose improved efficacy antimalarial combinations aiming to enhance malaria treatments contributing to a future malaria-free world envisioned by U.N. Development Goals. - Funding organisation: Fundação para a Ciência e Tecnologia – FCT, Portugal - Sub-Saharan African countries involved: TBC	31	Research & Innovation activity	Support to additional R&I	Strengthen research and innovation capacity	Strengthen scientific excellence	Encouraging support for the researcher to attend the next EDCTP forum and ideally to organise or participate in a joint session together with other IKAA of related thematic areas	€ 146 128.00

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Portugal	Exploring a new drug target against Mycobacterium tuberculosis	This project aims to 1. identify and characterize new therapeutic targets in Mycobacterium tuberculosis 2. synthesize selective inhibitors and 3. understand the molecular mechanisms of action of the natural antibiotics - Funding organisation: Fundação para a Ciencia e Tecnologia (FCT) - Sub-Saharan African countries involved: TBC	56	Research & Innovation activity	Support to additional R&I	Strengthen research and innovation capacity	Strengthen scientific excellence	Promote PI´s attendance at the next EDCTP forum and ideally to organise or participate in a joint session together with other IKAA of related thematic areas	€ 270 524.00
Portugal	Development and enablement of enhanced whole-sporozoite malaria vaccines	This project aims to design and evaluate enhanced malaria vaccine candidates that afford increased potency and stage-transcending immunity. - Funding organisation: Fundação para a Ciencia e Tecnologia, FCT, Portugal - Sub-Saharan African countries involved: TBC	14	Research & Innovation activity	Support to additional R&I	Strengthen research and innovation capacity	Strengthen scientific excellence	Promote PI´s attendance at the next EDCTP forum and ideally organise or participate in a joint session together with other IKAA of related thematic areas	€ 56 474.00
Portugal	Innate & acquired immunity in tuberculosis vaccination	This project aims to establish a new Tuberculosis vaccination approach that circumvents the delayed response of IFNg-producing CD4 T cells following Mycobacterium tuberculosis infection. - Funding organisation: Fundação para a Ciência e Tecnologia – FCT - Sub-Saharan African countries involved: TBC	31	Research & Innovation activity	Support to additional R&I	Strengthen research and innovation capacity	Strengthen scientific excellence	Promote PI´s attendance at the next EDCTP forum and ideally organise or participate in a joint session together with other IKAA of related thematic areas	€ 146 128.00
Portugal	Identification of HIV-1 cellular restriction factors & Therapeutic application	The main goal of this proposal is to develop transcriptional blockades of the HIV-1 life cycle, and test the potential use of artificial transcription factors ATFs as anti-HIV therapeutic agents in vitro and ex vivo, to validate ATFs potential as pharmacological agents in HIV therapy. - Funding organisation: Fundação para a Ciência e Tecnologia – FCT, Portugal - Sub-	14	Research & Innovation activity	Support to additional R&I	Strengthen research and innovation capacity	Strengthen scientific excellence	Support for the researcher to attend the next EDCTP forum and ideally to organise or participate in a joint session together with other IKAA of related thematic areas	€ 44 418.00

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		Saharan African countries involved: TBC							
Portugal	Mode of action of inhibitors against Mycobacterium tuberculosis	This project investigates the potential of efflux inhibitors as adjuvants of tuberculosis chemotherapy and understand the mechanism of action of these compounds against M. tuberculosis providing the basis for the development of new therapeutic strategies to treat latent and active tuberculosis. - Funding organisation: Fundação para a Ciência e Tecnologia – FCT, Portugal - Sub-Saharan African countries involved: TBC	12	Research & Innovation activity	Support to additional R&I	Strengthen research and innovation capacity	Strengthen scientific excellence	Promote PI´s attendance at the next EDCTP forum and ideally organise or participate in a joint session together with other IKAA of related thematic areas	€ 38 070.00
Portugal	Non-canonical protective response against malaria	This project aims to identify and characterize how the bilirubin produced by BLVRA confers resistance and tolerance to Malaria Plasmodium infection. - Funding organisation: Fundação para a Ciência e Tecnologia – FCT, Portugal - Sub-Saharan African countries involved: TBC	36	Research & Innovation activity	Support to additional R&I	Strengthen research and innovation capacity	Strengthen scientific excellence	Promote PI´s attendance at the next EDCTP forum and ideally organise or participate in a joint session together with other IKAA of related thematic areas	€ 250 000.00
Portugal	PhD Scholarships - FCT Annual Call	Every year FCT launches an annual call for PhD scholarships. In this application, we have selected 35 scholarships that will be running in 2024 and focus on EDCTP-specific and operational objectives. - Funding organisation: Fundação para a Ciência e Tecnologia – FCT, Portugal - Sub-Saharan African countries involved: TBC	36	Research & Innovation activity	Support to additional R&I	Strengthen research and innovation capacity	Strengthen scientific excellence	Encouraging support for the researchers to attend the next EDCTP Forum and ideally share the projects' results with the EDCTP community	€ 339 165.00

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Norway	Norwegian Contribution to the Coalition for Epidemic Preparedness Innovations	Stimulating and accelerating the development of vaccines against emerging infectious diseases and enable access to these vaccines for people during outbreaks. - Funding organisation: The Norwegian Ministry of Foreign Affairs - Sub-Saharan African countries involved: TBC	58	Research & Innovation activity	Support to additional R&I	Strengthen capacity for epidemics preparedness	Reinforce links between R&I, edu, training & other policies	Norway and Germany jointly fund CEPI together with other funders. Germany's contribution is registered as IKAA2022-3374.	€ 18 000 000.00
Uganda	The East African community health and science meeting	This is Bi-annual meeting aims to share best practices and challenges encountered in research implementation, ethics and innovation in the East African region. it also aims to promote networking, building partnerships and strategic alliances between universities, Research Institutions and policy makers across the region. - Funding organisation: TBC - Sub-Saharan African countries involved: TBC	0	Research & Innovation activity	Supporting ecosystems development	Advance development and use of new or improved technologies	Spread excellence	The meeting reinforces linkage between research, innovation, education, training and policies, including complementarities with national, regional and research and innovation policies	€ 25 000.00
Uganda	The 13th Annual National Research Ethics Conference (ANREC)	Every year, scientists in the region gather to share best practices in research and innovation and to create awareness on existing research capacities and to award best performance. through the Annual Research and Ethics Committee meeting. The is meeting is attended by policy makers, universities and the research regulatory institutions. - Funding organisation: TBC - Sub-Saharan African countries involved: TBC	1	Research & Innovation activity	Supporting ecosystems development	Strengthen research and innovation capacity	Spread excellence	The meeting aims to reinforce linkages between research, innovation, education, training and other policies, including complementarities with national, regional research and innovation policies.	€ 54 610.00

Member countries of EDCTP Association, member of Global Health EDCTP3 JU	Title	Description	Duration (months)	Type of Activity	Activity category	Contribution to GH EDCTP3 specific objectives	Contribution to Horizon Europe operational objectives	Planned task to link with other EDCTP Member State Additional Activity	Estimated commitment (€)
Uganda	Presidential Scientific Initiative on Epidemics	The studies are based at UVRI and funded by the government of Uganda through under the pathogen economy/PRESIDE projects. The aim is to build capacity of scientists to develop local strains of vaccines using inactivated Covid-19 clinical trial studies. The efficacy studies involve testing the invitro studies of natural therapeutics. - Funding organisation: TBC - Sub-Saharan African countries involved: TBC	0	Research & Innovation activity	Support to additional R&I	Advance development and use of new or improved technologies	Increase public awareness of new solutions	Quarterly and Annual scientific meetings to encourage exploitation of research, innovation, dissemination and exploit results to leverage private investments and for policy development.	€ 4 471 614.47
Uganda	Makerere University Research and Innovation Fund	To further strengthen the capacity of the public universities in research and innovations, the government of Uganda instituted a Research and Innovations Fund coordinated by Makerere University. The fund is competed for and collaboratively utilized by researchers from the 11 public universities in Uganda every financial year. - Funding organisation: TBC - Sub-Saharan African countries involved: Uganda	36	Research & Innovation activity	Support to additional R&I	Advance development and use of new or improved technologies	Spread excellence	TBC	€ 6 250 000.00
Total		59							€ 152 844 169. 47