



# South Africa

EDCTP participation

# South Africa in EDCTP

*(2003-present)*

# South Africa in EDCTP-funded projects: key facts

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



**€216.9 M**

**funding** received by South Africa-based beneficiaries since 2003



**203**

**projects** with participation of institutions or fellows based in South Africa



**55**

consortia-based **projects coordinated** by South Africa-based institutions



**50**

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



**57**

**collaborating countries** with South African organisations through EDCTP-funded projects



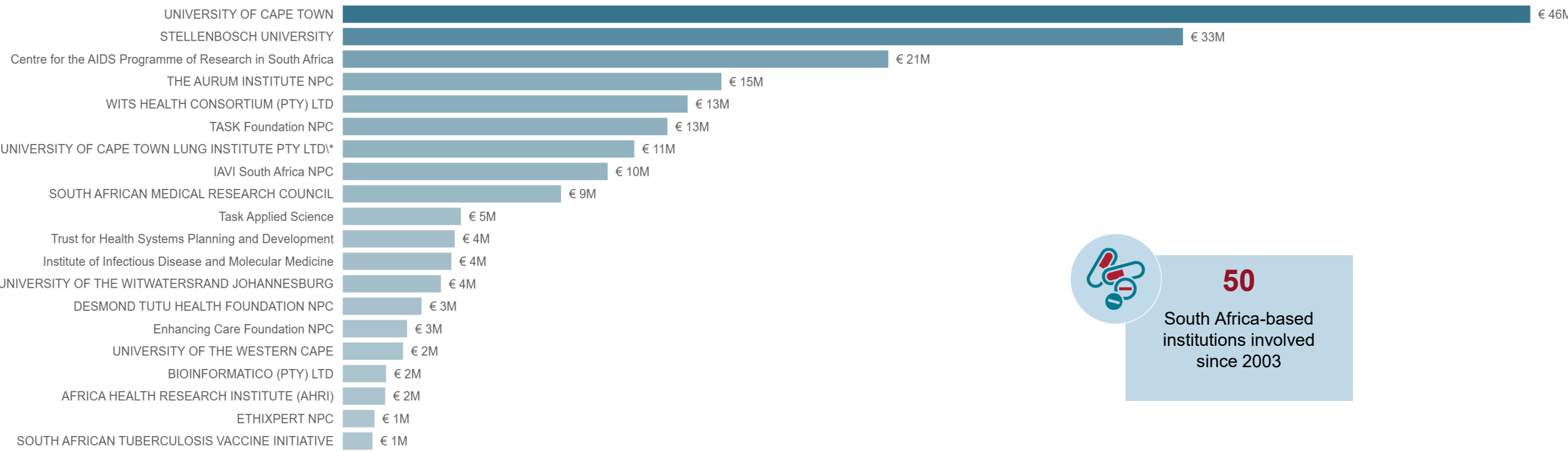
**190+**

**team members** with South Africa nationality in projects funded by Global Health EDCTP3

# South Africa-based participating organisations

Of the 50 South Africa-based institutions involved since 2003, the University of Cape Town ranks first in awarded funding, accounting for 21% of the total.

Top 20 South Africa-based institutions by awarded grant amount



**50**

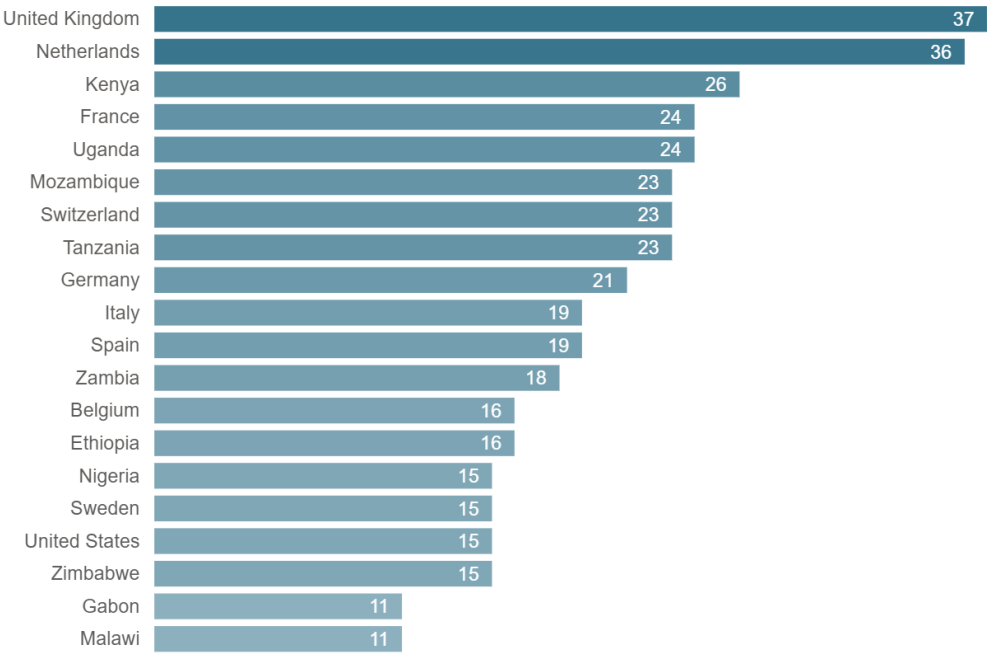
South Africa-based institutions involved since 2003

# South Africa in EDCTP: international collaboration network

Since 2003, South Africa organisations collaborated with partners in 57 countries through EDCTP-funded projects, with strong links across Africa and Europe.

**57** collaborating countries: **32** in Africa | **19** in Europe | **6** in other world regions

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



Geographical spread of South Africa’s EDCTP collaboration links



# South Africa in EDCTP country rankings

Among EDCTP countries, South Africa ranks 1st by total grant amounts received since 2003 and 2nd by number of EDCTP-funded projects in which involved.

Top 20 countries by EDCTP grant amounts

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

Top 20 countries by number of participating organisations

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

# South Africa's contribution to EDCTP objectives

Beyond participation, South Africa has contributed resources, expertise, and aligned national investments to advance EDCTP objectives.

€325,100

## **in-cash contribution**

South Africa's contribution to the EDCTP Association, 2018-2025

€5.2  
million

## **aligned in-kind investments**

Value of IKAA/PSIA activities implemented by South Africa in support of EDCTP2 and Global Health EDCTP3 objectives

€41.6  
million

## **partner contributions**

In-kind and in-cash contributions pledged by South Africa-based Contributing Partners to Global Health EDCTP3 2025 calls

Examples of South African Medical Research Council's investments aligned with EDCTP priorities

- **HIV innovation:** early-stage clinical research on monoclonal antibodies, complementing EDCTP-supported work on implementation and affordability of HIV prevention and treatment tools.
- **TB treatment pipeline:** drug discovery investments to advance promising compounds into safer and more effective leads for TB and drug-resistant TB.
- **Paediatric HIV prevention:** immunoprophylaxis studies generating clinical data to improve infant HIV prevention, aligned with EDCTP's long-standing work in this field.
- **Research capacity:** annual scholarship programmes strengthening expertise in biostatistics, clinical research, vaccine manufacturing and regulation.

# Participation in EDCTP governance and advisory bodies

South Africa has been present in EDCTP governance and advisory structures across all three programme iterations.

8

South Africa representatives  
in EDCTP Association  
General Assembly

2

South Africa members in  
EDCTP governing boards

3

South Africa members in  
EDCTP scientific advisory  
bodies

3

South Africa organisations  
in Global Health EDCTP3  
Stakeholders' Group

**EDCTP Association**  
member since

**2014**



# South Africa helped generate the evidence for a WHO-recommended treatment

The EDCTP-funded AMBITION-cm trial, conducted in South Africa and other African countries, generated the evidence behind WHO's 2022 recommendation for a simpler **cryptococcal meningitis treatment**.

## What changed

A single high-dose of liposomal amphotericin B proved as effective as the traditional week-long regimen, while being easier to administer and causing fewer side effects. WHO now recommends this treatment approach for cryptococcal meningitis.

## Why this matters

Cryptococcal meningitis remains a major cause of illness and death among people living with HIV, despite major progress in HIV treatment. A simpler and safer therapy can improve care and help save lives, especially in high-burden settings.

## EDCTP's contribution included:

- ✓ funding for research and development
- ✓ support for regulatory and policy uptake
- ✓ funding for further innovation and optimisation

WHO-  
recommended  
treatment



[learn more](#)



# South Africa helped turn an existing medicine into an HIV/TB prevention option

The EDCTP2-funded PredART trial showed that a short preventive course of prednisone - an existing, low-cost medicine - can reduce the risk of **TB-IRIS** in high-risk people starting HIV treatment while on TB treatment.

## What changed

PredART tested a four-week prednisone course for selected high-risk HIV/TB patients starting antiretroviral therapy. The same regimen is now reflected in South African, regional, US, and European HIV/TB treatment guidance.

## Why this matters

PredART showed how clinical research can repurpose an affordable existing medicine into a practical prevention option for high-burden settings, where solutions need to be simple, scalable, and realistic.

## EDCTP's contribution included:

- ✓ funding for South Africa-led clinical research
- ✓ evidence on a priority HIV/TB complication
- ✓ trial results later reflected in clinical guidance\*

\* Reflected in South African national and provincial guidance, Southern African HIV Clinicians Society guidance, and US and European HIV/TB guidance



[learn more from the principal investigator](#)



# Project highlight: CAP012 SAMBA

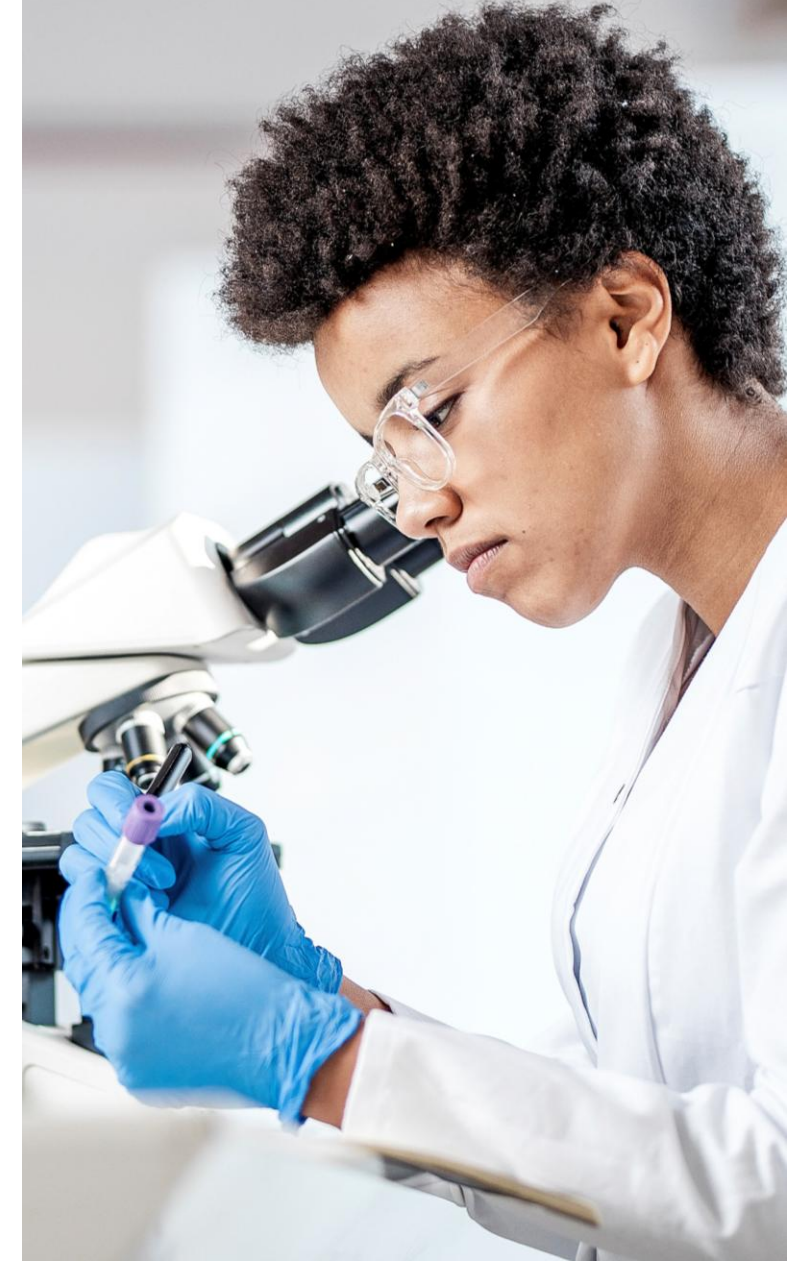
South Africa advances long-acting HIV prevention research through the EDCTP-supported CAP012 SAMBA project.

The CAP012 SAMBA project evaluated broadly neutralising antibodies as a potential long-acting HIV prevention approach, with a focus on women in sub-Saharan Africa.

Conducted through clinical research sites in South Africa and Zambia, the project advanced from early safety studies to larger assessments of antibody combinations.

Across its interlinked trials, it has contributed evidence on the safety, tolerability and persistence of these antibodies over time.

[Early published results](#) showed that two antibodies, VRC07-523LS and PGT121, were safe and well tolerated when administered individually or in combination, supporting further development of long-acting HIV prevention tools.



# Project highlight: SPaRCS

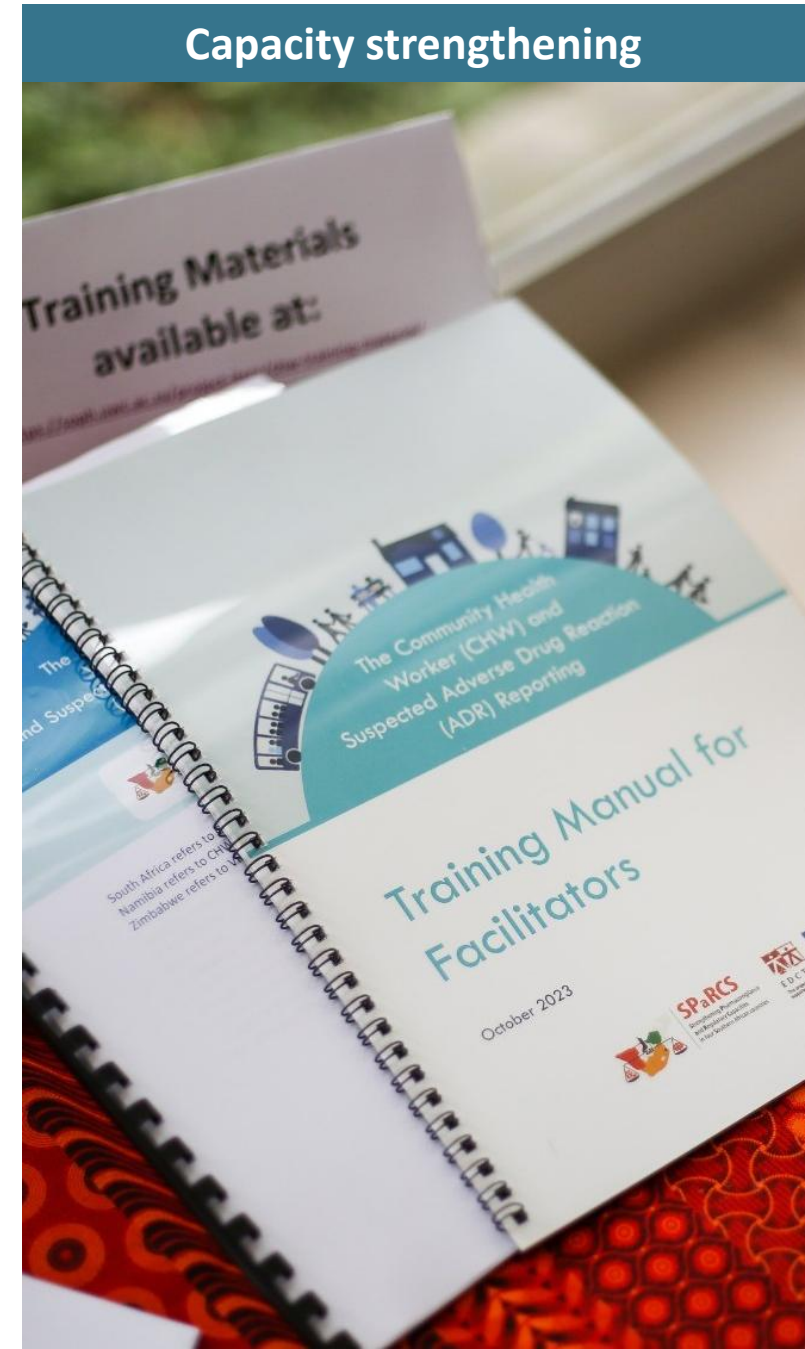
South Africa led regional capacity strengthening in pharmacovigilance and clinical-trial oversight through the EDCTP-supported SPaRCS project.

SPaRCS strengthened pharmacovigilance and clinical-trial regulatory capacity in Eswatini, Namibia, South Africa, and Zimbabwe, with a focus on medicine safety monitoring and clinical-trial oversight.

Coordinated by the University of the Western Cape, the project mapped regulatory systems, identified capacity gaps, and supported mutual learning across the four countries.

Through exchange visits, workshops, and training materials, SPaRCS helped build a regional community of practice linking regulators, academia, and health professionals.

The partnership later contributed to the establishment of the Centre of Excellence for Pharmacovigilance in Southern Africa (CEPSA) based at the University of the Western Cape.



# Project highlight: PanACEA

South Africa contributed to next-generation TB treatment research through the EDCTP-supported PanACEA platform.

Established under EDCTP1 in 2008, PanACEA was created to accelerate TB drug development through coordinated clinical research and innovative trial designs.

The platform brought together 11 African trial sites in 6 countries, strengthening clinical trial capacity while advancing new treatment options. South Africa has been one of the countries contributing clinical evidence through PanACEA studies.

In July 2025, the results of clinical studies conducted in South Africa and Tanzania from the PanACEA project revealed **two promising antibiotics**, sutezolid and delpazolid, as potential safer alternatives to linezolid for treating TB.



# EDCTP2- Supported Fellow

## Professor Novel Chegou (South Africa)

Originally from Cameroon, Novel Chegou is currently a professor at Stellenbosch University, South Africa.

He previously built extensive experience through EDCTP2-funded tuberculosis biomarker projects: AE-TBC and ScreenTB.

In his Senior Fellowship project, he is working with colleagues in the Engineering Department at Stellenbosch University to develop a biomarker-based point-of-care test for TB meningitis in children, the most severe form of tuberculosis.

Diagnosis currently depends on imaging or analysis of cerebrospinal fluid, which requires specialised facilities and can delay treatment. These delays can have devastating consequences, including death or life-long disability.

In recognition of his contribution, Professor Chegou received the Royal Society Africa Prize in 2022, awarded by the UK Royal Society for outstanding research by an African scientist.



# EDCTP2- Supported Fellow

## Professor Keertan Dheda (South Africa)

Professor Dheda first received an EDCTP1 Senior Fellowship to identify immune biomarkers associated with susceptibility to multidrug-resistant tuberculosis (MDR-TB) and response to treatment.

He later secured additional EDCTP1 funding through the TB-NEAT project, which generated important evidence on DNA- and urine-based point-of-care testing and contributed to WHO recommendations on the urine-based LAM test.

Under EDCTP2, he led the XACT I study, which demonstrated the feasibility of active TB case finding in high-risk urban communities. Subsequent XACT studies refined this approach, including through mobile diagnostic units reaching communities directly.

In the ongoing EDCTP2-funded XACT-19 trial, computer-assisted X-ray diagnosis and other triage tools are being assessed for their potential to further improve the cost-effectiveness of this strategy.

Professor Dheda is widely recognised as a leading expert in TB and MDR-TB diagnosis and treatment, and has received multiple awards for his contributions to TB research.



# EDCTP Outstanding Female Scientist Prize

The prize is awarded to female scientists who have made a significant scientific contribution and built measurable impactful research capacity through training and mentorship for the future generation of researchers in Africa.



## **2023 winner: Professor Kogieleum Naidoo (South Africa)**

Prof. Naidoo is a leading expert in HIV-associated tuberculosis (TB). She is the lead investigator in several national and international phase II/III studies aimed at finding and preventing TB, TB-HIV integration, optimising TB-HIV treatment success, improving DR-TB diagnosis and outcomes, and identifying correlates of TB risk and outcomes in people living with HIV/AIDS, helping advance understanding of these intertwined diseases.



## **2018 winner: Professor Gita Ramjee (South Africa)**

Prof. Ramjee was renowned for her work in HIV prevention methods for women and investigated women-initiated HIV prevention options for many years. Her excellence in clinical research and capacity building brought her the Life Time achievement award in HIV prevention by a panel of international peers. She was also a recipient of the South African MRC Gold award given for scientific excellence. Prof. Ramjee passed away in March 2020 from COVID-19-related complications.

# EDCTP Scientific Leadership Prize

The prize recognizes scientists who have made significant achievements in their field and will continue to become leaders in their research field.



## **2025 winner: Professor Marieke M. van der Zalm (South Africa)**

Professor Marieke M van der Zalm, from Stellenbosch University, is celebrated for her leadership in paediatric TB and post-TB lung health. Her research has brought international attention to long-term health outcomes for children affected by TB and contributed to WHO operational guidance. Through the Umoya and INHALE studies and the International Post-TB Symposium, she has mentored young African researchers and driven forward regional and global advocacy for lung health in children.



## **2025 winner: Professor Tulio de Oliveira (South Africa)**

Professor Tulio de Oliveira, of Stellenbosch University, is internationally renowned for his work in viral genomics. He led the identification of the Beta and Omicron SARS-CoV-2 variants and has been instrumental in advancing genomics capacity across Africa. Through networks such as NGS-SA and CLIMADE, and training over 600 fellows across 48 countries, he has shaped policy and built scientific infrastructure critical for epidemic preparedness.

# EDCTP Scientific Leadership Prize

The prize recognizes scientists who have made significant achievements in their field and will continue to become leaders in their research field.



## **2020 winner: Professor Graeme Meintjes (South Africa)**

Over the past 20 years, Prof. Meintjes has made huge contributions to the improved understanding of HIV-associated tuberculosis, tuberculosis immune reconstitution inflammatory syndrome, and HIV-associated cryptococcal meningitis.



## **2018 winner: Professor Keertan Dheda (South Africa)**

Professor Keertan Dheda's research work has focused on the epidemiology, diagnosis, and transmission of tuberculosis. He has made seminal contributions to the field of tuberculosis, has an outstanding publications record and is the recipient of several prestigious awards including the International Union Against Tuberculosis and Lung Disease Scientific Award.



## **2016 winner: Professor Shabir Mahdi (South Africa)**

Professor Shabir Mahdi is a clinical infectious disease epidemiologist and vaccinologist. His main research interests are epidemiology and prevention through vaccination of the leading causes of infectious disease-associated morbidity and mortality in children from low- and middle-income countries. In 2013, he received the Medical Research Council Life Time Award.

# EDCTP Outstanding Research Team Prize

The prize recognises the outstanding achievements, and scientific and policy impact of teams that are actively involved in research, capacity development, and networking in sub-Saharan Africa and Europe.



Outstanding Research  
Team Prize

## AETBC Consortium

The African-European Tuberculosis Consortium (AETBC) is an international multisite group of African and European researchers to investigate the use of host biosignatures for the diagnosis of active TB disease.



Supported by the  
European Union



## 2020 winner: African-European Tuberculosis Consortium (AETBC)

The AETBC consortium was established in 2010 at Stellenbosch University, South Africa, and was **led by Professor Gerhard Walzl (South Africa)**. Over 10 years, and with EDCTP support, the Consortium developed a lateral flow test that can be used in the field (TriageTB).

# EDCTP Outstanding African Scientist and Rising Star Awards



**2013 winner Outstanding African Scientist Award: Dr Glenda Gray (South Africa)**



**2013 winner Rising Star African Scientist Award: Dr Graeme Meintjes (South Africa)**



**2011 winner Outstanding Senior African Scientist Award: Professor Salim Abdool Karim (South Africa)**



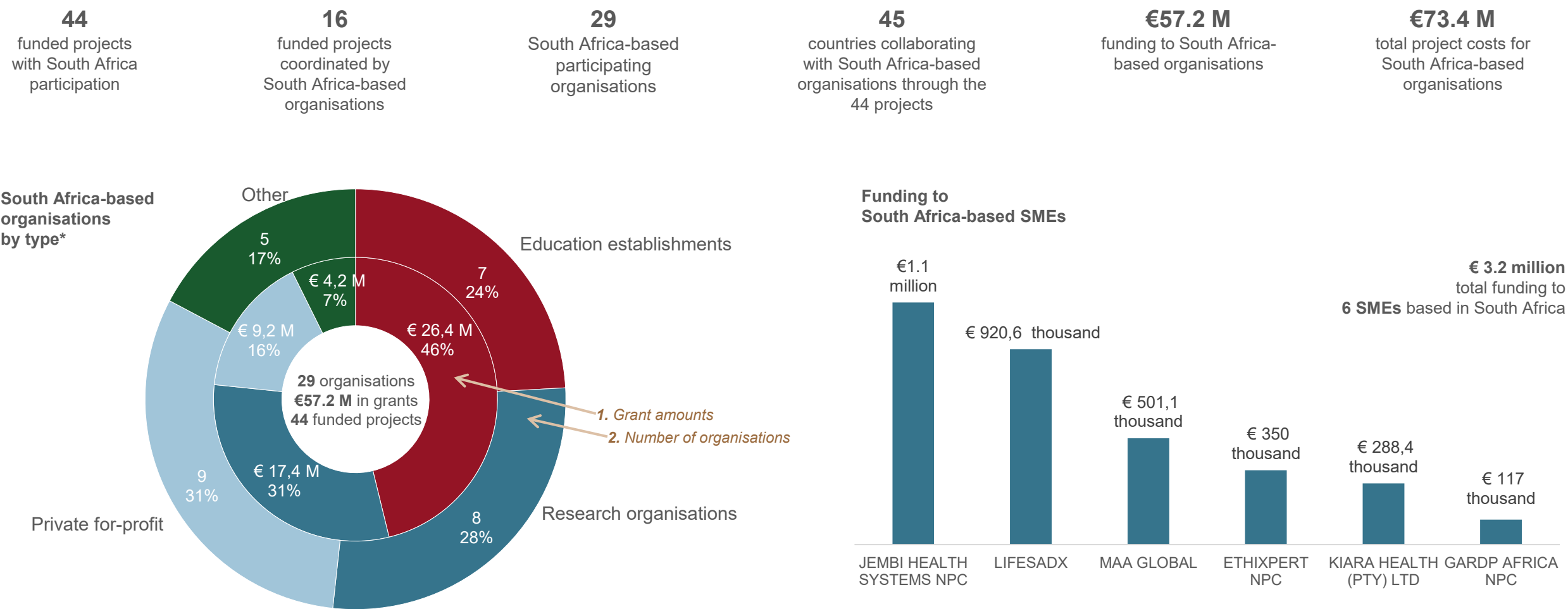
**2009 winner Outstanding Senior African Scientist Award: Dr Dominique J Pepper (South Africa)**

# South Africa in Global Health EDCTP3

*(2021-present)*

# South Africa in Global Health EDCTP3

South Africa has a strong Global Health EDCTP3 footprint, driven mainly by education and research organisations, with complementary SME participation.

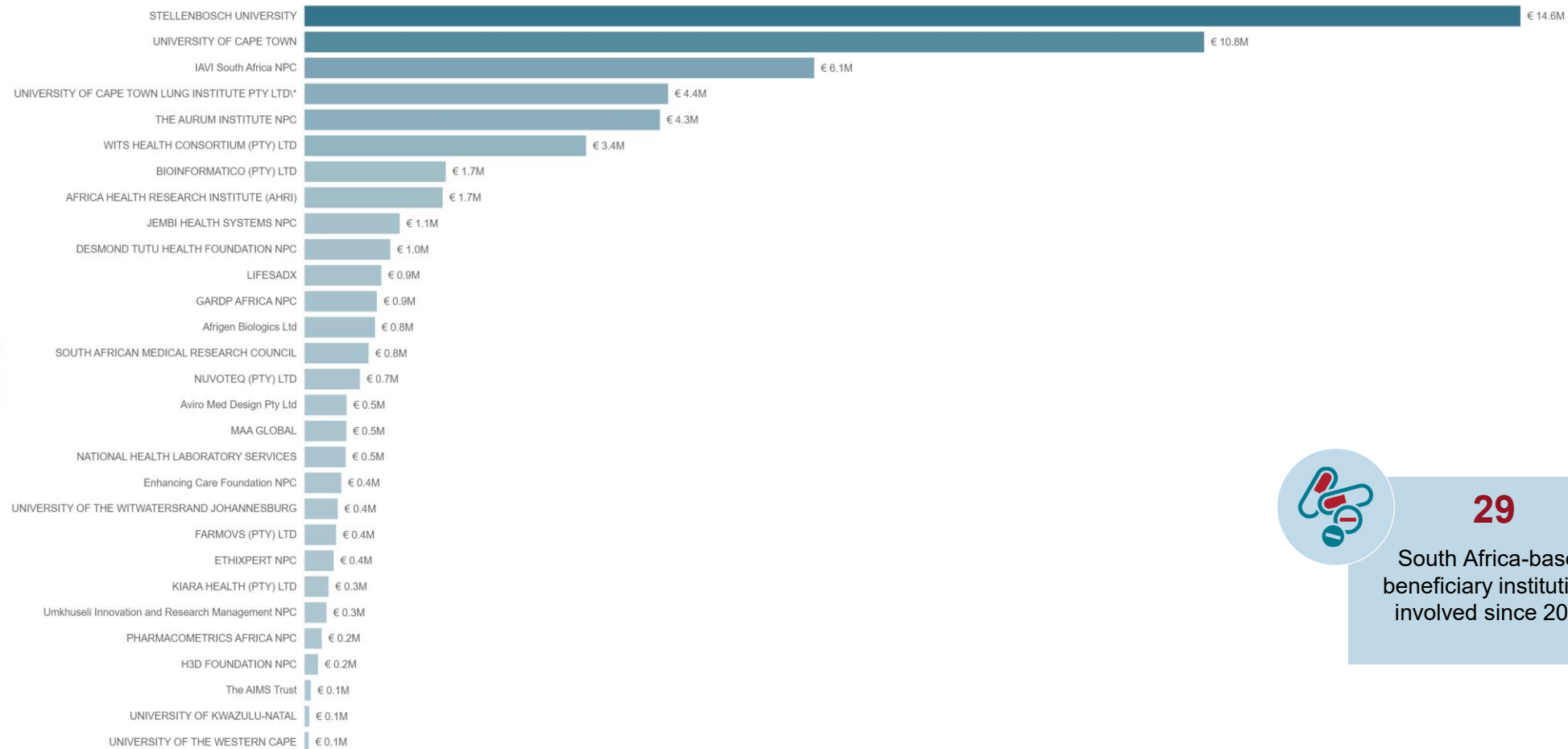


\* Types of organisations follow the taxonomy used by the European Commission and Horizon Europe programme

\*\* Organisations participating in multiple projects are counted only once

# South Africa-based participating organisations in Global Health EDCTP3 projects

Among the 29 South Africa-based beneficiary institutions involved since 2021, Stellenbosch University ranks first by awarded funding, representing 26% of the total.



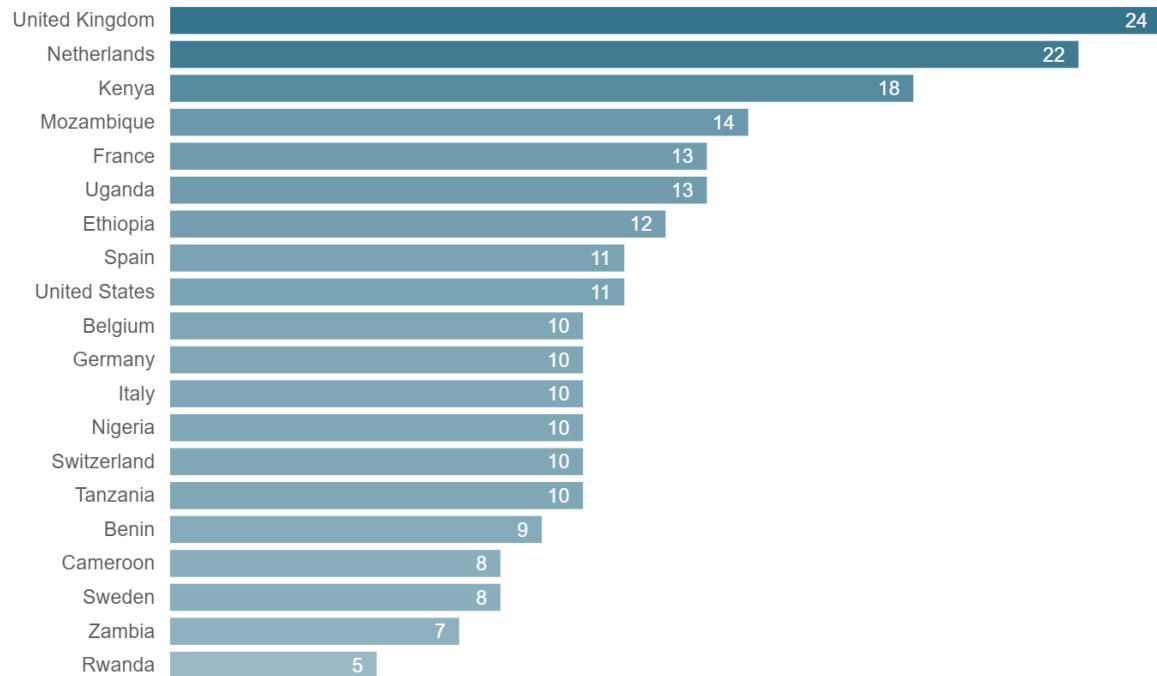
**29**

South Africa-based  
beneficiary institutions  
involved since 2021

# South Africa's international network through Global Health EDCTP3-funded projects

Since 2021, South Africa organisations collaborated with partners in 45 countries through Global Health EDCTP3-funded projects, with strong links across Africa and Europe.

Top 20 partner countries by number of shared projects



Geographical spread of South Africa's Global Health EDCTP3 collaboration links



# Project highlight: MARC SE-Africa

Ensuring countries have rapid access to data on patterns of resistance to antimalarials.

## **The challenge:**

- Malaria burden in sub-Saharan Africa is rising.
- Slow replacement of failing drugs risks preventable deaths, needing faster response.

## **Expected impact:**

- Develop a data-sharing platform that provides near real-time data on patterns of drug resistance and highlights areas at highest risk of treatment failure.
- Enable rapid updates to malaria treatment policies amid changing resistance.



Coordinator:

**University of Cape Town Lung Institute Pty Ltd,**  
South Africa

Countries: **South Africa, Netherlands, Sweden, Norway, UK, Rwanda, Germany, Uganda, Australia**

Funding: **€4.2 million**

Project length: 2023 – 2027

[https://www.global-health-edctp3.europa.eu/projects/marc-se-africa\\_en](https://www.global-health-edctp3.europa.eu/projects/marc-se-africa_en)

# Project highlight: NGS4PublicHealth

Ensuring genomic surveillance projects meet their objectives and reach public health impact.

## The challenge:

- COVID-19 boosted sequencing in sub-Saharan Africa, but broader use and policy linkage are limited.

## Expected impact:

- Train genomics experts in epidemiology and epidemiologists in genomics.
- Build pathogen-specific communities of practice.
- Promote cross-project knowledge and expertise sharing
- Align data standards and methodologies.

NGS4PH



Coordinator:  
**University of the Western Cape,**  
South Africa

Countries: **South Africa, Ethiopia, UK**

Funding: **€15.6 million**

Project length: **2022 – 2026**

[https://www.global-health-edctp3.europa.eu/projects/ngs4publichealth\\_en](https://www.global-health-edctp3.europa.eu/projects/ngs4publichealth_en)

# Project highlight: GenPath Africa

Expanding existing genomic surveillance infrastructure to capture information on drug-resistant strains of tuberculosis (TB) and HIV.

## **The challenge:**

- Rapidly evolving pathogens require variant tracking.
- Genomic surveillance in sub-Saharan Africa is still underused.

## **Expected impact:**

- Generate data on HIV and TB drug resistance profiles in South Africa using Nanopore sequencing and sequencing of rifampicin-resistant TB isolates.
- Collect samples at rural sites to complement hospital-based surveillance on Rift Valley fever in Kenya and provide an early warning of outbreaks.



Coordinator:  
**Stellenbosch University,**  
South Africa

Countries: **South Africa, Mozambique,  
Kenya, Belgium, Germany**

Funding: **€5 million**

Project length: **2023 – 2027**

[https://www.global-health-edctp3.europa.eu/projects/genpath-africa\\_en](https://www.global-health-edctp3.europa.eu/projects/genpath-africa_en)

# Project highlight: Epi-TB

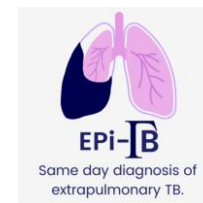
Assessing the clinical impact of IRISA-TB, a new diagnostic device that is better able to detect TB infections outside the lung.

## The challenge:

- Extra-pulmonary TB is hard to diagnose with traditional tools.
- IRISA-TB test shows promise but needs large-scale evaluation to prove effectiveness.

## Expected impact:

- Conduct a large-scale trial (+2,000 patients) of IRISA-TB at centres in South Africa, Zambia and Zimbabwe.
- Show how clinical practice could be changed using IRISA-TB and provide insight into its cost-effectiveness.



Coordinator:  
**University of Cape Town Lung Institute Pty Ltd,**  
South Africa

Countries: **South Africa, Netherlands, Zimbabwe, Zambia**

Funding: **€4 million**

Project length: **2023 – 2026**

[https://www.global-health-edctp3.europa.eu/projects/epitb\\_en](https://www.global-health-edctp3.europa.eu/projects/epitb_en)

# Project highlight: MTBVAC-AVANTE

Advancing the development and future access of a new tuberculosis (TB) vaccine

## The challenge:

- BCG, the only licensed TB vaccine, provides incomplete protection and does not prevent TB disease in adolescents and adults.

## Expected impact:

- Test MTBVAC, a new TB vaccine candidate, in infants, adolescents and adults to build evidence on its safety and effectiveness against TB.
- Prepare for its approval and rollout, working with regulators and policymakers to speed up access if the vaccine proves successful.



Coordinator:

**Porrino Pontevedra, Spain**

Scientific leader:

**IAVI South Africa NPC, South Africa**

Countries: **Spain, South Africa, Kenya, Netherlands, Tanzania**

Total cost: **€74,817,313.76**

Global Health EDCTP3 funding: **€18,223,012.83**

Project length: **2026 – 2030**

<https://mtbvacavante.com/>

[https://www.global-health-](https://www.global-health-edctp3.europa.eu/projects/mtbvac-avante_en)

[edctp3.europa.eu/projects/mtbvac-avante\\_en](https://www.global-health-edctp3.europa.eu/projects/mtbvac-avante_en)

# Project highlight: DOLPHIN-3

Assessing the feasibility of temporarily switching breastfeeding women with HIV from oral to long-acting injectable ART.

## The challenge:

- Around half of new mothers with HIV do not adhere to daily antiretroviral therapy (ART) schedules.

## Expected impact:

- Determine the feasibility of the switch and its impacts on viral load, adherence and mother-to-child transmission of HIV in South Africa and Uganda.
- Identify factors and tools to support successful implementation and patient selection.



Coordinator:  
**University of Cape Town,**  
South Africa

Countries: **South Africa, Netherlands,**  
**Uganda, UK**

Funding: **€3.2 million**

**Project length: 2024 – 2029**

[https://www.global-health-edctp3.europa.eu/projects/dolphin-3\\_en](https://www.global-health-edctp3.europa.eu/projects/dolphin-3_en)

# Project highlight: CTCAN

Creating a network connecting existing clinical trial networks in sub-Saharan Africa.

## The challenge:

- Clinical trial capacity in sub-Saharan Africa is fragmented, slow and insufficiently visible.
- Limited regulation and data deter sponsors.

## Expected impact:

- Provide a single point of entry to information about clinical trial sites and laboratories, clinical research expertise and local epidemiological data.
- Raise the profile of clinical research in sub-Saharan Africa for sponsors.



Coordinator:  
**NUVOTEQ (PTY) LTD,**  
South Africa

Countries: **South Africa, USA, Belgium, France, Spain, UK**

Funding: **€2.5 million**

Project length: **2023 – 2025**

[https://www.global-health-edctp3.europa.eu/projects/ctcan\\_en](https://www.global-health-edctp3.europa.eu/projects/ctcan_en)



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# Thank you!

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