

# Consolidated Annual Activity Report 2024

## Global Health EDCTP3 Joint Undertaking



Annex to Governing Board decision No GH-EDCTP3-GB/15/2025

**The Consolidated Annual Activity Report 2024 of the Global Health EDCTP3 Joint Undertaking was adopted by the Governing Board 25 June 2025.**

In accordance with Article 26 of Council Regulation (EU) 2021/2085 and with Article 23 of the Financial Rules of the Global Health EDCTP3 Joint Undertaking.

The Consolidated Annual Activity Report is made publicly available after its adoption by the Governing Board.

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## FACTSHEET

Name of the JU	Global Health EDCTP3 Joint Undertaking (Global Health EDCTP3)
Objectives	<p>The general objectives of Global Health EDCTP3 are:</p> <p>a) To contribute to the reduction of the socioeconomic burden of infectious diseases in sub-Saharan Africa by promoting the development and uptake of new or improved health technologies.</p> <p>(b) To contribute to the increase of health security in sub-Saharan Africa and globally by strengthening the research- and innovation-based capacities for preparedness and response to control infectious diseases.</p>
Legal Basis	<p>Article 187 of the <a href="#">Treaty on the Functioning of the European Union</a> and</p> <p><a href="#">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</a></p>
Executive Director	Dr Michael Makanga was appointed Executive Director (ED) as of 16 November 2023 <sup>1</sup>
Governing Board	<p>Chairperson: Ms Irene Norstedt (European Commission, RTD)</p> <p>Vice-Chairperson: Dr Henning Gädeke (EDCTP Association)</p> <p>12 members in total: six from the European Commission and six from the EDCTP Association</p> <p>More information on the Governing Board (GB) can be found <a href="#">here</a>.</p>
Other bodies	<p><u>Scientific Committee (SC):</u></p> <p>Chairperson: Professor John Gyapong</p> <p>Vice-Chairperson: Professor Marleen Temmerman</p> <p><u>Stakeholders Group (SG):</u></p> <p>Chairperson: Dr Neeraj Mistry</p> <p>Vice-Chairperson: Dr Helen Demarest</p>

<sup>1</sup> [https://www.global-health-edctp3.europa.eu/michael-makanga\\_en](https://www.global-health-edctp3.europa.eu/michael-makanga_en)



Staff number	Number of employees in the JU Programme office (incl. ED) at the time of the drafting of this CAAR: 31 staff members (statutory and interim)
Total Budget [2024] <sup>2</sup>	Commitment appropriations: <b>EUR 224 607 429</b> Payment appropriations: <b>EUR 80 292 823</b>
Budget implementation/execution	<p><u>Commitment appropriations:</u> total consumption: <b>EUR 220 297 225</b> (100% of commitment “active” appropriations (Titles 1, 2 and 3) spent on total). <b>Title 1</b> – EUR 4 122 809 (100% spent on total) <b>Title 2</b> – EUR 2 597 379 (100% spent on total) <b>Title 3</b> – EUR 213 577 037 (100% spent on total)</p> <p><u>Payment appropriations:</u> <b>EUR 77 358 810</b> (96% spent on total) <b>Title 1</b> – EUR 2 993 735 (72% spent on total) <b>Title 2</b> – EUR 1 013 460 (37% spent on total) <b>Title 3</b> – EUR 73 351 615 (100% spent on total)</p>
Grants/Tenders/Prizes	<p><b>46 projects</b> signed in 2024 for a total grant value of <b>EUR 131 million</b>. <b>2 tenders</b> signed for a total value of <b>EUR 989 369,78</b>.</p>
Strategic Research & Innovation Agenda	<p>No updates to the <a href="#">Strategic Research &amp; Innovation Agenda</a> in 2024. Last version corresponds to <a href="#">Decision N° GB 04/2022</a> of 12 January 2022.</p>
Call implementation	<p><u>Number of calls launched in 2024:</u> <b>Three</b> open and competitive calls for proposals.</p> <p><u>Number of proposals submitted in 2024:</u> <b>250</b> short proposals<sup>3</sup> submitted under stage one of two-stage calls. <b>84</b> complete proposals submitted, <b>17</b> under a single-stage call and <b>67</b> under stage two of two-stage calls.</p> <p><u>Number of eligible proposals in 2024:</u></p>

<sup>2</sup> Total budget includes operational budget (used for funding selected indirect actions) & administrative (used for funding Programme Office activities)

<sup>3</sup> Stage 1 proposals of the two-stage calls



	<p><b>205</b> eligible short<sup>4</sup> proposals submitted under stage one of two-stage calls.</p> <p><b>83</b> eligible complete proposals submitted, <b>16</b> under a single-stage call for proposals and <b>67</b> under stage two of two-stage calls.</p> <p><u>Number of indirect actions selected for funding in 2024: 35</u></p> <p><u>Global project portfolio as of end of 2024: 74 projects</u> (<b>46</b> signed in 2024; <b>27</b> in 2023; and <b>one</b> in 2022).</p>
<p><b>Participation, including SMEs</b></p>	<p>Total number of participants in <b>46</b> projects for which grant agreements were signed in 2024: <b>219</b></p> <p><i>of which:</i></p> <ul style="list-style-type: none"> <li>- 19 (<b>9%</b>) of <b>SMEs</b> and <b>4% of grant amounts</b> committed to those SMEs</li> <li>- 29 (<b>13%</b>) of <b>private for-profit</b> companies and <b>8% of grant amounts committed to</b> those companies</li> <li>- 118 (<b>54%</b>) participants from non-EU and/or non-associated member countries (openness)</li> <li>- 90 (<b>41% of the 219</b>) are newcomers to Global Health EDCTP3, i.e., they have never participated in the implementation of grants funded by Global Health EDCTP3 or by its previous iterations EDCTP2 and EDCTP1.</li> </ul>

<sup>4</sup> Stage 1 proposals of the two-stage calls

## FOREWORD

Dear colleagues, partners, and friends,

I am pleased to present the Global Health EDCTP3 Annual Activity Report 2024, which highlights the key achievements of the Joint Undertaking in its second year as a fully autonomous body of the European Union.

2024 has been a year of growth and increasing regional and global recognition of the value of our partnership, building on over 20 years of impactful outcomes in addressing infectious diseases in sub-Saharan Africa. Our total budget grew from EUR 1,6 billion to EUR 1,86 billion, thanks to contributions from the European Union, represented by the European Commission, and the EDCTP Association.



Eswatini and Namibia joined the EDCTP Association in 2024, bringing the total number of African countries participating in the partnership to 30. This expansion means entities from these countries can now engage in and receive funding for Global Health EDCTP3 initiatives – a positive development for the partnership.

However, 2024 was also marked by a new public health challenge, with the mpox outbreak in the Democratic Republic of Congo. In response, Global Health EDCTP3 demonstrated its rapid mobilisation capabilities, swiftly launching an emergency response call to address this crisis, leveraging substantial cofunding from the EDCTP Association member countries to ultimately support nine projects.

In terms of our project portfolio, 46 new projects were launched in 2024, bringing the total number of projects funded by Global Health EDCTP3 to 74, with a cumulative Joint Undertaking contribution of EUR 234 million. A total of 305 entities from 56 countries are now involved in our funded projects, ensuring a balanced collaboration between African and European institutions.

Numerous advocacy, networking, and outreach activities in 2024 also supported the achievement of Global Health EDCTP3's strategic objectives. Notably, BioNTech joined as a Contributing Partner for the 2024 call on training fellowships, and Global Health EDCTP3 became a full member of the Global Research Collaboration for Infectious Disease Preparedness (GloPID-R).

Preparations also began for the Twelfth EDCTP Forum, scheduled to take place from 15-20 June 2025 at the Kigali Convention Centre in Rwanda, where over 1 000 participants are expected to attend this flagship event.

2024 saw Global Health EDCTP3 highlighted as a key initiative for scientific collaboration with Africa in the final communiqué of the G7 Ministers Meeting on Science and Technology. We were also recognised by the Africa CDC and the World Health Organization (WHO) as a key partner for research and innovation in response to the mpox outbreak through the Mpox Continental Preparedness and Response Plan.

These acknowledgments underscore the significant value and contribution of Global Health EDCTP3. I would like to extend my gratitude to our Governing Board, Scientific Committee, Stakeholders Group, and the growing Programme Office in Brussels for their strategic vision, constructive feedback, and unwavering support in guiding this partnership.

Together, we continue to progress towards a healthier and safer world for everyone, no matter where we live.

**Dr Michael Makanga**  
Executive Director, Global Health EDCTP3



## EXECUTIVE SUMMARY

### Growing partnership

In 2024, Global Health EDCTP3 continued to grow in terms of the contributions provided by its members, the European Union (EU), represented by the European Commission, and the EDCTP Association. This resulted in a total budget increase from EUR 1,6 billion to EUR 1,86 billion.

Global Health EDCTP3 was mentioned as a key initiative for scientific collaboration with Africa in the [final communiqué of the G7 Ministers Meeting on Science and Technology](#) in July 2024. This recognition builds on the tangible outcomes achieved by the partnership over more than 20 years.

Additionally, as part of the EU global health strategy implementers, Global Health EDCTP3 was actively involved in the high-level AU-EU dialogue to strengthen the health partnership, which was followed by the high-level event on [deepening the EU-AU partnership in global health for equitable access](#), organised by the Belgian Presidency of the Council of the EU in March 2024.

In 2024, Eswatini and Namibia became members of the [EDCTP Association](#), bringing the total number of African countries represented in the decision making of the partnership to 30. By joining the EDCTP Association, entities established in these countries will be eligible to receive funding through Global Health EDCTP3 activities.

### Portfolio of projects

During 2024, Global Health EDCTP3 concluded the grant agreement preparations of 46 new projects with a JU requested contribution of EUR 131 million, bringing the total number of active projects to a 74, corresponding to a requested JU contribution of EUR 234 million.

Out of the 46 signed projects in 2024, 40 are dedicated to research and innovation actions (RIAs) tackling infectious diseases in sub-Saharan Africa, while the remaining six will focus on capacity-building, networking and training activities through coordination and support actions (CSAs). These projects span across a variety of infectious diseases, including emerging and re-emerging infectious diseases with epidemic potential, malaria, neglected infectious diseases, tuberculosis, lower respiratory tract infections, HIV, diarrhoeal diseases, childhood cross-infections, and other. They address the identified research gaps related to medical countermeasures R&D, including support to the development of drugs/therapies, vaccines, diagnostics, surveillance tools, and other prevention tools.

A total of 219 unique participants<sup>5</sup> are involved in the implementation of the 46 new projects, bringing the total number of entities involved in the implementation of ongoing projects funded by Global Health EDCTP3 to 305 since 2022<sup>6</sup>. Among these 219 participants, 109 (50%) are in Africa, with 49 (45%) of them in countries with French or Portuguese as one of their official languages, addressing the equity gaps involving previously underrepresented areas in EDCTP-funded projects.

Among the 219 unique participants, most represent the research or education sector, amounting to 67% (146 participants), while the private for-profit sector reached 13% (29 participants), and SMEs 9% (19 participants).

The 46 new projects also expanded the geographic footprint of Global Health EDCTP3, with 14 additional countries joining Global Health EDCTP3 activities. As a result, the number countries with

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<sup>5</sup> Unique participants, namely the number of distinct organisations involved in the funded projects. One entity participating in N projects only counts once.

<sup>6</sup> For this number, each entity was counted once since the start of the Programme.



participants in projects grew from 42 in December 2023 to 56 in December 2024. Among these additional 14 countries, eight are in Africa.

### Responding to emerging epidemics

In 2024, the world, and Africa especially, witnessed a surge in Mpox cases, with thousands of infections reported in the Democratic Republic of Congo and other African countries. Global Health EDCTP3 reacted swiftly, activating its emergency funding mechanism and opening a dedicated call for proposals on 14 May 2024.

As a result, nine projects dedicated to the emergency research response to the 2024 Mpox outbreak were funded in 2024, with additional funding from the EDCTP Association (via the UK Department of Health and Social Care and ANRS *Maladies infectieuses émergentes*) and supplementary funding from the Coalition for Epidemic Preparedness Innovations (CEPI). The role of Global Health EDCTP3 as a key partner for research and innovation in response to the Mpox outbreak was recognised by Africa CDC and the World Health Organization (WHO) in the [Mpox Continental Preparedness and Response Plan](#).

In June 2024, a Global Health EDCTP3 [news article](#) was published on the role of Global Health EDCTP3 in preparedness and research response to public health emergencies.

In December 2024, a high-level meeting on “Communities at the centre of the mpox emergency response: driving local level impact through social and behavioural science” was held in Kinshasa, Democratic Republic of Congo (DRC). Co-convened by the WHO, Global Health EDCTP3, Elrha, and Africa CDC and hosted by the Ministry of Health of the DRC, the meeting aimed to take stock of the research being, or planned to be, conducted as well as to identify evidence gaps regarding social and behavioural aspects of mpox outbreaks.

### Launching new calls / evaluating ongoing calls for proposals

During 2024, Global Health EDCTP3 launched and concluded three calls for proposals under WP2024, including two two-stage calls and one single-stage call, attracting a significant response from the research community.

- For the two-stage calls, a total of 250 short proposals (of which, 205 eligible proposals) were submitted for the first stage by 4 April 2024, followed by 67 complete proposals received for the second stage by 1 October 2024.
- For the single-stage call (Mpox emergency call) 17 complete proposals (of which, 16 eligible proposals) were submitted by 29 May 2024.

Also in 2024, Global Health EDCTP3 concluded a two-stage call for proposals launched under WP 2023. Following the first stage evaluation process initiated in 2023, 36 complete proposals were received for the second stage by 3 April 2024. From this call for proposals, ten projects have been awarded and signed in 2024.

### Engaging partners

In 2024, numerous advocacy, networking and outreach activities were conducted in support of achieving Global Health EDCTP3’s strategic objectives. Our efforts covered the following areas:



- Regular exchanges and bilateral discussions with current and potential external partners, with the aim to align health research agendas and develop joint funding strategies with Contributing Partners;
- Active participation in funders groups, global health research platforms and other initiatives to promote the Global Health EDCTP3 programme and engage in relevant discussions with key stakeholders;
- Regular exchanges with European and African government representatives on key issues.

Alongside funding partnerships in response to the mpox outbreak, 2024 saw an increased level of engagement with both longstanding and new strategic partners in other areas, including to reinforce partnership with the European Commission and EDCTP Association countries.

In May 2024, a Global Health EDCTP3 [news article](#) was published which highlighted working in partnership as being a core value of Global Health EDCTP3, including ensuring coordination with the different European Commission Directorates-General and EU agencies. To further reinforce this, Global Health EDCTP3 hosted in September 2024 [a high-level meeting](#) with key EU research and health leaders moderated by the editors-in-chief of The Lancet, to exchange on the EU investments and future perspectives in global health and explore areas for close collaboration across EU initiatives going forward. In November 2024, the Global Health EDCTP3 Executive Director also accompanied Mr Marc Lemaître, Director General of the Directorate-General for Research and Innovation, during a two-day visit to Cape Town, South Africa, which showcased significant strides in health research and innovation supported by EU partnerships.

Outreach to like-minded organisations was ramped up during the course of 2024, including engagement with a variety of current and prospective strategic partners. As a result of these exchanges, BioNTech became a Global Health EDCTP3 Contributing Partner in June 2024 for the 2024 call on training fellowships and discussions advanced with other prospective Contributing Partners.

In March 2024 Global Health EDCTP3 became a full member of the Global Research Collaboration for Infectious Disease Preparedness ([GloPID-R](#)) and was subsequently elected for representation in the GloPID-R Board in December 2024. Global Health EDCTP3 was also represented as a Steering Committee member of ESSENCE in Health Research in 2024, in addition to actively participating as a member of the Product Development Partnerships (PDP) Funders Group, including attendance at PDP donor roundtables in South Africa (through EDCTP Africa Office representation) and the Netherlands in June and November 2024 respectively.

## Participating in events

Global Health EDCTP3 was represented in numerous events and international conferences during 2024, with the aim of raising the profile and increasing the visibility of the organisation.

One example of major presence is a virtual session co-organised by Global Health EDCTP3 and the EDCTP Association as part of the 10th edition of the [Science Summit during the 79th United Nations General Assembly \(SSUNGA79\)](#), which illustrated the value of investing in collaborative clinical research in Africa to develop local solutions with broader application against the global challenge of antimicrobial resistance (AMR). The event featured a combination of EDCTP2 and Global Health EDCTP3-supported project presentations and a panel discussion on identifying the priority areas for mitigating AMR that Global Health EDCTP3 and its partners can take forward.



## Communication and dissemination

In 2024, Global Health EDCTP3 communication activities focused on enhancing the branding and digital presence of the partnership.

The Global Health EDCTP3 communication strategy and branding manual were endorsed by the Governing Board in June 2024, a monthly newsletter was launched in July 2024 and a new [website](#) on the europa.eu domain was released in December 2024. Social media presence (especially on LinkedIn) was reinforced throughout the year, with a 240% increase in the number of followers.

Funding opportunities, funded projects, speaking engagements and cooperation with like-minded organisations were extensively promoted on different channels, raising awareness about the partnership and highlighting its mission and impact. Info Days were organised in February 2024 in the three languages (English, French and Portuguese).

In June 2024 preparations commenced for the organisation of the Twelfth EDCTP Forum, scheduled to take place on 15-20 June 2025 at the Kigali Convention Centre in Kigali, Rwanda. Hosted by the Ministry of Health of Rwanda and the Rwanda Biomedical Centre, and jointly organised by Global Health EDCTP3 and the EDCTP Association, the theme for the 2025 Forum is “Better health through global research partnerships”. The Programme and Organising Committees were established, preparations have started for the organisation of the event, the Forum website was launched, review of submitted abstracts and scientific symposia is ongoing.

## Gender balance at Global Health EDCTP3

As part of our commitment to promoting gender balance and fostering a more inclusive and diverse environment, the following statistics were observed at the end of 2024:

- Programme Office: 69% of staff were female.
- Governing Board: 50% of the members were female.
- Scientific Committee: 57% of the members were female.
- Stakeholders Group: 48% of the members were female
- Expert evaluators for calls for proposals: 47%<sup>7</sup> of experts selected were female.

Gender balance was also well achieved in leadership positions, with women serving as the Chairperson of the Governing Board and as Vice-Chairpersons of both the Scientific Committee and the Stakeholders Group. Additionally, two out of the three middle management positions in the Programme Office were held by women.

## Governance

After achieving financial autonomy in November 2023, 2024 was the first full year that Global Health EDCTP3 functioned as a fully autonomous EU body, independently executing its work programme and budget. Under the strategic guidance of the Governing Board, and the scientific and strategic advice of the Scientific Committee and the Stakeholders Group, the Executive Director led the Programme Office from the successful implementation of the Work Programme 2024 to the preparation and timely adoption of the Work Programme 2025.

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<sup>7</sup> This value represents the average participation of women experts in calls for proposals evaluated in 2024 (including one two-stage call for proposals under WP 2023).



## Preparing the Work Programme for 2025

The preparation of the Work Programme 2025 was initiated in December 2023. In February 2024, an Annual Research and Innovation Agenda (ARIA) was developed within the framework of the [Strategic Research and Innovation Agenda \(SRIA\)](#), incorporating insights from previous Global Health EDCTP3 investments, a literature review on research and innovation gaps, potential partner contributions, as well as inputs from the Stakeholders' Group and the Scientific Committee.

A first draft of the Work Programme 2025 was ready by May 2024 and discussed at the Governing Board's June 2024 meeting. These discussions informed a second draft in September 2024, which underwent final consultation before being presented at the October 2024 Governing Board meeting and EDCTP Joint Undertaking Committee meeting.

Subsequently, feedback from the EDCTP Association and the European Commission, as well as inputs from the Scientific Committee and the Stakeholders Group, where relevant and justified was incorporated. The Programme Office prepared the final version, which was discussed at the 3 December 2024 Governing Board meeting and subsequently adopted by written procedure.

On 17 December 2024, Global Health EDCTP3 published the [Work Programme 2025](#), the most ambitious since the creation of the JU, with a total indicative budget of EUR 214 million, featuring four calls for proposals with seven topics addressing both specific disease areas and overarching global health challenges.

## 1. IMPLEMENTATION OF THE ANNUAL WORK PROGRAMME 2024

In 2024, Global Health EDCTP3 proceeded with its mission to **accelerate the development and access to medical interventions for fighting infectious diseases in sub-Saharan Africa**. This year saw significant progress in the involvement of private and philanthropic ventures to amplify public investment, driving forward crucial scientific and technological advancements.

Through strategic funding and collaborative initiatives, Global Health EDCTP3 continued to facilitate breakthroughs in disease prevention, diagnosis, and treatment, contributing to the advancement of global health knowledge. The Joint Undertaking also focused on translating research into tangible **societal and economic impact, improving public health outcomes, fostering competitiveness, stimulating growth, and generating employment opportunities** within the African R&D ecosystem.

Furthermore, Global Health EDCTP3 addressed these critical societal challenges while navigating the complexities of implementing its **ambitious Work Programme 2024** and following-up on the different processes to **finalise the activities related to Work Programme 2023**. Recognising the importance of continuous improvement, the organisation actively sought to identify and address challenges, paving the way for enhanced effectiveness and impact in the years to come, which have already been, at least in part, reflected in its Work Programme 2025, adopted at the end of 2024.

The present report describes the substantial volume of activities undertaken by the Programme Office in 2024, with [Table 1](#) detailing the relevant calls for proposals being reported and respective deadlines.

**Table 1 - Calls for proposals and respective deadlines relevant for Annual Activity Report 2024**

Work Programme	Call short description	No of topics	Call launch	Evaluation end (stage 1/ single stage)	Evaluation end (stage 2)	GB funding decision	Invitation letters sent	GA signature deadline (TTG)
2023	GH-EDCTP3-2023-01 (single stage)	5	10/05/2023	15/09/2023	N/A	01/11/2023	14/11/2023	05/03/2024
	GH-EDCTP3-2023-02-two-stage	2	27/06/2023	17/11/2023	16/05/2024	27/06/2024	24/07/2024	04/12/2024
2024	GH-EDCTP3-2024-01-two-stage	6	18/01/2024	29/05/2024	08/11/2024	10/12/2024	17/12/2024	02/06/2025
	GH-EDCTP3-2024-02-two-stage	1	18/01/2024	29/05/2024	06/11/2024	10/12/2024	17/12/2024	02/06/2025
	GH-EDCTP3-2024-Mpox (single stage)	1	14/05/2024	19/06/2024	N/A	21/06/2024	28/06/2024	29/01/2025

*Note: Blue shaded fields were performed during 2024.*



## 1.1 Key objectives 2024, associated risks and corrective measures

In 2024, Global Health EDCTP3 pursued a **set of strategic objectives** designed to enhance its **operational efficiency, scientific impact, and global reach**. Progress towards these objectives was tracked using existing key performance indicators (KPIs), and significant risks were proactively addressed through implementation of actions through an action plan. **Section 4.3.2. Risk assessment and management**, further develops, among other, on the topic of operational risks and actions taken to ensure that the JU meets its objectives 2024.

In this context, the **specific objectives** defined for Global Health EDCTP3, along with their **respective indicators and results** for the year of 2024, are reported below. Please note that these also relate to the **outcomes** of the calls for proposals under **Work Programme 2023**, which have been concluded during 2024 and therefore were not reported in the Annual Activity Report of 2023.

The information regarding the different **specific objectives** is complemented by **Table 2**, which details the different calls for proposals and their respective topics in the context of the timeline of operational results obtained in 2024.

### 1. 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 RIA calls for proposals launched in 2024: two calls / seven call topics (one single stage call featuring one call topic and one two-stage call featuring six call topics under WP 2024).**
- **# of RIA calls for proposals followed-up in 2024 from previous WPs: two calls / six call topics (one single stage call featuring four call topics and one two-stage call featuring two call topics under WP 2023, the single stage call of 2023 also covered one CSA call topic).**
- **# of RIA projects signed in 2024, under WP 2024: nine<sup>8</sup> projects (EUR 12,10 million in requested JU funding).**
- **# of RIA projects signed in 2024, as an outcome of previous calls for proposals: 31 projects (EUR 112,94 million in requested JU funding). Of these, 21 projects were signed under the WP 2023 single stage call for proposals and ten projects were signed under the 2023 two-stage call for proposals. Further information on the distribution of signed projects per call topic is detailed under **Table 2**.**

Resulting in a **total investment** in 2024 of **EUR 125,04 million** in **40 RIA projects** (WP 2024 and previous calls for proposals).

### 2. To strengthen research and innovation capacity and the national health research systems in SSA for tackling infectious diseases.

- **# of CSA calls for proposals launched in 2024: one call / one call topic (one two-stage call under WP 2024).**

<sup>8</sup> This number represents the projects funded through the call for proposals featuring the mobilisation of research funds in case of Public Health Emergencies (GH-EDCTP3-2024-Mpox). Proposals expected to receive funding under the regular calls for proposals of WP 2024 have been invited at the end of 2024 and beginning of 2025 and will have their grant agreements signed in 2025.



- # of **CSA calls for proposals followed-up in 2024 from previous WPs: one call / one** relevant call topic (**one** single stage call featuring **one** call topic under WP 2023, which also covered four RIA call topics).
- # of **CSA projects signed in 2024, under WP 2024: zero<sup>9</sup>** projects.
- # of **CSA projects signed in 2024, as an outcome of previous calls for proposals: six** projects (**EUR 5,84 million** in requested JU funding). These projects were signed under the WP 2023 single stage call for proposals.

Resulting in a **total investment** in 2024 of **EUR 5,84 million** in six **CSA projects** (WP 2024 and previous calls for proposals).

### 3. 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 (IKAAs)** included annual work plan: **EUR 164 443 002** under 2024 Work Programme.
- **EUR reported by EDCTP Association countries on IKAAs at the end of 2024 (by 31 May 2025): EUR 230 083 365** on activities initiated following AA plan 2022 and 2023 and **EUR 260 461 059** on activities following AA plans 2022 – 2024 included.
- **Cash contribution committed by EDCTP Association members as of end 2024: EUR 20,3 million.**
  - This includes **financial contributions committed by the EDCTP Association** countries for the Mpox call for proposals, namely: **EUR 6,35 million** (by UK - DHSC) and **EUR 0,5 million** (by France - ANRS).

Resulting in a **total potential investment** until end 2024 of **EUR 394 526 367 million** in **IKAA**, and **EUR 20,3 million** in **additional financial contributions**.

### 4. 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 for proposals launched directly addressing epidemic preparedness in 2024: one** call / **one** call topic (**one** single stage call in response to the **2024 Mpox outbreak** in the Democratic Republic of the Congo (DRC)).
- # of **calls for proposals followed-up in 2024 from previous WPs directly addressing epidemic preparedness: one** call / **one** relevant call topic (**one** single stage call under WP 2023, with **one** call topic (out of five) dedicated to **rapidly evaluate interventions on Ebola outbreaks**).
- # **projects on epidemic preparedness signed in 2024, under WP 2024: nine** projects (**EUR 12,10 million** in requested JU funding) dedicated to the **2024 Mpox outbreak in DRC**.

<sup>9</sup> Proposals expected to receive funding under the regular calls for proposals of WP 2024 have been invited at the end of 2024 and beginning of 2025 and will have their grant agreements signed in 2025.



- **# projects on epidemic preparedness signed in 2024, as an outcome of previous calls for proposals: three projects (EUR 9,36 million in requested JU funding) dedicated to Ebola outbreaks.** These projects were signed under the WP 2023 single stage call for proposals.

Resulting in a **total investment** in 2024 of **EUR 21,46 million** in **12 projects for epidemic preparedness** (WP 2024 and previous calls for proposals).

#### 5. 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 for proposals launched with contributing partners in 2024, under WP 2024: one call covering one call topic (one two-stage call featuring one call topic under WP 2024 in a format of a joint call for proposals with BioNTech on training fellowships with return phase).**
- **# of projects under joint calls for proposals with Contributing Partners signed in 2024: 0<sup>10</sup> projects.**
  - i. Note that there have not been joint calls for proposals with Contributing Partners launched in 2023, hence no actions were followed with reference to previous calls for proposals.
- In the context of international funders alignment and funding synergies, the following **stakeholders contributed** towards projects signed in 2024:
  - i. **EDCTP Association member states** committed **EUR 5,3 million** to the call for proposals dedicated to Mpox (GH-EDCTP3-2024-Mpox (WP2024)).
  - ii. **CEPI** funded with **USD 6,4 million (around EUR 5,9 million<sup>11</sup>)** part of the scope evaluated of a signed project (101195533, PregInPoxVac) under GH-EDCTP3-2024-Mpox (WP2024)<sup>12</sup>.
  - iii. furthermore, the **46 projects** funded by the JU in 2024 leveraged additional resources – either in-cash or in-kind – estimated at **EUR 1,34 million**.

Resulting in a **total additional contribution from other stakeholders** in 2024 reaching **EUR 12,5 million**.

<sup>10</sup> Proposals expected to receive funding under the regular calls for proposals of WP 2024 have been invited at the end of 2024 and beginning of 2025 and will have their grant agreements signed in 2025.

<sup>11</sup> Amount converted from USD to EUR based on the InforEuro exchange rate for November 2024

<sup>12</sup> New Announcement, 7 November 2024: [Global Health EDCTP3 and CEPI join forces to fund new study to assess mpox vaccine in pregnant women and infants - Global Health EDCTP3 JU](#)

**Table 2 - Calls for proposals, call topics and respective outcomes relevant for Annual Activity Report 2024**

WP/Call	Call topic ID	Call topic description	Action Type	Format	Indicative budget (EUR)	# funded projects <sup>13</sup>	Timeline of activities
<b>WP 2023</b> GH-EDCTP3-2023-01	HORIZON-JU-GH-EDCTP3-2023-01-01	Global Health EDCTP3 Training Networks - Clinical Research Fellowships	RIA	Single stage	15 300 000	4	Evaluation of single stage call for proposals concluded in <b>2023</b> . Proposals invited for Grant Agreement preparation at the end of 2023 and 27 projects signed in <b>2024</b> (21 RIAs and six CSAs).  * Does not include additional proposals that have been invited for Grant Agreement preparation beginning of 2025 (reserve proposals), for which Grant Agreements will be concluded in 2025.
	HORIZON-JU-GH-EDCTP3-2023-01-02	Funding to successfully finalised clinical trials from EDCTP2, which have been negatively impacted by the COVID-19 pandemic	RIA	Single stage	14 000 000	8*	
	HORIZON-JU-GH-EDCTP3-2023-01-03	Implementing research/real life assessments of existing interventions in women and children's health	RIA	Single stage	26 000 000	6	
	HORIZON-JU-GH-EDCTP3-2023-01-04	Research to rapidly evaluate interventions on Ebola outbreaks in Africa	RIA	Single stage	11 000 000	3	
	HORIZON-JU-GH-EDCTP3-2023-01-05	Strengthening ethics and regulatory capacity	CSA	Single stage	8 000 000	6	
<b>WP 2023</b> GH-EDCTP3-2023-02-two-stage	HORIZON-JU-GH-EDCTP3-2023-02-01-two-stage	Improving modes of delivery, deployment, and uptake of vaccines through phase IV/implementation research	RIA	Two-stage	30 000 000	5	Evaluation of first stage of the call for proposals concluded in <b>2023</b> and second stage in <b>2024</b> . Proposals invited for Grant Agreement preparation mid-2024 and ten projects signed in <b>2024</b> (ten RIAs).
	HORIZON-JU-GH-EDCTP3-2023-02-02-two-stage	Advancing point-of-care diagnostics to the market	RIA	Two-stage	26 000 000	5	
<b>WP 2024</b> GH-EDCTP3-2024-01-two-stage	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	RIA	Two-stage	22 000 000	TBC <sup>10</sup>	Evaluation of first and second stage of the call for proposals concluded in <b>2024</b> . Proposals invited for Grant Agreement preparation end of 2024 (main proposals) and beginning of 2025 (reserve proposals), for which Grant Agreements will be concluded in <b>2025</b> .
	HORIZON-JU-GH-EDCTP3-2024-01-02-two-stage	Research on existing Malaria vaccines and development of new promising candidates	RIA	Two-stage	30 000 000	TBC <sup>10</sup>	

<sup>13</sup> Funded projects in 2024 resulted both from the main list of proposals as well as some proposals under reserve list.

WP/Call	Call topic ID	Call topic description	Action Type	Format	Indicative budget (EUR)	# funded projects <sup>13</sup>	Timeline of activities
	HORIZON-JU-GH-EDCTP3-2024-01-03-two-stage	Accelerating development of therapeutics and nonpharmaceutical interventions against neglected tropical diseases (NTDs) in sub-Saharan Africa	RIA	Two-stage	22 000 000	TBC <sup>10</sup>	
	HORIZON-JU-GH-EDCTP3-2024-01-04-two-stage	Tackling Antimicrobial Resistance (AMR) through R&D in novel and existing antimicrobials	RIA	Two-stage	24 000 000	TBC <sup>10</sup>	
	HORIZON-JU-GH-EDCTP3-2024-01-05-two-stage	New tools, technologies and approaches for vector control in sub-Saharan Africa	RIA	Two-stage	18 432 135	TBC <sup>10</sup>	
	HORIZON-JU-GH-EDCTP3-2024-01-06-two-stage	Innovative digital health solutions for sub-Saharan Africa	RIA	Two-stage	20 000 000	TBC <sup>10</sup>	
<b>WP 2024</b> GH-EDCTP3-2024-02-two-stage	HORIZON-JU-GH-EDCTP3-2024-02-01-two-stage	Global Health EDCTP3 academia/industry fellowship with return phase	CSA	Two-stage	3 500 000	TBC <sup>10</sup>	Evaluation of first and second stage of the call for proposals concluded in <b>2024</b> . Proposals invited for Grant Agreement preparation end of 2024 (main proposals) and beginning of 2025 (reserve proposals), for which Grant Agreements will be concluded in <b>2025</b> .
<b>WP 2024</b> GH-EDCTP3-2024-Mpox	HORIZON-JU-GH-EDCTP3-2024-Mpox	WP 2024 emergency funding call in response to the Mpox outbreak in the Democratic Republic of Congo	RIA	Single stage	6 500 000	9	Evaluation of single stage call for proposals concluded in <b>2024</b> . Proposals invited for Grant Agreement preparation mid-2024 and nine projects signed in <b>2024</b> (nine RIAs).

## 1.2 Research & Innovation activities/achievements

In 2024, Global Health EDCTP3's **research & innovation activities** were **strategically designed to advance and push forward medical interventions** for infectious diseases in sub-Saharan Africa. The focus was on fostering scientific excellence and enhancing international collaboration, while **promoting access** from the initial stages of R&D to ensure equitable delivery of life-saving interventions.

### 1.2.1 Scientific and technological achievements and activities

Significant progress was made to **accelerate Phase II and III clinical trials** for novel vaccines and therapeutics targeting priority infectious diseases (e.g., tuberculosis (TB), malaria, HIV). The Joint Undertaking, through its projects and constituencies, **implemented innovative trial designs**, including adaptive trials and platform trials, to progress in the evaluation of promising interventions, but also sponsored the **integration of cutting-edge technologies**, such as genomics and artificial intelligence, to enhance data analysis and personalised medicine approaches. In this context, Global Health EDCTP3-funded projects are already producing significant scientific results, as illustrated in the success stories detailed below.

#### GREAT-LIFE<sup>14</sup> (101103059)

##### **Linking field-deployable sequencing of infectious disease agents with epidemiological monitoring by public health authorities, including sequencing a novel Clade Ib mpox sub-lineage**

Limited information is available on infectious diseases in the African Great Lakes region, particularly regarding gastrointestinal diseases and antimicrobial resistance. As one of the most densely populated areas in Africa, with high rates of migration and rich biodiversity, disease surveillance is crucial. However, logistical challenges make it difficult to monitor outbreaks effectively.

The GREAT-LIFE project is addressing this issue by combining nanopore sequencing with metagenomics and bioinformatics on laptops. This approach enables frontline sequencing at remote research sites in six countries, with results shared through a central hub in Tanzania for public health authorities. The project is analysing antimicrobial resistance in villages and refugee camps and is sequencing gastrointestinal samples. As part of the Genomic Epidemiology Network, which includes six projects and support from Bill and Melinda Gates foundation, GREAT-LIFE promotes collaboration and prevents duplication of efforts.

Through this initiative, the project successfully sequenced and identified a novel Clade Ib sub-lineage of mpox virus in South Kivu, Democratic Republic of Congo. This strain has higher transmissibility than previously sequenced variants. In response, the team developed, validated, and implemented a real-time PCR assay to detect Clade Ib, improving monitoring and virus differentiation. This research work supports a better understanding of the outbreak's transmission and geographical spread.

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<sup>14</sup> For more details on the project please consult the respective cordis website - <https://cordis.europa.eu/project/id/101103059>



## MARC SE-Africa<sup>15</sup> (101103076)

### Mitigating antimalarial resistance consortium in South-East Africa

The emergence of artemisinin-resistant malaria parasites in East Africa threatens to undo years of progress in malaria control. As resistance spreads, the effectiveness of first-line treatments is at risk, making it harder to manage and eliminate the disease. Without urgent action, this could lead to increase in malaria cases and deaths, particularly among vulnerable populations.

To tackle this issue, the project is using a multi-faceted approach. It aims to develop predictive resistance maps using advanced modelling and establishing dynamic, evidence-based treatment guidelines through MAGICapp, a mobile-friendly application designed to assist healthcare professionals in updating and disseminating malaria treatment guidelines. Knowledge transfer is a key focus, with workshops and direct engagement ensuring rapid response mechanisms. The project has mapped drug-resistant malaria across 19 southeast African countries and shares ongoing evidence on drug-resistant malaria in seven countries through a multi-lingual chatbot, MoxieBot. This chatbot helps guide healthcare professionals in using a freely available toolkit with over 100 resources to detect and respond to drug-resistant malaria.

These efforts have already led to policy changes, with Rwanda, Tanzania, and Uganda advancing their locally adapted action plans for tackling antimalarial resistance. New evidence-based treatment guidelines have been integrated into clinical practice in multiple primary healthcare settings, strengthening local capacity to monitor and respond to drug resistance. By ensuring sustained access to effective malaria treatment, this work plays a crucial role in the global malaria strategy and in protecting vulnerable communities from the impact of drug-resistant malaria.

## ACCESSAFRICA2 (101103296)

### Strengthening clinical trial regulatory and ethical review oversight in East Africa

The number of clinical trials for drug and vaccine development in Sub-Saharan Africa (SSA) is increasing, including for poverty-related diseases. However, this growth has not been matched by sufficient regulatory support and ethical review capacity. As a result, approval processes remain slow, pharmacovigilance is inadequate, and mechanisms for reporting adverse events during clinical trials are underdeveloped. These gaps create challenges for researchers and regulators, potentially delaying access to new treatments.

The ACCESSAFRICA2 project is working to strengthen ethical and regulatory oversight in two SSA countries. It focuses on improving the review and monitoring of adverse events, enhancing the efficiency of national ethics committees (NECs) and national regulatory authorities (NRAs), and equipping them with the skills needed for the oversight of novel research designs. By embedding its work within the Eastern Africa Consortium for Clinical Research, the project ensures collaboration and knowledge-sharing among key stakeholders. Additionally, it aligns with international guidelines, such as those developed by WHO and AVAREF, and aims to collaborate with the Kenya Pharmacy and Poisons Board to improve pharmacovigilance in research.

So far, the project has developed a high-quality safety monitoring system for clinical trials, a clinical trial operational manual, joint review guidelines for research protocols, and a training manual on research leadership. These outputs are helping to build stronger, more efficient regulatory and ethical review systems, ensuring that clinical trials in SSA are conducted safely and effectively.

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<sup>15</sup> For more details on the project please consult the respective cordis website - <https://cordis.europa.eu/project/id/101103076>



## PROMISE-ZERO

### **Implementation of an upgraded strategy to reach zero HIV transmission by breastfeeding in rural and urban settings in Zambia**

Most cases of paediatric HIV occur during the breastfeeding period, making the prevention of mother-to-child transmission a major challenge for reducing postnatal HIV transmission. Without effective interventions, infants remain at risk of infections, particularly in resource-limited settings where access to early diagnosis and treatment is constrained.

The PROMISE-ZERO project assesses an optimised prevention strategy in two provinces of Zambia. Its approach combines point-of-care HIV testing with infant lamivudine administration for at-risk infants. Using the RE-AIM framework (Reach, Effectiveness, Adoption, Implementation, Maintenance), which is a model used to evaluate the impact and sustainability of health interventions, the study includes a pre-implementation phase with qualitative assessments, a clustered randomised control trial in 40 maternal and child health centres, a health economic evaluation and an analysis of routine registry data. The study also evaluates implementation barriers and engages end-users to support effective adoption. Mobile teams equipped with point-of-care machines and referral centres with advanced testing platforms will facilitate early diagnosis and timely treatment.

So far, the project has developed a protocol for applying the RE-AIM framework to its pre-implementation phase. This will help tailor and adopt the procedures of the PROMISE-ZERO trial to real-life conditions, maximising its public health impact. By demonstrating the cost-effectiveness of point-of-care testing and infant lamivudine, the project aims to provide evidence that supports policy changes and strengthens efforts to prevent postnatal HIV transmission.

## EpiTB

### **Addressing an unmet need: same day diagnosis of extra-pulmonary TB in a high burden setting**

One neglected aspect of TB diagnostics is that of extrapulmonary TB (EPTB), which consists of about 15% of the TB caseload, reaching over one third of the cases in HIV-endemic settings. EPTB may manifest as pleural, pericardial, peritoneal, or TB meningitis. Frontline same day sputum-based TB diagnostic tools such as GeneXpert do not perform optimally when using fluid derived from EPTB-specific compartments, with, for example, a sensitivity for pleural TB of 35%. ADA, the current standard of care used in clinical practice, has poor specificity, especially in pericardial TB and TB-meningitis. This diagnostic gap limits timely and accurate treatment, increasing the risk of severe disease progression.

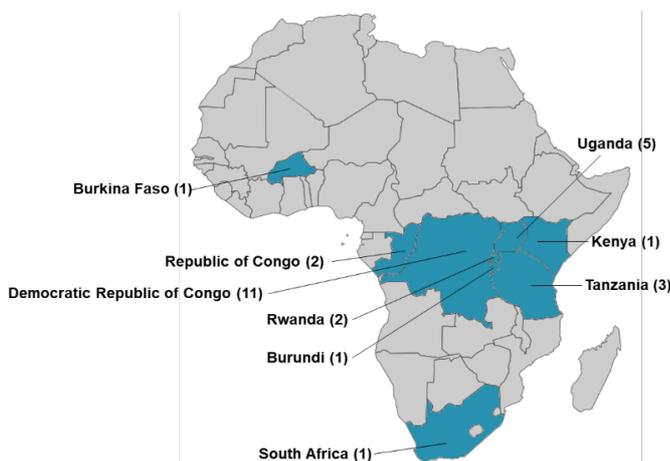
The EpiTB project addresses this issue through the large-scale evaluation of IRISA-TB, a low-cost, same-day diagnostic test that has been developed by a South-African start-up, based on unstimulated interferon-gamma, which is an excellent biomarker for the diagnosis of EPTB. The study, conducted across South Africa, Zambia, and Zimbabwe, includes a prospective cohort of 2170 participants with suspected EPTB and a laboratory-based study to develop a point-of-care assay. To overcome delays in recruitment caused by regulatory and logistical challenges, the project expanded its geographic recruitment area, strengthened referral networks, and introduced 24/7 recruitment at the site of Biomedical Research and Training Institute (Zimbabwe), one of the project consortium participants. These efforts are aimed to ensure the study meets its target by the end of 2025.

So far, 25 percent of the envisioned cohort has been recruited, with a TB positivity rate of around 25 percent. The IRISA-TB test is showing great promise in identifying EPTB and in reducing empiric TB treatment. The project has also fostered collaboration between researchers, clinicians, and local

health authorities, contributing to capacity-building through equipment and training, and has the potential to influence clinical practice by supporting the development of new diagnostic guidelines for EPTB.

### Global Health EDCTP3 Mpox response

Global surveillance and rapid research response are critical to detect, contain, and eliminate infectious disease outbreaks before they spread beyond their origin. In response to the ongoing Mpox outbreak in the Democratic Republic of the Congo (DRC), Global Health EDCTP3 acted promptly and in a nimble manner, while ensuring optimal coordination with the countries directly affected, and the regional and global partners. This effort resulted in funding nine projects which are addressing major unmet needs in populations often underserved in such responses, namely immune suppressed individuals, and women and children, including pregnant women. Figures 1 and 2 below provide a summary of this response, followed by an example ([MpoxVax AFRIVAC](#)) one of the nine projects.



#### Together with entities from:

Belgium (5), Canada (2), Switzerland (1), Germany (1), Denmark (1), Spain (3), Finland (1), France (2), Ireland (1), Italy (2), Netherlands (1), Norway (1), Sweden (1), United Kingdom (4) and United States (1).

Figure 1 - Geographical coverage of Mpox projects (one organisation counts N times)

Project Acronym	Type of Intervention	Type of Population	Location
DECIPHER-MPOX			Kamituga, South Kivu province
MBOTE-SK	  		South Kivu province, focusing on the hotspot zone of Kamituga
ODIN-Mpox			DRC and neighbouring countries
PREGMPOX	  		South Kivu province and neighbouring regions, focusing on the hotspot zone of Kamituga
PregInPoxVac			Boende, Tshuapa province
JUA KIVU			South Kivu province (DRC) and border crossing transit points in the trisection area of Rwanda, Democratic Republic of the Congo, Burundi and Tanzania
MOVIE-TRACE			Lubutu Health Zone, Maniema province (DRC)
MPOX-PROBE			Mai-Ndombe province (DRC) and Mossaka (Republic of Congo)
MpoxVax AFRIVAC	 		Kamituga, South Kivu province

 Surveillance tools

 Diagnostics

 Vaccines

 Drugs/therapies

 General Population

 Pregnant women

 Newborns

 Children



## Figure 2 - Mpox projects<sup>16</sup> - intervention area, targeted population and location of the action

### MpoxVax AFRIVAC

#### Expanding a prospective, clinical trial examining the immune response of participants receiving Modified Vaccinia Ankara vaccine to Africa

The ongoing Mpox outbreak in the DRC has resulted in over 19,000 cases and more than 1,000 deaths since 2023, with women accounting for more than half of those affected. While the 2022 global Mpox outbreak was partially controlled through preventive vaccination using modified vaccinia Ankara (MVA) vaccine, key knowledge gaps remain. It is unclear whether the vaccine generates sufficient immune responses in women and in immunosuppressed individuals, and how long immunity lasts. Additionally, outbreak response efforts in Africa are also limited by the lack of robust diagnostic tools.

The MpoxVax AFRIVAC project addresses these challenges by extending a phase 4 clinical trial of pre-exposure vaccination, currently underway in Europe, to African sites affected by the outbreak. The project also includes technology transfer to develop Mpox immune diagnostics and knowledge transfer to establish a regional vaccinee-focused Clinical Trials Unit. Through engagement of key stakeholders and affected communities, the project aims to strengthen research capacity and outbreak response in the region.

By filling critical knowledge gaps and enhancing regional preparedness, MpoxVax AFRIVAC project has the potential to make a significant contribution to public health. This research work aims to improve outbreak support measures and diagnostic capabilities as well as ensure that vaccination strategies are optimised for those most at risk.

### Crypto T&T (101159438)

#### A cryptosporidiosis point-of-care test-and-treat strategy in children with diarrhoea

Cryptosporidium is an intestinal parasite causing cryptosporidiosis, a widespread diarrheal disease among young children in low- and middle-income countries. This infection leads to approximately 48,000 deaths and the loss of 7,9 million disability-adjusted life-years annually. Although a low-cost drug exists, effective treatment is often delayed due to the lack of affordable, simple point-of-care (POC) diagnostic tests. Current diagnostic methods, such as LED microscopy of auramine-phenol (AP) stained faecal smears, have shown promising diagnostic results.

To address this gap, the Crypto T&T project implements a test-and-treat strategy through a stepped-wedge cluster randomized trial in SSA countries. The study aims to assess the clinical effectiveness of LED-AP testing combined with targeted drug treatment in reducing the duration of cryptosporidiosis-induced diarrhoea. The project is evaluating diagnostic accuracy, operational challenges, cost-effectiveness, and test turnaround times. It is also examining if rectal swab samples can deliver faster results than bulk stool samples, potentially enhancing the efficiency of diagnosis and treatment.

By advancing POC diagnostics to the market, this project has the potential to influence national and international health policies. The findings aim to support the revision of current diarrheal treatment guidelines, which primarily focus on syndromic treatment. Optimising LED-AP diagnostic testing will improve clinical decision-making and help provide specific treatment, reducing the overuse of antibiotics. The results will be of significant interest to health facility staff, ministries of health, WHO, and the broader scientific community aligning with UN Sustainable Development Goal 3 and WHO initiatives to reduce the burden of diarrheal diseases.

<sup>16</sup> Mpox projects websites: [DECIPHER-MPOX](#), [MBOTE-SK](#), [ODIN-MPOX](#), [PREGMPOX](#), [PregInPoxVac](#), [JUA KIVU](#), [MOVIE-TRACE](#), [MPOX-PROBE](#), [MpoxVax AFRIVAC](#)

In addition to the direct funding attributed by Global Health EDCTP3 Programme Office to eligible organisations carrying out clinical research and other activities, the **member countries in EDCTP Association** also align and coordinate their activities within the scope of the programme, in the form of in-kind additional activities (**IKAA**), which are mostly multi-annual. An example of such activity is highlighted below.

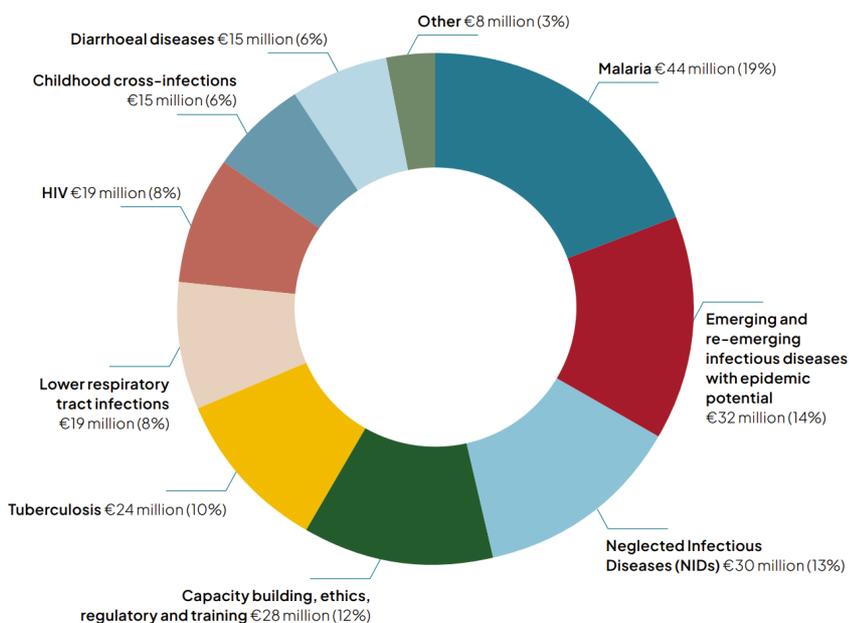
### Biomedical Research in the Manhiça Health Research Centre

The objective of this in-kind additional activity was to strengthen capacity for health research in Mozambique, by consolidating the Fundação Manhiça/Manhiça Health Research Center as a Mozambican institution of reference in biomedical research.

As part of this effort, an exchange programme was implemented with Spain, another EDCTP Association member state. In 2024, four Master students successfully completed their courses and were awarded their respective degrees in various universities in Spain through this initiative. Furthermore, two fellows concluded their 6-month internships at the Barcelona Institute for Global Health (ISGLOBAL), and two Doctoral candidates continued pursuing their studies in Spain. In addition, four interns completed their internships in Mozambique, practicing their medical and laboratory work at the Manhiça Health Research centre, thereby supporting the patients from the surrounding communities.



Regarding the allocation of Global Health EDCTP3 funding across various disease areas and cross-cutting categories (*Figure 3*)<sup>17</sup>, the **largest shares** are directed towards **malaria** with a total allocation of EUR 44 million (19%), followed by **emerging/re-emerging infectious diseases** receiving EUR 32 million (14%), highlighting their significant global health burden and the need for pressing research and development activities. **Neglected infectious diseases** receive the third-highest allocation at EUR 30 million (13%), reflecting a commitment to addressing diseases that disproportionately affect vulnerable populations. **Capacity building, ethics, regulatory, and training** receive EUR 28 million (12%), indicating a strong emphasis on strengthening research infrastructure and capacity. **Tuberculosis** receives EUR 24 million (10%), while **lower respiratory tract infections** and **HIV** receive each EUR 19 million (8%). **Childhood cross-infections** and **diarrhoeal diseases** are each allocated EUR 15 million (6%), emphasizing the focus on child health. The "Other" category receives the smallest share at 8 million (3%), suggesting a smaller investment in non-priority areas.



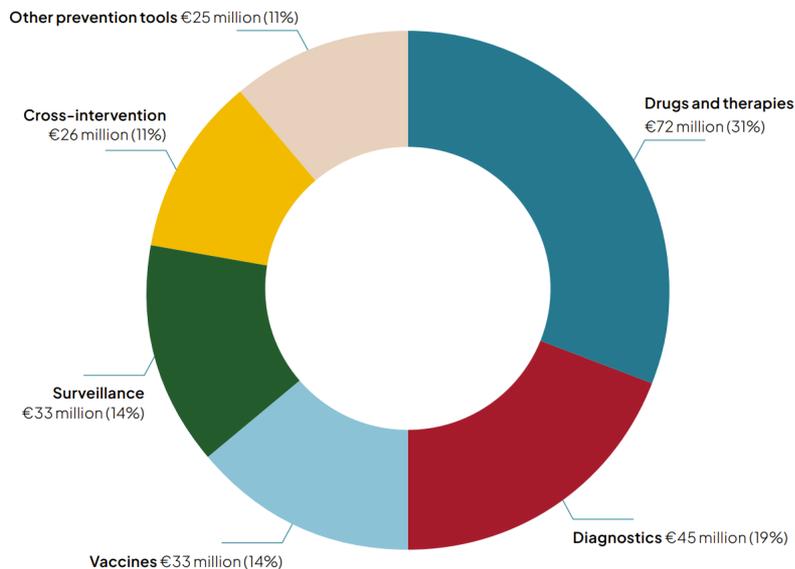
**Figure 3 - Funding across disease areas and cross-cutting categories**

Regarding types of interventions, Global Health EDCTP3 funding (*Figure 4*)<sup>18</sup> has a strong focus on **drugs/therapies**, which received the **largest allocation to date**, at EUR 72 million (31% of the total). **Diagnostics** and **surveillance tools** also command significant portions of the funding, with EUR 45 million (19%) and EUR 33 million (14%) respectively, highlighting the importance placed on monitoring and identifying diseases. **Vaccines** has also a share of EUR 33 million (14%), suggesting potential areas for increased investment. The remaining categories, **cross-intervention** and **other prevention**

<sup>17</sup> \* Other diseases include sexually transmitted infections and urinary tract infections.

<sup>18</sup> \*\* Cross-cutting activities which do not relate to a particular intervention or generally covering supporting activities related to several interventions.

**tools** received the least funding, at EUR 26 million (11%) and EUR 25 million (11%) respectively, indicating possible gaps in broader prevention strategies.



**Figure 4 - Funding across intervention type**

### 1.2.2 Visibility and positioning in the international context

Reflecting the impact of its accomplishments, in July 2024 Global Health EDCTP3 was recognised as a **key initiative for scientific collaboration with Africa** in the **G7 Science and Technology Ministers' Meeting Communiqué**<sup>19</sup>. This acknowledgement builds on the tangible outcomes achieved by the partnership over more than 20 years. Additionally, following Global Health EDCTP3's swift response to the mpox outbreak in 2024, the JU was recognised by Africa CDC and the World Health Organization (WHO) as a key partner for research and innovation in the **Mpox Continental Preparedness and Response Plan**<sup>20</sup>. Besides this, a European Centre for Development Policy Management (ECDPM) paper on **'A partnership in progress: Africa and the EU strive for global health and equitable access'**<sup>21</sup> commissioned by the Belgian Presidency of the Council of the EU in May 2024, highlighted Global Health EDCTP3 as the **main programme of cooperation with sub-Saharan African countries** that focuses on research and innovation for health and a **key activity of the AU-EU Innovation Agenda**.

As part of the **EU Global Health Strategy**<sup>22</sup> implementers, Global Health EDCTP3 was actively involved in the **AU-EU High Level Policy Dialogue (HLPD) on Science, Technology and Innovation** and participated in the quarterly HLPD Bureau meetings as well as the third edition of the workshop series on implementing the AU-EU Innovation Agenda (2023-2033), which took place on 3 December 2024 in Pretoria, South Africa.

<sup>19</sup> [G7 Science and Technology Ministers' Meeting Communiqué](#)

<sup>20</sup> [Mpox Continental Preparedness and Response Plan](#)

<sup>21</sup> ECDPM discussion paper number 367 on ['A partnership in progress: Africa and the EU strive for global health and equitable access'](#)

<sup>22</sup> [EU Global Health Strategy - European Commission](#)



Outreach to like-minded organisations was ramped up during the course of 2024, including engagement with a variety of current and prospective strategic partners. As a result of these exchanges, **BioNTech** became a Global Health EDCTP3 **contributing partner in June 2024** for the Work Programme 2024 topic call on training fellowships with return phase. While already in advanced discussions with other prospective contributing partners, this attainment demonstrates the continued interest of the private sector in investing beyond EDCTP2 in **targeted research and capacity-building initiatives** that not only align with their strategic goals but also contribute to building sustainable health research ecosystems in sub-Saharan Africa.

Being 2024 a year of achievements, the **Global Health EDCTP3 expanded the size of its budget**, through the increase of contributions, namely by the European Union and the EDCTP Association, raising the total JU budget from EUR 1,6 billion to **EUR 1,86 billion** in 2024. At the same time, two additional countries joined the [EDCTP Association](#) – **Eswatini** on 23 September 2024 and **Namibia** on 27 November 2024, bringing the total number of **African countries** participating in the partnership to **30**. Moreover, **Canada** and **the UK** became **countries associated to Horizon Europe** in 2024<sup>23</sup>, making their entities eligible for funding under calls with appropriations in 2024 and onwards, amplifying Global Health EDCTP3's potential for impactful North-South collaborations and strengthening the global network dedicated to advancing health equity through joint research and innovation initiatives.

### 1.3 Calls for proposals, grant information and other funded actions

Within the **Horizon Europe Pillar II 'Global Challenges and European Industrial Competitiveness' framework**, Global Health EDCTP3 operates through structured processes for funding research and innovation. These processes, common across Joint Undertakings, revolve on **competitive calls for proposals**. The evaluation and selection of these proposals adhere to standardised criteria, ensuring transparency and merit-based allocation of resources.

#### 1.3.1 Calls for proposals and proposals submitted in 2024

Building on the activities of the previous years, the Programme Office has executed and completed the evaluation of an unprecedented number of **four** calls for proposals encompassing **ten** call topics. These included the following processes:

1. **Second stage evaluation of one** two-stage call for proposals under WP 2023 (GH-EDCTP3-2023-02-two-stage), encompassing **two** call topics. The evaluation of the single-stage call for proposals (GH-EDCTP3-2023-01) under WP 2023 and of the first stage of the two-stage call for proposals (GH-EDCTP3-2023-02-two-stage, the second stage opened on 20 December 2023) already mentioned, also under WP 2023, were concluded in 2023 and reported under the previous annual activity report.
2. **First and second stage evaluation of two** two-stage call for proposals under WP 2024 (GH-EDCTP3-2024-01-two-stage and GH-EDCTP3-2024-02-two-stage) encompassing **seven** call topics. These two calls were executed in tandem given they had the same deadlines.
3. **Single-stage evaluation of one** single-stage call for proposals under WP 2024 (GH-EDCTP3-2024-Mpox), encompassing **one** call topic. Given the context of mobilisation of emergency funding for Mpox outbreak research response, this call for proposals, from opening of the call to

<sup>23</sup> [EU Grants: List of participating countries \(HE\): V3.3 – 20.12.2024](#)

submission deadline, evaluation and communication of results, was executed in record time between April and June 2024<sup>24</sup>.

The above-mentioned calls for proposals executed in 2024 attracted a **remarkably high number of proposals**, demonstrating the immense interest in Global Health EDCTP3's mission and objectives. **Table 3** reflects this large number of submissions per call and call topic, including indicative budgets and expected number of projects to be financed under each dedicated call topic.

**Table 3 - Calls for proposals and submissions in 2024**

Call ID	Topic ID	Action Type	Format	Indicative Budget (EUR)	Indicative # of Projects	Expected JU contribution per project	# of short proposals <sup>25</sup>	# of evaluated short proposals <sup>26</sup>	# of proposals <sup>27</sup>	# of evaluated proposals <sup>28</sup>
GH-EDCTP3-2023-02-two-stage	HORIZON-JU-GH-EDCTP3-2023-02-01-two-stage (vaccines)	RIA	Two-stage	30 000 000	6	5 000 000	28 <sup>29</sup>	25 <sup>29</sup>	15	15
	HORIZON-JU-GH-EDCTP3-2023-02-02-two-stage (diagnostics)	RIA	Two-stage	26 000 000	5	5 000 000	51 <sup>29</sup>	49 <sup>29</sup>	21	21
<b>Total submissions in 2024 for previous calls for proposals</b>							<b>N/A</b>	<b>N/A</b>	<b>36</b>	<b>36</b>
GH-EDCTP3-2024-01-two-stage	HORIZON-JU-GH-EDCTP3-2024-01-01-two-stage (HIV)	RIA	Two-stage	22 000 000	4	5 500 000	21	14	7	7
	HORIZON-JU-GH-EDCTP3-2024-01-02-two-stage (Malaria)	RIA	Two-stage	30 000 000	2	15 000 000	22	21	8	8
	HORIZON-JU-GH-EDCTP3-2024-01-03-two-stage (NTDs)	RIA	Two-stage	22 000 000	4	5 000 000	28	20	13	13
	HORIZON-JU-GH-EDCTP3-2024-01-04-two-stage (AMR)	RIA	Two-stage	24 000 000	4	6 000 000	32	26	12	12

<sup>24</sup> Under Council Regulation (EU) 2021/695 establishing Horizon Europe, 'where appropriate, in order to allow faster access to funds for small collaborative consortia, a **fast track to research and innovation procedure (FTRI procedure)** may be proposed under some of the calls for proposals dedicated to select research and innovation actions or innovation actions under the pillar 'Global Challenges and European Industrial Competitiveness' and the European Innovation Council Pathfinder'.

<sup>25</sup> 'Short proposals' refers to submissions under the first stage of a two-stage call for proposals, and which may be evaluated during the first stage of evaluation based on one or more of the award criteria referred to in paragraph 1 of Art. 28 of the same regulation.

<sup>26</sup> This column reflects the **short proposals evaluated** per topic (Stage 1 proposals of the two-stage calls). It includes proposals transferred from other call topics and excludes any proposals deemed ineligible and/or inadmissible, duplicated or withdrawn.

<sup>27</sup> Aligned with Council Regulation (EU) 2021/695 establishing Horizon Europe, Art. 28 refers that '**proposals**' shall be evaluated on the basis of the following award criteria: excellence; impact; and quality and efficiency of the implementation. In the context of this report, it refers to **complete proposals** that have been submitted under a single stage call for proposals or under the second stage of a two-stage call for proposals. It does not include, in its definition, anonymized proposals.

<sup>28</sup> This column reflects the **complete proposals evaluated** per topic. It includes proposals transferred from other call topics and excludes any proposals deemed ineligible and/or inadmissible, duplicated or withdrawn.

<sup>29</sup> This number refers to a submission still in 2023, however, even if the first stage of the two-stage call for proposals under WP2023 (GH-EDCTP3-2023-02-two-stage) was concluded in 2023, the number of submitted short proposals and evaluated short proposals has not been reported in AAR 2023. These numbers are not included in any of the totals of proposals submitted in 2024.



Call ID	Topic ID	Action Type	Format	Indicative Budget (EUR)	Indicative # of Projects	Expected JU contribution per project	# of short proposals <sup>25</sup>	# of evaluated short proposals <sup>26</sup>	# of proposals <sup>27</sup>	# of evaluated proposals <sup>28</sup>
	HORIZON-JU-GH-EDCTP3-2024-01-05-two-stage (vector control)	RIA	Two-stage	18 432 135	3	6 140 000	54	49	11	11
	HORIZON-JU-GH-EDCTP3-2024-01-06-two-stage (digital health)	RIA	Two-stage	20 000 000	4	5 000 000	83	70	12	12
GH-EDCTP3-2024-02-two-stage	HORIZON-JU-GH-EDCTP3-2024-02-01-two-stage (fellowships)	CSA	Two-stage	3 500 000	1	3 500 000	10	5	4	4
GH-EDCTP3-2024-Mpox	HORIZON-JU-GH-EDCTP3-2024-Mpox (Mpox)	RIA	Single stage	6 500 000	5	1 250 000	N/A	N/A	17	16
<b>Total submissions in 2024 for calls for proposals under WP2024</b>							<b>250</b>	<b>205</b>	<b>84</b>	<b>83</b>
<b>Total submissions in 2024</b>							<b>250</b>	<b>205</b>	<b>120</b>	<b>119</b>

In 2024, a total of **250 short<sup>30</sup> proposals** were submitted for the calls for proposals launched under WP 2024 for the first stage of two two-stage calls, of which **205 were deemed eligible<sup>31</sup> and admissible<sup>32</sup>**. No short proposals were submitted under previous calls for proposals (i.e., calls for proposals under WP 2023) in 2024.

A stark difference can be noted among different topics in the ratios between the indicative budget allocated and the number of short proposals submitted, in particular for the topics on **new tools, technologies and approaches for vector control** and **innovative digital health solutions**, with indicative budgets of **EUR 18,432 million** and **EUR 20 million**, respectively, corresponding to 54 and 83 short proposals submitted for each one of the topics. This is explained considering that the scope of these topics was purposefully wider to accommodate the development of solutions across these horizontal topics, including their evaluation of the tools and implementation.

On the other hand, there is the topic on **innovative HIV therapeutics**, which despite of having an indicative budget of EUR 19 million, only 21 short proposals were submitted, with 14 being eligible. This is explained by noting that the scope of this topic was rather restrictive and partial shift from research and development of HIV towards other disease areas. While global funding for HIV

<sup>30</sup> Stage 1 proposals of the two-stage calls

<sup>31</sup> In the context of **eligibility conditions**, the proposal must comply with the following: be 'in scope' (relates to subject matter, objectives, themes and priorities and the types of activities that can be financed according to the call conditions); applicants are either a legal entity (public or private bodies, including international organisations) or entities without legal personality but eligible under Article 200(2)(c) of the EU Financial Regulation; applicants are established in the eligible countries set out in the call conditions (if any; not applicable for international organisations); applicants comply with the specific eligibility conditions/belong to the specific categories set out in the call conditions (if any); applicants fulfil minimum consortium composition criteria set out in the call conditions (if any); project activities comply with the specific eligibility conditions (if any); and project activities take place in the target countries set out in the call conditions (if any).

<sup>32</sup> In the context of **admissibility conditions**, the proposal must comply with the following: be submitted through the online Submission System before the call deadline; be readable, accessible and printable; be complete — application form correctly filled out, all sections of Parts A and B completed, all annexes and supporting documents provided; be drafted in one of the EU official languages; and include a plan for the exploitation and dissemination of results including communication activities.



prevention is considerable (reaching USD 1,25 billion in 2021<sup>33</sup>), the HIV therapies pipeline is still expected to grow, reflecting the unmet public health need to better manage existing cases, which is crucial in regions with high HIV prevalence.

Also in 2024, **120 complete proposals** were submitted, including **36** under previous calls for proposals, namely for the second stage of one two-stage call under WP 2023, and **84** for the second stage of the calls for proposals launched under WP 2024. Amongst these, **119 were deemed eligible and admissible**, with **one** proposal deemed ineligible in the context of the single stage call under WP 2024 (GH-EDCTP3-2024-Mpox).

Between the above-mentioned calls for proposals, the number of **ineligible short and complete proposals** amounted to **45** and the number of inadmissible proposals was **one**, all referring to calls for proposals under 2024. Most ineligible proposals were due to Global Health EDCTP3's call conditions on minimum consortium composition<sup>34</sup>.

Information on submitted proposals is meticulously tracked, including participant types and country of origin, in order to understand and monitor trends in the profiles of proposals' applicants. Within the framework of Horizon Europe, Global Health EDCTP3 emphasises **inclusivity and widening participation**. By analysing applicants' profiles, the Programme Office can identify potential disparities in access and proactively address barriers for underrepresented groups, **such as small and medium-sized enterprises (SMEs), newcomers**<sup>35</sup>, and institutions from specific geographic regions, **especially in sub-Saharan Africa**.

Regarding the breakdown by country, the **eligible proposals**<sup>36</sup> featured **534 unique applicants**<sup>3738</sup> from 68 countries worldwide, of which 34 countries in Africa, 24 in Europe, 4 in Asia, 2 in North America, 2 in South America, and 2 in Oceania. The distribution of applicants by country is illustrated in [Error! Reference source not found.3](#).

<sup>33</sup> Resource Tracking for HIV Prevention R&D Working Group, Funding Trends. Available at [Funding Trends - HIV Resource Tracking Working Group](#)

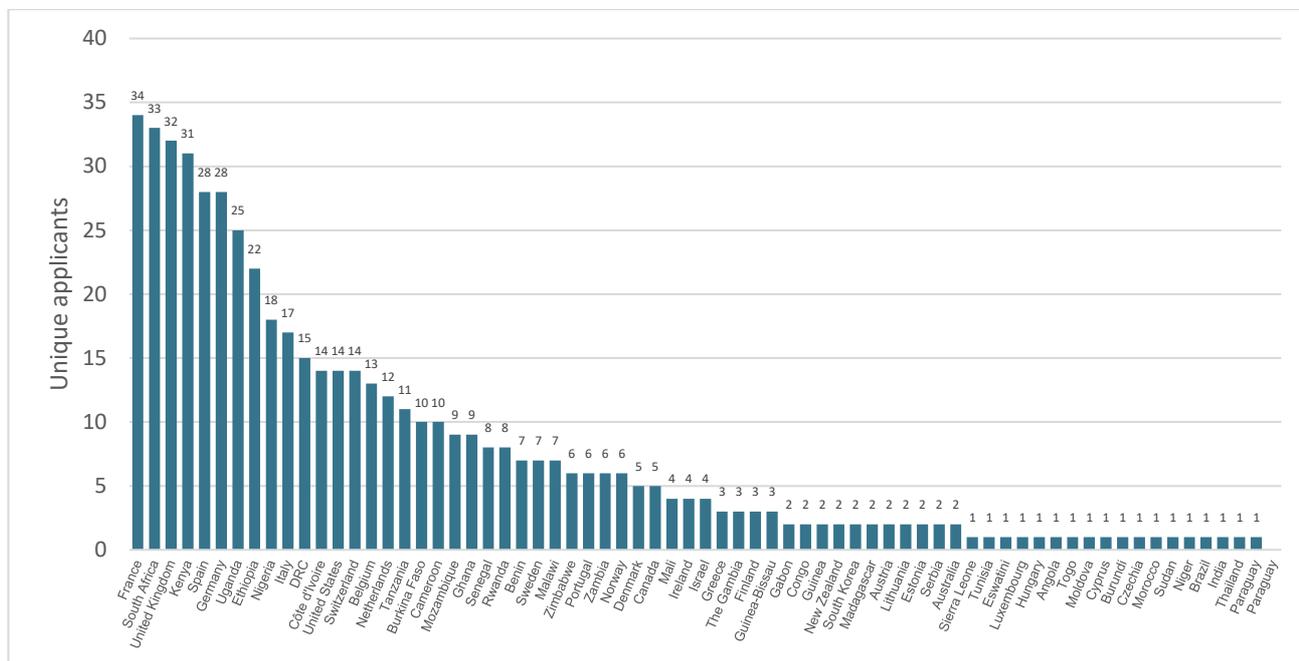
<sup>34</sup> For WP 2024, unless otherwise provided for in the specific call conditions, for all actions, due to the policy objectives of the Global Health EDCTP3 JU, legal entities forming a consortium are eligible to participate in actions under the programme provided that the consortium includes: **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 EU Member State or in a HE 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.

<sup>35</sup> In the context of the present report and in line with the Council Regulation (EU) 2021/2085 of 19 November 2021 establishing the Joint Undertakings under Horizon Europe, 'newcomer' means an entity that is, for the first time, a beneficiary of a grant awarded by an individual joint undertaking or its preceding initiative and that is not a founding member of that joint undertaking or its preceding initiative. For Global Health EDCTP3 preceding initiatives refer to the previous EDCTP programmes, namely EDCTP1 and EDCTP2.

<sup>36</sup> In line with data and indicators necessary to fulfil the monitoring and evaluation requirements for Horizon Europe (incl. the Key Impact Pathways) and to support the legal reporting obligations of the programme, it only takes in consideration complete proposals that were deemed eligible and admissible, namely 119 proposals submitted in 2024.

<sup>37</sup> In line with the Regulation (EU, Euratom) 2024/2509 on the financial rules applicable to the general budget of the Union (recast), 'applicant' means a natural person or an entity with or without legal personality who has submitted an application in a grant award procedure, in a non-financial donation award procedure or in a contest for prizes;

<sup>38</sup> In the context of this report, 'unique applicants' means the distinct applicants involved in proposals, where one applicant involved in N proposals is counted only one time.



**Figure 5 - Unique applicants per country in full eligible proposals submitted in 2024**

Among the countries with applicants in proposals submitted in 2024, Global Health EDCTP3 notes applicants from **Canada** and **the United Kingdom**, countries that became associated to Horizon Europe in 2024. Specifically, the United Kingdom contributed with **32 unique applicants in 66 proposals**, while Canada contributed with **five unique applicants in six proposals**.

Among the 66 proposals involving United Kingdom applicants, 15 were submitted under WP2023 (HORIZON-JU-GH-EDCTP3-2023-02-two-stage), with participation from ten applicants. However, since the United Kingdom association only applied to award procedures implementing Union budget for the year 2024 and onwards, these entities were not eligible for funding.

Among the proposals submitted in 2024, one eligible proposal included the participation of an entity from Eswatini, one of the two countries that joined the EDCTP Association in autumn 2024 (Eswatini on 23 September and Namibia on 27 November). For legal entities to be eligible for funding under the 2024 calls for proposals their respective country must be a member of the EDCTP Association by the time of grant signature at the latest. When the proposal was submitted, Eswatini had already become a member of the Association, therefore applicant was eligible for funding.

Of the 534 unique applicants, 181 (34%) were higher or secondary education establishments, 143 (27%) were research organisations, 99 (19%) were private for-profit entities, 67 (13%) were public bodies (excluding research organisations and secondary or higher education establishments), and 44 (8%) were other types of organisations, such as non-governmental organisations, foundations, and alliances. Amongst these entities, 66 (12%) were SMEs and 326 (61% of 534) were newcomers, meaning that they have never participated in projects funded under EDCTP1, EDCTP2, or in projects funded by Global Health EDCTP3 before 2024.

### 1.3.2 Indirect actions selected for funding in 2024

Regarding indirect actions selected for funding in 2024, the present report discusses both retained proposals, or proposals included in the main list and likely to be funded, as well as proposals in the reserve list, which may be funded if there is additional funding available and according with their evaluation scores, as well as the existing portfolio gaps of Global Health EDCTP3. **Table 4** details the number of proposals retained for funding under each call topic, as well as average requested grant funding per retained proposal and the cumulative requested grant funding for each call topic. The table also details the number of proposals kept in the reserve list and the respective cumulative requested budget for each call topic.

**Table 4 - Indirect actions selected for funding and reserve proposals in 2024**

Call ID	Topic ID	Action Type	Indicative Budget (EUR)	Indicative # of Projects	Expected JU contribution per project	# of retained proposals	Average Budget (EUR) per retained proposal	Cumulative requested budget of retained proposals (EUR)	# of reserve proposals	Cumulative Budget reserve proposals (EUR)
GH-EDCTP3-2023-02-two-stage	HORIZON-JU-GH-EDCTP3-2023-02-01-two-stage (vaccines)	RIA	30 000 000	6	5 000 000	5	5 400 602	27 003 011	3	14 918 189
	HORIZON-JU-GH-EDCTP3-2023-02-02-two-stage (diagnostics)	RIA	26 000 000	5	5 000 000	5	4 957 839	24 789 194	3	15 158 044
<b>Total for previous calls for proposals</b>						10	--	--	6	--
GH-EDCTP3-2024-01-two-stage	HORIZON-JU-GH-EDCTP3-2024-01-01-two-stage (HIV)	RIA	22 000 000	4	5 500 000	3	5 750 366	17 251 098	1	6 161 158
	HORIZON-JU-GH-EDCTP3-2024-01-02-two-stage (Malaria)	RIA	30 000 000	2	15 000 000	2	14 998 070	29 996 140	1	5 325 103
	HORIZON-JU-GH-EDCTP3-2024-01-03-two-stage (NTDs)	RIA	22 000 000	4	5 000 000	4	5 076 424	20 305 694	4	21 888 884
	HORIZON-JU-GH-EDCTP3-2024-01-04-two-stage (AMR)	RIA	24 000 000	4	6 000 000	4	5 452 297	21 809 190	1	5 998 993
	HORIZON-JU-GH-EDCTP3-2024-01-05-two-stage (vector control)	RIA	18 432 135	3	6 140 000	3	6 065 766	18 197 299	5	30 372 316
	HORIZON-JU-GH-EDCTP3-2024-01-06-two-stage (digital health)	RIA	20 000 000	4	5 000 000	3	5 589 074	16 767 221	4	19 992 289
GH-EDCTP3-2024-02-two-stage	HORIZON-JU-GH-EDCTP3-2024-02-01-two-stage (fellowships)	CSA	3 500 000	1	3 500 000	1	3 499 948	3 499 948	2	6 994 347
GH-EDCTP3-2024-Mpox	HORIZON-JU-GH-EDCTP3-2024-Mpox (Mpox)	RIA	6 500 000	5	1 250 000	5	1 350 135	6 750 676	4	5 352 653
<b>Total for calls for proposals under WP2024</b>						25	--	--	22	--
<b>Total for calls for proposals under WP2024 and previous calls for proposals</b>						35	--	--	30	--



Generally, the number of retained proposals closely aligns with the planned number of projects. Except for the **vaccines** call topic under WP2023 and **HIV therapeutics** and **digital health** call topics under WP2024, all achieving one less project in comparison to what was initially foreseen. The average budget per retained proposal is generally close to the expected JU contribution per project, showing good budget forecast. However, for two call topics new to Global Health EDCTP3, there are some variations in the indicative versus requested budget per project, for example on the WP 2024 call topics dedicated to **AMR** and **digital health**, indicating a slight underestimation and overestimation, respectively.

In most cases the cumulative requested budget of retained proposals is close to the indicative budget. The exception being HORIZON-JU-GH-EDCTP3-2024-Mpox, to allow for better budget management in the response to the mpox outbreak. For the other call topics, where the cumulative budget is below the expected amounts, this is justified by the need to respect the **maximum budget available for the given call topic**. This has generated savings which later have enabled the invitation of proposals from the reserve list.

Being a **two-stage call for proposals** (filtering lower scored excellence and impact short proposals) and due to higher interest, GH-EDCTP3-2023-02-two-stage has generated high quality of proposals evaluated in the second stage, allowing to keep three proposals in reserve for each call topic. Along the same line, the vector control and digital health technologies call topics have also enabled a robust reserve list, with five and four reserve proposals, respectively. Even if with slightly lower subscription than expected in the first stage, the call topic on NTDs has also witnessed a high quality of proposals submitted to second stage, granting the call topic also four proposals under the reserve list.

After further reflection on the needs for fellowships, the quality of the proposals and the diversity presented (e.g., involvement of industry partners and different topics addressed), two proposals were added to the reserve list. Regarding GH-EDCTP3-2024-Mpox, the only single stage call for proposals evaluated in 2024, this emergency call generated relevant and targeted interest from very well established entities in the field and experienced consortia, enabling high quality proposals, which not only merited a more robust reserve list, but also the later funding through additional investments as explained in sections 1.1 and 1.2.

A total of **206 unique applicants** participated in the **35 retained proposals**, of which 81 (39%) were higher or secondary education establishments, 63 (31%) were research organisations, 31 (15%) were private for-profit entities, 15 (7%) were public bodies (excluding research organisations and secondary or higher education establishments), and 16 (8%) were other types of organisations. Amongst these entities, 22 (11%) were SMEs and 90 (44% of 206) were newcomers, meaning that they have never participated in projects funded under EDCTP1, EDCTP2, or in projects funded by Global Health EDCTP3 before 2024.

According to **Table 5**, of the 35 proposals retained, the United Kingdom participation accounted for 20 (9,5% of total, with a 30,3% success rate), followed by Germany and France with ten each, and an overall average of three per country. Focusing on the 68 countries that submitted the 119 eligible proposals, there was a wide range of applications (1-94, median 6). And a total eligible JU contribution<sup>39</sup> of EUR 627,6 million, averaging EUR 9,8 million per country. The success rate of applications varied greatly, from 100% in seven countries with one retained application, to 0%. After the United Kingdom, Kenya, Uganda, and South Africa submitted the highest number of eligible proposals, averaging 34 each, and an average of eight retained proposals. In addition to the United Kingdom, Canada, which also become associated to Horizon Europe in 2024, as well Eswatini, who joined the EDCTP Association on 23 September 2024, also participated in the 35 retained proposals.

<sup>39</sup> In line with data and indicators necessary to fulfil the monitoring and evaluation requirements for Horizon Europe (incl. the Key Impact Pathways) and to support the legal reporting obligations of the programme, it only takes in consideration complete proposals that were deemed eligible and admissible, namely 119 proposals submitted in 2024.

**Table 5 - Distribution of proposals and retained proposals by country and success rates**

Country Name	Eligible Proposals	Eligible Applications (% of total)	Eligible EU Contribution (% of total)	Retained Proposals	Retained Applications	Retained JU Contribution	Success Rate Proposals	Success Rate Applications	Success Rate EU Contribution	Success Rate Granting
<b>Total</b>	<b>119</b>	<b>993 (100%)</b>	<b>627 597 002,63 (100%)</b>	<b>35</b>	<b>287</b>	<b>186 369 470,75</b>	<b>29,41%</b>	<b>28,90%</b>	<b>29,70%</b>	<b>46,93%</b>
United Kingdom	66	94 (9,47%)	74 270 315,38 (11,83%)	20	27	23 932 398,25	30,30%	28,72%	32,22%	46,81%
Kenya	36	55 (5,54%)	45 768 634,35 (7,29%)	9	11	8 932 200,25	25,00%	20,00%	19,52%	52,73%
Uganda	33	53 (5,34%)	47 911 043,00 (7,63%)	8	11	8 946 205,50	24,24%	20,75%	18,67%	45,28%
South Africa	32	59 (5,94%)	42 405 586,75 (6,76%)	8	11	8 567 708,00	25,00%	18,64%	20,20%	35,59%
Germany	31	41 (4,13%)	25 793 779,75 (4,11%)	10	15	8 532 123,75	32,26%	36,59%	33,08%	43,90%
France	29	56 (5,64%)	29 492 183,25 (4,70%)	10	19	12 344 939,75	34,48%	33,93%	41,86%	46,43%
Spain	29	47 (4,73%)	28 327 343,75 (4,51%)	7	9	6 244 627,50	24,14%	19,15%	22,04%	53,19%
Democratic Republic of the Congo	28	34 (3,42%)	17 906 797,50 (2,85%)	8	10	5 740 361,25	28,57%	29,41%	32,06%	47,06%
Belgium	28	37 (3,73%)	22 900 269,90 (3,65%)	9	12	7 180 421,25	32,14%	32,43%	31,36%	40,54%
Ethiopia	25	41 (4,13%)	20 286 054,50 (3,23%)	8	14	7 708 544,50	32,00%	34,15%	38,00%	51,22%
Mozambique	24	31 (3,12%)	20 045 416,00 (3,19%)	7	9	6 679 173,75	29,17%	29,03%	33,32%	54,84%
Switzerland	22	31 (3,12%)	941 977,50 (0,15%)	8	14	505 588,75	36,36%	45,16%	53,67%	58,06%
Tanzania	22	28 (2,82%)	15 469 712,00 (2,46%)	5	6	5 002 421,25	22,73%	21,43%	32,34%	46,43%
Italy	20	27 (2,72%)	11 052 831,25 (1,76%)	6	7	2 573 147,50	30,00%	25,93%	23,28%	44,44%
Netherlands	19	24 (2,42%)	9 275 552,25 (1,48%)	4	4	765 242,25	21,05%	16,67%	8,25%	41,67%
Ghana	19	20 (2,01%)	16 821 341,50 (2,68%)	4	4	3 668 826,25	21,05%	20,00%	21,81%	40,00%
Burkina Faso	18	21 (2,11%)	27 690 929,00 (4,41%)	7	7	10 657 871,25	38,89%	33,33%	38,49%	33,33%
Nigeria	15	21 (2,11%)	9 074 879,25 (1,45%)	7	10	4 912 585,50	46,67%	47,62%	54,13%	61,90%
Côte d'Ivoire	15	22 (2,22%)	10 536 937,70 (1,68%)	6	7	3 494 116,25	40,00%	31,82%	33,16%	40,91%
United States	14	21 (2,11%)	4 282 279,00 (0,68%)	5	8	1 886 375,25	35,71%	38,10%	44,05%	71,43%
Zimbabwe	14	15 (1,51%)	12 928 595,50 (2,06%)	2	3	1 789 441,25	14,29%	20,00%	13,84%	33,33%

Country Name	Eligible Proposals	Eligible Applications (% of total)	Eligible EU Contribution (% of total)	Retained Proposals	Retained Applications	Retained JU Contribution	Success Rate Proposals	Success Rate Applications	Success Rate EU Contribution	Success Rate Granting
Senegal	11	15 (1,51%)	12 358 507,00 (1,97%)	6	7	9 521 360,00	54,55%	46,67%	77,04%	53,33%
Rwanda	11	16 (1,61%)	6 643 004,50 (1,06%)	4	4	1 649 047,00	36,36%	25,00%	24,82%	62,50%
Sweden	11	13 (1,31%)	7 522 103,50 (1,20%)	5	6	1 729 827,25	45,45%	46,15%	23,00%	46,15%
Malawi	11	12 (1,21%)	6 776 352,50 (1,08%)	1	1	747 535,00	9,09%	8,33%	11,03%	33,33%
Cameroon	10	15 (1,51%)	8 534 481,25 (1,36%)	4	7	5 006 743,75	40,00%	46,67%	58,66%	66,67%
Benin	10	10 (1,01%)	10 543 743,50 (1,68%)	5	5	4 933 477,25	50,00%	50,00%	46,79%	60,00%
Mali	10	11 (1,11%)	18 341 286,80 (2,92%)	4	4	8 945 064,25	40,00%	36,36%	48,77%	36,36%
Portugal	8	10 (1,01%)	7 035 685,00 (1,12%)	2	2	753 408,75	25,00%	20,00%	10,71%	20,00%
Gabon	8	8 (0,81%)	5 210 266,50 (0,83%)	2	2	1 843 750,00	25,00%	25,00%	35,39%	37,50%
Zambia	7	7 (0,70%)	5 540 523,50 (0,88%)	0	0	0,00	0,00%	0,00%	0,00%	28,57%
Norway	7	9 (0,91%)	3 063 230,00 (0,49%)	3	3	1 616 826,25	42,86%	33,33%	52,78%	77,78%
Canada	6	7 (0,70%)	1 526 363,00 (0,24%)	4	5	1 106 745,00	66,67%	71,43%	72,51%	85,71%
Ireland	6	6 (0,60%)	2 585 798,75 (0,41%)	0	0	0 00	0,00%	0,00%	0,00%	33,33%
Congo	5	6 (0,60%)	2 264 816,25 (0,36%)	2	2	520 072,50	40,00%	33,33%	22,96%	66,67%
Denmark	4	6 (0,60%)	9 213 413,75 (1,47%)	1	1	50 000,00	25,00%	16,67%	0,54%	33,33%
Greece	4	5 (0,50%)	3 090 272,50 (0,49%)	1	2	1 826 750,00	25,00%	40,00%	59,11%	60,00%
Finland	4	4 (0,40%)	1 530 222,50 (0,24%)	2	2	593 062,50	50,00%	50,00%	38,76%	50,00%
South Korea	4	4 (0,40%)	1 581 033,75 (0,25%)	1	1	0,00	25,00%	25,00%	0,00%	25,00%
Madagascar	4	4 (0,40%)	930 222,50 (0,15%)	2	2	359 710,00	50,00%	50,00%	38,67%	75,00%
The Gambia	3	4 (0,40%)	2 189 436,25 (0,35%)	0	0	0,00	0,00%	0,00%	0,00%	25,00%
Guinea-Bissau	3	3 (0,30%)	681 875,00 (0,11%)	1	1	161 875,00	33,33%	33,33%	23,74%	33,33%
Guinea	3	3 (0,30%)	2 000 925,00 (0,32%)	1	1	1 166 625,00	33,33%	33,33%	58,30%	33,33%
Austria	2	2 (0,20%)	856 012,50 (0,14%)	0	0	0,00	0,00%	0,00%	0,00%	0,00%
Lithuania	2	2 (0,20%)	564 822,50 (0,09%)	0	0	0,00	0,00%	0,00%	0,00%	0,00%



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Country Name	Eligible Proposals	Eligible Applications (% of total)	Eligible EU Contribution (% of total)	Retained Proposals	Retained Applications	Retained JU Contribution	Success Rate Proposals	Success Rate Applications	Success Rate EU Contribution	Success Rate Granting
Estonia	2	2 (0,20%)	508 750,00 (0,08%)	1	1	310 000,00	50,00%	50,00%	60,93%	50,00%
Serbia	2	2 (0,20%)	496 398,75 (0,08%)	0	0	0,00	0,00%	0,00%	0,00%	0,00%
Australia	2	2 (0,20%)	377 625,00 (0,06%)	1	1	0,00	50,00%	50,00%	0,00%	50,00%
Sierra Leone	2	2 (0,20%)	1 696 331,25 (0,27%)	1	1	822 081,25	50,00%	50,00%	48,46%	50,00%
Luxembourg	2	2 (0,20%)	737 800,00 (0,12%)	1	1	482 411,25	50,00%	50,00%	65,39%	50,00%
Burundi	2	2 (0,20%)	339 100,00 (0,05%)	0	0	0,00	0,00%	0,00%	0,00%	50,00%
Israel	1	4 (0,40%)	2 583 217,50 (0,41%)	0	0	0,00	0,00%	0,00%	0,00%	0,00%
New Zealand	1	2 (0,20%)	1 646 628,25 (0,26%)	0	0	0,00	0,00%	0,00%	0,00%	0,00%
Tunisia	1	1 (0,10%)	1 071 900,00 (0,17%)	0	0	0,00	0,00%	0,00%	0,00%	0,00%
Eswatini	1	1 (0,10%)	968 707,00 (0,15%)	1	1	968 707,00	100,00%	100,00%	100,00%	100,00%
Hungary	1	1 (0,10%)	678 900,00 (0,11%)	0	0	0,00	0,00%	0,00%	0,00%	0,00%
Angola	1	1 (0,10%)	533 125,00 (0,08%)	0	0	0,00	0,00%	0,00%	0,00%	0,00%
Togo	1	1 (0,10%)	450 000,00 (0,07%)	1	1	450 000,00	100,00%	100,00%	100,00%	100,00%
Moldova	1	1 (0,10%)	445 760,00 (0,07%)	1	1	445 760,00	100,00%	100,00%	100,00%	100,00%
Cyprus	1	1 (0,10%)	346 250,00 (0,06%)	0	0	0,00	0,00%	0,00%	0,00%	0,00%
Czechia	1	1 (0,10%)	335 140,00 (0,05%)	0	0	0,00	0,00%	0,00%	0,00%	0,00%
Morocco	1	1 (0,10%)	294 312,50 (0,05%)	1	1	294 312,50	100,00%	100,00%	100,00%	100,00%
Sudan	1	1 (0,10%)	265 200,00 (0,04%)	0	0	0,00	0,00%	0,00%	0,00%	0,00%
Niger	1	1 (0,10%)	55 000,00 (0,01%)	0	0	0,00	0,00%	0,00%	0,00%	0,00%
Brazil	1	1 (0,10%)	-	1	1	0,00	100,00%	100,00%	-	100,00%
India	1	1 (0,10%)	-	1	1	0,00	100,00%	100,00%	-	100,00%
Thailand	1	1 (0,10%)	-	1	1	0,00	100,00%	100,00%	-	100,00%
Paraguay	1	1 (0,10%)	-	0	0	0,00	0,00%	0,00%	-	0,00%



**Canada** had five applications in the four retained proposals across two calls for proposals, both launched in 2024 (HORIZON-JU-GH-EDCTP3-2024-01-two-stage, and HORIZON-JU-GH-EDCTP3-2024-MPOX). Since Canada became associated to Pillar II of Horizon Europe on July 3<sup>rd</sup> 2024 with effect applied to award procedures implementing Union budget for the year 2024 and onwards<sup>40</sup>, Canada applications were eligible for funding. For these four proposals, the total retained JU contribution for Canada applicants amount to EUR 1 106 745. This includes two proposals — DECIPHER-MPOX and MBOTE-SK — under the mpox call for proposals, for which grant agreements have been signed in 2024 and are currently active projects.

The **United Kingdom** counts with 27 applications in 20 retained proposals across four calls, one of which under WP 2023 (HORIZON-JU-GH-EDCTP3-2023-02-two-stage), and three calls under WP 2024 (HORIZON-JU-GH-EDCTP3-2024-01-two-stage, HORIZON-JU-GH-EDCTP3-2024-02-two-stage and HORIZON-JU-GH-EDCTP3-2024-Mpox). For these 20 retained proposals, respective applicants requested a cumulative JU contribution of EUR 23 932 398. Since the association of the United Kingdom to Horizon Europe only applies to award procedures implementing Union budget for the year 2024 and onwards, some applications were not eligible for funding, namely those referring to WP2023. Out of 27 applications, 9 correspond to the two-stage call under WP2023, meaning that in 7 retained proposals, with a requested JU contribution of EUR 6 761 838 from the United Kingdom applicants, was not awarded JU funding. Nonetheless, all UK entities participate in the signed projects as associated partners, through funding from alternative sources<sup>41</sup>. In the context of this call, entities from the United Kingdom participate in seven projects signed in 2024, as associated partners.

**Eswatini** had one application in one retained proposal under the HORIZON-JU-GH-EDCTP3-2024-01-two-stage call. Since the complete proposal was submitted after Eswatini became an EDCTP Association member, the relevant applicant was automatically eligible for funding.

### 1.3.3 Indirect actions selected for funding signed in 2024

With regards to projects signed in the context of calls for proposals submitted in 2024, both under WP2024, and as a follow-up to previous calls for proposals, there have been **19 projects signed**. **Nine** under the single stage call for proposals launched in 2024 (GH-EDCTP3-2024-Mpox), corresponding to the retained and reserve proposals, and **ten** under the two-stage call for proposals under WP2023 (GH-EDCTP3-2023-02-two-stage) with **five** per topic, corresponding to the retained proposals.

Projects signed in 2024 as a follow-up to previous calls for proposals, and respective breakdown of participant type are reported under section **1.5.2 Indirect actions signed in 2024 as follow-up activity linked to past calls**.

A total of nine projects were selected for funding and signed in 2024, under WP2024, involving 43 unique participants from 24 countries. Among them, 41 are beneficiaries, while two are associated partners (participants from the United States and Switzerland). Of these, 24 participants (56%) are higher or secondary education establishments, 11 (26%) are research organisations, three (7%) are private for-profit entities, one (2%) is a public body, and four (9%) are other types of organisations.

Being the country most affected by the outbreak at the launch of the public health emergency call for proposals, the **Democratic Republic of the Congo (DRC)** is present in all nine projects through the participation of three entities—two universities and one research centre. Regarding the remaining calls for proposals concluded in 2024, the process of invitation and grant agreement preparation was not

<sup>40</sup> [Updates on the association of third countries to Horizon Europe - European Commission](#)

<sup>41</sup> For example, through the UK Research and Innovation Horizon Europe guarantee funding, explained at [Apply for Horizon Europe guarantee funding – UKRI](#).

concluded within the closure of year 2024. These projects will be signed in 2025, and respective breakdown of participants will be reported under the Annual Activity Report of 2025.

#### 1.3.4 Additional obligations to participants linked to affordable, available and accessible access to products/results

According to **Art. 114 (Affordable access)** of the Council Regulation (EU) 2021/2085 establishing the Joint Undertakings under Horizon Europe, '*participants to indirect actions funded by the Global Health EDCTP3 Joint Undertaking shall ensure that the products and services that they develop based or partly based on the results of clinical studies undertaken as part of an indirect action are affordable, available and accessible to the public at fair and reasonable conditions. For that purpose, where relevant, the work programme shall specify additional exploitation obligations applicable to specific indirect actions*'.

In this context, Global Health EDCTP3 has ensured the products and services that are develop based or partly based on the results<sup>42</sup> of clinical studies undertaken as part of an indirect action funder under the Joint Undertaking are affordable, available and accessible to the public at fair and reasonable conditions by adding **specific conditions** to each call topic, namely:

1. **Standard mandatory deliverables** in the context of the legal and financial set-up of the grant agreements. Under work programmes 2023 and 2024, these included a **Stewardship plan** and a **Global access plan**. An exception to this was GH-EDCTP3-2024-Mpox, which being an emergency response call for proposals, required a more flexible arrangement, where such a requirement was only mandatory for grants that implemented clinical studies.
2. **Additional mandatory exploitation obligations** in the context of the legal and financial set-up of the grant agreements. In this context, in the grant agreements signed in the context of work programmes 2023 and 2024, consortia were obliged to include in their grant agreements the following conditions:
  - a. **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.
  - b. 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.

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<sup>42</sup> In line with Horizon Europe Model Grant Agreement Article 16.2, '**results**' means any tangible or intangible effect of the action, such as data, know-how or information, whatever its form or nature, whether or not it can be protected, as well as any rights attached to it, including intellectual property rights. Therefore, results do not refer only to tools or new therapies or diagnostics, but results in a broader sense, such as scientific publications, data or other engineered results, as well as processes such as software, algorithms, protocols, models, workflows and electronic notebooks.



- c. *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.*
- d. *For up to four years after the action, 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.*

With access being a cornerstone of Global Health EDCTP3's activities, Article 114 obligations considerations are embedded in the **call for proposals evaluation process**, namely in the assessment of the **Impact** criterion. For this criterion, experts look at the proposed pathways leading to: **equitable access**, assessing how the project will address health disparities and ensure that results reach underserved populations; **affordability**, inferring the concrete mechanisms for ensuring that resulting products and services are priced fairly and sustainably in target regions; **availability**, understanding possible plans for manufacturing, distribution, and scaling up interventions to ensure widespread availability; and **sustainability**, assessing the long-term viability of the proposed access strategies beyond the project's duration. In this criterion evaluators also look into contribution to policy and practice, as well as aspects such as **intellectual property management, technology and knowledge transfer**.

During the grant preparation phase, Global Health EDCTP3 ensures that these plans are **refined and formally integrated into the grant agreement**, setting clear milestones and deliverables.

Once the grant agreement is signed, Global Health EDCTP3 actively monitors compliance with **Article 114 obligations** through ongoing **project reviews and regular reporting checkpoints**, in the context of reporting and payment processes. Project officers track the implementation of these obligations through draft versions of the Stewardship and Global Access plans, as well as their final versions, but also the **mandatory plan on the dissemination and exploitation of project results**, including communication activities.

While actively engaging with consortia, the JU also invests efforts in addressing potential barriers to accessibility. It does so by maintaining communication channels with grantees to provide guidance and support on **exploitation strategies**, anticipating the **post-grant reporting requirements**, and by following very closely the **results and impact** reported through the **continuous monitoring** function of the participants' portal. Given that there has not been any project finalised until 2024, Global Health EDCTP3 has not yet implemented a mechanism for follow-up of results in the four years after the project's conclusion.

### 1.3.5 Operational tenders and contracts

With regard to the implementation of procurement activities, the JU has complied with the principles of the EU Financial Regulation and the guidance provided in the European Commission Procurement Vademecum.

In accordance with the Amended Work Programme 2024, the implementation of the **EDCTP Forum 2025 preparations** resulted to the following two procedures:

1. **For the venue and catering services for the EDCTP Forum 2025:** following a vote of the EDCTP Association General Assembly, Rwanda was selected to host the Twelfth EDCTP Forum in 2025. Only one sole economic operator in Kigali provided as a venue the necessary infrastructure for technical reasons. Also, catering services are compulsory in case of an event organisation by this operator. For this reason, Global Health EDCTP3 JU launched a negotiated procurement procedures without prior publication of a contract notice based on point 11.1(b)ii) of Annex 1 to the Financial Regulation. The contract was signed for a total value of EUR 496 943,29 on 24/12/2024.

2. **For the EDCTP Forum event organisation:** a specific contract has been signed for a total value of EUR 492 426,49 on the 22/08/2024 implementing the framework contract FWC EASME/2019/OP/0021. The contract covers project management and overall coordination, branding and visual identity, forum event website, registration services, abstract management system tool, mobile conference app., hotel and travel arrangements, participants management and newsletter subscription.

In accordance with Article 15 (Principle of transparency) of the Global Health EDCTP3 Financial Rules the JU shall make available on its internet site no later than 30 June of the following financial year information on the recipients of funds deriving from its budget, including procurement contracts. In addition, as stated in point 3.3 the Financial of Annex I to Regulation 2024/2509 (which applies to the JU), Global Health EDCTP3 JU as a contracting authority, shall publish a list of contracts on its website no later than 30 June of the following financial year for specific contracts and order forms implementing a framework contract. The Global Health EDCTP3 JU recipients of Funds and Annual List of Specific Contracts are published in the relevant section dedicated to funding within the Global Health EDCTP3 website<sup>43</sup>.

## 1.4 Evaluation procedures and outcomes

In 2024, the Global Health EDCTP3 Programme Office dealt with the evaluation of **four** calls for proposals, being **one** second stage of a two-stage call under Work Programme 2023 and **three** under Work Programme 2024, **one** being a single stage, and other **two**, two-stage calls for proposals. The four calls for proposals are summarised in the table below, including the respective number of call topics and further described throughout this section.

**Table 6 – Calls for proposals with evaluation processes in 2024**

Work Programme Year	Call ID	Format	Number of topics	Sub-section on scientific evaluation and outcomes	Sub-section on redresses
2023	GH-EDCTP3-2023-02-two-stage	Two-stage	2	1.4.1.1	1.4.7.1
2024	GH-EDCTP3-2024-01-two-stage	Two-stage	6	1.4.1.2	1.4.7.2
2024	GH-EDCTP3-2024-02-two-stage	Two-stage	1	1.4.1.3	1.4.7.3
2024	GH-EDCTP3-2024-Mpox	Single stage	1	1.4.1.4	1.4.7.4

<sup>43</sup> [Funding - Global Health EDCTP3 JU](#)

## 1.4.1 Scientific evaluation and outcomes

### 1.4.1.1 GH-EDCTP3-2023-02-two-stage

On 27 June 2023, the Global Health EDCTP3 JU published the call [GH-EDCTP3-2023-02-two-stage](#) as a two-stage call (*i.e. submission of stage 1-short proposals, followed by submission of stage 2-complete proposals only for selected short proposals*):

- **Stage 1** closed on 28 September 2023.
- **Stage 2** closed on 3 April 2024.

The call GH-EDCTP3-2023-02-two-stage covered the following **two** topics, types of action and respective proposed budget:

Topic ID	Topic name	Type of action	Budget (in EUR)
<b>HORIZON-JU-GH-EDCTP3-2023-02-01-two-stage</b>	Improving modes of delivery, deployment, and uptake of vaccines through phase IV/implementation research	Research and Innovation Action (RIA)	30 000 000
<b>HORIZON-JU-GH-EDCTP3-2023-02-02-two-stage</b>	Advancing point-of-care diagnostics to the market	Research and Innovation Action (RIA)	26 000 000

Stage 1 has already been reported under the 2023 Annual Activity Report and is therefore not reported under this report.

#### Stage 2

The following number of proposals per topic were submitted for stage 2:

Topic ID	Topic name	Number of proposals invited to stage 2	Number of proposals submitted at stage 2
<b>HORIZON-JU-GH-EDCTP3-2023-02-01-two-stage</b>	Improving modes of delivery, deployment, and uptake of vaccines through phase IV/implementation research	16	15
<b>HORIZON-JU-GH-EDCTP3-2023-02-02-two-stage</b>	Advancing point-of-care diagnostics to the market	21	21

One proposal invited in topic HORIZON-JU-GH-EDCTP3-2023-02-01-two-stage did not submit for Stage 2 and was considered withdrawn.

None of the submitted proposals were declared ineligible or inadmissible.



The evaluation for the second stage of HORIZON-JU-GH-EDCTP3-2023-02-two-stage call was carried out between 29 April 2024 and 16 May 2025 by the evaluation committee/panel appointed by the responsible Authorising Officer. The evaluation committee/panel was composed of **34 external experts**.

The external experts were selected in a way to ensure a high level of skills, experience and knowledge in the areas of the call (including project management, innovation, exploitation and communication and financial aspects).

Special attention was given to achieve an appropriately balanced composition (skills, experience, knowledge, geographical diversity, gender and public-private sector balancer) and regular rotation.

As a result, of the **34 experts** participating in the evaluation:

- 44% were **women**.
- 53% based in HE MS or associated countries, 41% in Africa (African countries members of the EDCTP Association) and 6% other.
- 79% came from **university and public or private research organisations**.
- 11% were **private commercial firms**.
- 5% were **new experts**, i.e. experts who have not participated in any evaluations over the last three calendar years.

The evaluation procedure was also observed by one observer (i.e. an independent external expert) to advise on the conduct and fairness of the evaluation sessions, the application of the evaluation criteria and ways to improve the processes.

At the start of the evaluation, the evaluators were briefed on applicable rules, process, procedures, evaluation criteria and scope and objectives of the call. The briefings emphasised confidentiality requirements and rules on conflict of interests. All evaluators received the documentation with respect to the Global Health EDCTP3 Annual Work Programme and the call (e.g. call conditions, etc.).

The evaluation was made against the award criteria and evaluation rules as set out in the call conditions. Each proposal was first individually evaluated against the award criteria, independently by 5 evaluators. The evaluators prepared, for each proposal, an individual evaluation report (IER), with comments and scores for each criterion (on-line submission in the Funding & Tenders Portal Electronic Evaluation System).

The individual evaluators were then invited to a consensus meeting for each proposal, in order to reach a common view and agree on comments and scores (consensus report).

The central evaluation was planned with an overall agenda listing the consensus meetings taking place, including the name of the project officer chairing the meeting, the time of the meeting, and the necessary links for accessing the Webex platform.

In each consensus meeting, the discussion was led by the chair of the meeting, with notes taken by an expert recorder who had prepared draft consensus report (CR) prior to the meeting, based on the individual evaluation forms (IERs) submitted by the evaluators.

Finally, the evaluation committee/panel examined and compared the consensus reports together, to check on the consistency of their scores and comments and — in case of equal scores — to agree on a priority order.

The above-threshold proposals (i.e. proposals that passed both the individual and overall thresholds) were then ranked in order of their overall score in the panel ranked lists.

The following number of proposals were evaluated above threshold:

Topic ID	Number of proposals above threshold	Average score of above threshold proposals	Share of above threshold proposals	Number of proposals retained for funding	Number of proposals in reserve list
HORIZON-JU-GH-EDCTP3-2023-02-01-two-stage (vaccine)	8	13,13	53%	5	3
HORIZON-JU-GH-EDCTP3-2023-02-02-two-stage (diagnostics)	17	13,03	81%	5	3

#### 1.4.1.2 GH-EDCTP3-2024-01-two-stage

On 18 January 2024, the Global Health EDCTP3 JU published two calls [GH-EDCTP3-2024-01-two-stage](#) and [GH-EDCTP3-2024-02-two-stage](#). These were two-stage calls (*i.e. submission of stage 1-short proposals, followed by submission of stage 2-complete proposals only for selected short proposals*):

- **Stage 1** closed on 4 April 2024.
- **Stage 2** closed on 1 October 2024.

The call GH-EDCTP3-2024-01-two-stage covered the following 6 topics, types of action and respective proposed budget:

Topic ID	Topic name	Type of action	Budget (in EUR)
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	Research and Innovation Action (RIA)	22 000 000
HORIZON-JU-GH-EDCTP3-2024-01-02-two-stage	Research on existing Malaria vaccines and development of new promising candidates	Research and Innovation Action (RIA)	30 000 000
HORIZON-JU-GH-EDCTP3-2024-01-03-two-stage	Accelerating development and integration of therapeutics against Neglected Tropical Diseases (NTDs) in sub-Saharan Africa	Research and Innovation Action (RIA)	22 000 000
HORIZON-JU-GH-EDCTP3-2024-01-04-two-stage	Tackling Antimicrobial Resistance (AMR) through R&D in novel and existing antimicrobials	Research and Innovation Action (RIA)	24 000 000



Topic ID	Topic name	Type of action	Budget (in EUR)
<b>HORIZON-JU-GH-EDCTP3-2024-01-05-two-stage</b>	New tools, technologies and approaches for vector control in sub-Saharan Africa	Research and Innovation Action (RIA)	18 432 000
<b>HORIZON-JU-GH-EDCTP3-2024-01-06-two-stage</b>	Innovative digital health solutions for sub-Saharan Africa	Research and Innovation Action (RIA)	22 000 000

### Stage 1

The call received a total of 240 proposals in Stage 1, of which 39 were declared ineligible and 1 was inadmissible.

The evaluation for the first stage of GH-EDCTP3-2024-01-01-two-stage call was carried out between 6 May 2024 and 29 May 2024 by the evaluation committee/panel appointed by the responsible Authorising Officer. The evaluation committee/panel was composed of **116 external experts**.

The external experts were selected in a way to ensure a high level of skills, experience and knowledge in the areas of the call (including project management, innovation, exploitation and communication and financial aspects).

Special attention was given to achieving an appropriately balanced composition (skills, experience, knowledge, geographical diversity, gender, and private-public sector balance) and regular rotation.

As a result, out of the invited **116 experts**:

- 47% were **women**.
- 72% based in HE MS or associated countries, 21% in Africa (African countries members of the EDCTP Association) and 7% other.
- 73% came from **universities** and public or private research organisations.
- 14% came from **private commercial firms**.
- 44% were **new experts**, i.e. experts who have not participated in any evaluations over the last three calendar years.
- 42% were **brand new experts**, i.e. experts who have never participated in any EU evaluation.

The rotation rules that apply to the Horizon Europe were respected.

The evaluation procedure was also observed by an observer, (*i.e. independent external expert to advise on the conduct and fairness of the evaluation sessions, the application of the evaluation criteria and ways to improve the processes*).

At the start of the evaluation, the evaluators were briefed on applicable rules, process, procedures, evaluation criteria and scope and objective of the call. The briefing also emphasised confidentiality requirements and rules on conflict of interests. All experts received the documentation with respect to the programme and the call (*e.g. call conditions, etc.*).

The evaluation was made against the award criteria and evaluation rules as set out in the call conditions. Each proposal was evaluated against the award criteria by at least three independent



evaluators. The evaluators prepared, for each proposal, an individual evaluation report (IER), with comments and scores for each criterion (on-line submission through the Funding & Tenders Portal Electronic Evaluation System).

The individual evaluators were then invited to a consensus meeting for each proposal, in order to reach a common view and agree on comments and scores (consensus report).

The central evaluation was planned with an overall agenda listing the consensus meetings taking place, including the name of the project officer chairing the meeting, the time of the meeting, and the necessary links for accessing the Webex platform.

In each consensus meeting, the discussion was led by the chair of the meeting, with notes taken by an expert recorder who had prepared draft consensus report (CR) prior to the meeting, based on the individual evaluation forms (IERs) submitted by the evaluators.

## Invitations to Stage 2

In accordance with the requirements set out in the call conditions, the overall thresholds were set such that the total requested budget for the proposals admitted to stage 2 is as close as possible to three times (but not lower than 2,5 times) the available budget.

The thresholds that were applied are the following (per committee/panel):

Topic ID	Topic short name	Budget	Overall threshold score applied	Proposals invited to submit in Stage 2	Total requested EU contribution of proposals invited to stage 2
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	22 000 000	8	8	43 848 726
HORIZON-JU-GH-EDCTP3-2024-01-02-two-stage	Research on existing Malaria vaccines and development of new promising candidates	30 000 000	9	8	95 487 000
HORIZON-JU-GH-EDCTP3-2024-01-03-two-stage	Accelerating development and integration of therapeutics against Neglected Tropical Diseases (NTDs) in sub-Saharan Africa	22 000 000	8	13	66 506 506
HORIZON-JU-GH-EDCTP3-2024-01-04-two-stage	Tackling Antimicrobial Resistance (AMR) through R&D in novel and existing antimicrobials	24 000 000	8	12	74 282 731
HORIZON-JU-GH-EDCTP3-2024-01-05-two-stage	New tools, technologies and approaches for vector control in sub-Saharan Africa	18 432 000	9,5	11	66 385 996

Topic ID	Topic short name	Budget	Overall threshold score applied	Proposals invited to submit in Stage 2	Total requested EU contribution of proposals invited to stage 2
HORIZON-JU-GH-EDCTP3-2024-01-06-two-stage	Innovative digital health solutions for sub-Saharan Africa	20 000 000	9,5	12	60 134 394

## Stage 2

The following number of proposals per topic were submitted at stage 2:

Topic ID	Topic name	Number of proposals invited to stage 2	Number of proposals submitted at stage 2
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	8	7
HORIZON-JU-GH-EDCTP3-2024-01-02-two-stage	Research on existing Malaria vaccines and development of new promising candidates	8	8
HORIZON-JU-GH-EDCTP3-2024-01-03-two-stage	Accelerating development and integration of therapeutics against Neglected Tropical Diseases (NTDs) in sub-Saharan Africa	13	13
HORIZON-JU-GH-EDCTP3-2024-01-04-two-stage	Tackling Antimicrobial Resistance (AMR) through R&D in novel and existing antimicrobials	12	12
HORIZON-JU-GH-EDCTP3-2024-01-05-two-stage	New tools, technologies and approaches for vector control in sub-Saharan Africa	11	11
HORIZON-JU-GH-EDCTP3-2024-01-06-two-stage	Innovative digital health solutions for sub-Saharan Africa	12	12

One proposal invited in topic HORIZON-JU-GH-EDCTP3-2024-01-01-two-stage did not submit for Stage 2 and was considered withdrawn.

None of the submitted proposals were declared ineligible or inadmissible.

The evaluation for the second stage of GH-EDCTP3-2024-01-two-stage call was carried out between 14 October 2024 and 8 November 2024 by the evaluation committee/panel appointed by the responsible Authorising Officer. The evaluation committee/panel was composed of **78 external experts**.



The external experts were selected in a way to ensure a high level of skills, experience and knowledge in the areas of the call (including project management, innovation, exploitation and communication and financial aspects).

Special attention was given to achieve an appropriately balanced composition (skills, experience, knowledge, geographical diversity, gender and public-private sector balancer) and regular rotation.

As a result, of the **78 experts** participating in the evaluation:

- 41% were **women**.
- 52% based in *HE MS or associated countries*, 42% in *Africa (African countries members of the EDCTP Association)* and 6% *other*.
- 64% came from **university and public or private research organisations**.
- 12% were **private commercial firms**.
- 56% were **new experts**, i.e. experts who have not participated in any evaluations over the last three calendar years.

The evaluation procedure was also observed by two observers (i.e. independent external experts) to advise on the conduct and fairness of the evaluation sessions, the application of the evaluation criteria and ways to improve the processes.

At the start of the evaluation, the evaluators were briefed on applicable rules, process, procedures, evaluation criteria and scope and objectives of the call. The briefings emphasised confidentiality requirements and rules on conflict of interests. All evaluators received the documentation with respect to the Global Health EDCTP3 Annual Work Programme and the call (e.g. call conditions, etc.).

The evaluation was made against the award criteria and evaluation rules as set out in the call conditions. Each proposal was first individually evaluated against the award criteria, independently by 5 evaluators. The evaluators prepared, for each proposal, an individual evaluation report (IER), with comments and scores for each criterion (on-line submission in the Funding & Tenders Portal Electronic Evaluation System).

The individual evaluators were then invited to a consensus meeting for each proposal, in order to reach a common view and agree on comments and scores (consensus report).

The central evaluation was planned with an overall agenda listing the consensus meetings taking place, including the name of the project officer chairing the meeting, the time of the meeting, and the necessary links for accessing the Webex platform.

In each consensus meeting, the discussion was led by the chair of the meeting, with notes taken by an expert recorder who had prepared draft consensus report (CR) prior to the meeting, based on the individual evaluation forms (IERs) submitted by the evaluators.

Finally, the evaluation committee/panel examined and compared the consensus reports together, to check on the consistency of their scores and comments and — in case of equal scores — to agree on a priority order.

The above-threshold proposals (i.e. proposals that passed both the individual and overall thresholds) were then ranked in order of their overall score in the panel ranked lists.

The following number of proposals were evaluated above threshold:

Topic ID	Number of proposals above threshold	Average score of above threshold proposals	Share of above threshold proposals	Number of proposals retained for funding	Number of proposals in reserve list
HORIZON-JU-GH-EDCTP3-2024-01-01-two-stage (HIV)	4	14	57,14%	3	1
HORIZON-JU-GH-EDCTP3-2024-01-02-two-stage (Malaria)	3	13,17	37,5%	2	1
HORIZON-JU-GH-EDCTP3-2024-01-03-two-stage (NTDs)	9	13,67	69,23%	4	4
HORIZON-JU-GH-EDCTP3-2024-01-04-two-stage (AMR)	5	13,10	41,67%	4	1
HORIZON-JU-GH-EDCTP3-2024-01-05-two-stage (vector)	8	13,44	72,73%	3	5
HORIZON-JU-GH-EDCTP3-2024-01-06-two-stage (digital)	8	13,44	66,67%	3	4

#### 1.4.1.3 GH-EDCTP3-2024-02-two-stage

The call GH-EDCTP3-2024-02-two-stage covers the following topic, type of action and respective proposed budget:

Topic ID	Topic name	Type of action	Budget (in EUR)
HORIZON-JU-GH-EDCTP3-2024-02-01-two-stage	Global Health EDCTP3 JU training fellowship with return phase	Coordination and Support Action (CSA)	3 500 000,00



## Stage 1

The call received a total of 10 proposals in Stage 1, of which 5 were declared ineligible (50%).

The evaluation of the first stage for the GH-EDCTP3-2024-02-two-stage call was carried out between 14 May 2024 and 28 May 2024 by the evaluation committee/panel appointed by the responsible Authorising Officer. The evaluation committee/panel was composed of **12 external experts**.

The external experts were selected in a way to ensure a high level of skills, experience, and knowledge in the areas of the call (including project management, innovation, exploitation, dissemination and communication and financial aspects).

Special attention was given to achieve an appropriately balanced composition (skills, experience, knowledge, geographical diversity, gender, and private-public sector balance) and regular rotation.

As a result, out of the invited **12 experts**:

- 83% were **women**.
- 92% based in HE MS or associated countries, 8% in Africa (African countries members of the EDCTP Association) and 0% other.
- 50% came from **universities** and public or private research organisations.
- 41% were from **private commercial firms**.
- 33% were **new experts**, i.e. experts who have not participated in any evaluations over the last three *calendar* years.
- 33% were **brand new experts**, i.e. experts who have never participated in any EU evaluation.

The rotation rules that applied to the Programme were respected.

The evaluation procedure was also observed by an observer, (*i.e. independent external expert to advise on the conduct and fairness of the evaluation sessions, the application of the evaluation criteria and ways to improve the processes*).

At the start of the evaluation, the evaluators were briefed (*on applicable rules, process, procedures, evaluation criteria and scope and objective of the call*).

The briefing emphasised confidentiality requirements and rules on conflict of interests.

All experts received the documentation with respect to the programme and the call (*e.g. call conditions, etc.*).

The evaluation was made against the award criteria and evaluation rules as set out in the call conditions.

Each proposal was evaluated against the award criteria, independently by at least **3 evaluators**.

The evaluators prepared, for each proposal, an individual evaluation report (IER), with comments and scores for each criterion (on-line submission in the Funding & Tenders Portal Electronic Evaluation System).

The individual evaluators were then invited to a consensus meeting for each proposal, in order to reach a common view and agree on comments and scores (consensus report).

The central evaluation was planned with an overall agenda listing the consensus meetings taking place, including the name of the project officer chairing the meeting, the time of the meeting, and the necessary links for accessing the Webex platform.



In each consensus meeting, the discussion was led by the chair of the meeting, with notes taken by an expert recorder who had prepared draft consensus report (CR) prior to the meeting, based on the individual evaluation forms (IERs) submitted by the evaluators.

## Invitations to Stage 2

In accordance with the requirements set out in the call conditions, the overall thresholds were set such that the total requested budget for the proposals admitted to stage 2 is as close as possible to 3 times (but not lower than 2,5 times) the available budget.

The thresholds that were applied are the following (per committee/panel):

Topic ID	Topic short name	Budget	Overall threshold score applied	Proposals invited to submit in Stage 2	Total requested EU contribution of proposals invited to stage 2
HORIZON-JU-GH-EDCTP3-2024-02-01-two-stage	Global Health EDCTP3 JU training fellowship with return phase	3 500 000	8	4	13 993 328

## Stage 2

The following number of proposals per topic were submitted at stage 2:

Topic ID	Topic name	Number of proposals invited to stage 2	Number of proposals submitted at stage 2
HORIZON-JU-GH-EDCTP3-2024-02-01-two-stage	Global Health EDCTP3 JU training fellowship with return phase	4	4

None of the submitted proposals were declared ineligible or inadmissible.

The evaluation for the stage 2 was carried out between 14 October 2024 and 31 October 2024 (remote phase) and on 6 November 2024 (central phase) by the evaluation committee/panel appointed by the Responsible Authorising Officer, with the assistance of **7 external experts**.

The external experts were selected in a way to ensure a high level of skills, experience and knowledge in the areas of the call (including project management, innovation, exploitation and communication and financial aspects).

Special attention was given to achieve an appropriately balanced composition (skills, experience, knowledge, geographical diversity, gender and public-private sector balancer) and regular rotation.

As a result, of the **7 experts** participating in the evaluation:

- 71% were **women**.

- 50% based in HE MS or associated countries, 38% in Africa (African countries members of the EDCTP Association) and 12% other.
- 71% came from **university and public or private research organisations**.
- 29% were **private commercial firms**.
- 43% were **new experts**, i.e. experts who have not participated in any evaluations over the last three calendar years.

The evaluation procedure was also observed by two observers (i.e. independent external experts) to advise on the conduct and fairness of the evaluation sessions, the application of the evaluation criteria and ways to improve the processes.

At the start of the evaluation, the evaluators were briefed on applicable rules, process, procedures, evaluation criteria and scope and objectives of the call. The briefings emphasised confidentiality requirements and rules on conflict of interests. All evaluators received the documentation with respect to the Global Health EDCTP3 Annual Work Programme and the call (e.g. call conditions, etc.).

The evaluation was made against the award criteria and evaluation rules as set out in the call conditions. Each proposal was first individually evaluated against the award criteria, independently by 5 evaluators. The evaluators prepared, for each proposal, an individual evaluation report (IER), with comments and scores for each criterion (on-line submission in the Funding & Tenders Portal Electronic Evaluation System).

The individual evaluators were then invited to a consensus meeting for each proposal, in order to reach a common view and agree on comments and scores (consensus report).

The central evaluation was planned with an overall agenda listing the consensus meetings taking place, including the name of the project officer chairing the meeting, the time of the meeting, and the necessary links for accessing the Webex platform.

In each consensus meeting, the discussion was led by the chair of the meeting, with notes taken by an expert recorder who had prepared draft consensus report (CR) prior to the meeting, based on the individual evaluation forms (IERs) submitted by the evaluators.

Finally, the evaluation committee/panel examined and compared the consensus reports together, to check on the consistency of their scores and comments and — in case of equal scores — to agree on a priority order.

The above-threshold proposals (i.e. proposals that passed both the individual and overall thresholds) were then ranked in order of their overall score in the panel ranked lists.

The following number of proposals were evaluated above threshold:

Topic ID	Number of proposals above threshold	Average score of above threshold proposals	Share of above threshold proposals	Number of proposals retained for funding	Number of proposals in reserve list
<b>HORIZON-JU-GH-EDCTP3-2024-02-01-two-stage (fellowship)</b>	3	12,5	75%	1	2

#### 1.4.1.4 GH-EDCTP3-2024-Mpox

The call GH-EDCTP3-2024-Mpox was launched as an emergency response to the Mpox outbreak in the Democratic Republic of Congo (DRC) and covered one topic, type of action and respective proposed budget.

Topic ID	Topic name	Type of action	Budget (in EUR)
<b>HORIZON-JU-GH-EDCTP3-2024-Mpox</b>	Mobilisation of Emergency funding for Mpox outbreak research response	Research and Innovation Action (RIA)	6 500 000,00

The call is a one-stage call and received a total of 17 proposals, of which 1 was declared ineligible.

The evaluation for the GH-EDCTP3-2024-Mpox call was carried out between 6 June 2024 and 19 June 2024 by the evaluation committee/panel appointed by the responsible Authorising Officer. The evaluation committee/panel was composed of **12 external experts**.

The external experts were selected in a way to ensure a high level of skills, experience, and knowledge in the areas of the call (including project management, innovation, exploitation, dissemination and communication and financial aspects).

Special attention was given to achieve an appropriately balanced composition (skills, experience, knowledge, geographical diversity, gender, and private-public sector balance) and regular rotation.

As a result, out of the invited **12 experts**:

- 41% were **women**.
- *67% based in HE MS or associated countries, 16,5 % in Africa (African countries members of the EDCTP Association) and 16,5% other.*
- 83% came from **universities** and public or private research organisations.
- 8% were from **private commercial firms**.
- 42% were **new experts**, i.e. experts who have not participated in any evaluations over the last three calendar years).
- 42% were **brand new experts**, i.e. experts who have never participated in any EU evaluation).

The rotation rules that applied to the Programme were respected.

The evaluation procedure was also observed by an observer, (*i.e. independent external expert to advise on the conduct and fairness of the evaluation sessions, the application of the evaluation criteria and ways to improve the processes*).

At the start of the evaluation, the evaluators were briefed (*on applicable rules, process, procedures, evaluation criteria and scope and objective of the call*).

The briefing emphasised confidentiality requirements and rules on conflict of interests.

All experts received the documentation with respect to the programme and the call (*e.g. call conditions, etc.*).

The evaluation was made against the award criteria and evaluation rules as set out in the call conditions.

Each proposal was evaluated against the award criteria, independently by at least 3 evaluators.

The evaluators prepared, for each proposal, an individual evaluation report (IER), with comments and scores for each criterion (on-line submission in the Funding & Tenders Portal Electronic Evaluation System).

The individual evaluators were then invited to a consensus meeting for each proposal, in order to reach a common view and agree on comments and scores (consensus report).

The central evaluation was planned with an overall agenda listing the consensus meetings taking place, including the name of the project officer chairing the meeting, the time of the meeting, and the necessary links for accessing the Webex platform.

In each consensus meeting, the discussion was led by the chair of the meeting, with notes taken by an expert rapporteur who had prepared draft consensus report (CR) prior to the meeting, based on the individual evaluation forms (IERs) submitted by the evaluators.

Finally, the evaluation committee/panel examined and compared the consensus reports together, to check on the consistency of their scores and comments and — in case of equal scores — to agree on a priority order.

The above-threshold proposals (i.e. proposals that passed both the individual and overall thresholds) were then ranked in order of their overall score in the panel ranked lists.

The following number of proposals were evaluated above threshold:

Topic ID	Number of proposals above threshold	Average score of above threshold proposals	Share of above threshold proposals	Number of proposals retained for funding	Number of proposals in reserve list
<b>HORIZON-JU-GH-EDCTP3-2024-02-01-two-stage (fellowship)</b>	11	13,64	68,75%	5	4

#### 1.4.5 Summary of experts used in 2024 evaluation processes

The Global Health EDCTP3 invited a total of 206 external experts in the year 2024 for evaluation of calls for proposals. On average, in each call for proposals:

- 47% were **women**.
- 65% based in HE MS or associated countries, 28 % in Africa (African countries members of the EDCTP Association) and 7% other.
- 70% came from **universities** and public or private research organisations.
- 15% were from **private commercial firms**.

- 42% were **new experts**, i.e. experts who have not participated in any evaluations over the last three calendar years).

#### 1.4.6 Ethics evaluation

All full proposals, which successfully pass the scientific evaluation and are likely to be funded, shall be systematically screened to identify activities raising complex or serious ethics issues<sup>44</sup>. Such proposals shall be submitted to **an ethics assessment** by an independent ethics panel, pursuant to established procedures for Horizon Europe funded research.

In the context of Global Health EDCTP3 evaluations of full proposals concluded in 2024, namely of GH-EDCTP3-2023-02-two-stage, GH-EDCTP3-2024-01-two-stage, GH-EDCTP3-2024-02-two-stage and GH-EDCTP3-2024-Mpox and have undergone this process.

#### 1.4.7 Redress cases

As per Executive Director decision dated 31 March 2023, the Global Health EDCTP3 JU appointed two redress committees, and respective members, for the calls for proposals evaluation process, i.e. the “Admissibility and Eligibility Review Committee” and the “Evaluation Review Committee”.

The Admissibility and Eligibility Review Committee (four members) assesses the application of the admissibility and eligibility criteria, while the Evaluation Review Committee (four members) assesses the application of the selection and award evaluation criteria.

Applicants who consider their proposal was unlawfully rejected can file a redress within 30 days after receiving the rejection letter. The assessment of the redress committees is limited to the procedural aspects of the evaluation, manifest errors of assessment, factual errors and misuse of powers. The assessment does not extend to the merits of the evaluation.

The possible outcomes of admissibility and eligibility review are: i) inadmissible; ii) unfounded; iii) founded. The possible outcomes of evaluation review are i) inadmissible; ii) unfounded; iii) no influence on the outcome; iv) founded. According to the outcome, the redress committee may recommend a re-evaluation of the proposal to be carried out by evaluators who were not involved in the previous evaluation or confirm the initial evaluation.

Global Health EDCTP3 follows the redress workflow established by the European Commission on the tool “My Workplace”. In 2024, the following number of redress cases were received and processed per call for proposals:

##### 1.4.7.1 GH-EDCTP3-2023-02-two-stage

	N. inadmissibility/eligibility review cases	N. evaluation review cases
Stage 1	0	1
Stage 2	0	1

<sup>44</sup> [Identifying serious and complex ethics issues in EU-funded research guideline](#)

#### 1.4.7.2 GH-EDCTP3-2024-01-two-stage

	N. inadmissibility/eligibility review cases	N. evaluation review cases
<b>Stage 1</b>	2	8
<b>Stage 2</b>	0	0

#### 1.4.7.3 GH-EDCTP3-2024-02-two-stage

	N. inadmissibility/eligibility review cases	N. evaluation review cases
<b>Stage 1</b>	0	0
<b>Stage 2</b>	0	0

#### 1.4.7.4 GH-EDCTP3-2024-Mpox

	N. inadmissibility/eligibility review cases	N. evaluation review cases
<b>Single Stage</b>	1	0



## 1.5 Follow-up activities linked to past calls

The Programme Office has performed a series of **regular grant management cycle activities linked to past calls** as well as finalisation of call for proposals procedure - in this specific section, relative to Work Programmes 2022 and 2023. These activities include conclusion of the two-stage call for proposals under WP2023 (GH-EDCTP3-2023-02-two-stage), conclusion of grant agreement preparations and signature of grant agreements for projects awarded under WP2023, pre-financing payments to signed grants, monitoring of the newly signed projects, kick-off meetings of projects, amendments and reporting and payment procedures.

### 1.5.1 Work Programme 2023 calls for proposals

While the evaluation for the single stage call for proposals under Work Programme 2023 (GH-EDCTP3-2023-01) was concluded in 2023, the two-stage call for proposals (GH-EDCTP3-2023-02-two-stage) was concluded in 2024, with full proposals being submitted up to 3 of April 2024. From the evaluation process described in section **1.4 Evaluation procedures and outcomes**, including ethics evaluation, **five** proposals were awarded funding under each call topic, leading to a total of **ten proposals selected and funded** under this call for proposals.

### 1.5.2 Indirect actions signed in 2024 as follow-up activity linked to past calls

Following the evaluations of the calls for proposals under WP2023, the Programme Office proceeded with grant agreement preparation and grant signature of **37 invited proposals** (**27** from the single stage call GH-EDCTP3-2023-01), – time-to-grant<sup>45</sup> 5 March 2024 –, and **ten** from the two-stage call (GH-EDCTP3-2023-02-two-stage), – time-to-grant 4 December 2024). 100% of the invited proposals have successfully concluded their grant agreements.

The **ten** projects signed under the two-stage call for proposals of WP 2023 (GH-EDCTP3-2023-02-two-stage) have also been reported under section **1.3.3 Indirect actions selected for funding signed in 2024**, but the breakdown of their participation is detailed in this section.

The number of projects funded under each call topic, as well as the cumulative JU contribution for each call topic is detailed in the **Table 7**.

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<sup>45</sup> Article 31 (Time-to-grant) of the Council Regulation (EU) 2021/695 establishing Horizon Europe establishes the following periods: (a) for informing all applicants of the outcome of the evaluation of their application, a maximum period of five months from the final date for submission of complete proposals; (b) for signing grant agreements with applicants, a maximum period of **eight months** from the final date for submission of complete proposals.

**Table 7 - Projects signed under WP2023 calls for proposals**

Topic Code	Topic Name	Action Type	Format	Indicative No Projects	Indicative Budget (EUR)	No projects funded	Requested EU contribution (EUR)
<b>HORIZON-JU-GH-EDCTP3-2023-01-01</b>	Global Health EDCTP3 Training Networks - Clinical Research Fellowships	RIA	Single stage	3	15 300 000	4	19 297 419
<b>HORIZON-JU-GH-EDCTP3-2023-01-02</b>	Funding to successfully finalised clinical trials from EDCTP2, which have been negatively impacted by the COVID-19 pandemic	RIA		12	14 000 000	8	12 795 880
<b>HORIZON-JU-GH-EDCTP3-2023-01-03</b>	Implementing research/real life assessments of existing interventions in women and children's health	RIA		6	26 000 000	6	24 682 263
<b>HORIZON-JU-GH-EDCTP3-2023-01-04</b>	Research to rapidly evaluate interventions on Ebola outbreaks in Africa	RIA		4	11 000 000	3	9 355 898
<b>HORIZON-JU-GH-EDCTP3-2023-01-05</b>	Strengthening ethics and regulatory capacity	CSA		8	8 000 000	6	5 840 657
<b>HORIZON-JU-GH-EDCTP3-2023-02-01-two-stage</b>	Improving modes of delivery, deployment, and uptake of vaccines through phase IV/implementation research	RIA	Two-stage	6	30 000 000	5	24 213 694
<b>HORIZON-JU-GH-EDCTP3-2023-02-02-two-stage</b>	Advancing point-of-care diagnostics to the market	RIA		5	26 000 000	5	22 594 218
<b>Total</b>				<b>44</b>	<b>130 300 000</b>	<b>37</b>	<b>118 780 030</b>

Regarding the participation breakdown of the 37 projects signed under WP2023 calls for proposals, a total of 201 unique participants from 48 countries are involved. Of these, 69 participants (34%) are higher or secondary education establishments, 61 (30%) are research organizations, 27 (13%) are private for-profit entities, 25 (12%) are public bodies, and 19 (9%) fall under other types of organizations. Additionally, 19 entities (9%) are small and medium-sized enterprises (SMEs).

These projects are embedded in the list of Global Health EDCTP3 projects in **Annex 3**.

### 1.5.3 Financial support to third parties

For the topic HORIZON-JU-GH-EDCTP3-2024-02-01-two-stage: Global Health EDCTP3 JU training fellowship with return phase, specific conditions regarding financial support to third parties applied.

Beneficiaries had the possibility to provide financial support to third parties. The maximum amount to be granted to each third party was EUR 300 000. The support to third parties could only be provided in the form of grants. This is justified since the main objective of these projects is to provide fellowship support. For multi-annual fellowships, the amount of up to EUR 300 000 was needed.

### 1.5.4 Pre-financing payments to signed grants

Pre-financings are payments paid at the beginning of the project with the aim of providing a float to the beneficiaries allowing them to start with the activities foreseen in the grant agreements signed between them and the joint undertaking.

The level of pre-financing is determined by the number of reporting periods indicated in the grant agreement and is reduced proportionally with the increase of the number of reporting periods, the pre-financings paid by the joint undertaking vary within the limits of a maximum of 80% of the JU contribution for actions with 1 reporting period and a minimum of 30% of the JU contribution for actions with 5 or more reporting periods.

During the year 2024, 46 grants agreements were signed between the consortia and the joint undertaking. Out of these 46 grants, the Joint Undertaking processed 43 pre-financings in 2024 for an amount of EUR 71 421 494,78 (more detailed information on JU requested funding per project in Annex 3), the remaining 3 pre-financings related to grant agreements signed in 2024 were paid in 2025.

The Joint Undertaking was also responsible to deduct and collect the Mutual Insurance Mechanism (MIM) contribution from the 43 pre-financings paid to the beneficiaries in 2024. The MIM contribution amounts to 5% of the JU contribution agreed in the grant agreement. Out of the EUR 71 421 494,78 EUR paid in pre-financings, EUR 5 889 860,32 (from a total JU contribution of EUR 117 797 205,84 related to grant agreements signed in 2024 and for which the pre-financing was also paid within the same year) were retained (more detailed information on JU requested contribution per project in Annex 3) and transferred to the MIM with four transactions.

### 1.5.5 Monitoring of signed projects and kick-off meetings of projects

The list of projects implemented under Work Programmes 2022 and 2023 currently counts with **65 active projects**. The programme office has ensured the adequate follow-up of each project, including attending relevant project kick-off meetings, project review meetings monitoring of key results and milestones. More specifically, the Project Officers (POs) verified that projects have adhered to their work plans and contractual obligations, assessed whether projects are meeting their objectives and delivering expected results, and identified and addressed potential problems or deviations promptly.

### 1.5.6 Amendments

If there were changes to the description of the action requiring an amendment, an amendment may be requested either by the granting authority or the coordinator of the project.

In 2024, six amendments were processed for the following grants: ACCESSAFRICA2, EDCTP Africa Office, SAFIRE, 4-CAGE-TB, SEARCH II, GREAT-LIFE.

### 1.5.7 Reporting and Payment (REPA)

At the end of the set reporting period for each grant agreement, the consortium has 60 days to submit the periodic reports. Once submitted, the Project Officer (PO) and Financial Officer (FO) have 90 days to check the technical report and the financial report respectively, assessing the content of the reports and sending comments, questions and recommendations back to the coordinator. Once all relevant aspects are clarified and dully justified the PO proceeds to write an internal assessment report, noting on the various aspects of the grant. The consortium has 30 days to dispute the decision of the Granting Authority.

In 2024, one REPA was concluded, namely for the first reporting period of the EDCTP Africa Office grant.

### 1.5.8 Derogations from the principle of non-retroactivity pursuant to Article 196 of the Financial Regulation.

A grant may be awarded for an action which has already begun provided that the applicant can demonstrate the need for starting the action prior to signature of the grant agreement. In regard to the projects signed in 2024, there have been several consortia requesting retroactive starting dates. Although section 1.5 is dedicated to follow-up activities to past calls for proposals, the present subsection also includes projects signed under one call for proposals launched under WP2024, namely GH-EDCTP3-2024-Mpox. These grants, as well as the detailed justification for the retroactive starting date, have been approved in accordance with the internal procedures of Global Health EDCTP3 and are described in the [Table 8](#).

**Table 8 - Projects with retroactive starting date signed in 2024 and respective justification**

Project Acronym	Project ID	Project Starting Date	Grant Signature Date	Justification for Retroactive Starting Date
ASAAP-plus	101145769	01/01/2024	11/03/2024	This project will ensure successful completion of the EDCTP2 clinical study which was severely affected by COVID-19 pandemic. The EDCTP2 secretariat has confirmed that a 01/01/2024 fixed retroactive project starting date would indeed benefit the clinical sites with cash flows issues, as they deal with recruitment rates that are higher than expected. That is also a result of a successful competitive recruitment strategy put in place to address earlier delays in reaching sample size targets.



Project Acronym	Project ID	Project Starting Date	Grant Signature Date	Justification for Retroactive Starting Date
<b>CECABI II</b>	101145732	01/06/2024	15/07/2024	A fixed retroactive project starting date was proposed and approved to avoid project delays due to the opening of an EUR bank account.
<b>SUPPORT</b>	101145811	01/06/2024	11/06/2024	A fixed retroactive project starting date was proposed and approved to ensure advancement and agreement on the collaboration agreement.
<b>DECIPHER-MPOX</b>	101194676	01/08/2024	09/08/2024	This project is part of a public health emergency call for proposals and therefore needed to start as soon as possible, addressed through fixed retroactive project starting date.
<b>ODIN-MPox</b>	101195186	01/08/2024	07/08/2024	This project is part of a public health emergency call for proposals and therefore needed to start as soon as possible, addressed through fixed retroactive project starting date.
<b>PregInPoxVac</b>	101195533	01/08/2024	26/08/2024	This project is part of a public health emergency call for proposals and therefore needed to start as soon as possible, addressed through fixed retroactive project starting date.
<b>MpoxVax AFRIVAC</b>	101195540	01/10/2024	03/10/2024	Final grant agreement version was submitted on 30/09/2024 and therefore a fixed retroactive project starting date was proposed and approved to allow sufficient time for verification and signature. More so, this project is part of a public health emergency call for proposals and therefore needed to start as soon as possible, addressed through fixed retroactive project starting date.
<b>JUA KIVU</b>	101195116	01/10/2024	04/12/2024	This project is part of a public health emergency call for proposals and therefore needed to start as soon as possible, addressed through fixed retroactive project starting date.
<b>SMV delivery</b>	101160299	01/10/2024	04/12/2024	A fixed retroactive project starting date was proposed and approved to allow time to put the scientific activities in practice. This project depends on the implementation schedule of malaria vaccination programmes in Guinea and Mali. In Guinea, the malaria vaccination programme is scheduled to start in January 2025. Thus, the study needs to be initiated ideally in January 2025 which meant that the study preparatory phase needed to start on 01/10/2024. A three-month preparatory phase



Project Acronym	Project ID	Project Starting Date	Grant Signature Date	Justification for Retroactive Starting Date
				(October-December) is needed to develop the protocol and study data collection tools, hiring of study staff and training them, and to procure the required logistics.
<b>MOVIE-TRACE</b>	101195270	15/10/2024	05/11/2024	This project is part of a public health emergency call for proposals and therefore needed to start as soon as possible, addressed through fixed retroactive project starting date.
<b>IMVACS</b>	101160339	01/12/2024	02/12/2024	A fixed (retroactive) project starting date was proposed and approved due to the timeline of the grant agreement preparation process. The grant agreement was signed by the coordinator already on 29/11/2024.

## 1.6 Openness, cooperation, synergies and cross-cutting themes and activities

In 2024, numerous advocacy, networking and outreach activities were conducted in support of achieving Global Health EDCTP3's strategic objectives. Our efforts covered the following areas:

- Regular exchanges and bilateral discussions with current and potential external partners, with the aim to align health research agendas and develop joint funding strategies with Contributing Partners.
- Active participation in funders groups, global health research platforms and other initiatives to promote the Global Health EDCTP3 programme and engage in relevant discussions with key stakeholders.
- Regular exchanges with European and African government representatives and regional bodies on key issues.
- Communication and dissemination efforts to promote Global Health EDCTP3 activities and encourage greater collaboration, wider participation and the attraction of newcomers.

Global Health EDCTP3 actively fosters a dynamic ecosystem of global health research. Its strategic orientation emphasises alignment and coordination with a variety of like-minded organisations from the public and private sector and **robust cooperation with diverse enterprises**, ranging from established pharmaceutical entities to promising biotech startups, **catalysing innovation**.

On the other hand, by actively pursuing synergies with **national and regional initiatives**, Global Health EDCTP3's efforts **complement and amplify existing public health strategies across participating countries**. This alignment is carefully monitored, allowing an understanding of how its activities contribute to broader global health policy objectives, while avoiding duplication of effort and overcrowding of research funding to specific health research areas.

In line with Article 19(4)(g) and Article 171(2)(g) of Council Regulation (EU) 2021/2085 establishing the Joint Undertakings under Horizon Europe, Global Health EDCTP3 implements **targeted measures to attract newcomers**, such as dedicated **Info Days** in English (6 February 2024), French



(7 February 2024), and Portuguese (7 February 2024), addressing the diverse language needs of potential applicants. At the same time, by funding **fellowship and traineeship indirect actions**, Global Health EDCTP3 increases its outreach to new individuals and organisations while further establishing itself as an **international health R&D funder**. Furthermore, in 2024 new participants' participation was fostered through call topics not commonly associated with the core business of Global Health EDCTP3. The digital health call topic linked to extensive outreach to the ICT and research communities in Europe and Africa which, combined with the establishment of close collaboration and synergies with the Regional Team Europe Initiative on Digital Health, led to the call being the most subscribed in 2024, bringing in new partners.

To facilitate application procedures in the future, 2024 was dedicated to exploring the **lump sum**<sup>46</sup> budgeting format, allowing beneficiaries to focus on the **scientific and technical content** of projects rather on financial reporting. Although the outcomes of these actions will most likely only yield results in 2025, the Programme Office expects to attract more newcomers, including SMEs and other smaller organisations which do not have dedicated administrative staff to manage projects.

The **redesigned Global Health EDCTP3 website**<sup>47</sup> launched on 3 December 2024, provides a streamlined and improved platform for stakeholders, with key features including enhanced **search functionality**, a **comprehensive project database**, and **dedicated resources for potential applicants and existing participants**, significantly improving user experience and information dissemination. The guidelines for contributing partners were published on the website to foster collaboration with other global health funders.

In this context, there is active collaboration with other **EU bodies and Commission services**, such as **Innovative Health Initiative (IHI)**, as well as European programmes, such as the EU4Health programme or Global Gateway. An example of this is the synergy established with the health Team Europe Initiatives or with the Health Emergency Preparedness and Response (HERA)<sup>48</sup> and EU Member States in the context of donation of mpox vaccines to the countries affected by the outbreak<sup>49</sup>, which will enable some of the observational studies sponsored by Global Health EDCTP3 on mpox vaccines. It is anticipated that some of the ongoing studies may include volunteers receiving the HERA donated Mpox vaccines. Furthermore, Global Health EDCTP3 participated in an IHI workshop on real-world data, digital health and artificial intelligence in October 2024.

In May 2024, a Global Health EDCTP3 [news article](#) was published which highlighted **working in partnership** as being a core value of Global Health EDCTP3, including ensuring coordination with the different European Commission Directorates-General and EU agencies. To further reinforce this, Global Health EDCTP3 hosted in September 2024 [a high-level meeting](#) with key EU research and health leaders moderated by the editors-in-chief of The Lancet, to exchange on the EU investments and future perspectives in global health and explore areas for close collaboration across EU initiatives going forward. In November 2024, the Global Health EDCTP3 Executive Director also accompanied Mr Marc Lemaître, Director General of the Directorate-General for Research and Innovation, during a two-day visit to Cape Town, South Africa, which showcased significant strides in health research and innovation supported by EU partnerships.

Outreach to like-minded organisations was ramped up during the course of 2024, including engagement with a variety of current and prospective strategic partners on global health challenges of mutual interest. An instance of synergies in cross-cutting themes is the collaboration with the **African Union's Africa Centres for Disease Control and Prevention (Africa CDC)**, where the two entities are establishing continuous strategic alignment to ensure that collaborative efforts are focused on shared goals and maximise impact. Negotiations for a Memorandum of Understanding (MoU) were

<sup>46</sup> [Webinar - Lump sum funding in Horizon Europe: How does it work? How to write a proposal?](#)

<sup>47</sup> [Homepage - Global Health EDCTP3 JU](#)

<sup>48</sup> [Health Emergency Preparedness and Response \(HERA\)](#)

<sup>49</sup> [Mpox: HERA to donate over 215 000 vaccine doses to Africa CDC amid urgent outbreak - European Commission](#)



initiated with Africa CDC and The US Global Health Diplomacy and Security Bureau, with excellent progress on the African front.

Engagement with partners, including PATH, the Gates Foundation, the Coalition for Epidemic Preparedness Innovations (CEPI), GSK, BioNTech, Novartis, Wellcome Trust, WHO, Global Health Security and Diplomacy (GHSD), USAID, Leprosy Research Initiative (LRI) and Africa CDC, among others, has been initiated alongside the development of the work programme 2025. As a result of these exchanges, **BioNTech** became a Global Health EDCTP3 Contributing Partner in June 2024 for the 2024 call on training fellowships and discussions advanced with other prospective Contributing Partners.

To synergise with other partners supporting epidemic/pandemic preparedness and outbreak response activities, Global Health EDCTP3 joined as a full member of the **Global Research Collaboration for Infectious Disease Preparedness (GloPID-R)** in March 2024, and was subsequently elected for representation on its Board in December 2024.

Global Health EDCTP3 also actively participated in other cross-funder and global health initiatives in 2024, including amongst others:

- The **World Health Summit 2024** held in Berlin on 13-15 October 2024, an event that brings together global health leaders, policymakers, and experts to discuss pressing health challenges and opportunities. Global Health EDCTP3 featured in sessions on critical topics such as the progress of the AU-EU Innovation Agenda, the role of innovation in the fight against malaria, and pandemic preparedness within both EU and global contexts.
- The **Heads of International Research Organizations (HIROs)**, composed of directors of International Research Organizations focussed on Health, Care and Wellbeing.
- **ESSENCE in Health Research**, where Global Health EDCTP3 continued to be represented as a Steering Committee member, attending monthly online meetings.
- The **Product Development Partnerships (PDP) Funders Group**, including attendance at PDP donor roundtables in South Africa (through EDCTP Africa Office representation) and the Netherlands in June and November 2024 respectively, in addition to ad-hoc calls with members.
- The **Science for Africa Foundation (SFA) Partners Group**, where Global Health EDCTP3 was invited in 2024 to participate initially as an observer to its meetings.
- The **AU-EU High Level Policy Dialogue for Science, Technology and Innovation**, where Global Health EDCTP3 has participated in and presented at the quarterly online Bureau meetings in 2024, including participation as a member of the Organising Task Force of the Hybrid Workshop on Public Health Innovations organised in South Africa in December 2024 as part of a series of workshops on implementing the AU-EU Innovation Agenda.
- The **Partnership Knowledge Hub (PKH)**, where Global Health EDCTP3 participated as an observer to this expert group established to advise the European Commission in the implementation of the strategic coordinating process for EU R&I partnerships, and to provide a forum for coordination and cooperation with Member States and related stakeholders. This included participation in the third European Partnership Stakeholder Forum in Belgium in December 2024.

- The **African Clinical Research Fellows Funders Group (ACRFG)**, established in 2023 as part of the Africa Office Grant from Global Health EDCTP3 to the EDCTP Association, which meets online quarterly to share strategies and seek alignments where possible.

Through the Global Health EDCTP3 Africa Office Grant to the EDCTP Association, its Africa Office also conducted several activities in 2024 to ensure optimal implementation and visibility of the Global Health EDCTP3 programme in sub-Saharan Africa, including promoting networking activities (South-North, South–South), ensuring alignment of the funded activities, strategic partnerships, and increasing the visibility of Global Health EDCTP3. News on activities led by the Africa Office as well as events with the participation of the Africa Office staff can be found on its [dedicated website](#).

## 1.7 Progress against Key Impact Pathways and JU's Key Performance Indicators

Global Health EDCTP3 data related to cross-cutting issues mentioned in Article 171(2)(c), (d) and (e) are available in the Horizon Europe Dashboard ([EU Funding & Tenders Portal | EU Funding & Tenders Portal](#) | [EU Funding & Tenders Portal](#)).

With the 46 project grants awarded in 2024, the total number of projects supported by Global Health EDCTP3 increased to **74**, with a cumulative **JU contribution** of **EUR 233,97 million**. Of these, 59 projects (80%) are Research and Innovation Actions (RIA), while 15 projects (20%) are Coordination and Support Actions (CSA).

From the JU contribution of funds to the 74 project grants, a total of **EUR 228,7 million** corresponds to the **EU contribution**. Additional to that:

- **EUR 5,3 million** was provided as cash contribution by EDCTP Association member states for projects under MPOX call, and is embedded in the JU grant agreements of the projects selected under that call.
- **EUR 19,8 million** was mobilised by organisations participants in funded projects, through additional in-kind or cash contributions from other sources, and recorded in project grant agreements as additional project costs not covered by JU grants.
- **USD 6,4 million (around EUR 5,9 million)** was received from CEPI for one specific project under the Mpx emergency call, *PregInPoxVac*. This contribution was not included in the original project budget, further increasing the value and scope of the supported work.

When accounting for these additional resources, the total investment leveraged from stakeholders other than the EU funds rises to **EUR 31 million**, corresponding to a **leverage ratio of 14%** relative to the EU contribution.

A total of **56 countries** have participants in the implementation of the 74 projects. Among them, 34 countries are in Africa, including 13 where French is an official language and 5 where Portuguese is an official language – including countries that have historically been underrepresented in EDCTP-funded project consortia. Notably, 2 African countries - Burundi and Madagascar - are participating in Global Health EDCTP3-funded projects and receive JU funds, despite not being associated with Horizon Europe or being members of the EDCTP Association, as their involvement was considered essential for the implementation of the projects in which they participate. Another two countries that are not members of the EDCTP association - Angola and Sao Tome - participate in one funded project with respective participants as associated partners, without receiving JU funds.

Beyond Africa, project participants come from 18 countries in Europe, from two countries in North America (Canada and the USA), and from two countries in Oceania (New Zealand and Australia). Among the 18 European countries, 15 are EU member states, while 3 are non-EU: the UK and Norway, which were associated with Horizon Europe as of 2024, and Switzerland, which was not associated with Horizon Europe in 2024. In North America, Canada was associated to Pillar II of the Horizon Europe programme and for award procedures implementing Union budget for 2024 and onwards<sup>50</sup>, while the United States has not been associated with Horizon Europe. In Oceania, New

<sup>50</sup> [https://ec.europa.eu/info/funding-tenders/opportunities/docs/2021-2027/common/guidance/list-3rd-country-participation\\_horizon-auratom\\_en.pdf](https://ec.europa.eu/info/funding-tenders/opportunities/docs/2021-2027/common/guidance/list-3rd-country-participation_horizon-auratom_en.pdf)

Zealand has been associated with Pillar II since the 2023 Work Programme<sup>51</sup>, while Australia has not been associated with Horizon Europe.

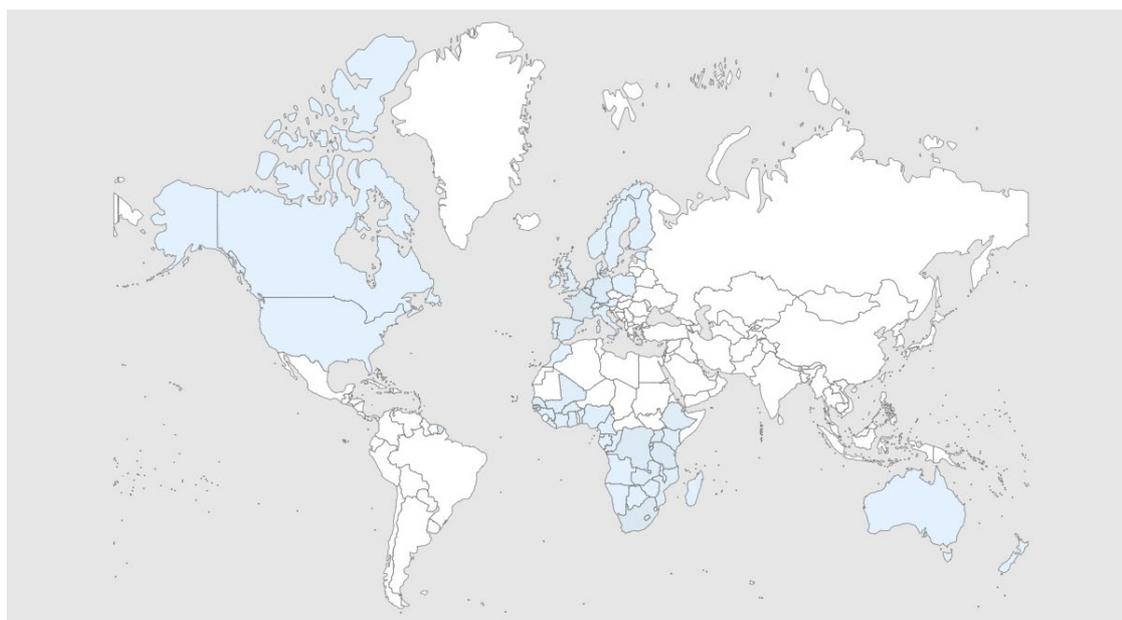
Map 1 illustrates the geographic distribution of participants in Global Health EDCTP3-supported projects.

The **top 10 countries** with participants receiving Global Health EDCTP3, funding based on grant value awarded across the 74 projects, are listed in Table 9 below. Together, these countries account for a total of EUR 129 million, representing **55%** of the total grant funding awarded so far.

**Table 9. Top 10 countries with participants receiving Global Health EDCTP3 funding (as of Dec 2024)**

Country	# participants involved	Grant value (EUR)
South Africa	15	18,8 M
France	17	18,3 M
Tanzania	13	14,1 M
Democratic Republic of Congo	5	13,7 M
Uganda	14	13,3 M
Germany	21	11,5 M
Spain	18	11,2 M
Belgium	8	9,7 M
Netherlands	11	9,1 M
Kenya	7	8,9 M

**Map 1. Countries with participants implementing projects funded by Global Health EDCTP3 (as of Dec 2024)**



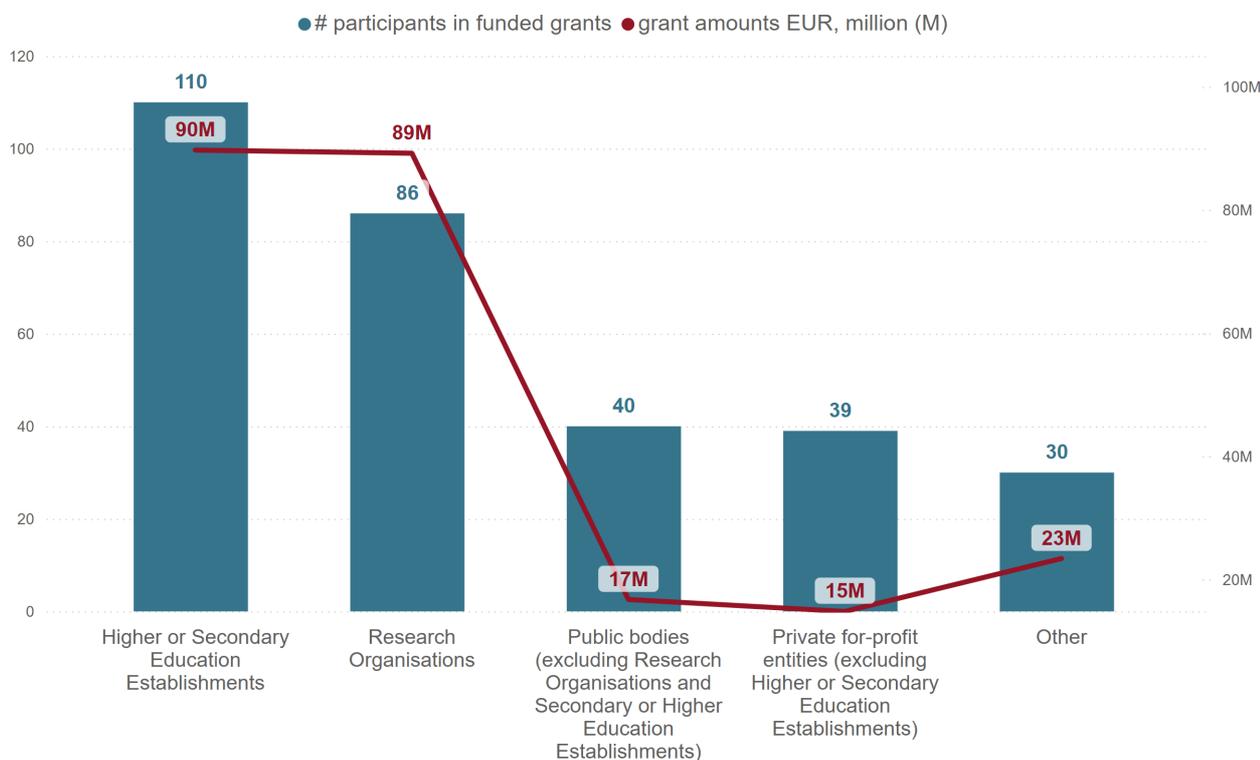
<sup>51</sup> [https://ec.europa.eu/info/funding-tenders/opportunities/docs/2021-2027/common/guidance/list-3rd-country-participation\\_horizon-euratom\\_en.pdf](https://ec.europa.eu/info/funding-tenders/opportunities/docs/2021-2027/common/guidance/list-3rd-country-participation_horizon-euratom_en.pdf)

With the 46 grants awarded in 2024, the **total number of participants** involved in ongoing Global Health EDCTP3-funded projects has grown to **305** by the end of 2024.

Among these 305 participants, 24 (8%) are small and medium sized enterprises (**SMEs**), which were allocated a total of EUR 6,81 million of grant funding, representing 2,9% of the overall grant amounts awarded. In addition, 6 participants are product development partnerships (**PDPs**). One PDP received EUR 298 thousand in grant funding, while the remaining five are contributing to project implementation with funding from other sources.

Figure 6 presents the distribution of these 305 participants by sector, along with the total grant value as indicated in grant agreements, attributed to participants in each sector category.

**Figure 6. Distribution of participants in the 74 Global Health EDCTP3-funded projects by sector and grant value**



The 305 participants also reflect a mix of prior and new engagements with EDCTP. Of the 305 entities, 140 organisations (46%) are **'newcomers'** to EDCTP, meaning they have not previously been involved in the implementation of projects funded under EDCTP1 and/or EDCTP2, the previous EDCTP iterations. The remaining 165 entities participated in projects receiving funding in at least one of the previous EDCTP iterations.

Looking specifically at the 46 grants signed in 2024, 90 of the participants are 'newcomers' to EDCTP, with no prior involvement in any EDCTP-funded projects across all iterations, including in grants signed under Global Health EDCTP3 previous years (2022 and 2023).

The grants signed in 2024 also expanded the **geographic footprint** of Global Health EDCTP3, with 14 additional countries joining individual projects, increasing the total number of countries with entities

involved in Global Health EDCTP3 from 42 in December 2023 to 56 in December 2024. Among these additional 14 countries, eight are in Africa.

One of the guiding principles of Global Health EDCTP3, as set out in its Strategic Research and Innovation Agenda (SRIA), is to operate as a **partnership of equals between North and South**<sup>52</sup>. This principle ensures that African partners are involved at all levels, fostering co-ownership and co-leadership. To address this equity gap, the Global Health EDCTP3 Governing Board endorsed the creation of the **Scientific Project Leader role** in 2023, as set in the Work Programme 2023 and further refined it in Work Programme 2024. The scientific project leader oversees the project scientific governance and leadership and cooperates with the coordinator for the implementation of the project. While the Coordinator manages administrative and financial aspects, the Scientific Project Leader focuses on scientific execution and coherence. The Scientific Project Leader role is mandatory when the project coordinator is not based in sub-Saharan Africa (SSA) (with the exception of South Africa).

Table 100 lists countries by the number of Global Health EDCTP3 grants in which entities from each country hold the Scientific Project Leader role.

**Table 10. Scientific Project Leaders in Global Health EDCTP3 grants: countries, entities, and projects**

Country and number of projects	Entity Serving as Scientific Project Leader / respective projects
<b>Democratic Republic of the Congo (8 projects)</b>	<ul style="list-style-type: none"> <li>• INSTITUT NATIONAL DE RECHERCHE BIOMEDICALE DU ZAIRE (4 projects: EBO-PEP; EPoCA; MBOTE-SK; MOVIE-TRACE)</li> <li>• UNIVERSITE DE KINSHASA (2 projects: ODIN-MPox; PregInPoxVac)</li> <li>• GARDIENS DE VIES ASBL (1 project: MAGFA)</li> <li>• UNIVERSITE CATHOLIQUE DE BUKAVU (1 project: PREGMPOX)</li> </ul>
<b>Uganda (6 projects)</b>	<ul style="list-style-type: none"> <li>• MAKERERE UNIVERSITY (2 projects: DECIPHER-MPOX*; SUPPORT)</li> <li>• MAKERERE UNIVERSITY LUNG INSTITUTE (1 project: MpoxVax AFRIVAC)</li> <li>• MU JHU CARE LIMITED (1 project: PROTECT)</li> <li>• THE NATIONAL DRUG AUTHORITY (1 project: CAPACITY 2023)</li> <li>• UGANDA NATIONAL HEALTH RESEARCH ORGANISATION (1 project: SECRET)</li> </ul>
<b>Tanzania (5 projects)</b>	<ul style="list-style-type: none"> <li>• NATIONAL INSTITUTE FOR MEDICAL RESEARCH (4 projects: IMPROVE-HPV; OPTIC-TB; PROTID; The META Trial)</li> <li>• TANZANIA MEDICINES AND MEDICAL DEVICES AUTHORITY (1 project: BREEDIME)</li> </ul>
<b>Ethiopia (4 projects)</b>	<ul style="list-style-type: none"> <li>• ARMAUER HANSEN RESEARCH INSTITUTE (4 projects: CryptoT&amp;T; OPT-bCPAP*; PEP4LEP 2.0; RER-CTO)</li> </ul>

<sup>52</sup> SRIA, 12 January 2022, p 14

Country and number of projects	Entity Serving as Scientific Project Leader / respective projects
<b>Mozambique (4 projects)</b>	<ul style="list-style-type: none"> <li>FUNDACAO MANHICA (3 projects: ACROBAT Newborns; SEARCH II; STOOL4TB)</li> <li>MINISTERIO DA SAUDE (1 project: CT-Luso)</li> </ul>
<b>Congo (3 projects)</b>	<ul style="list-style-type: none"> <li>FONDATION CONGOLAISE POUR LA RECHERCHE MEDICALE (3 projects: CATCR; Ebola PREP-TBOX; MPOX-PROBE)</li> </ul>
<b>Rwanda (3 projects)</b>	<ul style="list-style-type: none"> <li>RWANDA BIOMEDICAL CENTER (1 project: BRIDGE NETWORK)</li> <li>STANSILE LTD (1 project: JUA KIVU)</li> <li>CIIC-HIN LIMITED (1 project: REACH-OUT)</li> </ul>
<b>Senegal (3 projects)</b>	<ul style="list-style-type: none"> <li>INSTITUT PASTEUR DE DAKAR (2 projects: PvSeroRDT; UTI-Diag)</li> <li>UNIVERSITE IBA DER THIAM DE THIES (1 project: OPT-MVAC)</li> </ul>
<b>Côte d'Ivoire (2 projects)</b>	<ul style="list-style-type: none"> <li>MINISTERE DE LA SANTE DE L'HYGIENE PUBLIQUE ET DE LA COUVERTURE MALADIE UNIVERSELLE (1 project: CECABI II*)</li> <li>ASSOCIATION PAC-CI (1 project: INTENSE-TBM-2)</li> </ul>
<b>Ghana (2 projects)</b>	<ul style="list-style-type: none"> <li>KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY KUMASI (1 project: ASAAP-plus)</li> <li>GHANA HEALTH SERVICE (1 project: STRATEGIC)</li> </ul>
<b>Mali (2 projects)</b>	<ul style="list-style-type: none"> <li>UNIVERSITE DES SCIENCES DES TECHNIQUES ET DES TECHNOLOGIES DE BAMAKO (2 projects: PYRAPREG-extended; SMV delivery)</li> </ul>
<b>Burkina Faso (1 project)</b>	<ul style="list-style-type: none"> <li>CENTRE NATIONAL DE RECHERCHE SCIENTIFIQUE ET TECHNOLOGIQUE, INSTITUT DE RECHERCHE EN SCIENCES DE LA SANTE (1 project: IMVACS)</li> </ul>
<b>Kenya (1 project)</b>	<ul style="list-style-type: none"> <li>KENYA MEDICAL RESEARCH INSTITUTE (1 project: SAFIRE)</li> </ul>
<b>Zimbabwe (1 project)</b>	<ul style="list-style-type: none"> <li>BIOMEDICAL RESEARCH AND TRAINING INSTITUTE LBG (1 project: SOFAR)</li> </ul>

*\*Projects having as coordinator a participating entity based in South Africa*

As of December 2024, across the 74 ongoing projects a total of **1 425 unique individuals**<sup>53</sup> were reported as project staff. Among them, 60% are senior-level researchers, including full professors/directors, and senior researchers/associate professors. Another 20% are recognised researchers, such as assistant professors or post-doctoral researchers, while the remaining 20% are early-stage researchers, primarily in the early stages of their research careers.

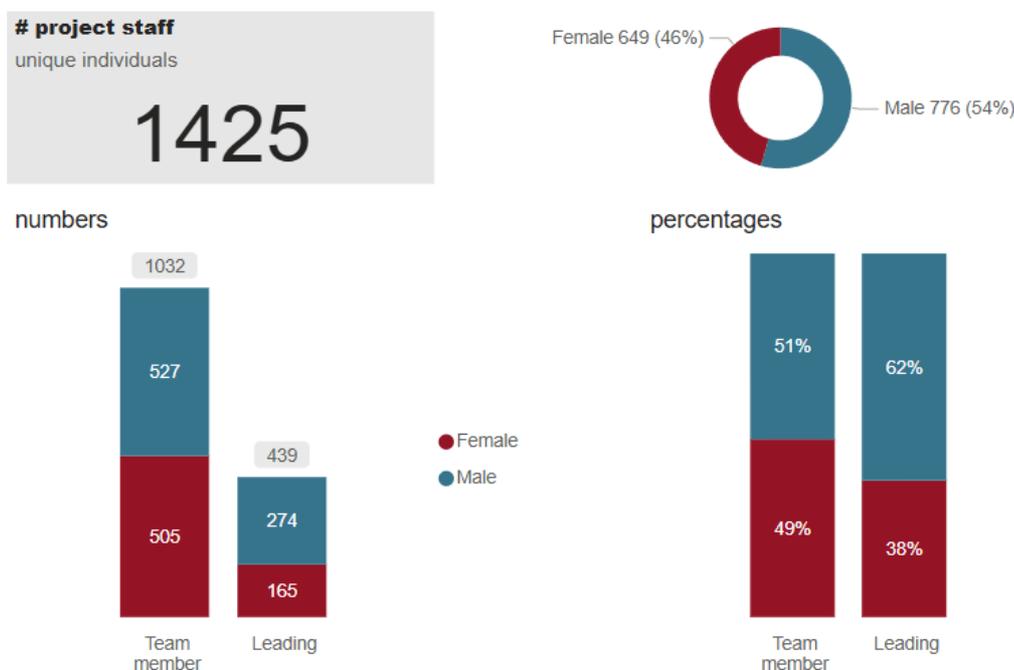
In terms of geographical representation, 57% of participants have their primary nationality in a country in Africa, 39% in Europe, 2% in North America, and the remaining 2% in other regions of the world. When considering only individuals in leading roles within projects, the geographical distribution shifts slightly: 51% have primary nationality in Africa, 46% in Europe, 2% in North America, and 1% in other regions.

Regarding **gender distribution**, 54% of project staff are male, while 46% are female. The breakdown of gender distribution by role in the project – whether as regular team member or in a leading role – is illustrated in cluster Figure 7. The data present both an overall view and a regional comparison, showing gender distribution among team members whose primary nationality is in Africa or Europe.

As shown in cluster Figure 7, while the overall gender balance is relatively even, discrepancies emerge when focusing on individuals in leading roles. In these positions, the gender distribution skews more heavily toward male representation, with the imbalance being more pronounced in Africa than in Europe. Global Health EDCTP3 is very intentional in addressing these inequalities.

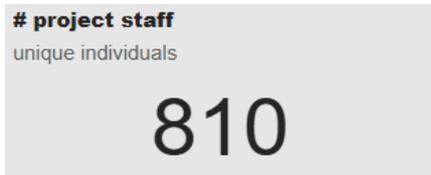
**Figure 7. Gender distribution by role, for reported project implementation team participants**

**ALL project staff**

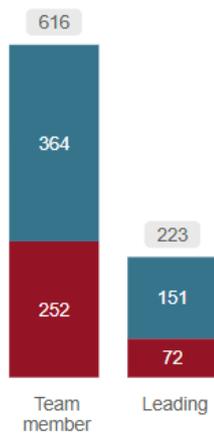


<sup>53</sup> Unique individuals – individuals involved in the implementation of several projects counted once

**Project staff whose primary citizenship is in Africa**

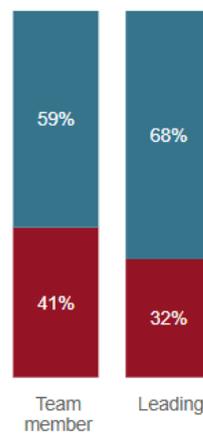


numbers

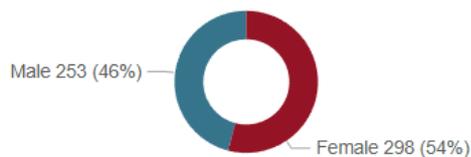
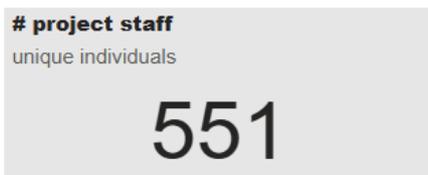


percentages

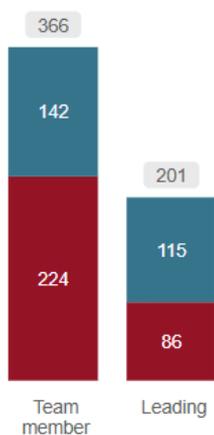
● Female  
● Male



**Project staff whose primary citizenship is in Europe**

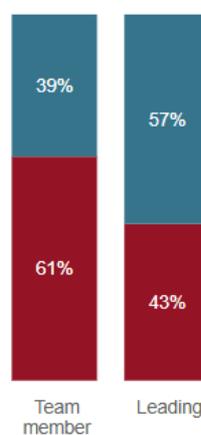


numbers



percentages

● Female  
● Male



This suggests that continued efforts are needed to promote women's leading role in R&D in general, and within Global Health EDCTP3 projects specifically. These efforts are also essential to align with the objective set out in the SRIA to 'actively intervene to increase awareness and advance women in global health research'<sup>54</sup>. Building on initiatives started under EDCTP2, measures taken so far include:

- The inclusion of [EDCTP Prizes](#) in the work programme 2024, to be awarded at the Twelfth EDCTP Forum in June 2025, including the Outstanding Female Scientist Prize and Scientific Leadership Prizes, through which we publicly recognise the achievements of talented women in science, hoping that their example may inspire more women and men in Africa to pursue a research career.
- Through IKAA supported by the EDCTP Association, a dedicated funding scheme that has focused on attracting more women at an early stage to pursue a career in health research by offering PhD fellowships dedicated to women across all regions of sub-Saharan Africa.
- Following the requirements from Horizon Europe to ensure gender equality<sup>55</sup>, such as including having a Gender Equality Plan in place as an eligibility criterion, and the integration of a gender dimension into research and innovation content.

### 1.7.1 Progress against General Horizon Europe Key Impact Pathways Indicators (KIPs)

Under the Horizon Europe programme, Global Health EDCTP3 monitors Key Impact Pathways (KIP) indicators to assess progress towards scientific, societal, and economic impact. These indicators track the generation of high-quality research outputs, the development of human capital in R&I, and the dissemination of knowledge through open science. They also measure the programme's contributions to EU policy priorities and global challenges, the uptake of research and innovation in society, and the generation of innovation-driven economic growth. Additionally, KIP indicators evaluate the creation of skilled employment, the mobilisation of public and private investments in R&I, and the long-term benefits derived from funded research outcomes.

The tracking of KIP indicators is based on periodic reports submitted by grantees and, for certain indicators, on administrative data, in combination with external databases, and dedicated evaluations and studies. As of December 2024, only one of the 74 ongoing projects funded by Global Health EDCTP3 had its first periodic report fully processed. Therefore, given this limited dataset, it remains premature to assess progress against the general Horizon Europe KIPs at this stage.

The 11 common JU indicators capture Global Health EDCTP3's impact across 5 key dimensions: directionality and additionality; coherence and synergies; transparency and openness; international visibility and positioning; and flexibility of implementation.

These indicators track the mobilisation of funding from public and private sources, including additional investments leveraged by EU contributions, while assessing the partnership's role in channelling resources towards EU priorities. They also measure the inclusivity and openness of the initiative, recording the engagement with international actors, new members, and beneficiaries across diverse sectors and regions.

In addition, the indicators reflect coherence and synergies by monitoring joint activities with other European and international research initiatives and capturing the use of complementary funding

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<sup>54</sup> SRIA 12 January 2022, p. 8

<sup>55</sup> [https://research-and-innovation.ec.europa.eu/strategy/strategy-2020-2024/democracy-and-rights/gender-equality-research-and-innovation\\_en#gender-equality-in-horizon-europe](https://research-and-innovation.ec.europa.eu/strategy/strategy-2020-2024/democracy-and-rights/gender-equality-research-and-innovation_en#gender-equality-in-horizon-europe)



sources. Lastly, they assess the visibility of Global Health EDCTP3 within policy and industry circles, highlighting its role in shaping global health research agendas.

Detailed indicator values are provided in the annex 7.

### 1.7.2 Progress against JU-specific Key Performance Indicators

In 2024, Global Health EDCTP3 initiated the development of its Monitoring & Evaluation (M&E) system, the primary objective of which is to establish a standardised approach to tracking progress towards the JU's objectives through technically sound indicators and robust data. To support this effort, the JU recruited a full-time Monitoring & Evaluation Officer, who joined the team in September 2024.

The M&E system is set to comprise the following key components:

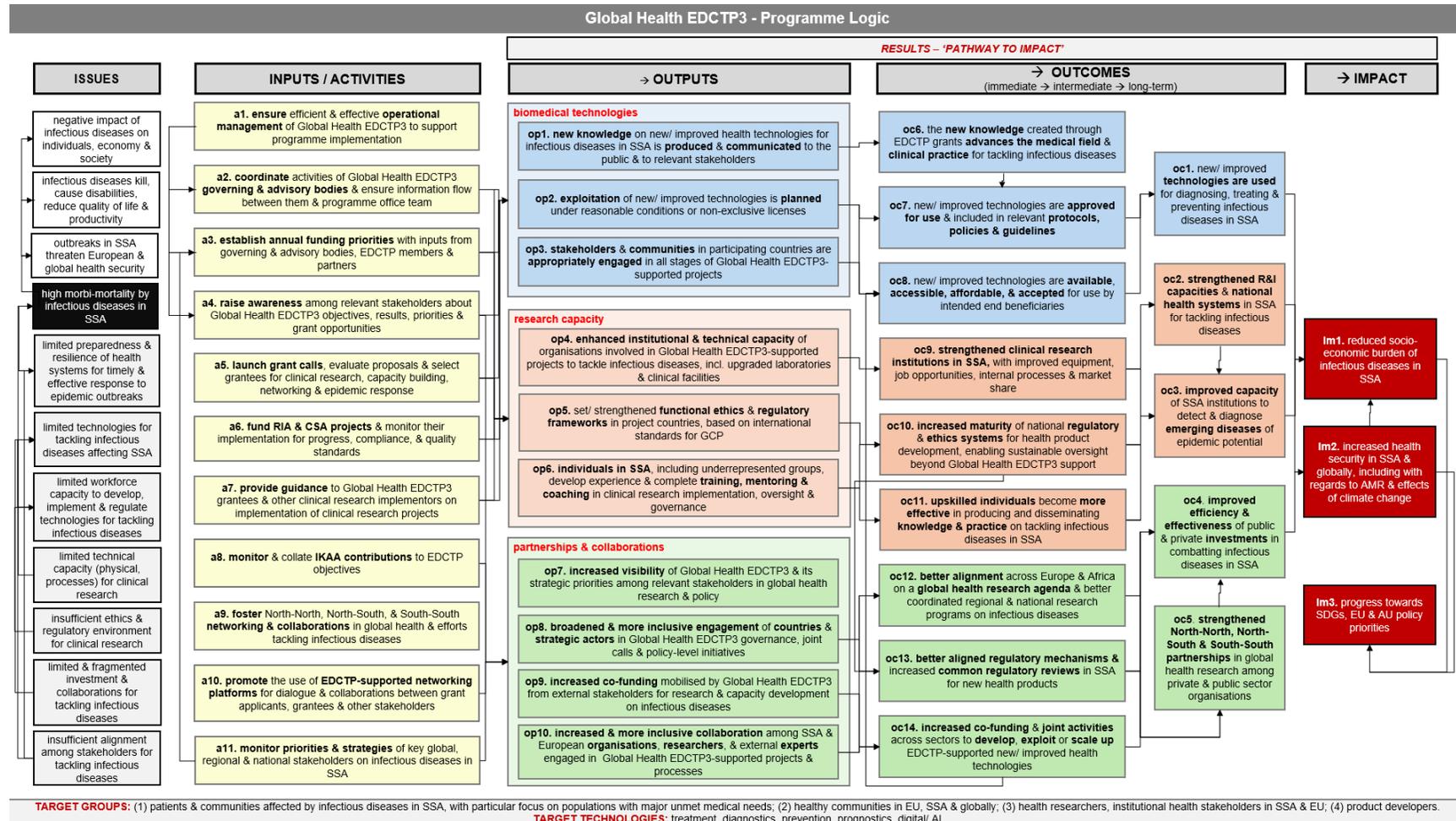
**1. Programme logic**, which provides a visual representation of how Global Health EDCTP3 aims to achieve its objectives. It outlines the relationships between activities, outputs, outcomes, and impact, serving as the backbone of the M&E system. By defining expected results and the sequence in which they should happen in the programme lifecycle, the programme logic guides progress tracking and performance assessment.

The initial version of the programme logic was developed in the last quarter of 2024. While intended to be a living document subject to periodic review, the version finalised at the end of 2024 serves as the foundation for subsequent M&E system components. The programme logic is presented in

Figure 8.



Figure 8. Global Health EDCTP3 Programme Logic (Dec 2024)





**2. Indicator list**, designed to measure the implementation of activities and the achievement of results at different levels (outputs, outcomes, and impact), as outlined in the programme logic. It integrates the Key Impact Pathways indicators mandated by Horizon Europe (Annex 5), common indicators used across JUs (Annex 6), and reporting requirements established by Regulation 2021/2085, notably its Article 171 (integrated into Annex 7). Additionally, the list is planned to include JU-specific indicators where existing indicator frameworks do not sufficiently capture programme-specific results.

The elaboration of the indicator list commenced in 2024 and will continue through 2025, with an ongoing review process. This process includes the determination of baselines and targets for all applicable indicators.

**3. M&E plan**, which builds upon the programme logic and indicator list, and establishes data collection methods for each indicator, measurement instruments, clarification of roles and responsibilities for data collection and reporting, measurement frequency, and reporting procedures. The M&E plan is aimed to ensure consistency in data collection, facilitate progress tracking, and enhance the overall accountability of JU actions.

**4. Interactive dashboard**, the development of which is set to start during 2025, with the purpose of enhancing data accessibility and usability. The dashboard is aimed at enabling users to combine and filter indicator data by various subgroups, improving navigation, analysis, and uptake of M&E findings.

It will be used in complementarity with the Horizon Europe dashboard, which provides real-time access to key data and indicators for monitoring and evaluating the Horizon Europe programme<sup>56</sup>. To avoid duplication, Global Health EDCTP3 will carefully assess the functionalities and data already available in the Horizon Europe dashboard, ensuring that the internal dashboard adds value rather than replicating existing resources. The focus will be on Global Health EDCTP3 specific priorities and data not captured at the Horizon Europe level.

Specifically, the Global Health EDCTP3 dashboard will enable customised tracking of funded projects, with a particular focus on research capacity strengthening in SSA, regulatory maturity, community engagement, participation of specific groups of countries (e.g. French- and Portuguese- speaking countries, EDCTP Association members), and partnerships. It will also integrate additional programme-specific data such as types of studies, diseases, technologies, and target groups, which are not detailed in the Horizon Europe dashboard. This tailored tool will allow granular tracking of Global Health EDCTP3's contributions, funding allocation, partnerships, and impact, supporting more targeted decision making and strategic planning.

The development and full uptake of the M&E Framework of Global Health EDCTP3 is planned to be finalised during 2025. This process will also include establishing baselines and targets for all relevant indicators, against which progress will be assessed. The table in Annex 7 presents values for a selected list of indicators measured as of December 2024.

## 1.8 Dissemination and information about project results

Results of projects were widely disseminated through social media and in the monthly newsletter throughout the year. This included the sharing of information on funding and training opportunities, publications, events and other updates or news from Global Health EDCTP3-funded projects. Examples of dissemination and information about ongoing project activities and initial results can be found in the [newsletter issues](#) published in 2024.

<sup>56</sup> [Evidence Framework for the monitoring and evaluation of Horizon Europe](#), dashboard available here: [Qlik Sense](#)

Project results have also been disseminated by grantees through scientific publications in peer-reviewed journals. In 2024, a total of 12 publications were reported under six Global Health EDCTP3-funded projects, including 10 peer-reviewed articles and two conference proceedings.

A complete list of all publications reported by grantees up until December 2024, as submitted through continuous reporting, is provided in Annex 4.

## 2. SUPPORT TO OPERATIONS

### 2.1 Communication activities

In 2024, Global Health EDCTP3 developed its [Communication Strategy](#) and [Brand Booklet](#), defining the scope and the strategic communication objectives of the partnership for the period 2024-2031. The documents were endorsed by the Governing Board on 27 June 2024.

The communication activities carried out during the year focused on six objectives, in line with those outlined in the Communication Strategy:

1. Develop new communication tools to raise awareness about Global Health EDCTP3
2. Organise and engage in events to encourage global cooperation and facilitate broader engagement in the partnership
3. Promote Global Health EDCTP3 funding opportunities and enlarge the scope of participants
4. Ensuring increased visibility, understanding and impact of the Global Health EDCTP3 funded work and results
5. Highlight Global Health EDCTP3 impact to EU and Africa R&I and health policies and global health broadly
6. Kickstart the organisation of the 2025 EDCTP Forum.

#### **Develop new communication tools to raise awareness about Global Health EDCTP3**

##### **New website**

On 3 December 2024, Global Health EDCTP3 launched its new [website](#) on the europa.eu domain. The new website presents a user-friendly interface and navigation, includes key data about the partnership, maps about project beneficiaries and EDCTP Association members, an improved project search area and detailed information about the partnership.

In the inaugural month, the website had 5945 visits (4450 unique visitors) and 13 042 page views. Most visitors were based in Africa (43%) and Europe (40%). Within Africa most visitors came from Uganda, Ethiopia and Kenya and within Europe Belgium, United Kingdom and France.

The most visited pages were the [news item announcing the Work programme 2025](#), the [homepage](#) and the [Calls for Proposals page](#).

Further indicators:

- Average session time: 2m 44s
- Bounce rate: 68,09%
- Returning visitors: 16,4%
- Events per session: 6,79.

Around 68% of visitors arrived on the website via direct entry, 25% through other website referrals (of which 62% are from LinkedIn) and around 10% of visitors reached the site via search engines.

##### **Newsletter**

On 15 July 2024, Global Health EDCTP3 launched its [monthly newsletter](#). Five newsletter issues were published during the second half of the year. By the end of December 2024, there were 1 634 subscribers.

The most successful newsletter entries were in general those announcing news relating to the Twelfth EDCTP Forum, funding opportunities and past events.

### Social media

Social media presence was reinforced throughout 2024, with a 240% increase in the number of followers on LinkedIn. This increase is linked to the creation of an editorial agenda, regular posting and strategic tagging and commenting.

By the end of 2024, Global Health EDCTP3 had 12 737 followers on LinkedIn and the total number of impressions in the year reached 597 133. The most viewed posts concerned vacancy advertisements, the work programme 2025 publication and the opening of the Twelfth EDCTP Forum call for abstracts and scientific symposia.

On average, each LinkedIn post reached 3 755 users, and 7 out of 100 people who viewed the post engage with it (either by liking, reacting or commenting).

	Number of posts	Followers
<b>2023</b>	101	3 742
<b>2024</b>	203	12 737
<b>Difference</b>	+200%	+ 240%

Regarding follower demographics, the majority were based in Europe and Africa, with key cities including Nairobi, Brussels, Addis Ababa, Kampala, and London. Our audience's industry mainly includes research services (13%), higher education (12%), hospitals and health care (9%), non-profit organisations (8%) and government administration (6%).

When it comes to X, despite a relevant follower growth of 69%, it was noted that the impact of this social media platform is limited, having a much lower engagement than LinkedIn.

	Number of posts	Followers
<b>2023</b>	101	1000
<b>2024</b>	203	1685
<b>Difference</b>	+ 200%	+ 69%

### Corporate publications

To raise awareness about the partnership, several corporate publications were developed in 2024 in line with the new visual identity of Global Health EDCTP3:

- [Corporate factsheet](#)
- [Corporate brochure](#)
- [Annual report 2023 summary and factsheet.](#)

## Organise and engage in events to encourage global cooperation and facilitate broader engagement in the partnership

In 2024, Global Health EDCTP3 and EDCTP Association Africa Office staff engaged in multiple external meetings to promote the partnership, its funding opportunities and impact. In the table below, 30 meetings are highlighted where representatives of Global Health EDCTP3 had an active role.

Date	Organiser	Event name	Location
<b>6 February 2024</b>	Global Health EDCTP3	Global Health EDCTP3 Info Day - English	online
<b>7 February 2024</b>	Point de Contact National Cluster Santé, Horizon Europe	Global Health EDCTP3 Info Day - French	Paris, France
<b>7 February 2024</b>	Portuguese Agency for Clinical Research and Biomedical Innovation	Global Health EDCTP3 Info Day - Portuguese	online
<b>8-9 February 2024</b>	European Clinical Research Infrastructure Network (ECRIN)	ERA4Health Partnership workshop: Funding mechanisms for Investigator-Initiated Clinical Studies	Brussels, Belgium
<b>5-7 March 2024</b>	WHO Africa Regional Office	35th Meeting of the African Advisory Committee for Research and Development (AACHRD)	Brazzaville, Congo
<b>19-20 March 2024</b>	Belgian Presidency of the European Union	Strengthening the AU-EU partnership on Global Health for Equitable Access	Brussels, Belgium
<b>21-27 April 2024</b>	Multilateral Initiative on Malaria (MIM) Society	MIM Society 8th Pan-African Malaria Conference (MIM 2024)	Kigali, Rwanda
<b>24 April 2024</b>	ECHA Alliance	Connecting the dots: Enabling Africa-Europe collaboration in digital health	Brussels, Belgium
<b>26 June 2024</b>	Agency for Clinical Research and Biomedical Innovation (AICIB) / Portuguese Foundation for Science and Technology (FCT)	Public Presentation Session of the Portuguese-Speaking Platform on Clinical Research and Biomedical Innovation (PLICIB)	Lisbon, Portugal
<b>20 July 2024</b>	BOMA of Africa 2024	Resourcing an African Agenda in the Global Value Chain of Health Innovation	Online

Date	Organiser	Event name	Location
<b>6 September 2024</b>	Global Health EDCTP3	Meeting of Global Health EU initiatives with The Lancet Editors-in-Chief	Brussels, Belgium
<b>16 September 2024</b>	South Africa Embassy to the EU	Interactive Dialogue on Women's Health	Brussels, Belgium
<b>24-27 September 2024</b>	International Epidemiological Association (IEA)	World Congress of Epidemiology (WCE2024)	Cape Town, South Africa
<b>25 September 2024</b>	World Health Organization (WHO)	Launch event of the WHO guidance for best practices for clinical trials	Online
<b>26 September 2024</b>	ISC Intelligence	79 <sup>th</sup> session of the United Nations General Assembly (UNGA79) Science Summit 2024	Online and New York, United States
<b>1-2 October 2024</b>	Innovative Health Initiative (IHI)	Workshop on real-world data, digital health and artificial intelligence	Brussels, Belgium
<b>1-3 October 2024</b>	European Parliament/EUAN	EU Agencies and Joint Undertakings contributing to Europe's resilience	Brussels, Belgium
<b>13-15 October 2024</b>	World Health Summit	World Health Summit	Berlin, Germany
<b>15-16 October 2024</b>	The Academy of Medical Sciences (AMS)/African Academy of Sciences (AAS)	Workshop on exploring Clinical Research Pathways in Africa	Nairobi, Kenya
<b>15-17 October 2024</b>	National Health Research Authority Zambia	11th Zambia Health Research Conference	Lusaka, Zambia
<b>20-24 October 2024</b>	Sustainable Industrial Processing Summit (SIPS)	Sustainability through Science and Technology	Crete, Greece
<b>4 November 2024</b>	Virchow Foundation	Virchow Foundation dinner on Global Health Research & Development	Berlin, Germany
<b>7 November 2024</b>	Permanent Representation of Austria to the EU	How can the EU support national industry to address global crises and support a 'Preparedness Union'	Brussels, Belgium



Date	Organiser	Event name	Location
<b>12-16 November 2024</b>	The International Union Against Tuberculosis and Lung Disease (The Union)	Conference on Lung Health 2024	Bali, Indonesia
<b>20 November 2024</b>	Canadian Institutes of Health Research (CIHR)	CIHR Governing Council retreat	Online
<b>22 November 2024</b>	European Parliament	ERASUD launch event: Building an inclusive, sustainable, and resilient future for all	Brussels, Belgium
<b>25 November 2024</b>	European Commission, DG RTD	Visit of DG Marc Lemaitre to South Africa	Cape Town, South Africa
<b>3 December 2024</b>	European Union, the African Union, African Union Development Agency and the Republic of South Africa	Workshop series on implementing the AU-EU Innovation Agenda	Online
<b>4-5 December 2024</b>	ERA-LEARN	European Partnership Stakeholder Forum	Brussels, Belgium
<b>7 December 2024</b>	WHO, ELRHA, Africa CDC and Global Health EDCTP3	Communities at the centre of mpox emergency response	Kinshasa, Democratic Republic of Congo



Photos from events



*AU-EU-partnership on Global Health for Equitable access, Belgian Presidency, March 2024*



under the aegis of African Union

**boma**  
OF AFRICA

**Dr. Michael Makanga**  
Executive Director Global  
Health EDCTP3

THEME  
**FROM THE  
AFRICA WE  
WANT TO  
THE AFRICA  
WE BUILD**

SATURDAY  
20TH JULY,  
10AM GMT  
/ 12PM CET

KEMPINSKI  
HOTEL, ACCRA  
& ZOOM

Scan to register or  
Register @  
[www.africaboma.com/  
2024/register](http://www.africaboma.com/2024/register)

*Resourcing an African Agenda in the Global Value Chain of Health Innovation, BOMA of Africa 2024, July 2024*



*Meeting of Global Health EU initiatives with The Lancet Editors-in-Chief, September 2024*



*EU Agencies and Joint Undertakings contributing to Europe's resilience, European Parliament, October 2024*



*World Health Summit, Berlin, Germany, October 2024*



*Visit of Marc Lemaitre, Director-General of DG RTD, to South Africa, November 2024*



*Communities at the centre of mpox emergency response, Kinshasa, December 2024*

### **Promote Global Health EDCTP3 funding opportunities and enlarge the scope of participants**

The [2024 calls for project proposals](#) were widely promoted on the website and on social media in January and February 2024. Info Days were organised in February 2024 in three languages (English, French and Portuguese).

The [emergency mpox call](#), launched on 14 May 2024, was also largely promoted on social media, especially given the short timeframe to submit applications.

### **Ensuring increased visibility, understanding and impact of the Global Health EDCTP3 funded work and results / Highlight Global Health EDCTP3 impact to EU and Africa R&I and health policies and global health broadly**

In 2024, Global Health EDCTP3 made efforts to highlight the value of the partnership to EU and Africa R&I communities.

In this context, the Executive Director Michael Makanga co-authored two articles, one in Science Business titled: [The EU must continue to support development of drugs for neglected infectious diseases in Framework Programme 10](#); and another in Nature Communications titled: [Strengthening and expanding capacities in clinical trials: advancing pandemic prevention, preparedness and response in Africa](#).

Similarly, several articles were published on the Global Health EDCTP3 website to raise awareness about its strategic partnerships and the projects it funds:

- [Preparedness and research response to public health emergencies – the role of Global Health EDCTP3](#)
- [Working in partnership – a core value of Global Health EDCTP3](#)



- [World AIDS Day 2024: Supporting innovative research to end inequality](#)
- [World Malaria Day 2024: Accelerating the development of innovative approaches to end malaria](#)
- [World TB Day 2024: Funding innovative research to end TB](#)
- [International Women's Day 2024: Investing in women to accelerate progress](#)

### **Kickstart the organisation of the 2025 EDCTP Forum**

In June 2024, preparations commenced for the organisation of the Twelfth EDCTP Forum, scheduled to take place on 15-20 June 2025 at the Kigali Convention Centre in Kigali, Rwanda.

In July, the Programme and Organising Committees were established, holding their kick-off meetings in September. Both committees met monthly during the last quarter of the year, advancing on the programme, speaker invitations and organisational aspects.

Contracts with an event organiser company and venue were signed. The event visual identity and the save the date for the event were unveiled in September. In November, the [Forum website](#) was launched and the calls for [abstracts](#) and [scientific symposia](#) opened for submissions.

## 2.2 Legal and financial framework

The Global Health EDCTP3 Joint Undertaking operates under the framework of its founding regulation, Council Regulation (EU) 2021/2085

Completing the legal and financial framework of the Global Health EDCTP3 JU, the following Governing Board and Executive Director decisions have been adopted in 2024:

### Governing Board decisions

- Decision of 24 January 2024 concerning the probationary period, management trial period and the annual appraisal of the Executive Director of the Global Health EDCTP3 Joint Undertaking - GH-EDCTP3-GB/02/2024
- Decision of 24 January 2024 setting out ethics rules and rules on the prevention and management of conflicts of interest in respect of the staff members of the Global Health EDCTP3 Joint Undertaking - GH-EDCTP3-GB/03/2024
- Decision of 24 January 2024 setting out rules on the prevention and management of conflicts of interest in respect of the members of bodies of the Global Health EDCTP3 Joint Undertaking and repealing decision GB/24/2022 - GH-EDCTP3-GB/04/2024
- Decision of 24 January 2024 approving the phasing-out plan of the Global Health EDCTP3 Joint Undertaking - GH-EDCTP3-GB/05/2024
- Decision of 15 March 2024 appointing Members and Permanent Observers of the Stakeholders Group of the Global Health EDCTP3 Joint Undertaking - GH-EDCTP3-GB/07/2024
- Decision on 15 March on the implementation of Regulation (EC) No 1049/2001 of the European Parliament and the Council regarding public access to 2024 - GH-EDCTP3-GB/08/2024
- Decision of the 15 March 2024 adopting the Global Health EDCTP3 JU Anti-Fraud Strategy and Annex - GH-EDCTP3-GB/09/2024
- Decision of the 15 March 2024 approving the Internal Audit Charter and Annex - GH-EDCTP3-GB/10/2024
- Decision of 27 June 2024 on the approval of the organisational structure of the programme office of the Global Health EDCTP3 JU GH-EDCTP3-GB/13/2024
- Decision of 27 June 2024 delegating to the Authorising Officer of the Global Health EDCTP3 Joint Undertaking the power to make non-substantial amendments to the Work Programme - GH-EDCTP3-GB/17/2024
- Decision adopting of 27 June 2024 on the Communication Policy of the Global Health EDCTP3 Joint Undertaking, Annex 1 Communication Strategy 2024-31, Annual Communication Workplan 2024 and Annex 3 Branding Booklet 2024-31 - GH-EDCTP3-GB/20/2024
- Decision of 27 June 2024 appointing a permanent observer to the Stakeholders Group of the Global Health EDCTP3 Joint Undertaking - GH-EDCTP3-GB/21/2024



- Decision of 27 June 2024 amending the selection process and the specific criteria for the composition of the Scientific Committee of the Global Health EDCTP3 Joint Undertaking and adopting the new Call for Expression of Interest for the selection of members of the Scientific Committee and the establishment of a reserve list, Annex 1 Selection process and specific criteria and Annex 2 Call for Expression of Interest -GH-EDCTP3-GB/23/2024
- Decision of 27 June 2024 approving the Back Office Arrangements - information and communication technologies and Annex - GH-EDCTP3-GB/24/2024
- Decision of 27 June 2024 adopting the Code of Good Administrative Behaviour for staff of the European Commission in their relations with the public for the Global Health EDCTP3 Joint Undertaking - GH-EDCTP3-GB/25/2024.

### **Executive Director decisions**

- Decision of the Executive Director ED/01/2024 approving the learning and development policy for the Global Health EDCTP3 Joint Undertaking
- Decision of the Executive Director ED/02/2024 on appointing the Ethics Officer of the Global Health EDCTP3 Joint Undertaking
- Decision of the Executive Director ED/04/2024 on the delegation of powers to the Head of Administration and Finance of the Global Health EDCTP3 Joint Undertaking
- Decision of the Executive Director ED/07/2024 on the first amendment of the Global Health EDCTP3 Joint Undertaking Manual of Financial Procedures
- Decision of the Executive Director ED/13/2024 on the adoption of the Global Health EDCTP3 Joint Undertaking Guidance on Sensitive Functions
- Decision of the Executive Director ED/17/2024 on financial contribution for teleworking
- Decision of the Executive Director ED/18/2024 on the second amendment of the Global Health EDCTP3 Joint Undertaking Manual of Financial Procedures
- Decision of the Executive Director ED/22/2024 Concerning financial contribution towards travel and subsistence expenses for persons invited to tests or an interview as part of a selection procedure, or to a medical examination
- Decision of the Executive Director ED/24/2024 on the third amendment of the Global Health EDCTP3 Joint Undertaking Manual of Financial Procedures
- Decision of the Executive Director ED/25/2024 Amending decision ED/17/2024 on providing IT home office equipment, a financial contribution to purchase home office equipment and a lump sum for teleworking costs.

## 2.3 Budgetary and financial management

Overall, Global Health EDCTP3 JU reached 100% of commitment “active” appropriations (Titles 1, 2 and 3) and 96,3% of payment appropriations executions in 2024.

The annual budget for year 2024 was adopted by the Global Health EDCTP3 Governing Board on 15 December 2023, per Decision GH-EDCTP3-GB/42/2023 “Work Programme 2024”.

There were two amendments of the budget during 2024:

### Amendment Nr 1 (AMBU1)

The Annual Budget for year 2024 was amended for the first time on 27 June 2024, per Decision GH-EDCTP3-GB/18/2024.

Compared to the Work Programme 2024 and Budget, this amendment recognised the following new contributions:

- The first instalment of EUR 55 056 000 regarding the additional EU contribution to the Global Health EDCTP3 JU following the association of the United Kingdom to Horizon Europe from 2024. The total additional contribution of EUR 110 122 000 for the 2024-2027 period was confirmed by DG RTD, increasing the overall Union financial contribution up to EUR 890 122 000 (including the reduction of EUR 20 million that was implemented for the Global Health EDCTP3 Programme following the decision to decrease the Horizon Europe budget for the period 2025-2027). As a result of the association of the UK to the European Union’s Horizon Europe Programme and the consequent increase of the Union contribution, the EDCTP Association commits to increase its contribution to at least EUR 110 122 000 amounting to a total contribution of at least EUR 550 000 000;
- EUR 15 000 000 (~up to and/or above and subject to the confirmation of the exchange rate difference with GBP) regarding the EDCTP Association funding (through France, Germany and United Kingdom);
- An increase of EUR 42 200 and EUR 895 000 respectively in administrative and operational EU contribution following the change of the EFTA rate for the year 2024.

Consequently, adaptation of the expenditure budget appropriation per line was proposed considering the evolution of budget needs identified for the second half of the year 2024, with:

- Slight increase of the overall administrative budget due to the change in the EFTA rate for 2024 and reduction of the budget associated to salaries and allowances due to the fact that recruitments were still ongoing and the Global Health EDCTP3 JU was not fully staff yet, which allowed to re-allocate these resources differently;
- The transfers from Title 1 to Title 2 were to ensure that the Global Health EDCTP3 JU could perform the necessary works and refurbishment in its new premises on the second floor of the White Atrium building. After the amendment of the usufruct contract with all the joint undertakings located within the same building and completion of the works, the move took place in February 2025;
- The overall operational budget for the year 2024 was increased by EUR 71 million in commitment appropriations and EUR 5,5 million in payment appropriations:
  - Budget for grants (BL 300) was increased by EUR 69,5 million in commitment appropriations (and EUR 4,4 million in payment appropriations) following the new contribution coming from the UK association to Horizon Europe and from the EDCTP Association member states.

- Budget for Expert costs (BL 310) was increased by EUR 216 450 in both commitment and payment appropriations following the review forecast for evaluation and monitoring experts' needs until the end of the year;
- Budget for other operational costs (BL 320) was increased by EUR 1,1 million in commitment appropriations and EUR 777 000 in payment appropriations, The Global Health EDCTP3 JU will award seven prestigious international prizes (EUR 180 000 in total) to recognise the achievements of outstanding researchers and research teams, especially from sub-Saharan Africa and Europe. EUR 1 million was allocated to the preparation of the Twelfth EDCTP Forum that will take place in June 2025 in Kigali, Rwanda. Some contracts were signed in 2024 to hire an EU and local events management company and secure a venue. This action will support all eligible costs necessary to organise the EDCTP Forum and collect and report on expected scientific and policy outputs.

As a result of the association of the United Kingdom to the European Union's Horizon Europe Programme and the consequent increase of the Union contribution, the EDCTP Association commits to increase its contribution to at least EUR 110 122 000 amounting to a total contribution of at least EUR 550 000 000.

### **Amendment Nr 2 (AMBU2)**

The Annual Budget for year 2024 was amended for the second time on 2 December, per Governing Board decision GB/28/2024.

Compared to Work Programme 2024 and Budget Amendment Nr 1, this amendment re-allocated the UK contribution (EUR 55 056 000) already confirmed previously into the correct income budget section (regularisation of income budget posting).

Moreover, following confirmation from the UK Department of Health and Social Care (DHSC) in summer 2024, an additional contribution of EUR 5,3 million was provided to award in full the four projects on the reserve list from the Mpox emergency call (and for subsequent increase of the operational expenditure budget).

An adjustment of the expenditure budget appropriations between different budget lines on Title 1 and 2 was made considering the evolution of budget needs and expected budget projection in administrative expenditure until year-end.

Based on the new revenue collected from the EDCTP Association, an adaptation of the operational budget appropriation per line (mostly for grants) was adopted in light of the progress of budget demand at year-end.

Finally, among the new revenue received and in view of the evolution of budget forecast expected until the end of the year, EUR 4,3 million were allocated to unused operational appropriations. This amount was immediately transferred to the Work Programme 2025 for re-allocation to the next year based on the Global Health EDCTP JU's operational activities, as it was required following the forecast for the 2025 calls.

### **Administrative costs: Title 1 (Staff Expenditure) and Title 2 (Infrastructure and Operating Expenditure)**

Title 1 and Title 2 of the budget were executed up to 100% and 100% respectively in commitment appropriations.

Title 1 was mainly used for the salaries and allowances of the Global Health EDCTP JU staff alongside different missions performed in 2024.

On top of that, a significant amount of this execution rate was committed for the contribution agreement related to European schools, childcare facilities and transportation for the school year 2024-2025.

In addition, related commitments for contracts signed in connection with recruitment of interim staff during the year and different Service Level Agreements (SLA) signed with the European Commission (mostly with DG HR) among others.

Title 2 was mostly used for the rental costs of the White Atrium offices (offices, parking spaces and charges) and the purchase of different IT equipment for the setting up of the JU.

Due to a significant staff increase in application of its staff establishment plan, Global Health EDCTP3 JU needed to rent larger premises on the second floor of the White Atrium building. Given that the set-up of the newly rented premises was not yet adapted to the requirements of the JU, works for the refurbishment of the new offices, together with the purchase of movable property, were necessary before the staff could start using them in 2025.

Different events, graphic design support and the migration of the Global Health EDCTP3 website to a new domain also represented an important amount as well as the signature of new contracts such as the expert knowledge and analysis of the applied process of certification of IKAA and the statutory audit services for the financial years 2024, 2025 and 2026 among others.

The implementation rate of the payment appropriations was 60% for Title 1 and Title 2.

Concerning Title 1, these payments comprise a majority of salaries and allowances of the staff members, missions' expenses and external services such as the European schools and the monthly salaries of the interim contracts signed with Randstad.

As per Title 2, payments were made to honour the rental of the offices at White Atrium building and invoices covering costs for the different IT supplies.

Furthermore, payments in the context of the works performed in the new offices on the second floor as explained above and different events and activities as regards communication and publishing.

Finally, miscellaneous payments with reference to the signature of different Service Level Agreements (SLA) with the European Commission and other joint undertakings.

### **Operational costs: Title 3 (Operational Expenditure)**

Title 3 constitutes the JU's operational budget for the implementation of the Global Health EDCTP3 Programme activities under Horizon Europe, achieving an execution rate in commitment appropriations of 100%.

The majority of the Global Health EDCTP JU's budget under this category is represented by the two calls for proposals launched in 2024: a two-stage call covering six topics for Research and Innovation Actions (RIAs) and a two-stage call covering one topic for Coordination and Support Actions (CSAs) (EUR 199,2 million in total).

On top of that, EUR 12,1 million were attributed towards the Work Programme 2024 emergency funding call in response to the Mpox outbreak in the Democratic Republic of Congo (DRC).

The cost of Experts Evaluators, a service which is managed by the Research Executive Agency (REA), are also included under Title 3.



Furthermore, the Twelfth EDCTP Forum, that will take place in Kigali, Rwanda, in June 2025, provides a high scientific and technical impact for the Global Health EDCTP, with an international platform for the presentation and discussion of clinical studies for everyone involved in combating poverty-related diseases and the appropriate capacity development and networking activities. The EDCTP Forum has established itself in the past as a valuable opportunity to develop and reinforce cooperation and synergies among the EDCTP Association stakeholders at various levels including scientific and policy, and the Global Health EDCTP3 JU is therefore delivering its continuation within the EDCTP3 Programme. Scientists involved in EDCTP and EDCTP3 Programme funded projects are particularly encouraged to use this opportunity to share new developments and results from their projects to which it is expected that the Global Health EDCTP3 programme would largely benefit on its operational objectives.

For the organisation of the EDCTP Forum, contracts were signed in 2024 to hire an events' management company as well as the EDCTP Forum venue (EUR 1 million).

Finally, EUR 180 000 were committed to award seven prestigious international prizes in 2025.

The implementation rate of the operational budget in payment appropriations was 98%.

In 2024, most of the payment appropriations were used for the pre-financing of the grants resulting from the 2023 calls for proposal and Mpox call (EUR 71,4 million), the first Reporting and Payment (REPA) from the EDCTP Africa Office grant (EUR 1 million), REA Experts costs (EUR 850 136) and the payments to the members of the Global Health EDCTP3 Scientific Committee (EUR 46 435).

#### **Title 4 (unused appropriations)**

Among the new revenue received in 2024 and considering the budget forecast, EUR 4,3 million were allocated to unused operational appropriations. This amount was immediately transferred to the Work Programme 2025 for re-allocation to the next year based on the JU's operational activities, as it was required following the forecast for the 2025 calls.



Statement of REVENUE (in EUR)	Initial voted budget 2024		Final adopted budget 2024 Amended budget Nr 2 (AM BU2)	
	Commitment appropriations	Payment appropriations	Commitment appropriations	Payment appropriations
<b>EU contribution (excl. EFTA and third countries contribution)</b>	<b>144 172 417</b>	<b>67 384 950</b>	<b>144 172 417</b>	<b>72 460 059</b>
<i>of which Administrative (Title 1&amp;2)</i>	6 490 427	6 490 427	6 490 427	6 490 427
<i>of which Operational (Title 3)</i>	137 681 990	60 894 523	137 681 990	65 969 632
<b>EFTA and third countries contribution</b>	<b>4 166 583</b>	<b>1 947 425</b>	<b>60 159 704</b>	<b>2 557 456</b>
<i>of which Administrative (Title 1&amp;2)</i>	187 573	187 573	229 761	229 761
<i>of which Operational (Title 3)</i>	3 979 010	1 759 852	59 929 943	2 327 695
<b>Members other than the Union financial contribution*</b>	-	-	<b>20 275 308</b>	<b>5 275 308</b>
<i>of which Operational (Title 3)</i>	-	-	20 275 308	5 275 308
<b>Contributing Partners financial contribution</b>	-	-	-	-
<b>Interest generated</b>	-	-	-	-
<b>Recoveries</b>	-	-	-	-
<b>Other revenue**</b>	p.m.	p.m.	p.m.	p.m.
<b>Unused appropriations from previous years</b>	-	-	-	-
<i>of which Administrative (Title 1&amp;2)</i>	-	-	-	-
<i>of which Operational (Title 3)</i>	-	-	-	-
<b>TOTAL</b>	<b>148 339 000</b>	<b>69 332 375</b>	<b>224 607 429</b>	<b>80 292 823</b>

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

\*\* No assigned revenue are expected to be collected in 2025 by the time of the initial budget submitted for adoption to the GB.

\*\*\* Operational EU contribution payment appropriations EUR 65 969 632 also contains KEUR 142 of third countries contribution.



Statement of EXPENDITURE (in EUR)	Initial voted budget 2024	Transfers made in the first amendment of the budget - AMBU1	Transfers made in the second amendment of the budget - AMBU2	Credit operations in ABAC	Final adopted budget 2024	Executed budget 2024	%	Available for future use (N+3 rule)
COMMITMENT appropriations								
<b>Title 1 - Staff expenditure</b>	<b>4 340 700</b>	<b>-500 000</b>	<b>141 400</b>	<b>140 709</b>	<b>4 122 808</b>	<b>4 122 808</b>	<b>100%</b>	-
Salaries & allowances	3 701 016	-540 000	-	-	3 161 016	3 161 016	100%	-
Expenditure relating to staff recruitment	105 684	-	-79 600	-	26 084	26 084	100%	-
Mission expenses	120 000	-	-	-	120 000	120 000	100%	-
Socio-medical infrastructure	110 000	-	-50 000	-	60 000	60 000	100%	-
Training	40 000	20 000	-	-	60 000	60 000	100%	-
External Services	260 000	-	281 000	140 709	681 709	681 709	100%	-
Receptions, events and representation	4 000	20 000	-10 000	-	14 000	14 000	100%	-
Social welfare	-	-	-	-	-	-	0%	-
Other staff related expenditure	-	-	-	-	-	-	0%	-
<b>Title 2 - Infrastructure and operating expenditure</b>	<b>2 337 300</b>	<b>542 188</b>	<b>-141 400</b>	<b>-140 709</b>	<b>2 597 379</b>	<b>2 597 379</b>	<b>100%</b>	-
Rental of buildings and associated costs	300 000	400 000	200 000	-	900 000	900 000	100%	-
Information, communication technology and data processing	600 000	-	-97 245	-	502 755	502 755	100%	-
Office equipment (movable property and associated costs)	162 300	142 188	-67 655	-140 709	96 124	96 124	100%	-
Current administrative expenditure	50 000	-	-25 000	-	25 000	25 000	100%	-
Postage / Telecommunications	35 000	-	-17 000	-	18 000	18 000	100%	-
Meeting expenses	150 000	-	-141 500	-	8 500	8 500	100%	-
Running costs in connection with operational activities	250 000	-	-	-240 000	10 000	10 000	100%	-
Information and publishing	410 000	-	-93 000	-	317 000	317 000	100%	-
Service contracts	380 000	-	100 000	240 000	720 000	720 000	100%	-
Other infrastructure and operating expenditure	-	-	-	-	-	-	0%	-
<b>Title 3 - Operational expenditure</b>	<b>141 661 000</b>	<b>70 950 932</b>	<b>965 105</b>	<b>-</b>	<b>213 577 037</b>	<b>213 577 037</b>	<b>100%</b>	-
Grants	140 932 135	69 554 482	808 157	-	211 294 774	211 294 774	100%	-
Experts costs	728 865	216 450	-	-	945 315	945 315	100%	-
Other operational costs	-	1 180 000	156 948	-	1 336 948	1 336 948	100%	-
<b>Title 4 - Unused appropriations</b>	<b>-</b>	<b>-</b>	<b>4 310 204</b>	<b>-</b>	<b>4 310 204</b>	<b>-</b>	<b>0%</b>	<b>4 310 204</b>
Unused administrative appropriations	-	-	-	-	-	-	0%	-
Unused operational appropriations	-	-	4 310 204	-	4 310 204	-	0%	4 310 204
<b>TOTAL</b>	<b>148 339 000</b>	<b>70 993 120</b>	<b>5 275 309</b>	<b>-</b>	<b>224 607 429</b>	<b>220 297 225</b>	<b>98%</b>	<b>4 310 204</b>



Statement of EXPENDITURE (in EUR)	Initial voted budget 2024	Transfers made in the first amendment of the budget - AM BU1	Transfers made in the second amendment of the budget - AM BU2	Credit operations in ABAC	Final adopted budget 2024	Executed budget 2024	%	Available for future use (N+3 rule)
PAYMENT appropriations								
<b>Title 1 - Staff expenditure</b>	<b>4 340 700</b>	<b>-500 000</b>	<b>141 400</b>	-	<b>3 982 100</b>	<b>2 993 735</b>	<b>75%</b>	<b>988 365</b>
Salaries & allowances	3 701 016	-540 000	-	-	3 161 016	2 571 167	81%	589 849
Expenditure relating to staff recruitment	105 684	-	-79 600	-	26 084	20 162	77%	5 922
Mission expenses	120 000	-	-	-	120 000	97 889	82%	22 111
Socio-medical infrastructure	110 000	-	-50 000	-	60 000	21 858	36%	38 142
Training	40 000	20 000	-	-	60 000	7 544	13%	52 456
External services	260 000	-	281 000	-	541 000	272 122	50%	268 878
Receptions, events and representation	4 000	20 000	-10 000	-	14 000	2 993	21%	11 007
Social welfare	-	-	-	-	-	-	0%	-
Other staff related expenditure	-	-	-	-	-	-	0%	-
<b>Title 2 - Infrastructure and operating expenditure</b>	<b>2 337 300</b>	<b>542 188</b>	<b>-141 400</b>	-	<b>2 738 088</b>	<b>1 013 460</b>	<b>37%</b>	<b>1 724 628</b>
Rental of buildings and associated costs	300 000	400 000	200 000	-	900 000	423 474	47%	476 526
Information, communication technology and data processing	600 000	-	-97 245	-	502 755	305 218	61%	197 538
Office equipment (movable property and associated costs)	162 300	142 188	-67 655	-	236 833	575	0%	236 257
Current administrative expenditure	50 000	-	-25 000	-	25 000	5 928	24%	19 072
Postage and Telecommunications	35 000	-	-17 000	-	18 000	1 358	8%	16 642
Meeting expenses	150 000	-	-141 500	-	8 500	3 706	44%	4 794
Running costs in connection with operational activities	250 000	-	-	-	250 000	4 135	2%	245 865
Information and publishing	410 000	-	-93 000	-	317 000	201 083	63%	115 917
Service contracts	380 000	-	100 000	-	480 000	67 984	14%	412 016
Other infrastructure and operating expenditure	-	-	-	-	-	-	0%	-
<b>Title 3 - Operational expenditure</b>	<b>62 654 375</b>	<b>5 427 402</b>	<b>5 490 858</b>	-	<b>73 572 635</b>	<b>73 351 615</b>	<b>100%</b>	<b>221 020</b>
Grants	61 702 048	4 434 414	5 330 085	988 498	72 455 045	72 455 045	100%	-
Experts costs	728 865	216 450	3 825	-	949 140	850 136	90%	99 004
Other operational costs	223 462	776 538	156 948	-988 498	168 450	46 435	28%	122 016
<b>Title 4 - Unused appropriations</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>0%</b>	<b>-</b>
Unused administrative appropriations	-	-	-	-	-	-	-	-
Unused operational appropriations	-	-	-	-	-	-	-	-
<b>TOTAL</b>	<b>69 332 375</b>	<b>5 469 590</b>	<b>5 490 858</b>	<b>-</b>	<b>80 292 823</b>	<b>77 358 810</b>	<b>96%</b>	<b>2 934 013</b>

## 2.4 Financial and in-kind contributions from Members other than the Union

The Global Health EDCTP3 Joint Undertaking is funded by its members and contributing partners. There are only two members in Global Health EDCTP3 Joint Undertaking, the European Commission, representing the Union, and the EDCTP Association which is a partnership between institutions mandated by the governments of 15 European and 28 African countries. The legal framework regarding contributions from members other than the Union and related conditions is based on the Council Regulation 2021/2085 of 19 November 2021 establishing the Joint Undertakings under Horizon Europe, in particular Articles 2(8) to 2(10), 11, 103 and 104.

The member other than the Union, the EDCTP Association, shall make or arrange for its constituent or affiliated entities to make a total contribution of at least EUR 550 000 000, which can consist of in-kind contributions to additional activities (IKAA), in-kind contributions to operational activities (IKOP) and/or financial contributions to operational activities.

For the year 2024, the EDCTP Association submitted a plan, which was approved by the Governing Board as part of the Work Programme 2024 second amendment (written procedure GB.04.2024), to initiate in year 2024, through its constituent entities, additional activities with an estimated value of EUR 164 443 002. This brings the total estimated value of all planned additional activities by the end of year 2024 to EUR 552 048 546. It should be noted that these additional activities are largely multi-annual in duration.

For the additional activities in year 2024, the Global Health EDCTP3 has received a report from the EDCTP Association, by 31 May 2025, that for the additional activities initiated in previous years, 2022 to 2024, EUR 260 461 059 has been incurred. Considering the reported costs incurred on the AA plan initiated in 2022 and 2023 of EUR 230 083 365 combined with the estimated value of the AA plan 2024, this brings the total for the additional activities since the launch of the Global Health EDCTP3 to reach EUR 394 526 367. Out of this amount, no cost has been certified yet. The JU, together with the EDCTP Association is currently finalising the guidance document for the certification of the costs incurred for the additional activities, also in collaboration with the institutions within the countries which are EDCTP Association constituents. Due to the multi-annual duration of most of the additional activities, it has been agreed that the certification may take place at the end of the activity, covering the 'cumulative' or the entire value of the activity. It is the certified value that will be validated by the Global Health EDCTP3 Governing Board as IKAA.

In addition, the EDCTP Association has signed the Contribution Agreement No. 2024-01 with the Global Health EDCTP3 Joint Undertaking to contribute EUR 20 275 308 of financial contribution to operational activities. The EDCTP Association has transferred to the Global Health EDCTP3 EUR 5 275 308 in cash, as the first tranche of the committed amount.

Another source of financing for the Global Health EDCTP3 Joint Undertaking is the contributing partners, based on Article 102 of Council Regulation 2021/2085 of 19 November 2021 establishing the Joint Undertakings under Horizon Europe. These partners contribute IKOP or financial contributions to various Global Health EDCTP3 activities. Contributing partners do not have voting rights in the decision-making process of the Global Health EDCTP3 but are given the opportunity of participating in the designing of the activities or calls for proposals to which they intend to contribute.

In year 2024, an endorsement letter from BioNTech to become contributing partner was received and accepted by the Global Health EDCTP3 Governing Board, committing EUR 2 196 600 to the topic GH-EDCTP3-2024-02-two-stage Global Health EDCTP3 JU training fellowship with return phase. The grant agreements for the selected proposals are expected to be signed in the first half of 2025.

In 2022, an endorsement letter from another contributing partner, the Gates Foundation, indicating a commitment of EUR 33 million was approved by the Global Health EDCTP3 Governing Board, raising the total committed contributions from contributing partners to EUR 35 196 600 as of end of year



2024. Out of the EUR 33 million of Gates Foundation's committed contribution, EUR 15 565 115 is already reported as estimated financial contribution, being the value based on the total signed project costs less the total EU contribution to the project. The total amount of estimated contribution from the contributing partners is expected to increase in year 2025 to EUR 17 761 715 following the Grant Agreement signature of the selected proposals for the topic GH-EDCTP3-2024-02-two-stage Global Health EDCTP3 JU training fellowship with return phase.

Contributions from JU Members other than the Union in 2024	
Nature	Amount (in €)
<b>Financial contributions (FC) reported</b>	5 275 308
<b>In-Kind to Operational Activities (IKOP) reported</b>	0
<b>In-Kind to Additional Activities (IKAA) reported and planned</b>	394 526 367
<b>In-Kind to Additional Activities (IKAA) reported and certified</b>	0
<b>TOTAL all contributions reported</b>	<b>399 801 675</b>
<b>TOTAL all contributions reported, including certified IKAA</b>	<b>399 801 675</b>

## 2.5 Administrative Procurement and contracts

The majority of Global Health EDCTP3's contractual commitments in 2023 were concluded on the basis of framework contracts (FWCs). The FWCs were most used in the field of IT, human resources, furniture purchase and audit services, minimising the administrative burden and ensuring economies of scale.

The contracts (including specific contracts based on FWCs) signed between 1 January and 31 December 2024, with a value above EUR 15 000, are provided in the following table:

Subject of the contract	Type of Contract	Contractor	Tender Procedure [if applicable]	Signature date	Amount in EUR
<b>Interim staff services</b>	Specific contract based on FWC HR/2024/OP/0095	AIB	N/A	26/09/2024	37 801,00
<b>Audit services</b>	Specific contract implementing FWC	BAKER TILLY BELGIUM	N/A	14/11/2024	58 919,00



Subject of the contract	Type of Contract	Contractor	Tender Procedure [if applicable]	Signature date	Amount in EUR
	EU-RAIL.OP.02.22 - LOT 1	BEDRIJFSREVISOR EN			
<b>Purchase of Furniture</b>	Specific contract implementing FWC OIB.02/PO/2018/058/785/C0/L0	BEDDELEEM NV	N/A	05/12/2024	50 800,97
<b>Construction works</b>	Direct contract	CODABEL MANAGEMENT	Negotiated procedure low value contract (implemented through the process of Art.1.3 of the Facility Management contract)	11/10/2024	320 532,17
<b>Technical assistance services in the field of audits and controls</b>	Specific contract implementing FWC EU-RAIL.OP.02.22 – LOT 2	ERNST & YOUNG BEDRIJFSREVISOR EN*ERNST ET YOUNG REVISEURS D'ENTRPRISES	N/A	25/06/2024	99 700,00
<b>Onboarding into IT managed services</b>	Specific contract implementing FWC/JUs-CAJU.2022.OP.02	INETUM REALDOLMEN BELGIUM	N/A	14/04/2024	33 952,18
<b>Graphic design support</b>	Specific contract implementing FWC EASME/2019/OP/0021	NETCOMPANY- INTRASOFT SA	N/A	27/06/2024	80 000,00
<b>Purchase of furniture</b>	Specific contract implementing FWC OIB/2021/NP/0030/C0/L0	PAPAPANAGIOTOU ABEEA DROMEAS ANONYMOS ETAIRIA	N/A	16/12/2024	45 323,19
<b>Interim staff services</b>	Specific contract based on FWC HR/2024/OP/0095	RANDSTAD BELGIUM	N/A	17/07/2024	36 155,33
<b>Interim staff services</b>	Specific contract based on FWC HR/2024/OP/0095	RANDSTAD BELGIUM	N/A	12/12/2024	36 392,72
<b>Interim staff services</b>	Specific contract based on FWC HR/2024/OP/0095	RANDSTAD BELGIUM	N/A	12/12/2024	38 024,35



Subject of the contract	Type of Contract	Contractor	Tender Procedure [if applicable]	Signature date	Amount in EUR
<b>Interim staff services</b>	Specific contract based on FWC HR/2024/OP/0095	RANDSTAD BELGIUM	N/A	08/05/2024	35 272,51
<b>Interim staff services</b>	Specific contract based on FWC	RANDSTAD BELGIUM	N/A	10/06/2024	45 308,42
<b>IT equipment</b>	Specific contract based on FWC 8090 - SIDE III - INSIGHT TECHNOLOGY SOLUTIONS	INSIGHT DIRECT USA, INC.	N/A	07/05/2024	31 551,54

All specific contracts stem from framework contracts to which Global Health EDCTP3 became party to as Participating Contracting Authority. In all cases, it signed a service level agreement or a memorandum of understanding with the Lead Contracting Authority.

Furthermore, the Global Health EDCTP3 JU has also signed SLAs and MoUs with EC DGs and offices, such as DG HR, PMO, DG DIGIT, and the *Secrétariat Général* (SecGen) as described in the two sections below.

## 2.6 IT and logistics

The main objective of the IT Office in 2024 was to achieve its IT-autonomy from the European Commission.

Over the year, several key milestones towards IT-autonomy were reached:

- securing a new web domain from DG COMM – [www.global-health-edctp3.europa.eu](http://www.global-health-edctp3.europa.eu)
- setting up the new email infrastructure and creating new emails for staff @global-health-edctp3.europa.eu
- creating corporate EU Login accounts for staff based on the new emails
- creating a new collaborative space based on a new Microsoft 365 tenant
- signing amendments to DG DIGIT SLA for the development of a new re-branded website as well as securing EU Sign certificates & services
- signing an SLA with *Secrétariat Général* of the EC to onboard the corporate document management system ARES/HAN, to which the JU successfully migrated mid-November
- migrate the existing access rights of staff from EC-based profiles to EDCTP3-based profiles in all key financial and grants systems (i.e, ABAC, SyGMA/Compass).

In December 2024, at the same time with the launch of the new [www.global-health-edctp3.europa.eu](http://www.global-health-edctp3.europa.eu) site, Global Health EDCTP3 JU staff has successfully switched to its own Digital Workplace: staff started using new laptops, new emails, new collaborative space (Teams, SharePoint), new EU Login(s).

The objective of achieving complete IT-autonomy has been nearly reached, with limited phaseout and finetuning activities continuing in Q1 2025.

The JU continued to onboard new DIGIT FWC for IT equipment and services.

In the context of the back-office arrangements (BOA) on IT, the Global Health EDCTP3 JU has collaborated with the other JUs in the fields of shared IT infrastructure, inter-JU IT governance, IT framework contracts, tools and services as well as security and compliance management (see also section 2.7.2 below).

On cybersecurity in particular, the JU is strengthening its relationship with the CERT-EU and collaborating with the other JUs on preparing the deliverables for the implementation of the new cybersecurity regulation.

The Global Health EDCTP3 JU has purchased various IT and video-conferencing equipment in preparation for the move to a new office space in 2025. Additionally, the JU has performed a full inventory of its assets (IT equipment, furniture, etc.) and labelled all items with barcode(s).

With the ARES/HAN migration achieved in 2024, the JU has taken concrete steps to implement effective record management. 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.

## 2.7 Human Resources

### 2.7.1 HR Management

The Global Health EDCTP3 remained committed to attracting highly qualified professionals, ensuring a strong foundation for its operations.

**Key achievements in 2024** aligned with the main priorities outlined in the Work Programme 2024, reinforcing the establishment of Global Health EDCTP3 as an independent Joint Undertaking are listed below:

#### **Intensive recruitment**

The management team was successfully onboarded to support key functions, including the Head of Administration and Finance, Head of Operations, and Team Leader for Strategic Partnerships and Communications.

As of 31 December 2024, the establishment plan was 76% fulfilled, with 20 Temporary Agents (TA) and 6 Contract Agents (CA), representing a 19% increase compared to 2023. During the year, three staff members left the organisation.

Nine positions were filled:

- Monitoring and Evaluation Officer – following external selection.
- Financial Officers (two positions) – following external selection.
- Events and Administrative Assistant – following interinstitutional call (EPSO).
- Communications Officer – following external selection.
- HR and Administrative Assistant - following interinstitutional call (EPSO).
- Financial Assistant - following external selection.
- Programme Officer (two positions) – following internal competition.

Four interim staff members were recruited to provide additional support to the units in their daily operations.

The HR IT tool, Systal, was successfully implemented in summer 2024, enhancing autonomy in the selection process.

### **Personnel policies and procedures**

HR policies tailored to the needs of Global Health EDCTP3 were developed, including:

- a Learning and Development Policy, incorporating guidelines for language and external training;
- enhanced HR processes to improve the onboarding experience, including a welcome package, exit procedure, candidate reimbursement policy, and an Information Security Policy;
- an HR Policy on contributions to teleworking costs and lump-sum allowances.

Additionally, two annual staff surveys were conducted by the Global Health EDCTP3 staff committee, resulting in the formulation of an HR action plan.

### **Legal framework**

The Global Health EDCTP3 continued monitoring of application of Implementing rules to Staff Regulations.

During 2024 the Governing Board adopted three new General Implementing Provisions (GIP) of Staff Regulations:

<b>SIR implemented in 2024</b>	
<b>Title of the SIR</b>	<b>Reference and date of the GB decision</b>
<b>SIR on ED Appraisal</b>	GH-EDCTP3-GB/02/2024
<b>SIRs on Rules on Conflict of Interest for staff members</b>	GH-EDCTP3-GB/03/2024
<b>On the request for the Commission Agreement for derogation from Implementing Rules to the Staff Regulations</b>	GH-EDCTP3-GB/26/2024

Service Level Agreements (SLAs) and Memoranda of Understanding (MoUs) were signed in 2024, including Service Level Agreements with DG HR for:

- Sick leave follow-up and special leaves on medical grounds,
- HR Transformation (HRT) Programme,
- Appendix E - Article 90 complaints handling and a new Appendix IDOC helpdesk function,

- The issuance of the Laissez-passer issued by the European Union.

And MoUs with DG HR for:

- Provision of corporate credit cards for staff,
- Learning and Development services for general training, IT and languages fields of organisational, interpersonal, and communication skills to create an engaging experience.

### Career development

The first objective-setting process for all staff was launched.

The first annual appraisal was conducted for ten staff members and the first reclassification exercise resulted in one promotion.

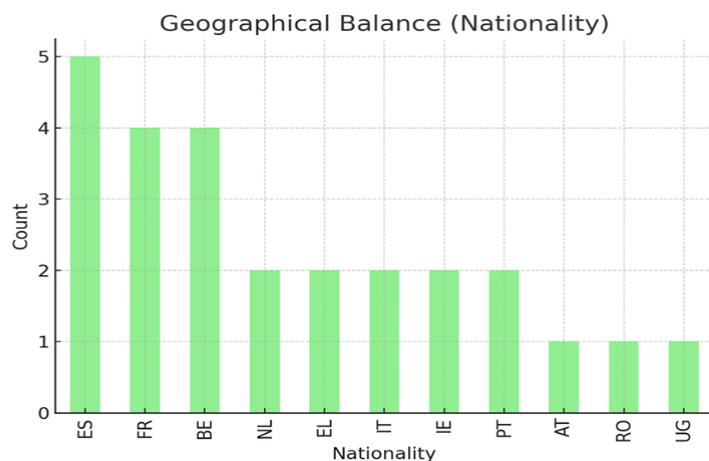
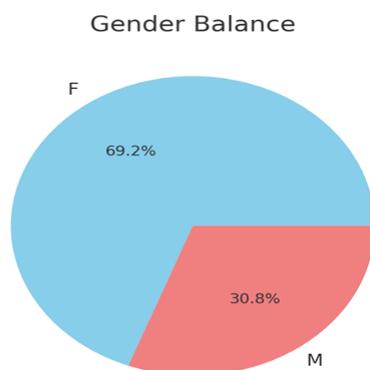
### Well-being activities:

Fostering a strong corporate culture at Global Health EDCTP3 JU was a key priority in managing the Global Health EDCTP3's growth.

Key initiatives included:

- **team engagement activities**, such as the first annual team-building event,
- **enhanced internal communication**, with regular staff updates and HR workshops on rights and obligations.

The two graphs below show the gender and geographical balance within Global Health EDCTP3 JU on 31 December 2024. In detail, 69 % of the staff are women, whereas 31% are men; and 2/4 of Global Health EDCTP3 JU management team are women. Regarding the geographical balance, Global Health EDCTP3 JU ensures a wide representation of EU countries among its staff. In 2024, 10 EU Members States nationalities and 1 African nationality (exception of Article 12.2(a) of the CEOS) were represented in Global Health EDCTP3 JU.



## 2.7.2 Efficiency gains and synergies

The Global Health EDCTP3 JU benefits from synergies with other joint undertakings, the Commission and EU agencies in order to procure goods and services. It has participated as contracting authority to several procedures led by other entities or became party to framework contracts already awarded when possible (see section 2.5). This enables the Global Health EDCTP3 JU to benefit from economies of scale and to obtain goods and services needed faster. Part of these synergies have been implemented under back-office arrangements between joint undertakings, in application of Article 13 of the Council Regulation (EU) 2021/2085 of 19 November 2021 establishing the Joint Undertakings under Horizon Europe.

### Context

Article 13 of the Council Regulation (EU) 2021/2085 identifies different areas in which Joint Undertakings may conclude service level agreements, subject to confirmation of viability and following screening of resources. Since 2022 the JUs have considered to operate the following back-office arrangements:

AREA	CONTENT	LEAD JU	BACK UP JU	STATUS
<b>Accounting</b>	Accounting services	EU RAIL	n.a	In place and effectively working; SLA signed
<b>ICT</b>	ICT services	Clean Hydrogen JU	Innovative Health Initiative JU	SLA in force since 1 <sup>st</sup> January 2025
<b>HR</b>	Common recruitment, HR legal framework, and HR digitalisation	Circular Bio-based Europe JU	Innovative Health Initiative JU	In place and effectively working; SLA signed
<b>Legal</b>	Administrative procurements	Clean Aviation JU	EU RAIL and European High Performance Computing JU	In place and effectively working; SLA signed

### Scope of the back-office arrangements (BOA) for IT and activities carried out in 2024

In 2023, a concept note was developed among the JUs to further detail the framework and domains of the BOA IT. The note was approved by the Executive Directors and communicated to the EC.

The ICT services catalogue is structured into six groups:

- Inter-JU IT governance
- Management of shared ICT infrastructure
- Management of ICT tools, services, and contracts
- Workplace services provision
- Security and compliance management
- Specific ICT activities per JU

The underlying concept is that, out of the ICT service catalogue, everything that is non-specific to a JU should be managed through the ICT BOA.

In 2024, the JUs drafted and signed the Service Level Agreement, describing the services to be provided under the BOA ICT in accordance with the priorities set forth in the BOA ICT concept note adopted by the Governing Boards in early 2024, namely:

- Service area #1 Inter-JU IT Governance,
- Service area #2 Management of shared ICT infrastructure and Service area #4 Workplace services provision,
- Service area #5 Security and compliance management;

The Clean Hydrogen JU and the IHI JU co-lead the BOA ICT for implementation as from 1<sup>st</sup> January 2025.

In 2024, in continuation of the practice over the previous years, the JUs held 4 ICT coordination meetings (called “IT gov meetings”), during which:

- The implementation of the common ICT annual work plan and budget for 2024 (AWP2024) was monitored.
- The common ICT annual work plan and budget for 2025 (AWP2025) was defined, with an adoption during the meeting of November 2024.

The actions of the AWP 2024 were implemented in accordance with the plan.

The AWP2024 contained the several actions among which:

- BOA ICT implementation
- Common infrastructure migrations
- Upgrade of AV Equipment in Common Meeting Rooms
- Cybersecurity – data protection – Infosec regulation, and with a common Business Continuity Plan revised and approved.
- SLA signed in December, under the supervision of Global Health EDCTP3 JU, amongst the JUs to launch a request for services for a revised M365 DPIA.
- Reconversion White Atrium building with new equipment to be implemented on the 1<sup>st</sup> floor to accommodate SNS JU and Global Health EDCTP3 JU with optic fiber and wi-fi antennas

### **Scope of back-office arrangements (BOA) for Accounting Services and activities in 2024**

The JUs took over the Accounting Services that until 30 November 2022 were provided by DG BUDG.

EU-Rail is the lead JU of this BOA and Accounting services are provided by 3 Accounting Officers coming from the following JUs: Clean Aviation JU, SESAR JU and EU-Rail JU.

#### Organisation:

- The Executive Director of the Lead JU is responsible for the organisation, oversight and coordination of the accounting services to the other JUs on the basis of an annex of the BOA SLA.

- The Head of Corporate Services or another officer with the necessary grade, skills and competencies of the Lead JU shall act as Accounting Coordinator of the BOA Accounting Officers.
- The Accounting Officer(s) of the JU Accounting Providers delivers the service to one or more JU Accounting Beneficiary and is responsible for the accounts she/he signs off, while counting on the support and coordination with the lead JU. In order to ensure the provision of these services, it was agreed between the EC and the JUs to make use of the support of three additional Contractual Agents and of an external Accounting Services provider.

The BOA for Accounting Services is fully operational and delivering the intended services, including the preparation of the Annual Accounts for ten Joint Undertakings. As of January 2024, the BOA team is composed of three Accounting Officers supported by three Accounting Assistants.

### **Scope of back-office arrangements (BOA) for procurement and activities in 2024**

This BOA was established with the objective of centralising administrative procurement capability and processes to maximise open tenders for the award of inter-JU FWCs and middle value negotiated procedures. The focus is on critical joint administrative procurement, such as ICT, building management/corporate services, and common support services that will be identified and agreed via joint Public Procurement Planning (PPP).

To agree on the concept of the BOA Procurement, the CAJU organised a 'BOA co-design Workshop' on 7 October 2022 to address all JUs who expressed an interest in the BOA Procurement. During the workshop, the CAJU presented the concept and the principles of the joint cooperation.

The concept was supported by the bi-annual Joint Public Procurement Planning that reflects the common needs identified by the parties. On this basis, a Service Level Agreement was drafted by the BOA Procurement Coordinator (CAJU) and, following its approval, was signed by 10 JUs in November 2023.

Sharing knowledge and best practices, as well as providing legal/procurement support by the entities possessing specific expertise and practical experience in managing call for tenders, leads to time and costs savings among participating JUs. At the same time, an interchangeable system among the members of the BOA Procurement performing the role of a leading contracting authority (LCA) allows for an optimisation in the use of resources. The higher volume of the services to be purchased, the growing interests among bigger economic operators. An increase in volume of services also minimises the risk of cancellation of procedures, since a contracting authority draws the attention of companies who are more familiar with EU institution procurement process and procedures. In addition, economies of scale of the JUs purchases plays a vital role by creating significant operational efficiencies in business production and cost advantages both for the contracting authority, as well as for the contractor. By shaping increased services/supplies demand, negotiation with service providers/suppliers can be done more effectively. Finally, inter-institutional calls for tenders help eliminate a "*saucissonnage*" effect by replacing the number of individual low value contracts with a solid four years' framework contract and thus contributing to the compliance with the applicable procurement and financial rules.

In total, during 2024, the BOA Procurement was occupied by 11 inter-institutional tender procedures.

With support of the JRC (business owner of PPMT), the coordinating JU managed to implement in the system technical features supporting hybrid implementation mode used for the inter-institutional tender procedures as well as to operationalise back-up support in the tool.

A TEAMS joint collaborative framework was established supporting BOA Procurement activities and facilitating communication among the parties. The platform is accessible for all the JUs and is used to

communicate, store and share documents related to BOA Procurement tender procedures as well as awarded FWCs.

Finally, through representation by the lead JU in the annual conference of the EU procurement officers' network, the JUs shared services' model is promoted among other EUIs.

### **Scope of the back-office arrangements (BOA) for HR and activities carried out in 2024**

In 2024, under the BOA HR, the Joint Undertakings have continuously maximised their synergies and have implemented several actions in three HR main areas: selection and recruitment, HR legal framework and HR digitisation. In particular, by holding bi-monthly meetings the JUs have continued to promote best practices, ensure consistent HR support services, and achieve efficiencies and economies of scale.

In line with the BOA HR action plan 2024, the JUs have:

- Implemented a common online assessment solution for remote proctoring services to support the running of written tests as part of selection procedures. To this end, an SLA among JUs was signed in September 2024 to proceed with the purchase of the above-mentioned services.
- Launched a series of workshops to align and harmonise the selection recruitment procedures practices among JUs.
- Strengthened their cooperation by:
  - organising an HR Officers Away Day to share best practise and shape collaboration;
  - sharing reserve lists to shorten time to recruit;
  - providing expertise and resources allowing staff members to be panel members in several selection procedures at other JUs;
  - supporting new joint undertakings during their on-boarding/start-up phase, providing guidance, advice and templates;
  - centralising the organisation of training courses of general interest for all JUs (e.g., ethics and integrity, antifraud, respect and dignity at the workplace for JU staff members, cybersecurity training courses for JUs staff);
  - contributing to developing a common JUs HR legal framework by sharing Executive Director and Governing Board decisions on diverse HR regulatory topics;
  - launching a new call for interests for the JUs confidential counsellors and supporting the communication campaign on the role of confidential counsellors in the JUs.

The JUs, as interinstitutional partners, have also attended meetings held by External Stakeholders, and the European Commission on the HR transformation programme that intends to set up a new IT platform to replace SYSPER.

The JUs will further strengthen this collaboration in 2025.

## 2.8 Data protection and Access to Documents

### 2.8.1 Data protection

The Global Health EDCTP3 JU, like other EU institutions, bodies, agencies and offices (EU institutions), processes personal data for a number of reasons (dealing with public requests for information, staff matters, procurement contracts, grant agreements etc.) according to the provisions of Regulation (EU) 2018/1725 on the protection of natural persons regarding the processing of personal data by the Union institutions, bodies, offices and agencies and on the free movement of such data.

Since its establishment, Global Health EDCTP3 has been working on setting up the data protection framework. During 2024, it has made significant steps towards ensuring its compliance with the legal framework of Regulation (EU) 2018/1725. This progress has been also presented in the Data Protection Officer's yearly report to the Governing Board in its meeting of 3 December 2024.

Global Health EDCTP3 made a gap assessment that led to the implementation of an Action Plan, aiming to ensure compliance with the Regulation (EU) 2018/1725. Global Health EDCTP3 worked towards the objectives of the Action Plan: to strengthen accountability and ownership, to raise awareness amongst the staff, to ensure proper record keeping, to improve the relationship with the citizens and to monitor compliance.

The JU's Register of processing activities as well as data privacy notices on processing activities are published online on the Global Health EDCTP3 website. A procurement procedure is also finalised in order to transfer the Register to an online central Register embedded to the Global Health EDCTP3 website. Important data protection policies on internal procedures have been adopted (such as the data breach management procedure and the procedure for data requests).

Two internal workshops on data protection matters were organised for the JU staff. Staff members relevant to each of the processing operations were involved in the drafting and the revision of the Register, which also raised awareness inside the JU on matters of personal data protection.

At the BOA level, Global Health EDCTP3 led the procurement procedure for the preparation of a Data Protection Impact Assessment (DPIA) on use of M365 tools. Finally, Global Health EDCTP3, represented by its Data Protection Officer, participated in the EDPS-DPO working group responsible for the organisation of two annual events on data protection.

### 2.8.2 Access to documents

Regulation (EC) No 1049/2001 applies to Global Health EDCTP3 JU.

Global Health EDCTP3 Governing Board has adopted implementing rules on Regulation (EC) No 1049/2001 of the European Parliament and the Council regarding public access to documents (GB/08/2024) as well as internal guidance for the handling of access to documents requests.

During 2024, Global Health EDCTP3 JU refused in one case to grant access to documents relevant to an HR selection procedure. The refusal was based on the Articles 4(3) (protection of the decision-making process) and 4(1)b (protection of personal data) of Regulation No 1049/2001.



## 3. GOVERNANCE

### 3.1 Major developments

The Global Health EDCTP3 Joint Undertaking is a partnership between the European Union, represented by the European Commission, and the EDCTP Association, representing European and sub-Saharan African member countries participating in the partnership. On 31 December 2024, 15 European and 30 African countries were members of the EDCTP Association. The list of member countries of EDCTP Association can be found here: [Members of the General Assembly - EDCTP](#).

EDCTP was the first initiative receiving EU support based on Article 185 of the Treaty on the Functioning of the EU (ex-Art. 169), which allows the EU's participation in research programmes jointly undertaken by several EU countries. During its first programme (EDCTP1, 2003-2015), EDCTP operated as a European Economic Interest Grouping (EEIG) incorporated in the Netherlands, with its membership restricted to 16 countries in the European Economic Area. Based on the success of EDCTP1, the second EDCTP programme (EDCTP2) was launched in 2014, transitioning from an EEIG to an international Association under Dutch law, a construct that allowed the European Framework Programme for Research and Innovation (Horizon 2020) associated countries and sub-Saharan African member states to become full members with equal voting rights, ensuring a true partnership of equals.

Global Health EDCTP3 has been established by Council Regulation 2021/2085 of 19 November 2021 establishing the Joint Undertakings under Horizon Europe and operates in the frame of the Horizon Europe programme.

The [governance](#) structure of Global Health EDCTP3 has been established in accordance with the Council Regulation where according to the relevant provisions, the bodies of the JU are:

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

Following its financial autonomy obtained in November 2023, 2024 marked the first full year in which Global Health EDCTP3 operated as a fully autonomous European Union body, independently implementing its work programme and budget.

### 3.2 Phasing-out plan monitoring

The first version of the phasing-out plan based on the template provided by the European Commission to all Joint Undertakings was adopted by the Global Health EDCTP Governing Board on 24 January 2024 by written procedure. This first version of the plan mainly focused on Chapter 5 of the Phasing-out plan – “Administrative and operational adaptations” for the phasing-out period in terms of legal status, staffing, accounting and cashflow, procurement, IT, logistics as well as follow up of grant agreement obligations after the end of projects. An update to the phasing out plan is planned for the first half of 2025<sup>57</sup>.

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<sup>57</sup> A decision of the Governing Board for approving a revised phasing-out plan of the Global Health EDCTP3 Joint Undertaking is foreseen for the first half of 2025.

### 3.3 Governing Board

The Governing Board (GB) is the decision-making body of Global Health EDCTP3. 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.

Shortly after the establishment of Global Health EDCTP3, the GB held its first meeting in January 2022 where its Rules of Procedure were adopted. It is composed of six representatives of the European Commission on behalf of the European Union and six representatives of the EDCTP Association. During 2024, the Chairperson was Ms Irene Norstedt (European Commission, DG RTD) and the Vice-Chairperson was Dr Henning Gädeke (EDCTP Association).

In 2024 the GB was composed of:

Six representatives of the **EDCTP Association** (50% of the voting rights):

- Henning GÄDEKE, *Vice-Chairperson of the GB, Chairperson of the General Assembly and of the Board of the EDCTP Association, Division “Global and Public Health Research” at the German Ministry for Education and Research, Germany*
- Alemseged Abdissa (as of 5 May 2024), *Vice-Chairperson of the General Assembly and of the Board of the EDCTP Association, Armauer Hansen Research Institute, Ethiopia*
- Maria-Teresa BEJARANO (until 1 February 2024), *Senior Research Adviser at Sida and Adjunct Professor of Infection Biology/Immunology, Vice-Chair of the General Assembly and of the Board of the EDCTP Association, Sida and Karolinska Institutet, Sweden*
- Godfrey BIEMBA (until 4 May 2024), *Director and CEO, National Health Research Authority, Zambia*
- Eric D'ORTENZIO, *Head of Strategy and Partnerships Department, ANRS, France*
- Glaudina LOOTS, *Director for Health Innovation, Vice-Chair of the General Assembly and of the Board of the EDCTP Association, Department of Science and Innovation in South Africa*
- Marta NORTON (as of 11 March 2024), *Foundation for Science and Technology, Portugal*
- Samuel OKWARE, *Director-General, Uganda National Health Research Organisation (UNHRO).*

Six representatives of the **European Commission** on behalf of the European Union (50% of the voting rights):

- Irene NORSTEDT, *Chairperson of the GB, Director, Directorate People: Health & Society, Directorate-General for Research and Innovation (DG RTD)*
- Maria Cristina RUSSO (until 30 April 2024 and replaced by Signe RATSO), *Director, Directorate International Cooperation, Directorate-General for Research and Innovation (DG RTD)*
- Signe RATSO (as of 1 May 2024), *Deputy Director-General: Innovation, Prosperity and International Cooperation, Directorate-General for Research and Innovation (DG RTD)*
- Laurent MUSCHEL, *Acting Director-General, Health Emergency Preparedness and Response Authority (HERA)*
- Martin SEYCHELL, *Deputy Director-General, Directorate-General for International Partnerships (DG INTPA)*
- Kristin SCHREIBER, *Director, Directorate Ecosystems I: Chemicals, Food, Retail, Directorate-General for Internal Market, Industry, Entrepreneurship and SMEs (DG GROW)*

- Isabel DE LA MATA BARRANCO, *Principal Adviser - Health and crisis management, Directorate-General for Health and Food Safety (DG SANTE)*.

Alternate members of the GB:

- Barbara KERSTIENS (*until 30 June 2024 and replaced by Kasia JURCZAK*), *Head of Unit RTD.D1 – Combatting Diseases, Directorate-General for Research and Innovation (DG RTD)*
- Kasia JURCZAK (*as of 1 July 2024*), *Head of Unit RTD.D1 – Combatting Diseases, Directorate-General for Research and Innovation (DG RTD)*
- Nienke BUISMAN, *Head of Unit RTD.F2 - International Cooperation Policy, Directorate-General for Research and Innovation (DG RTD)*
- Wolfgang PHILIPP, *Principal Adviser - Chief Science Officer, Health Emergency Preparedness and Response Authority (HERA)*
- Gabriella FESUS (*until 15 April 2024 and replaced by Cecile BILLAUX*), *Head of Unit INTPA.G4 - Social Inclusion and Protection, Health and Demography, Directorate-General for International Partnerships (DG INTPA)*
- Cecile BILLAUX (*as of 16 April 2024*), *Head of Unit INTPA.G4 - Social Inclusion and Protection, Health and Demography, Directorate-General for International Partnerships (DG INTPA)*
- Giacomo MATTINO (*until 1 April 2024 and replaced by Giulia DEL BRENNNA*), *Head of Unit GROW.F3 - Food, Retail, Health, Directorate-General for Internal Market, Industry, Entrepreneurship and SMEs (DG GROW)*
- Giulia DEL BRENNNA (*as of 1 May 2024*), *Head of Unit GROW.F3 - Food, Retail, Health, Directorate-General for Internal Market, Industry, Entrepreneurship and SMEs (DG GROW)*
- Wojciech KALAMARZ, *Adviser on International Relations, Directorate-General for Health and Food Safety (DG SANTE)*.

During 2024, the GB held three meetings:

- on 27 June where the main agenda point was the approval of the Annual Activity Report and the Final Annual accounts for the year 2023 and also the first draft of the Work Programme 2025,
- on 8 October where the main agenda point was the Work Programme 2025,
- on 3 December where the main agenda points were the finalisation of the Work Programme 2025 which was adopted by written procedure on 13 December 2025 and preliminary discussions for the Work Programme 2026.

In addition to the above, in 2024 the GB adopted during its meetings or by written procedure several other important decisions related to *inter alia* the:

- Staff Implementing Rules
- Anti-fraud strategy and the Internal Audit Charter
- Communication Policy of Global Health EDCTP3
- Actions selected for funding from the calls for proposals, GH-EDCTP3-2023-02-two-stage, GH-EDCTP3-2024-Mpox, GH-EDCTP3-2024-01-two-stage and GH-EDCTP3-2024-02-two-stage

- Amendments to the Work Programme 2024
- Work Programme 2025.

The complete list of the decisions adopted by the GB is available on the Global Health EDCTP3 website: [Governing Board Decisions taken in 2024](#).

### 3.4 Executive Director

The Executive Director is the chief executive responsible for the day-to-day management of the JU, managing the administrative, operational and financial measures necessary for the proper implementation of the annual work programmes and other budgetary and strategic decisions. The Executive Director is the legal representative of Global Health EDCTP3 and is accountable to the GB. He is supported in his activities by the staff of the Programme Office of the Joint Undertaking.

On 18 September 2023, the GB appointed Dr Michael Makanga as the first Executive Director of Global Health EDCTP3. The initial mandate of Dr Makanga started on 16 November 2023 for a period of four years. Dr Makanga has extensive experience in the global health research sector and was previously the Executive Director of the EDCTP Association.

During 2024, the Executive Director took several key decisions, in complement to GB Decisions. These included amendments to the financial circuits, decisions related to the recruitment procedures launched during the year, such as appointment of selection committees and reserve lists and the management of human resources, including the learning and development policy and the guidance on sensitive functions. Additionally, the Executive Director took decisions related to the administrative management of the Programme Office.

The Executive Director ensured a smooth communication and information flow between the Programme Office and all the bodies of the JU, the GB, the Scientific Committee and the Stakeholders Group, attending all their meetings where he informed the members on the current activities of Global Health EDCTP3 and the status of the implementation of the work programme and the overall objectives.

As foreseen in the Council Regulation, throughout 2024 the Executive Director supported by the JU Programme Office, acted as the secretariat of the bodies of Global Health EDCTP3 and provided organisational and administrative support to all three of them. Summary of these activities were published in the 2024 end of year message of the [Executive Director](#).

### 3.5 Scientific Committee

Constituted in 2022, the Scientific Committee (SC) is the scientific advisory body of Global Health EDCTP3. During 2024, the Committee was composed of 18 members from Europe and Africa, including a Chairperson (Professor Dr John Gyapong) and a Vice-Chairperson (Professor Dr Marleen Temmerman). Since its establishment, the Committee has been assisting Global Health EDCTP3 in the design of its strategic and scientific activities, including the priorities to be addressed by the annual calls for proposals, programme logic and key performance indicators, among others.

In 2024, the SC had two meetings, namely one in-person meeting on 18 and 19 April 2024 and an online meeting on 10 October 2024, during which its members provided numerous contributions to the activities of Global Health EDCTP3 as described below:



## **Contribution to the Work Programme 2025**

In April 2024, a two-day face-to-face meeting took place in Brussels with the main agenda point focusing on the research priorities to be addressed by the Work Programme 2025. Ahead of the meeting, the SC members provided valuable input into the Annual Research and Innovation Agenda (ARIA 2024) which was one of the key references used to define potential topics for the draft Work Programme 2025. The SC members discussed the draft ARIA in parallel working groups, followed by a joint plenary session. The outcomes of these discussions have informed the formulation of the Work Programme 2025 draft call topics.

Further to this input, in June 2024, the SC Chair attended the GB meeting and informed GB members on the work of the SC, including their in-depth discussions on draft topics for the Work Programme 2025. Following this meeting, between August and September 2024, SC members were consulted and provided important written input into the draft Work Programme 2025. The summary input from the SC was an important reference for the GB meeting which took place in October 2024.

## **Advice on the Mpox Public Health Emergency**

During the 18-19 April 2024 meeting, SC members were informed on the mpox outbreak in the Democratic Republic of Congo (DRC) and were reminded of the emergency funding mechanism foreseen in Work Programme 2024. SC members advised to activate the emergency response and increase the budget from EUR 1 million to EUR 5 million, to address the emergency research and development. The SC established a working group to ensure timely and quality input to the draft emergency call topic text. The feedback from this working group was embedded where relevant, into the topic text approved by the GB on 29 April 2024, enabling announcement of the call on 30 April 2024 and opening the call for proposals on the 14 May 2024.

## **Contribution to the preparation of the Twelfth EDCTP Forum**

The SC has been actively involved in the preparation of the Twelfth EDCTP Forum and has mandated two SC members (Juliet Nabyonya-Orem and Pablo Rojo) to be part of the Forum Programme Committee. In this activity, both the SC and their representatives have provided input related to the scientific content of the forum, from feedback to the overall title and content of specific sessions, suggestion of possible keynote speakers, among other. All SC members have been actively involved in the review of the Forum scientific abstracts.

## **Relations with other Governance Bodies**

In 2024, the SC Chair has participated as an observer in the meetings of the Stakeholders Group (SG) and also in the GB meetings. The SC Chair has regularly updated the GB, by sharing the SC meetings' reports and providing input through presentations for GB deliberations, especially on the draft Work Programme 2025.

Both SC and SG Chairs continued to attend each other's group meetings to ensure continued alignment of the scientific and strategic advice to the JU.

## **Expression of interest (Eoi) for new members of the SC**

In 2024, a call for Expression of Interest for new members of the SC was launched to reconstitute a reserve list which will be used to fill vacant positions and appoint new members when the first SC members mandates reach their end dates in June 2025.

Furthermore, the Scientific Committee through its annual activity report 2024 provided advice on the operational highlights to be included in the present Consolidated Annual Activity Report 2024 of Global Health EDCTP3.

## 3.6 Stakeholders Group

The Stakeholders Group (SG) had a very fruitful year in 2024 and fulfilled all tasks under its mandate.

In 2024, the SG held three online meetings, on 21 March, on 13 June and on 12 December 2024 during which its members provided the following contributions to the activities of Global Health EDCTP3:

### Update of the Strategic Research and Innovation Agenda

Following a year of consultations and brainstorming, the SG has provided updates to the SRIA to align with the identified priorities and gaps in the global health context. The SRIA was updated, and approval of the updated version is ongoing and will be finalised in early 2025.

### Inputs to the Twelfth EDCTP Forum

Four members of the SG have been nominated as focal points for the Twelfth EDCTP Forum organisation. They have notably collected inputs for the EDCTP Forum theme, structure and speakers from the broader SG group. They play a representative role in the Forum Programme Committee and have committed to take on specific tasks in preparation for or during the Forum in Kigali. Several non-conflicted members of the SG have been involved in the review of Forum Abstracts.

### Identification of adjacent sectors

Following a year of consultation and brainstorming, the SG has identified key adjacent sectors linked to the priority areas of the SRIA. The identified adjacent sectors were integrated in the SRIA, as part of its update. Adjacent sectors can thus be easily identified and added to call topics.

### Ad-hoc requests

- Inputs to the **Lusaka Agenda**: the SG has provided rich and comprehensive inputs on the actions to be taken by Global Health EDCTP3 to align with the Lusaka Agenda.
- Provision of initial **prioritisation suggestions for the Work Programme 2025**, in line with the global health context. At the start of the year, the SG was consulted to provide general inputs on key gaps and priorities which Global Health EDCTP3 should be aware of as the Work Programme 2025 was being developed. Based on these recommendations, the Programme Office has developed the Work Programme 2025 independently from the SG to avoid any conflict of interest.
- Provision of initial input on research gaps and priority topics to be addressed in the work programmes 2026/2027, in line with the global health context.
- Inputs to the **programme logic**: the programme logic was presented to the SG and a first set of inputs was collected during the last meeting of the year. Written inputs are being sought and will be finalised in Q1 2025.



## 4. FINANCIAL MANAGEMENT AND INTERNAL CONTROL

This section reports on the control results and other relevant information that support management's assurance on the achievement of the financial management and internal control objectives. It provides information necessary to establish that the available evidence is reliable, complete and comprehensive. It covers all activities relevant to the Joint Undertaking.

### 4.1 Control results

This section assesses and reports the elements that support management's assurance regarding achievement of the internal control objectives: (1) effectiveness, efficiency and economy of operations, (2) reliability of reporting, (3) safeguarding of assets and information, (4) prevention, detection, correction and follow-up of fraud and irregularities, and (5) adequate management of the risks relating to the legality and regularity of the underlying transactions.

#### 4.1.1 Effectiveness of controls (ex-ante and ex-post controls, if relevant)

The effectiveness of the controls systems assessed is based on the legality and regularity of transactions, fraud prevention, protection and detection measures and the safeguarding of assets.

##### 4.1.1.1 Legality and regularity of the financial transactions

The Global Health EDCTP3 uses internal control processes to ensure the adequate management of risks relating to the legality and regularity of the underlying transactions it is responsible for, taking into account the multiannual character of programmes and the nature of the payments concerned.

The Global Health EDCTP3 Financial Rules were adopted by GB Decision on 3 May 2022 (Decision GH-EDCTP3-GB/22/2022). The Global Health EDCTP3 Financial Rules do not depart from the Commission Delegated Regulation (EU) 2019/887 of 13 March 2019 on the model financial rules for public private partnership bodies referred to in Article 71 of Regulation (EU, Euratom) 2018/1046.

Global Health EDCTP3 amended the manual of financial procedures relating to the JU budget implementation on 4 December 2024 (Decision of the Executive Director ED/24/2024). The financial circuits concern all financial operations considering the structure of the JU, any risk associated with the management environment and the nature of such financial operations. The financial circuits are established to standardise the mandatory steps of the processing of financial transactions and to clarify who the different actors are and their responsibilities (administrative and operational expenditure).

The general rule is that the main transactions, such as commitments and payments, are subject to a "standard" workflow composed of operational and financial initiating agents and operational and financial verifying agents before validation by the Authorising Officer.

Financial procedures in the JU are also based on the controls embedded in European Commission tools. In Horizon Europe, reporting and validation of costs (including expert costs) is implemented using the European Commission IT tools such as SyGMA, COMPASS and EMI. In accounting, the controls are implemented using the accounting system ABAC.

For administrative costs, Global Health EDCTP3 uses exclusively the European Commission's accounting system ABAC to perform financial operations. Within operational costs, for the grant life cycle operations, Global Health EDCTP3 uses the corporate tool suite COMPASS/SYGMA to perform standard financial operations. The tool traces all operations and interfaces directly with ABAC for proper recording into the accounting system. While describing the different financial procedures, a clear distinction is made to highlight – where relevant – differences in the processing of operations in ABAC and in COMPASS. As far as the functions of the Accounting Officer are concerned, Global Health EDCTP3 has delegated – by decision of the Global Health EDCTP3

Governing Board taken on 3 August 2023<sup>58</sup> – the principal accounting tasks by way of a back-office arrangement for accounting and appointed Mr Hretu from Europe's Rail Joint Undertaking as the Accounting Officer, as foreseen by the Council Regulation 2085/2021. The Accounting Officer is responsible for, *inter alia*, the proper implementation of payments, collection of revenue, recovery of amounts, maintaining the accounts, year-end closure and the preparation of the annual financial statements, treasury management and central budgetary framework, in cooperation and in coordination with the Global Health EDCTP3 financial staff.

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.

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

**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 are implemented in line with the Audit Strategy of Horizon Europe which is an integral part of the overall Horizon Europe Control Framework. The audit strategy is carried out in close collaboration with the implementing services following the Horizon Europe governance working arrangements. Ex-post audits on beneficiaries of the Global Health EDCTP3 are carried out by the Common Audit Service (CAS) of DG Research and Innovation. CAS is responsible for implementing the audit strategy and carries out all audits for Horizon Europe (internally or outsourced to external firms).

In 2024, there were no ex-post audits for Global Health EDCTP3. The first Horizon Europe ex-post audits for Global Health EDCTP3 are expected to take place in 2025, once interim payments are validated.

#### 4.1.1.2 Fraud prevention, detection, and correction

The Research and Innovation (R&I) family has established a common implementation approach for the prevention and detection of fraud in the framework programmes. Global Health EDCTP3, alongside other entities implementing Research and Innovation Programmes, shares participants and faces similar fraud patterns, making therefore the common approach more effective and efficient to coordinate anti-fraud activities. The Common Anti-Fraud Strategy in the research and innovation family was revised in 2023 and endorsed by the Horizon Europe Executive Committee on 22 December 2023. On 15 March 2024, the GB adopted by analogy the Anti-Fraud strategy of the R&I family (Decision GH-EDCTP3-GB/09/2024).

Global Health EDCTP3 is represented in the Fraud and Irregularities in Research (FAIR) Committee. The FAIR Committee is the main forum of the R&I family on anti-fraud matters. It serves as a network to exchange information, experience and best practices.

Global Health EDCTP3 has nominated a European Anti-Fraud Office (OLAF) correspondent for all activities related to reporting fraud, supporting OLAF on investigative matters, following up on OLAF's recommendations and cooperating on fraud prevention. During 2024, no OLAF investigations have been notified to Global Health EDCTP3.

The Global Health EDCTP3 anti-fraud measures for this year focused on:

- Awareness raising amongst staff on anti-fraud measures.
- Participation to the FAIR meetings organised by DG R&I.

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<sup>58</sup> Decision GB/09/2023 of the Governing Board of the Global Health EDCTP3 Joint Undertaking



#### 4.1.1.3 Assets and information, reliability of reporting

The Global Health EDCTP3 JU currently manages assets via an Excel application, which is adequate for the small size of the inventory. Upon financial autonomy on 23 November 2023, onboarding into the corporate system ABAC Assets was not pursued as it was perceived as not cost effective for the remainder of 2023. The JU intends to use an assets management tool from January 2026 when the JU will migrate to the new accounting corporate system of the European Commission, SUMMA.

The assets reported by the Global Health EDCTP3 JU in the balance sheet 2024 mainly concern short term and long-term pre-financing paid before the financial autonomy and related to the first calls launched by the JU in 2022 (before the financial autonomy) and 2023.

On top of that, property, plant and equipment (PPE) and recoverables from non-exchange transactions (central treasury liaison accounts) were reported in the assets.

On 31 December 2024, the JU had no intangible assets and the tangible assets comprised mainly the value of refurbishment works for the JU new premises (still in the same White Atrium building) and the new IT and communication equipment purchased before and after the financial autonomy.

End of 2024, the JU launched a full review of its inventory that will continue beginning of 2025, for the preparation of the JU move to its new premises. Furthermore, as indicated above, the JU is expected to migrate its physical and fixed assets inventory to the new accounting System SUMMA, by 1 January 2026.

The full amount of receivables relates to the entitlement of the JU over the cash held in the European Commission's bank accounts as per the service level agreement for treasury services. The JU does not hold any form of cash or cash equivalents at hand or in accounts with financial institutions under its name.

The Accounting Officer carried out the 2024 annual evaluation of the local financial systems set up in Global Health EDCTP3 as provided for in Article 25.1 (d) of the Financial Rules of the JU. Based on the available evidence and the scope of the work conducted, the evaluation did not identify any internal control weakness which would have a material impact on the accuracy, completeness and timeliness of the information required to draft the annual accounts and produce reliable reporting. A few points for improvement were identified and the JU will continue to improve as required.

#### 4.1.2 Efficiency of controls ("Time to")

The three efficiency indicators required by the Financial Regulation (FR) are time-to-pay (Article 116(1) of the FR), time-to-inform and time-to-grant (Article 194(2) FR). Respectively, these indicators represent:

- Time-to-Inform (TTI) represents the time needed by Global Health EDCTP3 to manage the evaluation and selection phase from the Call deadline to informing the participants;
- Time-to-Grant (TTG) represents the maximum of eight months between the call deadline and grant signature;
- Time-to-Pay (TTP) represents the outcome of the process for the payment of pre-financing to newly signed Grant Agreements and costs claimed by beneficiaries.

The summary of these indicators is presented in the table below:

Indicator	Target	2024
<b>Average Time to Inform (TTI)</b>	153 days	108 days
<b>Average Time to Grant (TTG)</b>	245 days	251 days
<b>Average Time to Pay (TTP) for pre-financing (Horizon Europe)</b>	30 days	7 days
<b>Average Time to Pay (TTP) for cost claims (Horizon Europe)</b>	90 days	59 days

A number of factors impacted meeting the Time to Grant target for the call GH-EDCTP3-2023-01 which are mainly related to the inversion of the two calls planned for 2023 and the human resource situation in the JU.

As regards the inversion of two calls planned for 2023, it is important to note that the deadline for applications for the 2023 single stage call was changed to ensure that UK participants to Horizon Europe could be funded by UK government. In March 2023, the GB agreed to change deadlines that were previously discussed in preparation of the Work Programme 2023 and have the single-stage call with a deadline of 4 July 2023. Despite advancing the deadline for submission of proposals to July (versus September as originally planned), evaluations could not be scheduled before September due to lack of availability of staff. These changes directly impacted meeting the TTG for this call, as available time between the time from call deadline to grant signature was reduced.

As regards the HR situation, at the end of 2023, the JU counted 17 active staff members. During 2024, recruitment continued to ensure effective implementation of activities and business continuity. Management positions started being filled in later in 2024. Specifically, the Head of Administration and Finance and the Head of Operations started on 1 March 2024 and 1 July 2024, respectively. The lack of resources for the Call GH-EDCTP3-2023-01 meant that the evaluations could only be scheduled as of September 2023. Thus, losing two months impacted meeting the TTG.

Several actions were implemented by the Programme Office including: appointing a Grant Agreement Preparation coordinator to support an effective grant implementation; developing internal procedures for GAP complementing the Horizon Europe guidelines improving interactions between units, monitoring of progress during the Unit meetings with timely issue resolution and finally, pursuing further recruitment to fill in the relevant positions as per establishment plan.

As a result of the actions taken by the Programme Office, we can clearly see a positive trend in subsequent calls, as shown in the table below.

Overview of the positive trend on the Time to Grant indicator over the calls reported for 2024:

Indicator / call	GH-EDCTP3-2023-01 # projects signed: 27	GH-EDCTP3-2023-02- two-stage # projects signed: 10	GH-EDCTP3-2024- Mpox # projects signed: 9
<b>Average Time To Grant (TTG)</b>	314	236	76
<b>Target: 245 days</b>			

In conclusion, we consider that appropriate measures and an adequate monitoring system has been put in place.

#### 4.1.3 Economy of controls

This section provides information about the JU's cost of the controls put in place in the JU.

The principle of efficiency concerns the best relationship between resources employed and results achieved. The principle of effectiveness concerns the attainment of the specific objectives set and the achievement of the intended results.

The purpose of this section is to report on the overall assessment of the costs and benefits of controls.

JU resources dedicated to **ex-ante controls** in connection to **grants**:

Stage of the control	Year: 2024	
	EUR	FTE
<b>Stage 1 - Programming, evaluation and selection</b>	95 300	1,0
<b>Stage 2 – Contracting including financial (commitments, guarantees,...) and legal checks</b>	41 800	0,4
<b>Stage 3 – Monitoring the execution and ex-ante financial management</b>	349 900	3,7
<b>Total ex-ante</b>	487 000	5,1

JU resources dedicated to **ex-post controls** in connection to **grants**:

Stage of the control	Year: 2024	
	EUR	FTE
<b>Stage 4 – Ex-post controls and recoveries</b>	35 600	0,3
<b>Total ex-post</b>	35 600	0,3



The internal JU's overall cost of controls (both ex-ante and ex-post) related to grants then represented approximately 0,68% of the Global Health EDCTP3 total expenditure in 2024.

JU resources dedicated to **ex-ante controls** in connection to **procurement**:

Stage of the control	Year: 2024	
	EUR	FTE
<b>Stage 1 – Planning the procurement procedures, including legal checks</b>	100 800	1,0
<b>Stage 2 – Contracting, including financial (commitments, guarantees,...) and legal checks</b>	43 400	0,5
<b>Stage 3 – Monitoring the execution and Financial operations (ex-ante), controls on the acceptance of goods and services</b>	60 500	0,6
<b>Total ex-ante</b>	204 700	2,1

JU resources dedicated to **ex-post controls** in connection to **procurement**:

Stage of the control	Year: 2024	
	EUR	FTE
<b>Stage 4 – Supervisory checks(ex-post), audit, ex-post technical controls if relevant</b>	18 000	0,2
<b>Total ex-post</b>	18 000	0,2

The internal JU's overall cost of controls (both ex-ante and ex-post) related to procurements represented approximately 0,29% of the Global Health EDCTP3 total expenditure in 2024.

The ratios of **combined internal cost** related to both grants and procurements to the overall 2024 JU's costs are included in the following table:

JU expenditure in 2024 in EUR		Estimated overall costs of ex-ante controls in 2024 in EUR	Overall costs of ex-ante controls in relation to expenditures in %
<b>Operational</b>	73 351 615	691 700	0,94%
<b>Total</b>	77 358 810		0,89%
JU expenditure in 2024 in EUR		Estimated overall costs of ex-post controls in 2024 in EUR	Overall costs of ex-post controls in relation to expenditures in %
<b>Operational</b>	73 351 615	53 600	0,07%
<b>Total</b>	77 358 810		0,07%

The total estimated cost of internal controls (ex-ante and ex-post) related to grant management and procurement in 2024 are EUR 745,300.

#### 4.1.4 Conclusion on the cost-effectiveness of controls

Based on the most relevant key indicators and control results, Global Health EDCTP3 has assessed the effectiveness, efficiency and economy of its control system and reached a positive conclusion on the cost-effectiveness of the controls for which it is responsible.

## 4.2 Audit observations and recommendations

This section sets out the activities, observations, opinions and conclusions reported by the auditors and evaluations of Global Health EDCTP3. Summaries of the management measures taken in response to the audit recommendations are also included.

### 4.2.1 Internal Audit

The **internal audit** functions of Global Health EDCTP3 are carried out by the Internal Audit Service (IAS) of the Commission and by the Internal Audit Capability of Global Health EDCTP3, according to article 28 and article 30 of the Financial Rules (Decision GH-EDCTP3-GB/22/2022).

In Q4 2024, the IAS launched a risk assessment of all administrative, financial, operational and IT processes to serve as basis for their Strategic Internal Audit Plan (SIAP) that will identify audit topics for the period 2025-2027.

Based on the Council Regulation 2021/2085 establishing Global Health EDCTP3, and pursuant to Chapter 5 of the Global Health EDCTP3 Financial Rules, the JU established an Internal Audit Capability (IAC) adopted by the GB decision (GH-EDCTP3-GB/25/2023 of 28 September 2023), which provides independent, objective assurance and consulting services designed to add value and improve the operations of the JU. Within Global Health EDCTP3, the Internal Audit Capability is performed by the Internal Control and Audit Manager (ICAM). The objective established for the Internal Audit

Capability is to provide the Executive Director and the GB with assurance as to the effectiveness and efficiency of risk management, control and governance process in the JU.

During 2024, the main activities covered by the ICAM in the area of internal controls and risk assessment include the full implementation of the monitoring system of the Internal Control Framework (ICF) by setting indicators (baseline and targets) that support the ICF self-assessment and the coordination of the annual risk assessment exercise in the JU. Further, the ICAM organised several raising awareness sessions on internal controls and audits to the staff in the JU. To complement, guidance on Exception and non-compliances (April 2024) and on sensitive functions (May 2024) were developed. Further activities in the area of audit management focused on coordinating the follow-up of the risk assessment carried out by IAS, the implementation and follow-up of the audits carried out by the European Court of Auditors (ECA) and follow-up on the discharge procedure regarding the 2023 Global Health EDCTP3 accounts.

#### 4.2.2 Audit of the European Court of Auditors

The European Court of Auditors (ECA), within their mandate, carries out an examination of the annual accounts and the underlying transactions for EU JUs.

As required by Article 187 of the Treaty on the Functioning of the European Union (TFEU), ECA audits the annual accounts of Global Health EDCTP3 and the legality and regularity of the payments and revenue underlying the annual accounts. Based on the results of the audit, ECA will provide to the European Parliament and the Council with a statement of assurance on the reliability of the JU's accounts and the legality and regularity of the underlying transactions.

In line with Articles 70(6) and 71 of the EU Financial Regulation<sup>59</sup>, the audit of the reliability of the accounts of the JUs is outsourced to independent audit firms and ECA reviews the quality of the work done by these external firms and obtains sufficient assurance so that they can rely on their work in formulating ECA audit opinions on the reliability of the JUs annual accounts for the specific year. In this regard, the annual accounts are audited by an external audit company (contracted through Europe's Rail Joint Undertaking framework contract on statutory audit services).

ECA audited Global Health EDCTP3 for the first time after the JU obtained financial autonomy (attained on 23 November 2023).

On 13 November 2024, the European Court of Auditors (ECA) published its report on Global Health EDCTP3's annual accounts for the 2023 financial year. The ECA issued an unqualified ("clean") audit opinion on the accounts of the JU and on the legality and regularity of the payments and revenue underlying the 2023 annual accounts.

Without calling into question the European Court of Auditors' unqualified opinion, ECA made observations on accounting guidelines for presenting the first annual accounts of new JUs and on the management and control systems.

During the year 2024, the Joint Undertaking has implemented fully the Internal Control Framework (ICF). Further, the internal control and monitoring indicators that support the self-assessment exercise of the ICF were validated by management. As presented in section 4.3, the JU has performed its first self-assessment exercise for 2024. The full annual report on EU JUs for the financial year 2023, including the reply of Global Health EDCTP3 can be found here: [Annual report on EU Joint Undertakings for the financial year 2023](#).

<sup>59</sup> Regulation (EU, Euratom) 2024/2509 of the European Parliament and of the Council of 23 September 2024 on the financial rules applicable to the general budget of the Union (recast).

### 4.2.3 Evaluations

The first interim evaluation of Global Health EDCTP3 assessed the JU's performance between 2021 and end of 2023 in line with five evaluation criteria (relevance, coherence, efficiency, effectiveness, EU added value), and five partnership-specific criteria (additionality, directionality, international positioning and visibility, transparency and openness, as well as phasing out and preparedness).

The evaluation report was finalised in June 2024 and is available here: [European Partnership for the Global Health EDCTP3 joint undertaking - Publications Office of the EU \(europa.eu\)](https://europeanpartnershipforthe-global-health-edctp3-joint-undertaking-publications-office-of-the-eu.europa.eu). The report was presented to the Global Health EDCTP3 GB during its meeting of 27 June 2024.

The Programme Office published in December 2024 the report: Implementation of lessons learnt and suggestions for improvement from the First Interim Evaluation of Global Health EDCTP3. The report is published on the Global Health EDCTP3 website and available at the following [link](#).

## 4.3 Assessment of the effectiveness of internal control (IC) systems

According to Article 36(2) of the EU Financial Regulation, Global Health EDCTP3, an entrusted body implementing EU budget, shall have a proper management and control mechanism in place. According to Article 36(2) of the EU Financial Regulation and Article 14 of the Global Health EDCTP3 Financial Rules, there is a need to implement and maintain an effective internal control system.

The internal control framework is designed to provide reasonable assurance regarding the achievement of the following five objectives: (1) effectiveness, efficiency and economy of operations, (2) reliability of reporting, (3) safeguarding of assets and information, (4) prevention, detection, correction and follow-up of fraud and irregularities, and (5) adequate management of the risks relating to the legality and regularity of the underlying transactions, taking into account the multiannual character of programmes as well as the nature of the payments concerned.

The priority objective is 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.

### 4.3.1 Continuous monitoring

The Global Health EDCTP3 GB adopted the Global Health EDCTP3 Internal Control Framework (ICF) on 3 August 2023 (Decision GH-EDCTP3-GB/11/2023).

Based on the European Commission's framework of Internal Control, following the COSO 2013 Internal Control-Integrated Framework, Global Health EDCTP3 has identified a set of 17 Internal Control Principles (ICPs) adapted to the environment of Global Health EDCTP3. These ICPs are based on the same principles as applied by the Commission. It provides generic management principles and sets out the minimum requirements for the Global Health EDCTP3 control activities.

The internal control framework for Global Health EDCTP3 is built on:

- The implementation of the Internal Control Framework (ICF) offering at least equivalent guarantees to those of the Commission.
- Procedures for selecting the best projects through independent peer review evaluation, and for translating them into legal instruments.
- Project and contract management throughout the lifetime of every project.
- Ex-ante checks on 100% of claims.

- Ex post audits on a sample of claims as part of the Horizon Europe ex-post audits.
- Scientific evaluation of project results.

Global Health EDCTP3 assesses annually all internal control components and 17 related principles to ensure that all internal control principles are present and functioning.

For 2024, the JU has assessed the effectiveness of its internal control systems based on the ICF framework. The overall objective of the self-assessment exercise was to understand if all principles were present and functioning.

The self-assessment of the effectiveness of the ICF in 2024 was based on the:

- **Internal control and monitoring indicators set out in the Internal Control Framework of the JU**

In 2024 the indicators for the assessment of the internal control system implementing Global Health EDCTP3's internal control strategy were defined. The JU developed relevant indicators for all internal control principles and related characteristics. These indicators were approved by management in October 2024. These indicators were collected for the first time from January to February 2025 as part of the self-assessment exercise performed for 2024.

- **Annual risk assessment exercise, including the risk register**

Risks identified through the annual risk assessment exercise were also assessed and managed through appropriate controlling and mitigating actions. The most significant risks are reported in the risk register.

- **Register on exceptions and non-compliance events**

Global Health EDCTP3 has established a register of exceptions and non-compliance events to manage and monitor deviations from established processes and procedures. All deviations reported will be recorded in the register and analysed to identify any control failures. The register of exceptions was shared with the IAS as part of the risk assessment exercise and consulted by ECA during their audit work. In April 2024, the JU adopted a guidance on exception and non-compliances.

- **Outcome of activities related to fraud prevention measures**
- **Objective examination of available reports and assessments carried out by internal (IAS) and external auditors** (independent auditors of the annual accounts and the ECA)
- **Accounting Officer annual evaluation of the local financial systems**

The evaluation did not identify any internal control weakness which would have a material impact on the accuracy, completeness and timeliness of the information required to draft the annual accounts and produce reliable reporting.

- **Discussions with management on the activities and objectives of the JU.**

The JU has assessed the internal control system during the reporting year and has concluded that it is effective and that the components and principles are present and functioning whilst several areas for improvement have been identified; for which actions will be implemented during 2025. These actions that will be implemented support Global Health EDCTP3 by facilitating the response to different types of risks and by providing reasonable assurance regarding the proper execution of the whole operational system.

### 4.3.2 Risk assessment and management

At Global Health EDCTP3, risk management is governed by:

- Article 19(4)(t) of Council Regulation (EU) 2021/2085: the Executive Director shall ensure that risk assessment and risk management are performed.
- Article 20 of the Global Health EDCTP3 Financial Rules: the Executive Director, in accordance with the minimum standards adopted by the GB, puts in place the organisational structure and the internal control system having due regard to the risks associated with the management environment.
- Internal Control Principles No 6, 7, 8 and 9; Internal Control Framework of the Global Health EDCTP3. Within this framework, the Executive Director assures the implementation of and compliance with the internal control principles supported by management and the Internal Control and Audit Manager.

A risk is defined as "Any event or issue that could occur and adversely impact the achievement of the Joint Undertaking's strategic and operational objective. Lost opportunities are also considered as risks".

The risk assessment 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 Risk Register, which provides for an evaluation of the risk level and description of the mitigating activities. The risk management aims to enable the organisation to fulfil its mission and objectives in the most efficient and effective way.

The annual risk assessment exercise took place between September and October 2024. The most significant risks were included in the Risk Register of Global Health EDCTP3. At JU level, the Risk Register documents the most significant risks and provides a record of risks and measures taken to manage them. The risks listed in the Risk Register are assessed in terms of impact and likelihood, mitigation actions proposed to reduce the probability of the risk materialising, or the severity of the exposure should the risk occur, and owners identified with the JU. An action plan was put in place to address the identified risks and staff assigned to implement those actions.

The risks included in the Global Health EDCTP3 Risk Register are presented below:

Risk related to	Policy area & Activity/ Objective	Risk Description	Action Plan Summary - Brief description
<b>Planning, processes &amp; systems</b>	IT & Other support systems	Access to information or impersonation of a staff member following a cyber-attack. Reputational, financial and operational damages.	<ul style="list-style-type: none"> <li>• Regular awareness of staff at least twice per year. Ensure staff follows the EC cybersecurity training CERT-EU annual testing.</li> <li>• Implementation Cybersecurity strategy with BOA IT.</li> </ul>
<b>Planning, processes &amp; systems</b>	Strategy, Planning and Policy	SBA Art.102 and 103 not achieved and complexity with the	<ul style="list-style-type: none"> <li>• Ensure acceptance of the IKAA validation and certification guidelines.</li> </ul>

Risk related to	Policy area & Activity/ Objective	Risk Description	Action Plan Summary - Brief description
		planning/financial/reporting process	<ul style="list-style-type: none"> <li>• Advocate for increased financial contributions from EDCTP Association members.</li> <li>• Finalise recruitment of Strategic Partnerships &amp; Communications team for dedicated outreach to strategic partners.</li> <li>• Implement internal in-kind contribution financial monitoring and constant exchange with the EDCTP Association for the long-term planning and reporting.</li> </ul>
<b>The external environment</b>	Macro-environment	External events in countries implementing projects negatively affecting the completion of grants	<ul style="list-style-type: none"> <li>• Epidemic outbreak: Potential mitigation actions include: the use of emergency funding mechanism where applicable; and timely liaising with grant holders to ensure continuity of activities where possible.</li> <li>• Natural disasters: actions as per epidemic outbreak.</li> <li>• Political instability: actions include: discussing with other EU agencies on the best ways to protect lives while ensuring continuity of activities, where possible; and agreeing with Coordinators to suspend activities to protect project personnel and research participants.</li> <li>• Continuous monitoring is to happen and action to be taken when events occur.</li> </ul>
<b>External environment</b>	External partners	High errors by beneficiaries when reporting costs	<ul style="list-style-type: none"> <li>• Draft a plan on ex ante approach based on the risk of beneficiaries in the different phases of the Grant.</li> <li>• Prepare a plan on how to train the JU staff to identify errors when applying the ex-ante checks.</li> <li>• Organise workshops and any other interaction with beneficiaries, specially those with weak/insufficient financial and project management capacity.</li> </ul>
<b>Planning, processes &amp; systems</b>	IT & Other support systems	IT autonomy delayed	<ul style="list-style-type: none"> <li>• Mitigation: ensure business continuity using existing EU Logins.</li> </ul>

Risk related to	Policy area & Activity/ Objective	Risk Description	Action Plan Summary - Brief description
<b>Planning, processes &amp; systems</b>	Operational processes	Unmet deadlines and compromised quality of key deliverables	<ul style="list-style-type: none"> <li>Horizontal coordinated planning of all JU activities. "Learn, adapt and improve" approach based on experience gained every year.</li> <li>Follow-up with RTD and CIC on IT tool development while putting in place the necessary internal process.</li> <li>Support with external contractor with proper knowledge and experience in international accounting framework.</li> <li>Explore potential outsourcing of activities.</li> </ul>
<b>The external environment</b>	External partners	EDCTP Forum preparations are delayed and/or the Forum has to be postponed/canceled	<ul style="list-style-type: none"> <li>Prepare a contingency plan.</li> <li>Ensure regular meetings of the Organisation Committee, Programme Committee and Host Country Committee, with representation of the hosts on all committees to ensure good flows of communication, involvement and ownership.</li> </ul>

#### 4.3.3 Prevention of Conflict of Interest

The Programme Office has developed a set of rules and procedures that are effectively implemented across its entire structure as follows:

For staff members:

- Rules for the prevention and management of conflicts of interest of the Global Health EDCTP3 staff members (GH-EDCTP3-GB/03/2024). In application of the GB decision, when joining the JU or after unpaid leave, each staff member signs a declaration of honour on the management of conflicts of interest;
- Based on the same GB decision, for each recruitment procedure, both Selection Committee Members and candidates are required to declare any possible conflicts of interest by signing a declaration so that conflict of interests can be declared and potential adjustments made accordingly;
- Global Health EDCTP3 applies by analogy the 'Code of Good Administrative Behaviour' for staff of the European Commission in their relations with the public (GH-EDCTP3-GB/25/2024).

For experts:

- The prevention and management of conflicts of interest of experts in charge of the evaluation of grant applications and of the review of projects is based on the Expert Code of Conduct to which the experts abide by signing the contract.



For members of the JU bodies:

- Conflicts of interest rules for the members of the GB and advisory bodies were renewed in January 2024 (GH-EDCTP3-GB/04/2024). This GB Decision, which repealed Decision GH-EDCTP3-GB/24/2022, addresses GB members, members of the SC and the SG and, where applicable, persons appointed to represent such members or their alternates; members of advisory or working groups set up by the GB in accordance with Article 17(2)(x) of the Regulation; persons invited to attend meetings of the GB or of any of the other bodies of the JU including observers; and other persons serving the GB or the other bodies in whichever capacity.

Every person concerned must sign a declaration of conflict of interest and a declaration of interest. The information contained in these declarations must be reviewed once a year.

- A GB decision on the Code of Conduct applicable to the participants in the meetings of the GB of Global Health EDCTP3 was adopted in May 2022 (GH-EDCTP3-GB/23/2022). It requires participants to ensure the absence of conflict of interest.
- Declarations of interests of GB members are submitted every year based on the GB's rules of procedure (GH-EDCTP3-GB/02/2022). These declarations as well as their declaration on confidentiality and conflict of interests are published on the JUs website.

#### 4.4 Conclusion on the assurance

In conclusion, based on the elements reported above, management has reasonable assurance that, overall, all necessary control procedures are in place and working as intended, risks are being appropriately monitored and mitigated, and necessary improvements are being implemented. The Executive Director, in his capacity as Authorising Officer has signed the Declaration of Assurance.



## 4.5 Statement of Assurance

### 4.5.1 Assessment of the Annual Activity Report by the Governing Board

#### INTRODUCTION

The Governing Board has assessed the Consolidated Annual Activity Report (CAAR) 2024 of the Global Health EDCTP3 Joint Undertaking, which provides an in-depth review of the implementation of the 2024 Work Programme, its achievements, and financial and operational performance. This assessment follows Global Health EDCTP3's second full year as an autonomous body of the European Union under the Horizon Europe framework programme.

#### ANALYSIS

The Governing Board of Global Health EDCTP3 Joint Undertaking has taken note of the Consolidated Annual Activity Report 2024 which was submitted to the Board for adoption by written procedure on 23 May 2025.

The Governing Board is of the opinion that the Consolidated Annual Activity Report 2024 presents a true and fair view of the main activities of the Joint Undertaking (JU) in 2024, identifies the risks associated with the JU operations, duly reports on the use made of the JU resources provided and indicates the efficiency and effectiveness of the Global Health EDCTP3 Joint Undertaking's internal control system.

#### 1. Implementation of the Annual Work Programme 2024

The Board acknowledges the progress made in delivering on the objectives of the 2024 Work Programme:

1. A total investment in 2024 of EUR 125,04 million in 40 RIA projects (under the Work Programme 2024 and previous calls for proposals) 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.
2. A total investment in 2024 of EUR 5,84 million in six CSA projects (under WP 2024 and previous calls for proposals) to strengthen research and innovation capacity and the national health research systems in Sub Saharan Africa (SSA) for tackling infectious diseases.
3. A total investment until end 2024 of EUR 394 526 367 million in IKAA, and EUR 20,3 million in additional financial contributions to facilitate better alignment of Member States, associated countries and SSA countries around a common Strategic Research and Innovation Agenda in the field of global health to increase the cost-effectiveness of European public investment.
4. A total investment in 2024 of EUR 21,46 million in 12 projects for epidemic preparedness (Work Programme 2024 and previous calls for proposals) 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.
5. A total additional contribution from other stakeholders in 2024 reaching EUR 12,5 million 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.

Further key achievements include:

- **Launch and conclusion of new funding calls:** Three calls for proposals encompassing ten call topics were launched under Work Programme 2024, attracting a remarkably high number of applications from research institutions, private sector actors, and public health organisations.
- **Evaluation of proposals:** Successful execution of 250 short proposals under stage one of two-stage calls and 84 complete proposals under a single-stage call and under stage two of two-stage calls.
- **Selection of proposals:** Successful selection of 35 proposals from the Calls 2024 with a total funding of EUR 78,2 million and the start of the grant agreement preparation.
- **Expansion of the funded project portfolio:** The grant agreements for 46 new projects from Calls 2023 and 2024 were signed in 2024 with a total funding of EUR 78,2 million, bringing the total number of active Global Health EDCTP3-funded projects to 74.
- **Response to global health emergencies:** Effective response in mobilising emergency research funding for the mpox outbreak in the Democratic Republic of Congo (DRC), supporting nine projects that address urgent research gaps with a total funding of EUR 12,1 million.
- **Total number of participants:** A total of 219 participants joined the 46 projects signed in 2024, including 9% SMEs, 13% private for-profit entities, 54% from non-EU and/or non-associated member countries, and notably, 41% newcomers to Global Health EDCTP3, i.e. participants that they have not previously participated in grants funded by Global Health EDCTP3 or its predecessors.
- **Late-stage clinical trials:** Significant progress to accelerate Phase II and III clinical trials for novel vaccines and therapeutics targeting priority infectious diseases and enhanced research and innovation achievements.
- **Enhancing African research participation:** 50% of the total 219 unique participants involved in the 46 projects signed in 2024 included African institutions as lead partners, demonstrating progress in fostering a more balanced research collaboration between European and African entities.
- **Strategic collaborations:** The inclusion of BioNTech as a contributing partner and Global Health EDCTP3's membership in GloPID-R have reinforced the partnership's capacity to coordinate with global stakeholders.
- **Monitoring & Evaluation (M&E) system:** The initiation in 2024 of the (M&E) system with primary objective to establish a standardised approach for tracking progress towards the JU's objectives, using technically robust indicators and reliable data.



## 2. Support to Operations

Operational efficiency has continued to improve in 2024, reflecting Global Health EDCTP3's increased capacity as an autonomous EU body. Key areas of progress include:

- **Enhanced communication with refreshed branding and scaled-up dissemination activities:** Global Health EDCTP3's outreach efforts have significantly expanded, with the launch of a new website, an active social media presence, and the introduction of a monthly newsletter. The Governing Board welcomes these initiatives as important steps in increasing stakeholder engagement and visibility.
- **EDCTP Forum 2025:** The Programme Office has ensured the timely and effective preparations for the 12th EDCTP Forum, scheduled for 2025. The GB acknowledges these proactive steps as crucial for the success of this flagship event.
- **Budgetary and financial management:** Budget execution reached 100% of commitment "active" appropriations (Titles 1, 2 and 3) and 96,3% of payment appropriations executions in 2024.
- **Financial and in-kind contributions from Members other than the Union:** In 2024, the EDCTP Association initiated additional activities valued at EUR 152 844 169, bringing the cumulative planned activities by year-end to EUR 540 449 712. The incurred costs for these activities reported in 2024 reached EUR 152 821 896, bringing the overall total incurred costs for the additional activities since the launch of the Global Health EDCTP3 to EUR 305 666 065, pending final certification. Additionally, the EDCTP Association contributed EUR 20 275 308 of financial contribution to operational activities, transferring an initial cash tranche of EUR 5 275 308. On the side of Contributing Partners, in 2024, BioNTech joined as a new contributing partner, committing EUR 2 196 600, bringing the total committed contributions from partners, including the Gates Foundation, to EUR 35 196 600. Of the Gates Foundation's committed EUR 33 million, EUR 15 565 115 has already been reported as estimated financial contribution, with further increases expected in 2025 upon signing additional grant agreements.
- **IT and digital transformation:** The Board notes the near-completion of the JU's IT autonomy in 2024, marked by the successful launch of a dedicated web domain and email infrastructure, the migration to a new collaborative Microsoft 365 environment and ARES/HAN document system, and the transition to EDCTP3-based profiles in financial and grant systems. The GB commends the Programme Office for these timely and strategic preparations, which significantly strengthened the JU's operational independence and digital resilience.
- **Procurement and administrative processes:** The Board notes that procurement procedures have been streamlined, improving service delivery efficiency and reducing processing times.
- **Human Resources:** The Board acknowledges the progress in building a strong and competent team to support the operations of the JU. In 2024, Global Health EDCTP3 continued its commitment to attracting highly qualified professionals, with nine new positions filled and the establishment plan reaching 76% completion by year-end. The successful implementation of the HR IT tool Systal, the development of key HR policies, and the first staff appraisal and reclassification exercises demonstrate a maturing HR framework that supports the JU's growth and autonomy. The Board also commends the attention to staff well-being and diversity, with notable progress in gender and geographical balance.



- **Data Protection and Access to Documents:** In 2024, Global Health EDCTP3 significantly advanced its compliance with data protection regulations (EU 2018/1725) by completing a gap assessment, implementing an Action Plan, enhancing staff awareness through internal workshops, and publishing relevant policies and registers online. Additionally, it adopted implementing rules and internal guidance under Regulation (EC) No 1049/2001 on public access to documents, handling one refusal case in accordance with established legal provisions.

### 3. Governance

The Board acknowledges the governance framework's strong performance in 2024, with improvements in strategic planning and optimal coordination between the Governing Board and the advisory bodies. Key developments include:

- **Work Programme 2025 Preparation:** A systematic approach was followed in developing the Work Programme 2025, ensuring alignment with strategic research priorities and stakeholder inputs. A first draft was presented to the Governing Board in June 2024, with final adoption in December 2024.
- **Engagement with governance bodies:** The Scientific Committee and the Stakeholders Group have played an active role in providing strategic guidance, particularly in refining Global Health EDCTP3's research priorities. The Executive Director ensured the smooth management of the Programme Office through critical administrative decisions complementing Governing Board actions and facilitated the effective communication between the Programme Office and the JU bodies, ensuring regular updates and support.
- **Scientific Committee:** In 2024, the SC provided strategic scientific advice on the Work Programme 2025, actively contributed to the emergency response for the Mpox outbreak, supported preparations for the Twelfth EDCTP Forum, and maintained strong collaborative links with other governance bodies. Additionally, an Expression of Interest was launched to recruit new SC members, preparing for mandate renewals in 2025.
- **Stakeholders Group:** In 2024, the SG actively contributed to updating the Strategic Research and Innovation Agenda (SRIA), provided substantial inputs for the Twelfth EDCTP Forum preparations, identified adjacent sectors relevant to SRIA priorities, and addressed ad-hoc requests including inputs to the Lusaka Agenda and preliminary recommendations for future work programmes (2025-2027).

### 4. Financial Management and Internal Control

The Board notes the following key aspects:

- **Control results:** Drawing on relevant key performance indicators and control results, Global Health EDCTP3 has evaluated the effectiveness, efficiency, and economy of its control system and concluded positively on the cost-effectiveness of the controls under its responsibility. The Governing Board takes note that while the Time to Grant (TTG) target for call GH-EDCTP3-2023-01 was not fully met, mainly due to the rescheduling of calls to accommodate UK participation and temporary staffing limitations, the JU promptly implemented a series of corrective measures.



These included appointing a Grant Agreement Preparation coordinator, developing tailored internal procedures to streamline GAP processes, enhancing inter-unit coordination, and reinforcing recruitment efforts. These targeted corrective actions bore dividends, the Programme Office significantly improved internal workflows and capacity. A clear positive trend in meeting TTG targets is already visible in subsequent calls including the JU's emergency response to MPox, reflecting the effectiveness of the measures taken and the JU's commitment to continuous improvement.

- **Audit observations and recommendations:** In 2024, Global Health EDCTP3 strengthened its internal control and audit functions through activities led by the Internal Audit Service (IAS) and its Internal Audit Capability, including the full implementation of the Internal Control Framework and a JU-wide risk assessment. The European Court of Auditors (ECA) issued a clean audit opinion on the JU's 2023 accounts, marking a strong first review post-financial autonomy. Additionally, the first interim evaluation (2021–2023) was completed and published, with a follow-up report on lessons learnt and areas for improvement released by the Programme Office in December 2024.
- **Assessment of the effectiveness of internal control (IC) systems:** In 2024, Global Health EDCTP3 fully implemented its Internal Control Framework (ICF) and conducted its first self-assessment exercise to evaluate the presence and functioning of all internal control principles. Supported by risk assessments, exception registers, and internal control indicators, the JU concluded its internal control system is effective while identifying areas for improvement in 2025. The annual risk assessment informed a comprehensive Risk Register and action plan, ensuring proactive risk mitigation. Furthermore, the JU reinforced its conflict-of-interest framework through updated rules and procedures for staff, experts, and governing bodies.

## ASSESSMENT AND CONCLUSION

The declaration of the Executive Director and the Consolidated Annual Activity Report for 2024 give a good assessment (clear, unambiguous, congruous) of the operational and financial management in relation to the achievement of objectives, and the legality and regularity of the financial operations of the JU in the year 2024.

The Governing Board notes that the management of Global Health EDCTP3 JU has reasonable assurance that, overall, all necessary control procedures are in place and working as intended, risks are being appropriately monitored and mitigated, and necessary improvements are being implemented.

The Governing Board notes that the Executive Director, in his capacity as Authorising Officer has signed the Declaration of Assurance without any reservation.

Based on the review of the Annual Activity Report 2024, the Governing Board concludes that Global Health EDCTP3 has made substantial progress in achieving its strategic and operational objectives. The implementation of the Work Programme 2024 has been effective, with significant research outputs, enhanced stakeholder engagement, and efficient financial execution.

The Board recognises Global Health EDCTP3's role as a critical driver of global health research, particularly in fostering African-European partnerships and responding to global health emergencies.

The Governing Board notes the implementation of the Global Health EDCTP3 programme in alignment with the priorities set in the Strategic Research Agenda priorities, promoting the partnership among the research, innovation and global health stakeholders and the progress on the establishment of the JU as a global health funder.

The Board commends the Programme Office for its achievements in 2024 and supports its strategic direction for the coming years. The Annual Activity Report 2024 is endorsed as a reflection of Global Health EDCTP3's commitment to excellence in global health research and innovation.

Therefore, the Governing Board of Global Health EDCTP3 hereby adopts this analysis and assessment of the Consolidated Annual Activity Report 2024 of the Authorising Officer. This analysis and assessment will be included in the Consolidated Annual Activity Report 2024.



#### 4.5.2 Declaration of assurance

*I, the undersigned, **Michael Makanga**, Executive Director of the Global Health EDCTP3 JU*

*In my capacity as the authorising officer*

*Declare that to the best of my knowledge the information contained in this report gives a true and fair view.<sup>60</sup>*

*State that I have reasonable assurance that the resources assigned to the activities described in this report have been used for their intended purpose and in accordance with the principles of sound financial management, and that the control procedures put in place give the necessary guarantees concerning the legality and regularity of the underlying transactions.*

*This reasonable assurance is based on my own judgement and on the information at my disposal, such as the results of the self-assessment, ex-post controls, the work of the Internal Audit Service and the lessons learnt from the reports of the Court of Auditors for years prior to the year of this declaration.*

*Confirm that I am not aware of anything not reported here which could harm the interests of the institution Global Health EDCTP3 JU.*

*Brussels, 25 June 2025*

*(signed)*

*Michael Makanga*

*Executive Director*

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<sup>60</sup> True and fair in this context means a reliable, complete, and correct view on the state of affairs in the Global Health EDCTP3 JU.



#### 4.5.3 Statement of the managers for the completeness and reliability of management reporting

*I hereby certify that the information provided in the present Annual Activity Report and in its annexes is, to the best of my knowledge, accurate and complete.*

*Brussels, 25 June 2025*

*(signed)*

*Vincent Declerfayt*

*Head of Unit Administration and Finance*

*I hereby certify that the information provided in the present Annual Activity Report and in its annexes is, to the best of my knowledge, accurate and complete.*

*Brussels, 25 June 2025*

*(signed)*

*Liesbet De Cock*

*Head of Unit Scientific Operations*

*I hereby certify that the information provided in the present Annual Activity Report and in its annexes is, to the best of my knowledge, accurate and complete.*

*Brussels, 25 June 2025*

*(signed)*

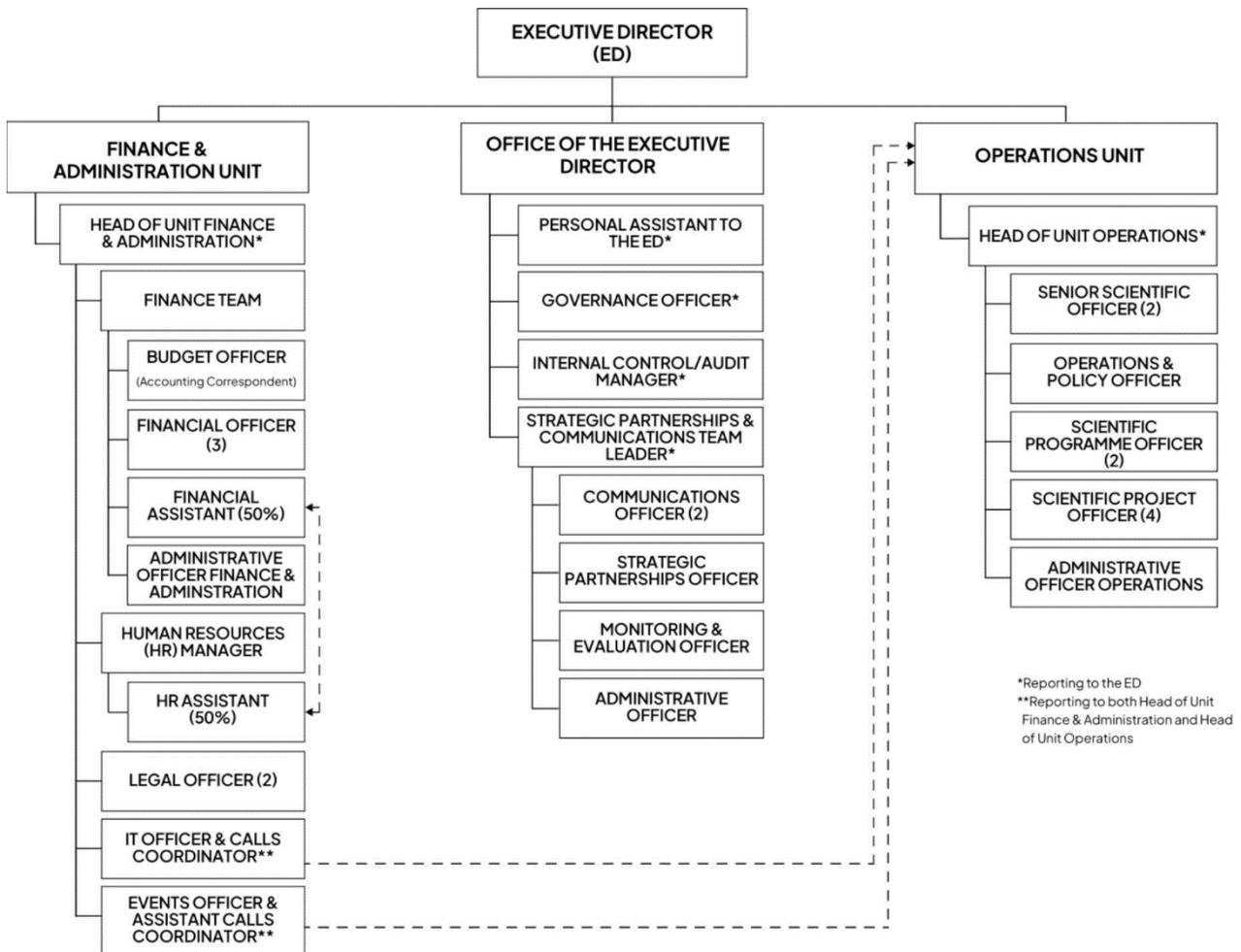
*Lara Pandya*

*Team Leader, Strategic Partnerships and Communications*

## 5. ANNEXES

### ANNEX 1. Organisational chart

GB Decision on the approval of the organisational structure of the programme office of Global Health EDCTP3 (GB/13/2024 of 27 June 2024)



## ANNEX 2. Establishment plan and additional information on HR management

Function group and grade	YEAR 2023				YEAR 2024			
	Authorised		Actually filled as of 31/12/2023		Authorised		Actually filled as of 31/12/2024	
	Perm. posts	Temp. posts	Perm. posts	Temp. posts	Perm. posts	Temp. posts	Perm. posts	Temp. posts
AD 14	0	1	0	1	0	1	0	1
AD 13	0	0	0	0	0	0	0	0
AD 12	0	2	0	0	0	2	0	0
AD 11	0	1	0	0	0	1	0	2
AD 10	0	0	0	0	0	0	0	0
AD 9	0	0	0	0	0	0	0	1
AD 8	0	5	0	0	0	7	0	0
AD 7	0	4	0	5	0	4	0	7
AD 6	0	5	0	2	0	7	0	2
AD 5	0	1	0	3	0	1	0	5
<b>TOTAL AD</b>	<b>19</b>		<b>11</b>		<b>23</b>		<b>18</b>	
AST 5	0	1	0	0	0	0	0	0
AST 4	0	1	0	0	0	1	0	1
AST 3	0	1	0	0	0	1	0	0
AST 2	0	0	0	0	0	1	0	1
<b>TOTAL AST</b>	<b>3</b>		<b>0</b>		<b>3</b>		<b>2</b>	
<b>TOTAL AD+AST</b>	<b>0</b>	<b>22</b>	<b>0</b>	<b>11</b>	<b>0</b>	<b>26</b>	<b>0</b>	<b>20</b>
<b>GRAND TOTAL (including CA)</b>	<b>30</b>		<b>17</b>		<b>34</b>		<b>26</b>	

Contract Agents	Authorised 2023	Actually filled as of 31/12/2023	Authorised 2024	Actually filled as of 31/12/2024
Function Group IV	4	4	4	4
Function Group III	4	2	4	2
<b>TOTAL</b>	<b>8</b>	<b>6</b>	<b>8</b>	<b>6</b>

## ANNEX 3. List of Global Health EDCTP3 projects

Active Global Health EDCTP3 projects as at 31 December 2024.

Project Number	Project Acronym	Project Title	Project Requested JU Contribution (EUR)	Project Total Costs (EUR)
101145817	4-CAGE-TB	Fortifying the automated smartphone-based Cough Audio classification for rapid triAGE testing for tuberculosis project	981 469,25	981 469,25
101103296	ACCESSAFRICA2	Strengthening Clinical Trial Regulatory and Ethical review Oversight in East Africa	600 000,00	600 000,00
101158797	ACROBAT Newborns	Appraising the Critical Role of prognostic Biomarkers in the Assessment and Triage of sick African newborns: Advancing a point-of-care device based on sTREM-1 towards CE marking and implementation	4 808 065,00	4 808 065,00
101145769	ASAAP-plus	Clinical evaluation of AntimalarialS tri-therapy with AtovAquone-Proguanil for treatment of uncomplicated malaria in African children	1 499 996,25	1 499 996,25
101103217	BREEDIME	Building resilient research ethics, Diagnostics and medicines regulatory capacity during routine and public health emergency periods	599 637,50	599 637,50
101145734	BRIDGE NETWORK	Scaling Up Research in SSA Countries in Infectious Diseases: African-European Training Network in Integrated Health Informatics and Data Sciences	4 999 200,00	4 999 200,00
101145599	CAPACITY 2023	CONSORTIUM FOR DEVELOPING REGULATORY CAPACITY FOR CLINICAL TRIALS USING GENE THERAPY PRODUCTS AND STRENGTHENING PHARMACOVIGILANCE IN THE CONDUCT OF CLINICAL TRIALS IN EAST AFRICA	999 315,35	999 315,35
101145698	CATCR	Central Africa Training Platform for Clinical Research on infectious diseases	4 846 237,68	4 846 237,68
101145732	CECABI II	Côte d'Ivoire Ethics Capacity Building Initiative (CECaBI II)	1 000 000,00	1 000 000,00
101159438	CryptoT&T	A CRYPTOSPORIDIOSIS POINT-OF-CARE TEST-AND-TREAT STRATEGY IN CHILDREN WITH DIARRHOEA	4 700 000,00	4 700 000,00
101103299	CTCAN	Clinical Trials Community Africa Network	1 155 462,50	2 544 887,38
101145790	CT-Luso	Ethics and Regulatory Capacity Building Partnership for Clinical Trials in Portuguese-speaking African Countries	997 513,75	997 513,75
101103283	Decide-TB	Validation of treatment decision algorithms for childhood tuberculosis at low levels of healthcare in high burden countries - effectiveness, implementation, and integration into policy and practices	5 299 965,00	5 299 965,00
101194676	DECIPHER-MPOX	Deciphering host genetics and viral determinants of MPOX epidemiology in the Democratic Republic of Congo	1 260 000,00	1 260 000,00
101145722	DOLPHIN-3	Drug Optimisation in LMICs of Pregnant HIV women and their Infants: temporary switch to CAB/RPV long acting injections	3 205 161,25	3 205 161,25
101145709	Ebola PREP-TBOX	Development of a toolbox to improve preparedness strategies on surveillance in human-animal interface and countermeasures to reduce recurrent Ebola impacts	2 999 868,67	2 999 868,67
101145675	EBO-PEP	The EBO-PEP project: EBOLa Zaïre Post-Exposure Prophylaxis, preparedness and efficacy evaluation during outbreak in Central and West-Africa.	3 435 775,00	3 435 775,00
101103241	ECOWAS-RegECs	Practical strengthening of regulatory and ethics oversight on clinical trials in West Africa using Lassa Fever vaccine development projects and increase regulatory maturity level in targeted countries	514 961,25	514 961,25
101103640	EDCTP Africa Office	Strengthening global cooperation and institutional capacities in sub-Saharan Africa to facilitate implementation of the GH EDCTP3 programme	2 953 000,00	3 691 250,00



Project Number	Project Acronym	Project Title	Project Requested JU Contribution (EUR)	Project Total Costs (EUR)
101103188	EpiGen Ethiopia	BUILDING SCALABLE PATHOGEN GENOMIC EPIDEMIOLOGY FOR ETHIOPIA	5 499 097,50	5 499 097,50
101103281	EPiTB	EPiTB: Addressing an unmet need: same day diagnosis of extra-pulmonary TB in a high burden setting.	3 989 909,25	3 989 909,25
101145795	EPoCA	Empowering Africa's Point of Care with Cutting-edge Graphene Biosensing for Rapid Detection and Interconnected Surveillance of Novel Ebola Virus Outbreaks.	2 920 255,00	2 926 130,00
101103053	eWHORM	Enabling the WHO-Roadmap 2030	7 967 127,50	7 967 127,50
101103171	GenPath Africa	GENOMIC SURVEILLANCE TO CONTROL PATHOGEN INFECTIONS IN AFRICA	4 999 170,25	4 999 170,25
101103059	GREAT-LIFE	Linking Infectious disease Front-liners' control Efforts with central public health authorities in The African Great Lakes Region	5 207 500,00	5 207 500,00
101145822	IMCI-PLUS	POINT OF CARE ULTRASOUND FOR PEDIATRIC LOWER RESPIRATORY TRACT INFECTIONS IN SUB-SAHARAN AFRICA	4 371 990,00	4 371 990,00
101103213	IMPRIMA	Implementing Primaquine Single Low Dose in Africa	3 967 406,25	3 969 906,25
101159996	IMPROVE-HPV	Understanding vaccination hesitancy and evaluating single dose and gender-neutral vaccination for improving uptake of HPV vaccines in West and East Africa.	3 613 287,50	4 130 342,50
101160339	IMVACS	Building multidisciplinary evidence to support Integrating Malaria VACCine with Seasonal malaria chemoprevention in West Africa	5 736 729,64	5 736 729,64
101103204	INTEGRATE	The Integrate study: An adaptive platform trial for the development of a new intervention to combat Lassa fever in Africa	8 000 000,00	8 800 000,00
101145712	INTENSE-TBM-2	Intensified tuberculosis treatment to reduce the high mortality of tuberculous meningitis in HIV-infected and uninfected patients	2 497 565,00	2 497 565,00
101195116	JUA KIVU	Joint Understanding and Analysis of clade I monkeypox epidemiology, evolution and immunology in South Kivu	1 250 000,00	1 250 000,00
101159665	MAGFA	Innovative Point of Care for combined screening of Infectious diseases: application to Prevention of Mother to Child Transmission	5 078 815,50	5 078 875,50
101103076	MARC SE-Africa	Mitigating Antimalarial Resistance Consortium in South-East Africa	4 170 631,25	4 170 631,25
101195465	MBOTE-SK	Tackling and investigating the South-Kivu mpox outbreak	1 263 076,25	2 066 281,25
101103140	MOBILE MEN	Implementing oral and long acting Pre-exposure prophylaxis in mobile men in Sub-Saharan Africa [MOBILE MEN]	4 665 192,50	4 665 192,50
101195270	MOVIE-TRACE	Addressing Critical Gaps in mpox epidemiology in DRC - The MOVIE and TRACE studies	1 430 875,00	1 431 182,50
101195102	MPOX-PROBE	Strengthening epidemiological, genomic and community surveillance of Mpox virus (MPXV) at the Congo River border for DRC and RoC	1 299 993,75	1 301 868,75
101195540	MpoxVax AFRIVAC	Expanding a prospective, clinical trial examining the immune response of participants receiving Modified Vaccinia Ankara vaccine to Africa	1 371 783,75	1 377 183,75
101103306	NeuroSolve	Implementation of superior treatment regimen and improved patient pathway for neurocysticercosis in Sub-Saharan Africa	4 234 052,00	4 234 052,00
101104504	NGS4PublicHealth	LEVERAGING AFRICAN GENOMIC SEQUENCING PLATFORMS FOR PUBLIC HEALTH IMPACT	50 000,00	15 615 115,04
101103253	ODIN	Strengthening Environmental Surveillance to Advance Public Health Action	5 185 037,50	5 210 037,50
101195186	ODIN-MPox	Implementing wastewater and environmental surveillance for Mpox in Sub-Saharan Africa	1 378 272,50	1 378 272,50
101145797	OPT-bCPAP	Oxygen Optimization Therapy through BCPAP for management of childhood pneumonia in general hospitals of LMICs	4 641 691,25	4 641 691,25



Project Number	Project Acronym	Project Title	Project Requested JU Contribution (EUR)	Project Total Costs (EUR)
101145735	OPTIC-TB	OPTIMIZING THE IMPLEMENTATION AND SCALE-UP OF THE WHO TB TREATMENT DECISION ALGORITHMS FOR CHILDREN WITH PULMONARY TUBERCULOSIS IN SUB-SAHARAN AFRICA	3 999 998,25	3 999 998,25
101160139	OPT-MVAC	Optimizing the delivery and uptake of malaria vaccines in countries with areas of highly seasonal transmission in West and Central Africa	5 297 181,25	5 297 181,25
101103174	PANGenS	Pan-Africa network for genomic surveillance of poverty related diseases and emerging pathogens	4 998 433,25	4 998 433,75
101103078	PDMC Saves Lives	Post-discharge malaria chemoprevention in children with severe anaemia in Benin, Kenya, Malawi and Uganda: Formative and implementation research for policy decision making and implementation	4 531 137,00	4 531 137,00
101145677	PEP4LEP 2.0	PEP4LEP 2.0 - Chemoprophylaxis for leprosy: comparing the effectiveness and feasibility of a community-based intervention to a health centre-based intervention in Ethiopia, Mozambique, and Tanzania	1 780 303,75	1 780 303,75
101195533	PregInPoxVac	MATERNAL AND INFANT SAFETY AND IMMUNOGENICITY IN A PHASE 3, OPEN-LABEL, RANDOMISED, VACCINE TRIAL OF A TWO-DOSE MPOX VACCINE	1 599 327,50	1 599 327,50
101195146	PREGMPOX	Impact of MPXV infection on pregnancy outcome and newborn health	1 250 000,00	1 250 000,00
101103295	PROMISE-ZERO	Implementation of an upgraded strategy to reach zero HIV transmission by breastfeeding in rural and urban settings in Zambia – the PROMISE-ZERO study	3 995 300,00	3 995 300,00
101145724	PROTECT	PREparing for Optimal Phase III/IV maTernal Group B StreptococCal vaccine Trials in Africa (PROTECT)	3 271 990,50	3 271 990,50
101145612	PROTID	Randomised Controlled Trial of Preventive Treatment of Latent Tuberculosis Infection in Patients with Diabetes Mellitus	2 337 586,25	2 337 586,25
101159220	PvSeroRDT	A point-of-care serological rapid diagnostic test for risk of Plasmodium vivax hypnozoite infection (PvSeroRDT)	4 062 396,23	4 062 396,23
101145638	PYRAPREG-extended	Efficacy and Safety of a newly registered Artemisinin-Based Combination (Pyronaridine-Artesunate - PYRAMAX®) for the treatment of uncomplicated malaria in African pregnant women - Extended	1 539 644,56	1 539 644,56
101159477	REACH-OUT	Closing the immunization gap by reaching zero-dose children through improved equitable and cost-effective vaccine delivery strategies	5 214 140,50	5 214 140,50
101145815	RER-CTO	Reinforce the Ethical and Regulatory Ecosystem for the Transformation of Clinical Trials Oversight in Ethiopia, Tanzania and beyond	926 152,50	926 152,50
101145740	SAFIRE	SAFETY OF ANTIMALARIALS IN THE FIRST TRIMESTER: AN ADAPTIVE PLATFORM TRIAL	5 191 431,44	5 191 431,44
101103332	SCALE-IT	SCALING UP CAPACITY TO SUPPORT CONDUCT OF CLINICAL TRIALS IN THE EAST AFRICAN COMMUNITY	600 000,00	600 312,50
101103195	SEARCH II	Strengthening Regulatory Capacities for Clinical Trials Oversight in Southern Africa: South-South and South-North Collaboration Initiative for Regulatory Bodies	599 947,50	599 947,50
101145783	SECRET	Supporting Research Ethics Committees for efficient functionality and national accreditation to REview clinical Trials in Uganda and Ethiopia	1 148 180,00	1 148 180,00
101103191	SEMA ReACT	SEvere MAlaria treatment with Rectal artesunate and Artemisinin-based Combination Therapy [in remote settings]	3 984 316,25	3 984 316,25
101103307	SERCEA	Strengthening Ethics and Responsible conduct of Clinical Trials in East and Sub-Saharan Africa	599 000,00	599 000,00
101160299	SMV delivery	Determining optimal approach to deliver malaria vaccine in seasonal transmission areas through Phase 4 implementation research	4 352 355,00	4 352 355,00



Project Number	Project Acronym	Project Title	Project Requested JU Contribution (EUR)	Project Total Costs (EUR)
101103201	SNIP-AFRICA	Severe neonatal infection adaptive platform trials in Africa	7 168 901,00	7 168 901,00
101145636	SOFAR	SOUthern aFrica research cApacity netwoRk	4 370 387,50	4 370 387,88
101145812	STOOL4TB	Evaluating a new stool based qPCR for diagnosis of tuberculosis in children and people living with HIV	348 247,50	348 247,50
101103089	STOP2030	STOP 2030: TOWARDS THE INTERRUPTION OF TRANSMISSION OF SOIL-TRANSMITTED HELMINTHS: PROMOTING IMPLEMENTATION OF RESEARCH RESULTS OF A FIXED-DOSE COMBINATION OF CO-FORMULATED IVERMECTIN AND ALBENDAZOLE	3 553 502,25	3 553 502,25
101145644	STRATEGIC	Sustainable eThics Reviews of digital heAlth Technology dEsiGn In sub saharan afriCa	769 496,25	769 496,25
101103189	STROGHAT	Stop transmission of gambiense human African trypanosomiasis	4 001 936,25	4 001 936,25
101145811	SUPPORT	Supporting the next generation of African experts on preventing mortality among children living with HIV through a translational training	5 081 593,75	5 081 593,75
101145764	The META Trial	PREVENTING AND DELAYING THE DEVELOPMENT OF DIABETES IN AFRICA: A RANDOMISED PLACEBO-CONTROLLED DOUBLE-BLIND PHASE III TRIAL OF METFORMIN IN HIV-INFECTED PERSONS WITH PRE-DIABETES	1 811 067,50	1 811 067,50
101159345	UTI-Diag	Diagnostic and Antibiotic Stewardship for Urinary Tract Infections Using Fit-for-Purpose Diagnostic Tools	3 944 941,38	3 944 941,38

**Photos from projects**



**MARC SE-Africa** puts collaborative action on centre stage to tackle antimalarial resistance in East Africa - In the lead-up to Roll Back Malaria's (RBM) Case Management Working Group annual meeting, MARC SE-Africa held a stakeholder event on 22-23 September 2024, aimed at coordinating regional action against antimalarial drug resistance.



**NeuroSolve** - December 24 - NeuroSolve's team, lead by the *Zambian Principal Investigator, Prof. Kabemba Evans Mwape*, and by *Dr Gideon Zulu*, started to train the healthcare staff from *Nyimba District*, in the Eastern Province.



**PANGenS Biobanking and data management training - 29 October 2024 - A week-long Data Management & Biobanking training organised by MRC Unit the Gambia at LSHTM in collaboration with PANGenS - they certified 26 researchers from 12 countries in Africa.**



**PANGenS - TBDay 2024**



**PANGenS - TBDay 2024**



**PANGenS - TBDay 2024**



**PANGenS - TBDay 2024**

## ANNEX 4. Publications from projects

**Table 11. Publications reported in the context of Global Health EDCTP3 projects as of December 2024**

#	Publisher/ journal name	Publication title / hyperlink to publication	Author(s)	Publication year	DOI (publication type)
<b>Project: GenPath Africa</b>					
1	Frontiers in Microbiology	<a href="#">Detection of Mycobacterium bovis in nasal swabs from communal goats (Capra hircus) in rural KwaZulu-Natal, South Africa</a>	Deborah M, Cooke; Charlene Clarke; Tanya J, Kerr; Robin M, Warren; Carmel Witte, Michele A, Miller; Wynand J, Goosen	2024	10,3389/fmicb,2024,1349163  (peer-reviewed article)
2	IJID Regions	<a href="#">Targeted deep sequencing of mycobacteria species from extrapulmonary sites not identified by routine line probe assays: a retrospective laboratory analysis of stored clinical cultures</a>	Christoffel Opperman, Janré Steyn, Megan Ceris Matthews, Sarishna Singh, Yonas Ghebrekristos, Tanya Jane Kerr, Michele Miller, Aliasgar Esmail, Helen Cox, Robin Warren, Giovanni Ghielmetti, Wynand Goosen	2024	10,1016/j.ijregi,2024,100464  (peer-reviewed article)
3	International Journal of Molecular Sciences	<a href="#">An Oxford Nanopore Technology-Based Hepatitis B Virus Sequencing Protocol Suitable for Genomic Surveillance Within Clinical Diagnostic Settings</a>	Derek Tshiabuila, Wonderful Choga, James E, San, Tongai Maponga, Gert Van Zyl, Jennifer Giandhari, Sureshnee Pillay, Wolfgang Preiser, Yeshnee Naidoo, Cheryl Baxter, Darren P, Martin, Tulio de Oliveira	2024	<a href="#">/10,3390/ijms252111702</a>  (peer-reviewed article)



4	One Health	<a href="#">Identification and molecular characterization of <i>Mycobacterium bovis</i> DNA in GeneXpert@ MTB/RIF ultra-positive, culture-negative sputum from a rural community in South Africa</a>	Wynand J, Goosen; Sashen Moodley; Giovanni Ghielmetti; Yumna Moosa; Thando Zulu; Theresa Smit; Vukuzazi Team; Leanie Kleynhans; Tanya J, Kerr; Elizabeth M, Streicher; Willem A, Hanekom; Robin M, Warren; Emily B, Wong; Michele A, Miller	2024	10,1016/j.onehlt,2024,100702  (peer-reviewed article)
5	Science	<a href="#">The third era of genomics is at risk of being dismantled across the global south</a>	Tulio de Oliveira	2024	10,1126/science,adt484  (peer-reviewed article)
6	Scientific Reports	<a href="#">Insights into mycobacteriome composition in <i>Mycobacterium bovis</i>-infected African buffalo (<i>Syncerus caffer</i>) tissue samples</a>	Giovanni Ghielmetti; Tanya J, Kerr; Netanya Bernit; Sinegugu K, Mhlophe; Elizma Streicher; Andre G, Loxton; Robin M, Warren; Michele A, Miller; Wynand J, Goosen	2024	10,1038/s41598-024-68189-x  (peer-reviewed article)
7	Viruses	<a href="#">Genomic Epidemiology of Rift Valley Fever Virus Involved in the 2018 and 2022 Outbreaks in Livestock in Rwanda</a>	Isidore Nsengimana; John Juma; Kristina Roesel; Methode N, Gasana; Fabrice Ndayisenga; Claude M, Muvunyi; Emmanuel Hakizimana; Jean N, Hakizimana; Gillian Eastwood; Augustino A, Chengula; Bernard Bett; Christopher J, Kasanga; Samuel O, Oyola	2024	10,3390/v16071148  (peer-reviewed article)
<b>Project: EDCTP Africa Office</b>					
8	The Lancet Global Health	<a href="#">Impact with equity: EDCTP and equitable research partnerships</a>	Michael Makanga, Pauline Beattie, Dominika Jajkowicz, Thomas Nyirenda, Marcel Tanner, Catherine Hankins	2024	10,1016/S2214-109X(24)00002-0  (peer-reviewed article)



Project: eWHORM					
9	Trends in Parasitology	<a href="#">The long and winding road towards new treatments against lymphatic filariasis and onchocerciasis</a>	Frederic Risch, Alexander Kazakov, Sabine Specht, Kenneth Pfarr, Peter U, Fischer, Achim Hoerauf, Marc P, Hübner	2024	10,1016/j.pt,2024,07,005  (peer-reviewed article)
Project: MARC SE-AFRICA					
10	The Lancet Infectious Diseases	<a href="#">Resistant malaria parasites gaining momentum in Africa</a>	Eulambius M Mlugu, Arjen M Dondorp, Karen I Barnes	2024	10,1016/S1473-3099(24)00413-4  (peer-reviewed article)
Project: ODIN					
11	Publications Office of the European Union	<a href="#">The International Conference "Towards a Global Wastewater Surveillance System for Public Health: GLOWACON 2023"</a>	Tarja Pitkänen, Adriana Krolicka, Vito Baraka, Vivi Maketa, Marc Christian Tahita, Lennart Martens, Trudie Lang, Bart Mesuere and Rolf Lood	2024	10,2760/425638  (conference proceeding)
Project: PDMC Saves Lives					
12	Malaria Journal	<a href="#">Implementation of post-discharge malaria chemoprevention (PDMC) in Benin, Kenya, Malawi, and Uganda: stakeholder engagement meeting report</a>	J Hill, M Accrombessi, V Briand, A Dhabangi, J Hoyt, R Idro, C Khairallah, S Kariuki, FOT Kuile, T Kwambai, AJF Luty, LM Taylor, A Massougbdji, J Otieno, K Phiri	2024	10,1186/s12936-023-04810-0  (conference proceeding)



Project: PYRAPREG-extended					
13	BMJ Open	<a href="#">Efficacy and safety of pyronaridine-artesunate (PYRAMAX) for the treatment of P. falciparum uncomplicated malaria in African pregnant women (PYRAPREG): study protocol for a phase 3, non-inferiority, randomised open-label clinical trial</a>	Djimde M, Tshiongo JK, Muhindo HM, Tinto H, Sevene E, Traore M, Vala A, Macuacua S, Kabore B, Dabira ED, Erhart A, Diakite H, Keita M, Piqueras M, González R, Menendez C, Dorlo TP, Sagara I, Mens P, Schallig H, D'Alessandro U, Kayentao K,	2023	10,1136/bmjopen-2022-065295  (peer-reviewed article)

## ANNEX 5. Scoreboard of Horizon Europe common Key Impact Pathway Indicators (KIPs)<sup>61</sup>

Key Impact Pathway <sup>62</sup>	Short-term	Medium-term	Longer-term	Detail per action or globally for 2024 <sup>63</sup>
<b>Towards scientific impact</b>				
<b>1 - Creating high-quality new knowledge</b>	Publications - Number of peer-reviewed scientific publications resulting from the programme	Citations – Field - Weighted Citation Index of peer-reviewed publications resulting from the programme	World-class science - Number and share of peer-reviewed publications resulting from the projects funded by the programme that are core contribution to scientific fields	Data not yet available
<b>2 - Strengthening human capital in R&amp;I</b>	Skills - Number of researchers involved in upskilling (training, mentoring/coaching, mobility and access to R&I infrastructures) activities in projects funded by the programme	Careers - Number and share of upskilled researchers involved in the programme with increased individual impact in their R&I field	Working conditions - Number and share of upskilled researchers involved in the programme with improved working conditions, including researchers' salaries	Short term: <b>585</b>
<b>3 - Fostering diffusion of knowledge and open science</b>	Shared knowledge Share of research outputs (open data/publication/software etc.) resulting from the programme shared through open knowledge infrastructures	Knowledge diffusion - Share of open access research outputs resulting from the programme actively used/cited	New collaborations - Share of programme beneficiaries which have developed new transdisciplinary/trans-sectoral collaborations with users of their open access research outputs resulting from the programme	Short term: <b>1 publication</b>
<b>Towards societal impact</b>				
<b>4 - Addressing Union policy priorities and</b>	Results - Number and share of results aimed at addressing identified Union policy priorities	Solutions - Number and share of innovations and	Benefits - Aggregated estimated effects from use/exploitation of results funded by the	Data not yet available

<sup>61</sup> (based on Annex V to Regulation 2021/695/EU)

<sup>62</sup> NB: For some of those KIPs the data will not be available in the short or even medium term.

<sup>63</sup> Values calculated based on submitted periodic reports as of December 2024 and where relevant on other administrative sources such as grant agreement data.

<p><b>global challenges through R&amp;I</b></p>	<p>and global challenges (including SDGs) (multidimensional: for each identified priority)</p> <p>Including: Number and share of climate-relevant results aimed at delivering on the Union's commitment under the Paris Agreement</p>	<p>research outcomes addressing identified Union policy priorities and global challenges (including SDGs) (multidimensional: for each identified priority)</p> <p>Including: Number and share of climate-relevant innovations and research outcomes delivering on Union's commitment under the Paris Agreement</p>	<p>programme on tackling identified Union policy priorities and global challenges (including SDGs), including contribution to the policy and law-making cycle (such as norms and standards) (multidimensional: for each identified priority)</p> <p>Including: Aggregated estimated effects from use/exploitation of climate-relevant results funded by the programme on delivering on the Union's commitment under the Paris Agreement including contribution to the policy and law-making cycle (such as norms and standards)</p>	
<p><b>5 - Delivering benefits and impact through R&amp;I missions</b></p>	<p>R&amp;I mission results - Results in specific R&amp;I missions (multidimensional: for each identified mission)</p>	<p>R&amp;I mission outcomes - Outcomes in specific R&amp;I missions (multidimensional: for each identified mission)</p>	<p>R&amp;I mission targets met - Targets achieved in specific R&amp;I missions (multidimensional: for each identified mission)</p>	<p>Data not yet available</p>
<p><b>6 - Strengthening the uptake of R&amp;I in society</b></p>	<p>Co-creation - Number and share of projects funded by the programme where Union citizens and end-users contribute to the co-creation of R&amp;I content</p>	<p>Engagement - Number and share of participating legal entities which have citizen and end-users engagement mechanisms in place after the end of projects funded by the programme</p>	<p>Societal R&amp;I uptake - Uptake and outreach of co-created scientific results and innovative solutions generated under the programme</p>	<p>Data not yet available</p>
<p><b>Towards technological/economic impact</b></p>				



<b>7 - Generating innovation-based growth</b>	Innovative results - Number of innovative products, processes or methods resulting from the programme (by type of innovation) & Intellectual Property Rights (IPR) applications	Innovations - Number of innovations resulting from the projects funded by the programme (by type of innovation) including from awarded IPRs	Economic growth - Creation, growth & market shares of companies having developed innovations in the programme	Data not yet available
<b>8 - Creating more and better jobs</b>	Supported employment - Number of full time equivalent (FTE) jobs created, and jobs maintained in participating legal entities for the project funded by the programme (by type of job)	Sustained employment - Increase of FTE jobs in participating legal entities following the project funded by the programme (by type of job)	Total employment - Number of direct & indirect jobs created or maintained due to diffusion of results from the programme (by type of job)	Data not yet available
<b>9 - Leveraging investments in R&amp;I</b>	Co-investment - Amount of public & private investment mobilised with the initial investment from the programme	Scaling-up - Amount of public & private investment mobilised to exploit or scale-up results from the programme (including foreign direct investments)	Contribution to '3% target' - Union progress towards 3 % GDP target due to the programme	Short-term: <b>€ 19 854 381</b>

## ANNEX 6. Horizon Europe Partnership common Key Performance Indicators<sup>64</sup>

N°	Criterion addressed	Proposed common indicators	Baseline December 2021	Results for 2024 <sup>65</sup>	Target 2027
1	<b>Additionality</b>	Progress towards (financial and in-kind) contributions from partners other than the Union – i.e. committed <sup>66</sup> vs. actual	<b>Total amounts:</b> Additional public funding in cash contribution: <b>0</b> Additional private funding in cash contribution: <b>0</b> Additional in-kind contribution: <b>0</b>	<b>Total amounts:</b> Additional public funding in cash contribution – cumulative until Dec 2024: <b>EUR 5 275 308</b> Additional private funding in cash contribution – cumulative until Dec 2024: <b>EUR 0</b> Additional in-kind contribution: <b>EUR 552 048 546</b> <sup>67</sup>	<b>up to EUR 800 M</b> <sup>68</sup> , of which: <ul style="list-style-type: none"> <li>• Up to EUR 400 M from members other than the Union, or its constituent or affiliated entities</li> <li>• Up to EUR 400 M from contributing partners, or from their constituent or affiliated entities</li> </ul>
2	<b>Additionality/ Synergies</b>	Additional investments triggered by the EU contribution, including qualitative impacts related	<b>0</b>	<b>EUR 557 323 854</b>	n/a

<sup>64</sup> (based on an interim report published on 21 June 2021 (Commission Experts' report, Section 5 and Appendix 1 <https://op.europa.eu/en/publication-detail/-/publication/6b63295f-d305-11eb-ac72-01aa75ed71a1/language-en/format-PDF/source-215872593> )

<sup>65</sup> Cumulative results, as of December 2024 (unless specified otherwise)

<sup>66</sup> Committed contributions are contributions attributed to specific work programmes/ calls; these are not 'pledged' contributions by respective stakeholders as documented in signed endorsement letters, which are bigger amounts.

<sup>67</sup> Total estimated value of all initiated IKAA additional activities by the end of year 2024 (further details in Annex 8).

<sup>68</sup> Initial target, as established in Regulation 2021/2085 (art 102)

N°	Criterion addressed	Proposed common indicators	Baseline December 2021	Results for 2024 <sup>65</sup>	Target 2027
		to additional activities			
3	<b>Directionality</b>	Overall (public and private, in-kind and cash) investments mobilised towards EU priorities	<b>0</b>	<b>EUR 557 323 854</b> (SDG 3 - Ensure healthy lives and promote well-being for all at all ages)	n/a
4	<b>International visibility and positioning</b>	International actors involved	<ul style="list-style-type: none"> <li>• # international (outside EU) organisations represented in the partnership: <b>0</b></li> <li>• # outside-EU countries represented: <b>20</b> (2 Europe non-EU; 18 Africa) represented in the EDCTP Association</li> <li>• Outside-EU countries' cash contribution: <b>0</b></li> </ul>	<ul style="list-style-type: none"> <li>• # international (outside EU) organisations represented in the partnership: <b>0</b></li> <li>• # outside-EU countries represented: <b>32</b> (2 Europe non-EU (Norway, UK); 30 Africa represented in the EDCTP Association)</li> <li>• Outside-EU countries' cash contribution: <b>EUR 5 275 308</b> (UK /NIHR (DHSC))</li> <li>• Outside-EU countries' in-kind contribution: <b>EUR 237 923 132<sup>69</sup></b></li> </ul>	n/a

<sup>69</sup> Estimated value of all initiated IKAA additional activities by the end of year 2024 from the following countries: Ethiopia, Guinea-Bissau, Malawi, Mali, Mozambique, Niger, Norway, South Africa, Uganda, United Kingdom.

N°	Criterion addressed	Proposed common indicators	Baseline December 2021	Results for 2024 <sup>65</sup>	Target 2027
			<ul style="list-style-type: none"> <li>• Outside-EU countries' in-kind contribution: <b>0</b></li> </ul>		
5	<b>Transparency and openness</b>	Share & type of stakeholders and countries invited/engaged	<ul style="list-style-type: none"> <li>• <b>Governance structures:</b> <ul style="list-style-type: none"> <li>- Governing Board composition: European Commission (50% voting rights) &amp; EDCTP Association (50% voting rights)</li> </ul> </li> <li>• <b>SRIA Development &amp; call topics:</b> <ul style="list-style-type: none"> <li>- n/a</li> </ul> </li> <li>• <b>Call implementation &amp; other activity involvement:</b> n/a</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Governance structures:</b> <ul style="list-style-type: none"> <li>- Governing Board composition: European Commission (50% voting rights) &amp; EDCTP Association (50% voting rights)</li> </ul> </li> <li>• <b>SRIA Development &amp; call topics:</b> <ul style="list-style-type: none"> <li>- Stakeholder Group involved in updating SRIA and for contributing to situation analysis/ needs assessments</li> <li>- Scientific Committee involved in advising on annual Work Programme</li> </ul> </li> <li>• <b>Call implementation &amp; other activity involvement:</b> members of governing and advisory bodies contributed with dissemination of calls for proposals and calls for experts to evaluate proposals.</li> </ul>	n/a
6	<b>Transparency and openness</b>	Number and types of newcomer members in partnerships and their countries of	<b>32</b> EDCTP Association members: <ul style="list-style-type: none"> <li>• <b>14</b> countries in Europe</li> <li>• <b>18</b> countries in Africa</li> </ul>	Dec 2024: <b>45</b> EDCTP Association members <ul style="list-style-type: none"> <li>• <b>15</b> countries in Europe</li> <li>• <b>30</b> countries in Africa</li> </ul>	n/a

N°	Criterion addressed	Proposed common indicators	Baseline December 2021	Results for 2024 <sup>65</sup>	Target 2027
		origin (geographical coverage)		# new EDCTP Association members who joined in 2024: <b>2 (Eswatini and Namibia)</b>	
7	<b>Transparency and openness</b>	Number and types of newcomer organisations in funded projects (in terms of types and countries of origin)	n/a	<p>Dec 2024:</p> <p># newcomer organisations in 2024-signed projects<sup>70</sup>: <b>90</b></p> <ul style="list-style-type: none"> <li><b>type:</b> <ul style="list-style-type: none"> <li>- 33 (37%) higher or secondary education</li> <li>- 21 (23%) research organisations</li> <li>- 8 (9%) public bodies</li> <li>- 22 (24%) private for-profit entities</li> <li>- 6 (7%) other</li> </ul> </li> </ul> <p>Among the 90 newcomer organisations, 15 (16%) are SMEs</p> <ul style="list-style-type: none"> <li><b>regions of said entities:</b> <ul style="list-style-type: none"> <li>- 37 (41%) Africa</li> <li>- 47 (52%) Europe</li> <li>- 4 (5%) North America</li> <li>- 2 (2%) Oceania</li> </ul> </li> </ul>	n/a
8	<b>Coherence and</b>	Number and type of coordinated and	0	<b>- 4 back-office arrangements</b> with other JUs (ICT, Accounting, HR, Legal)	n/a

<sup>70</sup> Newcomer participants in 2024-funded projects that never participated in EDCTP-funded projects before (i.e. in none of the EDCTP iterations – Global Health EDCTP3, EDCTP2, and/or EDCTP1)

N°	Criterion addressed	Proposed common indicators	Baseline December 2021	Results for 2024 <sup>65</sup>	Target 2027
	<b>synergies</b>	joint activities with other European Partnerships			
9	<b>Coherence and synergies</b>	Number and type of coordinated and joint activities with other R&I Initiatives at EU/national/regional/sectorial level	0	<p>1. Since 2022, the JU collaborates with Gates Foundation through joint funding, capacity-building initiatives, and integration of genomic sequencing with public health systems.</p> <p>2. In 2024, the JU started cooperation with BioNTech for the implementation of the call on training fellowships with return phase, for which BioNTech contributes with hosting fellows</p>	n/a
10	<b>Coherence and synergies</b>	Complementary and cumulative funding from other Union funds (Horizon Europe, ERDF, RRF, Other cohesion policy funds, CEF, DEP, LIFE, other) and national funding	0	<p>- The JU is a key programme part of the implementation of the <b>EU Global Health Strategy</b>, anchoring the programme in the broader EU strategy on global health and fostering coherence and synergies with other EU instruments</p> <p>- the JU Calls for proposals are encouraging collaboration with <b>Global Gateway</b>, notably Team Europe Initiatives in health.</p> <p>3 calls for proposals encouraged coordination with Team Europe Initiatives (1 in 2023; 2 in 2024), across 6 call topics.</p>	To be determined by JU management during 2025
11	<b>International</b>	Visibility of the partnership in	n/a	Notable mentions during 2024:	n/a



N°	Criterion addressed	Proposed common indicators	Baseline December 2021	Results for 2024 <sup>65</sup>	Target 2027
	<b>visibility and positioning</b>	national, European, international policy/industry cycles		<ol style="list-style-type: none"> <li>1. WHO, <a href="#">Guidance for best practices for clinical trials</a></li> <li>2. WHO &amp; Africa CDC, <a href="#">Mpox Continental Preparedness and Response Plan for Africa</a></li> <li>3. Policy Cures Research, <a href="#">The Impact of Global Health R&amp;D</a></li> <li>4. ECDPM, <a href="#">A partnership in progress: Africa and the EU strive for global health and equitable access</a></li> </ol>	

## ANNEX 7. Scoreboard of Key Performance Indicators specific to Global Health EDCTP3

For easiness of navigation, activities (a), outputs (op), outcomes (oc) are formulated and numbered in the same way as in the Programme Logic (

Figure 8).

Indicator	Unit of measurement / time reference	Value (2024)
a1. Ensure efficient & effective operational management of the Global Health EDCTP3 to support programme implementation		
HR - Occupancy rate	% as of Dec 2024	<b>82%</b> (vacancy rate 18%)
Payments made on time – ‘time to pay’ (targets: pre-financing - max 30 days; interim payment = 90 days; final payment = 30 days; administrative = 30 days)	# and % during 2024	<u>Operational:</u> Pre-financing: <b>42 (100%)</b> Interim/final: <b>5 (100%)</b> Average number of days: <b>7</b> of which experts: (n.a. in 2024, only evaluators experts have been managed by REA) <u>Administrative:</u> Payments: <b>283 (88%)</b> Average number of days: <b>13</b>
Budget – implementation and execution: 1. commitment (CA) to total budget 2. payments (PA) to total budget	% during 2024	CA: <b>100%</b> PA: <b>96,3%</b> (of which 60% for Administrative and 100% for Operational budget)

Indicator	Unit of measurement / time reference	Value (2024)
Administrative Budget: late payments	# and % during 2024	<b>39</b> late payments <b>12%</b>
a4. Raise awareness among relevant stakeholders about Global Health EDCTP3 objectives, results, priorities, & grant opportunities		
Events with external institutional stakeholders where presentation about Global Health EDCTP3 was included in the agenda	# during 2024	<b>30</b> events <sup>71</sup> , of which: - <b>2</b> organised by Global Health EDCTP3; <b>28</b> organised by other stakeholders. - <b>7</b> events in Africa; <b>15</b> in Europe; <b>6</b> online; <b>1</b> in North America; <b>1</b> in Asia
Subscribers/followers to Global Health EDCTP3 social media outlets (incl, newsletter)	# as of Dec 2024	<b>12 737</b> (LinkedIn) <b>1 685</b> (X) <b>1 634</b> (newsletter subscribers)
Public portals/trackers with which Global Health EDCTP3 shares data on funding of clinical research	# as of Dec 2024	<b>2</b> (G-FINDER; The Kigali Declaration Commitment Tracker)
a5. Launch grant calls, evaluate proposals & select grantees for clinical research, capacity building, networking & epidemic response		
Calls for proposals launched	# cumulative – until Dec 2024	<b>9</b> calls for proposals, with <b>24</b> call topics
Full proposals submitted	#	<b>312</b>

<sup>71</sup> For details, see table in section 2.1

Indicator	Unit of measurement / time reference	Value (2024)
	cumulative – until Dec 2024	
Projects signed to receive a Global Health EDCTP3 grant	# and % cumulative – until Dec 2024	<b>74</b> , (i.e. <b>24%</b> from the 312 full proposals)
a6. Fund RIA & CSA projects & monitor their implementation for progress, compliance & quality standards		
Amounts allocated to projects (EUR), committed and actual	EUR amounts as of Dec 2024	Total grant amounts ( <b>74 signed grants</b> ): <b>EUR 233,97 M</b> RIA: EUR 220,46 M CSA: EUR 13,51 M Accepted costs: <b>EUR 1 085 785</b>
Funded projects targeting vulnerable populations with unmet medical needs	# and % cumulative – until Dec 2024	- mothers, pregnant, neonates: <b>10 projects (14%</b> from the 74 projects) - children (all ages): <b>19 projects (26%)</b> - people with co-infections and co-morbidities: <b>11 projects (15%)</b>
a7. Provide guidance to Global Health EDCTP3 grantees & other clinical research implementors on implementation of clinical research projects		
Finance & Project Management Trainings (FPMT) organised for implementation team members of projects supported by Global Health EDCTP3	# cumulative - until Dec 2024	<b>4</b> (online – Jun 2023; Maputo - Jul 2024; Nairobi - Sep 2024, Dakar - Nov 2024)

Indicator	Unit of measurement / time reference	Value (2024)
Participants in FPMT organised for implementation team members of projects supported by Global Health EDCTP3	# cumulative – until Dec 2024	<b>310</b> (unique individuals <sup>72</sup> )
Views & downloads of the data management, the data sharing, and the protocol toolkits on the EDCTP knowledge hub website	# Jul 2023-Dec 2024	Data management toolkit: <b>2 207</b> views, <b>32</b> downloads Data sharing toolkit: <b>1 774</b> views, <b>20</b> downloads Protocol toolkit: <b>7 714</b> views, <b>472</b> downloads
op1. New knowledge on new/improved health technologies for infectious diseases in SSA is produced & communicated to the public and relevant stakeholders		
Global Health EDCTP3-funded projects that reached full completion	# and % cumulative – until Dec 2024	<b>0</b>
Peer-reviewed scientific publications resulting from Global Health EDCTP3-funded projects	# cumulative- until Dec 2024	<b>11</b> <sup>73</sup>
op5. Set / strengthened functional ethics and regulatory frameworks in project countries, based on international standards for GCP		
Countries in which Global Health EDCTP3-supported projects aim to strengthen ethics and regulatory capacities (with mention of countries)	# Cumulative - until Dec 2024	<b>19</b> Angola, Botswana, Burkina Faso, Cape Verde, Côte d'Ivoire, Eswatini, Ethiopia, Ghana, Guinea-Bissau, Lesotho, Kenya, Malawi, Mozambique, Namibia, Rwanda, Tanzania, São Tomé and Príncipe, Uganda, Zambia

<sup>72</sup> Individuals who participated in more than one training were counted only once.

<sup>73</sup> Data based on continuous reports and one periodic report, as submitted until December 2024

Indicator	Unit of measurement / time reference	Value (2024)
op6. Individuals in SSA, including underrepresented groups, develop experience & complete training, mentoring & coaching in clinical research implementation, oversight & governance		
Researchers involved in project implementation of Global Health EDCTP3-supported projects (by region)	# and % As of Dec 2024	<b>1,425</b> unique <sup>74</sup> individuals, of which: - with primary citizenship in <b>Africa: 810 (57%)</b> - with primary citizenship in <b>Europe: 551 (39%)</b>
Researchers in leading roles <sup>75</sup> within Global Health EDCTP3-funded projects (incl. by gender and by region)	# and % as of Dec 2024	<b>Total: 439, of which:</b> - <b>female: 165 (38%</b> from all researchers in leading roles) - with primary citizenship in <b>Africa: 223 (51%</b> from all researchers in leading roles) - with primary citizenship in <b>Europe: 201 (48%</b> from all researchers in leading roles)
Researchers who receive(d) Global Health EDCTP3-funded fellowship/ education/ training grants (by country, gender, fellowship type)	# and % As of Dec 2024	<b>1</b> (female, Mozambique, PhD studies)
op8. Broadened & more inclusive engagement of countries & strategic actors in Global Health EDCTP3 governance, joint calls & policy-level initiatives		
Entities with which Global Health EDCTP3 has formal collaboration agreements	# cumulative- until Dec 2024	Signed <b>letters of endorsements</b> with 2 entities: 1. Gates Foundation (2022) 2. BioNTech (2024)

<sup>74</sup> Researchers participating across several projects were counted once, based on their given name, family name, country of origin, gender.

<sup>75</sup> In this report, researchers in leading roles are considered the researchers reported as leading work packages

Indicator	Unit of measurement / time reference	Value (2024)
Existence of tangible collaboration with the Neighbourhood, Development, and International Cooperation Instrument (NDICI) of the European Commission	yes/no [description] cumulative- until Dec 2024	3 calls for proposals encouraged coordination with NDICI's initiative Global Gateway, notably Team Europe Initiatives in health (1 in 2023; 2 in 2024), across 6 call topics
Members participating in Global Health EDCTP3 governance bodies, by gender and by region	# and % for 2024	<b>53 members</b> across 3 bodies: Governing Board (12), Scientific Committee (14), Stakeholder Group (27), out of which: - <b>51% female</b> across the three bodies (50% in the Governing Board; 57% in the Scientific Committee; 48% in the Stakeholder Group) - <b>43% from SSA</b> across the three bodies (25% from SSA in the Governing Board; 57% in the Scientific Committee; 44% in the Stakeholder Group)
op9. Increased co-funding mobilized by Global Health EDCTP3 from external stakeholders for research & capacity development on infectious diseases		
Public investments by EDCTP Association participating states in actions contributing to Global Health EDCTP3 objectives	EUR amounts	<b>EUR 260 461 059<sup>76</sup></b>
op10. Increased & more inclusive collaboration among SSA & European organisations, researchers, & external experts engaged in Global Health EDCTP3-supported projects & processes		
Experts supporting evaluation of calls for proposals, including proposal evaluators, ethics evaluators, and observers (incl. by gender and by region)	# and % cumulative- until Dec 2024	<b>221 experts</b> , of which: - <b>48% female</b> - <b>22% residing in Africa</b> ; 71% in Europe; 5% in North America <sup>77</sup>

<sup>76</sup> Incurred costs only, on the AA plans with activities initiated in 2022, 2023 and 2024 (further details in Annex 8)

<sup>77</sup> Calculations based on data from Horizon Europe dashboard, as on 01/04/2025

Indicator	Unit of measurement / time reference	Value (2024)
Global Health EDCTP3-funded projects with participation of private for-profit entities (excluding higher or secondary education institutions)	# and % cumulative- until Dec 2024	<b>29 (39%</b> of the 74 projects signed until Dec 2024)
Global Health EDCTP3-funded projects having as coordinator and/or scientific project leader an institution in SSA	# and % cumulative- until Dec 2024	<b>52 (70%</b> of the 74 projects signed until Dec 2024) <ul style="list-style-type: none"> <li>- 43 projects with scientific project leader role filled by an institution in SSA</li> <li>- 6 projects with project coordinator role filled by an institution in SSA</li> <li>- 3 projects with project coordinator and scientific project leader roles filled by institutions in SSA</li> </ul>
New or strengthened regional networks of excellence sharing good practice, extending capacity, and creating platforms for multicentre trials, supported by the JU or by the EDCTP Association	# cumulative- until Dec 2024	<b>7 (large) networks of excellence:</b> <ul style="list-style-type: none"> <li>- <b>6</b> supported through IKAA funding (EACCR, CANTAM, WANETAM, TESA, ALERRT, PANDORA-ID-NET)</li> <li>- <b>1</b> supported through JU funding (CTCAN)</li> </ul>
Peer-reviewed publications resulting from Global Health EDCTP3-funded actions co-authored by African and European researchers	# and % cumulative- until Dec 2024	<b>6 out of 11 (55%)</b>

## ANNEX 8. IKAA Report

Global Health EDCTP3 receives contribution from its member, the EDCTP Association, predominantly in the form of IKAA. For the year 2024, the EDCTP Association, through its constituents, submitted an amended plan, which was approved by the Governing Board, to initiate additional activities with an estimated value of EUR 164 443 002. This brings the total estimated value of all initiated additional activities by the end of year 2024 (including the amendment of AA plan 2024) to **EUR 552 048 546**. It should be noted that these additional activities are largely multi-annual in duration.

By 31 May 2025, the JU received a report from the EDCTP Association that for the additional activities (AA) initiated in previous years, **EUR 230 083 365 have been incurred on the AA plans with activities initiated in 2022 and 2023**. In total, including thus the 2024 AA plan, the expected additional activities to be reported cumulatively for the years 2022, 2023 and 2024 should be **EUR 394 526 367**.

**Considering incurred costs only so far, on the AA plans with activities initiated in 2022, 2023 and 2024, represents EUR 260 461 059.**

Out of this amount, none has been certified yet. Due to the multi-annual duration of most of the additional activities, it has been agreed that the certification may or may not take place or be submitted annually but the 'cumulative' certified amount should cover the entire value reported. It is the certified value that will be validated by the Governing Board as IKAA.

By the end of the current programme, the level of IKAA is expected to be at least EUR 550 000 000<sup>78</sup> which is the contribution commitment of the EDCTP Association. As of the time of writing this report, a plan for additional activities has also been adopted for the year 2025, bringing the **total planned AA to date to EUR 712 142 558**.

Additional Activities Scope	Additional Activities Category	IKAA linked to Programme (PG) or Project (PJ)	Reported values 2022	Reported values 2023	Reported values 2024	Total reported values	Estimated planned values
Activities implemented by sub-Saharan African governmental research organisations	1. Support to additional R&I	PG		1 541 082,29	-	1 541 082,29	11 185 108,47
	5. Training and skills development	PG		106 872,16	1 385 201,00	1 492 073,16	487 395,00
	6. Contribution to the development of new standards, regulations and policies	PG	-	553 000,00	902 948,00	1 455 948,00	4 600 000,00
	7. Supporting ecosystem development	PG				-	6 250 000,00

<sup>78</sup> A letter from the EDCTP Association dated 22 December 2023 was received increasing its contribution commitment to the JU by EUR 110 122 000, making its total contribution EUR 550 000 000.

	8. Communication, dissemination, awareness raising, citizen engagement	PG		144 727,23	-	144 727,23	213 076,00	
Activities of constituent or affiliated entities of the EDCTP Association aligned with similar activities from other constituent or affiliated entities of the EDCTP Association and independently managed in accordance with national funding rules	1. Support to additional R&I	PG			1 719 838,00	1 719 838,00	3 350 000,00	
	5. Training and skills development	PG		513 856,84	266 940,00	780 796,84	789 695,00	
	6. Contribution to the development of new standards, regulations and policies	PG		76 455,70	182 561,00	259 016,70	743 831,00	
Activities which promote networking and partnerships building relationships with multiple private and public-sector organisations	2. Scale-up of technologies	PG		-	4 725 000,00	13 241 636,50	17 966 636,50	47 000 000,00
	5. Training and skills development	PG		-	6 041 561,53	-	6 041 561,53	11 989 321,00
	6. Contribution to the development of new standards, regulations and policies	PG	910 800,00	1 071 500,00	-	1 982 300,00	1 808 000,00	
	7. Supporting ecosystem development	PG	17 761 888,00	25 296 931,30	18 765 756,72	61 824 576,02	76 659 580,00	
	8. Communication, dissemination, awareness raising, citizen engagement	PG	30 000,00	-	125 745,00	155 745,00	534 476,00	
Support for the development of research infrastructures such as clinical trial networks or cohorts related to the scope of the Global Health EDCTP3 Joint Undertaking, and support for strengthening health systems' preparedness for carrying out research activities within the scope of the Global Health EDCTP3 Joint Undertaking	1. Support to additional R&I	PG	25 179 276,00	28 040 556,02	51 407 618,14	104 627 450,16	288 431 864,00	
	2 Scale-up of technologies	PG	2 126 555,00	6 156 902,88	767 969,00	9 051 426,88	10 656 474,00	
	5 Training and skills development	PG	1 767 100,00	2 745 075,88	4 127 743,14	8 639 919,02	19 468 715,00	
	7 Supporting ecosystem development	PG	12 980 275,00	15 035 801,62	14 745 206,00	42 761 282,62	67 860 200,00	
	8 Communication, dissemination, awareness raising, citizen engagement	PG	16 679,00	-	-	16 679,00	20 811,00	
<b>Total</b>			<b>60 772 573,00</b>	<b>92 049 323,45</b>	<b>107 639 162,51</b>	<b>260 461 058,96</b>	<b>552 048.546,47</b>	

### TOTAL IKAA 2024: BREAKDOWN PER COUNTRY

Country	IKAA value reported in 2024 for the previous years (EUR)
Austria	-
Belgium	-
Denmark	3 353 094,00
Ethiopia	-
France	8 434 799,05
Germany	42 025 429,00
Guinea-Bissau	-
Malawi	-
Mali	-
Mozambique	100 000,00
Netherlands	-
Niger	-
Norway	5 014 319,50
Portugal	842 808,72
South Africa	1 510 946,00
Spain	-
Sweden	4 814 219,00
Uganda	-
United Kingdom	41 543 547,24
<b>Grand Total</b>	<b>107 639 162,51</b>

### TOTAL IKAA 2021-2024 (Evolution- Value in €)

Planned IKAA	Reported IKAA with pending certification	Certified IKAA
552 048 546	260 461 059	0

## ANNEX 9. Final annual accounts

### 9.1 Balance Sheet

	31.12.2024	31.12.2023
<b>NON-CURRENT ASSETS</b>		
<i>Property, plant and equipment</i>	252 787,11	26 015,58
<i>Long-term pre-financing</i>	78 026 233,53	41 019 821,93
	<b>78 279 020,64</b>	<b>41 045 837,51</b>
<b>CURRENT ASSETS</b>		
<i>Short-term pre-financing</i>	33 231 569,87	6 589 849,67
<i>Exchange receivables and non-exchange recoverables</i>	4 012 365,51	1 158 781,23
	<b>37 243 935,38</b>	<b>7 748 630,90</b>
<b>TOTAL ASSETS</b>	<b>115 522 956,02</b>	<b>48 794 468,41</b>
<b>CURRENT LIABILITIES</b>		
<i>Payables and other liabilities</i>	8 635 542,82	1 158 781,23
<i>Accrued charges and deferred income</i>	31 496 907,13	16 121 943,65
	<b>40 132 449,95</b>	<b>17 280 724,88</b>
<b>TOTAL LIABILITIES</b>	<b>40 132 449,95</b>	<b>17 280 724,88</b>
<i>Contribution from Members</i>	126 211 025,50	48 852 215,19
<i>Accumulated deficit</i>	(17 338 471,66)	-
<i>Economic result of the year</i>	(33 482 047,77)	(17 338 471,66)
<b>NET ASSETS</b>	<b>75 390 506,07</b>	<b>31 513 743,53</b>
<b>LIABILITIES AND NET ASSETS</b>	<b>115 522 956,02</b>	<b>48 794 468,41</b>

## **9.2 Statement of financial performance**

	2024	2023
<b>REVENUE</b>		
<b>Revenue from non-exchange transactions</b>		
<i>Recovery of expenses</i>	-	-
<i>Other</i>	-	-
<b>Revenue from exchange transactions</b>		
<i>Other</i>	-	-
	-	-
<b>Total revenue</b>	-	-
<b>EXPENSES</b>		
<i>Operating costs</i>	(29 606 801,03)	(16 570 466,65)
<i>Staff costs</i>	(2 817 784,77)	(201 870,00)
<i>Other expenses</i>	(1 057 461,97)	(566 135,01)
<b>Total expenses</b>	<b>(33 482 047,77)</b>	<b>(17 338 471,66)</b>
<b>ECONOMIC RESULT OF THE YEAR</b>	<b>(33 482 047,77)</b>	<b>(17 338 471,66)</b>

### 9.3 Cash flow statement<sup>79</sup>

	2024	2023
<i>Economic result of the year</i>	(33 482 047,77)	(17 338 471,66)
<b>Operating activities</b>	<b>33 719 375,20</b>	<b>17 365 463,82</b>
<i>Depreciation and amortization</i>	10 555,90	976,58
<i>(Increase)/decrease in pre-financing</i>	(63 648 131,80)	(47 609 671,60)
<i>(Increase)/decrease in exchange receivables and non-exchange recoverables</i>	(2 853 584,28)	(1 158 781,23)
<i>Increase/(decrease) in payables</i>	7 476 761,59	1 158 781,23
<i>Increase/(decrease) in accrued charges &amp; deferred income</i>	15 374 963,48	16 121 943,65
<i>Increase/(decrease) in cash contributions</i>	77 358 810,31	48 852 215,19
<b>Investing activities</b>	<b>(237 327,43)</b>	<b>(26 992,16)</b>
<i>(Increase)/decrease in intangible assets and property plant and equipment</i>	(237 327,43)	(26 992,16)
<b>NET CASHFLOW</b>	-	-
<i>Net increase/(decrease) in cash and cash equivalents</i>	-	-
<i>Cash and cash equivalents at the beginning of the year</i>	-	-
<i>Cash and cash equivalents at year-end</i>	-	-

<sup>79</sup> The treasury of Global Health EDCTP3 JU is integrated into the Commission's treasury system. Because of this Global Health EDCTP3 JU does not have any bank accounts of its own. All payments and receipts are processed via the Commission's treasury system and registered on intercompany accounts, which are presented under the heading exchange receivables.

#### **9.4 Statement of changes in net assets**

	Contribution from Members	Accumulated Surplus/(Deficit)	Economic result of the year	Net Assets
<i>Allocation 2022 economic result</i>	-	-	-	-
<i>Cash contribution</i>	48 852 215,19	-	-	48 852 215,19
<i>Economic result of the year</i>	-	-	(17 338 471,66)	(17 338 471,66)
<b>BALANCE AS AT 31.12.2023</b>	<b>48 852 215,19</b>	<b>-</b>	<b>(17 338 471,66)</b>	<b>31 513 743,53</b>
<i>Allocation 2023 economic result</i>	-	(17 338 471,66)	17 338 471,66	-
<i>Cash contribution</i>	77 358 810,31	-	-	77 358 810,31
<i>Economic result of the year</i>	-	-	(33 482 047,77)	(33 482 047,77)
<b>BALANCE AS AT 31.12.2024</b>	<b>126 211 025,50</b>	<b>(17 338 471,66)</b>	<b>(33 482 047,77)</b>	<b>75 390 506,07</b>

## ANNEX 10. Materiality criteria

The 'materiality' concept provides the Executive Director with a basis for assessing the importance of the weaknesses/risks identified and thus whether those weaknesses should be subject to a formal reservation to his declaration. The materiality criteria are applicable to the Horizon Europe programme.

When deciding whether something is material, both qualitative and quantitative terms have to be considered.

In qualitative terms, when assessing the significance of any weakness, the following factors are considered:

- The nature and scope of the weakness;
- The duration of the weakness;
- The existence of compensatory measures (mitigating controls which reduce the impact of the weakness);
- The existence of effective corrective actions to correct the weaknesses (action plans and financial corrections) which have had a measurable impact.

In quantitative terms, to make a judgement on the significance of a weakness, the potential maximum (financial) impact is quantified.

## ANNEX 11 List of acronyms

Acronym/Abbreviation	Full title/Definition
<b>AA</b>	Additional Activities
<b>AAP</b>	Additional Activities Plan
<b>Africa CDC</b>	Africa Centres for Disease Control and Prevention
<b>AMR</b>	Antimicrobial Resistance
<b>ARIA</b>	Annual Research and Innovation Agenda
<b>ARIPO</b>	African Regional Intellectual Property Organisation
<b>AU</b>	African Union
<b>AUDA-NEPAD</b>	African Union Development Agency-New Partnership for Africa's Development
<b>AVAREF</b>	African Vaccine Regulatory Forum
<b>BCG</b>	Bacille Calmette-Guérin vaccine
<b>BOA</b>	Back-office arrangements
<b>CA</b>	Contractual Agent
<b>CAAR</b>	Consolidated Annual Activity Report
<b>CBO</b>	Community Based Organisations
<b>CHMP</b>	Committee for Medicinal Products for Human Use
<b>CEPI</b>	Coalition for Epidemic Preparedness Innovations
<b>COVID-19</b>	Coronavirus disease 2019
<b>CSA</b>	Coordination and Support Action
<b>CSO</b>	Civil Society Organisations
<b>CTIS</b>	Clinical Trials Information System
<b>DALYs</b>	Disability-adjusted life years
<b>DDs</b>	Diarrhoeal Diseases

Acronym/Abbreviation	Full title/Definition
<b>DG</b>	Directorate-General
<b>DG BUDG</b>	Directorate-General for Budget
<b>DG RTD</b>	Directorate-General for Research and Innovation
<b>DNDi</b>	Drugs for Neglected Diseases initiative
<b>DPO</b>	Data Protection Officer
<b>DRC</b>	Democratic Republic of Congo
<b>ECA</b>	European Court of Auditors
<b>ED</b>	Executive Director
<b>EDCTP</b>	European & Developing Countries Clinical Trials Partnership
<b>EDCTP AO</b>	EDCTP Africa Office
<b>EEIG</b>	European Economic Interest Grouping
<b>EFTA</b>	European Free Trade Association
<b>EMA</b>	European Medicines Agency
<b>ERASuD</b>	European Research Alliance for Sustainable Development
<b>EU</b>	European Union
<b>FAIR</b>	Findable, Accessible, Interoperable, Reusable
<b>FO</b>	Financial Officer
<b>FR</b>	Financial Regulation
<b>FWC</b>	Framework Contract
<b>GA</b>	Grant Agreement
<b>GAP</b>	Grant Agreement Preparation
<b>G7</b>	The Group of Seven
<b>GB</b>	Governing Board
<b>GF</b>	Gates Foundation

Acronym/Abbreviation	Full title/Definition
<b>Global Health EDCTP3</b>	Global Health EDCTP3 Joint Undertaking
<b>GloPID-R</b>	Global Research Collaboration for Infectious Disease Preparedness
<b>HE</b>	Horizon Europe
<b>HIV/AIDS</b>	Human immunodeficiency virus/acquired immunodeficiency syndrome
<b>HR</b>	Human resources
<b>IHI</b>	Innovative Health Initiative Joint Undertaking
<b>JU</b>	Joint Undertaking
<b>IAC</b>	Internal Audit Capability
<b>IAS</b>	Internal Audit Service
<b>ICAM</b>	Internal Control and Audit Manager
<b>ICF</b>	Internal Control Framework
<b>ICP</b>	Internal Control Principles
<b>IER</b>	Individual Evaluation Report
<b>ICT</b>	Information and communication technology
<b>IKAA</b>	In-kind contributions to additional activities
<b>IKOP</b>	In-kind contributions to operational activities
<b>IPC</b>	Infection Prevention and Control
<b>KIPs</b>	Key Impact Pathways
<b>KPIs</b>	Key Performance Indicators
<b>LMICs</b>	Low and Middle Income Countries
<b>LO</b>	Legal Officer
<b>MAV+</b>	Manufacturing and Access to Vaccines, medicines and health products
<b>M&amp;E</b>	Monitoring & Evaluation

Acronym/Abbreviation	Full title/Definition
<b>MMVC</b>	Multi-Stage Malaria Vaccine Consortium
<b>MoU</b>	Memorandum of Understanding
<b>Mtb</b>	Mycobacterium tuberculosis
<b>NCDs</b>	Noncommunicable diseases
<b>NIDs</b>	Neglected Infectious Diseases
<b>NPHIs</b>	National Public Health Institutes
<b>NTDs</b>	Neglected Tropical Diseases
<b>OAPI</b>	African Intellectual Property Organisation
<b>OJ</b>	Official Journal of the European Union
<b>PDP</b>	Product Development Partnerships
<b>PO</b>	Project Officer
<b>PPMT</b>	Public procurement management tool
<b>REA</b>	Research Executive Agency
<b>REPAs</b>	Periodic reporting & payments – periodic reports
<b>RIA</b>	Research and Innovation Action
<b>R&amp;D</b>	Research and Development
<b>R&amp;I</b>	Research and Innovation
<b>SARS-CoV2</b>	Severe acute respiratory syndrome coronavirus 2
<b>SBA</b>	Single Basic Act
<b>SC</b>	Scientific Committee
<b>SDGs</b>	Sustainable Development Goals
<b>SG</b>	Stakeholders Group
<b>SIAP</b>	Strategic Internal Audit Plan
<b>SIPS</b>	Sustainable Industrial Processing Summit

Acronym/Abbreviation	Full title/Definition
<b>SIRs</b>	Staff Implementing Rules
<b>SLA</b>	Service-level agreement
<b>SMEs</b>	Small and medium-sized enterprises
<b>SRIA</b>	Strategic Research and Innovation Agenda
<b>SSA</b>	Sub-Saharan Africa
<b>SSUNGA79</b>	Science Summit during the 79th United Nations General Assembly
<b>STIs</b>	Sexually Transmitted Infections
<b>TA</b>	Temporary Agent
<b>TB</b>	Tuberculosis
<b>TEI-MAV+</b>	Team Europe Initiative on Manufacturing and Access to Vaccines, medicines and health products
<b>TFEU</b>	Treaty on the Functioning of the European Union
<b>TTG</b>	Time to Grant
<b>TTI</b>	Time to Inform
<b>TTP</b>	Time to Pay
<b>UK</b>	United Kingdom
<b>UN</b>	United Nations
<b>UNGA</b>	United Nations General Assembly
<b>WASH</b>	Water, Sanitation and Hygiene
<b>WHO</b>	World Health Organization
<b>WHO-AFRO</b>	World Health Organization African Region Office
<b>WP</b>	Work Programme