WORK PROGRAMME 2024

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

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

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LIST OF ACRONYMS, DEFINITIONS AND ABBREVIATIONS

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

1. INTRODUCTION

1.1 Mission statement of the Global Health EDCTP3 Joint Undertaking

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

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

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

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

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

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

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

1.2   Background and link with the Strategic Research and Innovation Agenda

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The expected outcomes of the topic are to support:

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

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

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

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

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

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

1.3 Strategy for the implementation of the programme

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

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

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

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

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

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

Contributions from the EDCTP Association and contributing partners

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

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

Preparing grant agreements – reporting from ongoing grants

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

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

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

2. WORK PROGRAMME 2024

2.1 Executive Summary

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

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

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

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

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

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

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

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

2.2   Operational objectives

2.2.1 Objectives, indicators and risks

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

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

2.2.2 Scientific priorities, challenges and expected impacts

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

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

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

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

2.2.3 Calls for proposals

Described in Annex 1A to the 2024 work programme.

2.3 Support to operations of the Global Health EDCTP3 Joint Undertaking

2.3.1 Back-office arrangements

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

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

Accounting

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

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

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

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

Human resources (HR)

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

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

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

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

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

Procurement

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

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

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

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

Information and communication technologies (IT)

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

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

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

2.3.2 Communication, dissemination and exploitation

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

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

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

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

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

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

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

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

2.3.3 Procurement and contracts

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

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

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

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

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

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

2.3.4 Information Technology

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

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

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

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

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

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

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

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

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

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

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

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

2.3.5 Data protection and access to documents

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

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

2.3.6 Other support operations

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

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

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

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

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

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

2.3.7 Human resources (HR)

2.3.7.1   HR Management

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

Main HR ongoing objectives:

Recruitment:

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

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

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

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

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

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

Legal framework and HR policies:

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

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

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

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

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

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

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

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

2.3.7.2 Strategy for achieving efficiency gains and synergies

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

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

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

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

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

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

2.3.7.8 Staff establishment plan

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

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

2.4 Governance activities

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

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

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

Governing Board

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

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

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

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

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

Executive Director

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

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

Scientific Committee

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

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

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

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

Stakeholders Group

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

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

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

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

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

The host agreement with Belgium should be concluded in 2024.

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

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

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

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

2.5.1 Financial procedures

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

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

2.5.2 Ex-ante and ex-post controls

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

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

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

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

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

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

2.5.3 Risk Assessment and Management

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

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

2.5.4 Anti-fraud initiatives

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

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

2.5.5 Audits

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

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

In 2024, the key activities will focus:

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

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

3. BUDGET 2024

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

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

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

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

4. ANNEXES

4.1 Calls for proposals 2024

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

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

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