

Global Health EDCTP3 Joint Undertaking summary report of the 9th meeting of the Scientific Committee

1 October 2025

Online

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Introduction

The purpose of the 9th meeting of the Scientific Committee of the Global Health EDCTP3 Joint Undertaking was to:

1. Welcome the new Scientific Committee Members.
2. Obtain strategic and scientific advice on the second version of the draft Work Programme 2026 (WP26).
3. To seek endorsement of the ICAA plans for the WP26.
4. To seek advice on any other themes the Scientific Committee would like to address, considering its mandate and tasks as defined in the Council Regulation establishing the Joint Undertakings under Horizon Europe.
5. To appreciate the contributions of the outgoing Members of the Scientific Committee and bid them farewell.

The meeting was held on the 1 October 2025 online.

Agenda Flow

The agenda included the following sessions:

- Session 1: Welcome, Agenda Adoption, Eighth meeting report;
- Session 2: New Scientific Committee membership;
- Session 3: Drafting the Work Programme 2026;
- Session 4: SC next steps and Other Updates.

More detailed information can be found in Annex 1.

Summary - updates, discussion, outcomes , follow-up and agreed actions

SESSION 1 - Welcome, Agenda Adoption, Eighth meeting report

The Chairperson of the Scientific Committee (SC) welcomed all SC Members, the Executive Director and the Programme Office (PRO) staff members. A tour de table took place where attendees introduced themselves.

The Executive Director gave his opening remarks, noting that he was attending the ECTMIH in Hamburg where he would chair a session on Digital Innovation, and apologized as he would need to exit the meeting to attend the event. He welcomed the six new members of the SC. The Chair proceeded to present the agenda of the current meeting.

With no further comments from the members, the Chairperson confirmed adoption of the agenda.

The report of the eighth meeting (13 June 2025) was adopted by the Scientific Committee members.

SESSION 2 – New Scientific Committee membership

The SC was updated on the selection procedure of the new SC membership: Five new members of the SC joined the group in June 2025 in Kigali, and another seven joined from the 1st July and are participating for the first time in this SC meeting. Six Members of the SC selected during the Call for Expression of Interest of 2022 have had their memberships extended until the end of the year. The new Members were welcomed. A tour de table took place where attendees introduced themselves.

SESSION 3 – Drafting the Work Programme 2026

The Chairperson invited the Head of Unit of Scientific Operations team (HoU) who gave an overview of the work done under Global Health EDCTP3, including an overview of the topics launched under Work Programme of 2022 to 2025, and an insight into the current portfolio of GH EDCTP3 indicating the number of projects (111 projects) corresponding to a total JU contribution of €433m and adding some figures (number of entities and countries participating among other). The HoU presented the current portfolio showing funding per disease area and type of intervention and explained the process and time to adoption of the WP

2026, planned based the final draft to be provided by early November, by the Governing Board by 2 December 2025.

Before presenting the WP2026 topics, criteria for prioritisation for funding were presented. These include: product development landscape, addressing translational bottlenecks, priority infections, strategic partnerships, global and regional priorities, and ensuring a balanced portfolio of grants.

Several new members and the WHO observer asked the questions about the timing of the calls, budget allocation, the measures taken to ensure that the project funding is linked to separate network funding, and the expected outcomes of the topic discussion. The HoU and Senior Scientific Officer (SSO) responded that the evaluation of the two stage calls takes place in two stages, the first one during the spring, and the second in autumn; the calls include a reference to maximize the investments made by the previous programmes under impact criterion. It was noted that CSA topics are proposed as single stage call, likely planned in autumn.

The Chair invited the SSO and PO to present and open the discussion on the six proposed topics of the Work Programme 2026 and reminded members of the expected input at this stage of the process heading to final stage before adoption of the WP2026. The SSO and PO outlined the anticipated outcomes and scope of each topic, after which the Chair moderated the discussion among the SC Members. A summary of the discussions on each topic is provided below. To avoid confusion, the PO called out that the numbering and order of the topics changed since WP2026 v1.

Topic 1: Global Collaboration Action for the development of TB drugs for therapy and chemoprophylaxis in adults and children in sub-Saharan Africa

Comments and feedback of the Scientific Committee:

- The Committee requested an explicit EDCTP guidance on sex and gender in the call text, and include women of childbearing age, pregnant women and children
- An adequate statistical power for sex- and gender-specific analyses is recommended if feasible.
- A clarification was requested on whether proposals would be compared across other EDCTP calls.
- The scope appears too broad and may invite unfocused submissions. The recommendation is to narrow it down or setting thematic priorities.
- The Chair reiterated the call scope as set out in the Work Programme 2026 (v2)

The HoU, SSO and PO provided clarifications on the evaluation: the evaluation consists of two stage, with the first stage evaluation evaluating, based on a short proposal, 'excellence' and 'impact' and second stage evaluating, based on a full proposal, an additional criterion of 'quality and efficiency of implementation'. The broad scope is deliberate to attract many consortia at the first stage based on the short proposal. In addition, as first step of each evaluation stage, proposals are checked for admissibility and eligibility. Capacity building is encouraged.

The calls refer to the WHO guidance on best practices for clinical trials.

Proposals are evaluated independently - Only when the proposals considered have the same score, the evaluators can compare the proposals following a process determined by Horizon Europe guidelines.

Following the discussion, clarifications provided, and input received, the call topic was endorsed by the SC.

Topic 2: Prevention and management of Lower Respiratory Tract Infections (LRTIs) in sub-Saharan Africa

Comments and feedback of the Scientific Committee:

- The SC welcomed the call topic, and advised to add a few other pathogens in scope including *Mycoplasma pneumoniae* and *human metapneumovirus*.
- A clarification was requested on the reason of exclusion of antibiotics when including bacteria in the list of pathogens in scope. The HoU clarified that bacteria are kept included given scope includes prophylactic vaccines targeting bacteria. It was noted that previous calls covered bacterial infections.
- The SC stated that emphasis is to be given to assets already available in EU/US.
- A clarification was requested on the need for the data required for immunogenicity, efficacy, safety for use in LMIC for the products already available in high income countries

It was explained that the wording may be adjusted, nevertheless the call favors late-stage assets with phase 3b generating data as necessary . It was clarified that the topic is set up as a Research and Innovation Action (RIA) and requires a clinical study. An emphasis was made to not repeat studies done already elsewhere, yet to ensure funding of studies adapted to local needs including consideration of differences in subpopulations and/or comorbidities in SSA.

- Conducting fit of purpose preliminary clinical studies/ implementation research in SSA to transition products from HIC to LMIC was considered important.

- Use of maternal RSV vaccination was considered important to address.
- Since the call mentions mAbs, the SC enquired whether messenger RNA antibodies were also in scope which are being explored to lower cost of goods. It was stated that having mAbs available for Africa is important.
- Emphasis is to be given to enable global access of interventions.
- It was agreed to include in topic text that diagnostics as part of the standard of care are permissible.

Following the discussion, clarifications provided and input received, the call topic was endorsed by the SC.

Topic 3: Global collaboration action towards a better prevention, treatment and clinical management of HIV co-infections or co-morbidities in sub-Saharan Africa

Comments and feedback of the Scientific Committee:

- A concern was raised regarding polypharmacy: It is considered a significant problem and was suggested to be included in future calls.
- Co-infections and co-morbidities are also mentioned as very important topics. A reference to a recent UNITAID call related to Advanced HIV Disease was made. It is considered important to highlight the lack of diagnosis of HIV in a significant number of the population, and to incorporate the community to reach the target of reducing mortality.
- The possibility to leverage already existing platforms or cohorts is mentioned, as well as incorporating diagnostics as part of the standard of care, where relevant to the call.
- It was considered very beneficial to leverage existing datasets, especially for underserved populations, for example the perinatally infected adolescents and young adults.
- A reflection was made on the great importance of co-morbidities and co-infections both in adults and in children living with HIV, the high mortality associated, and the importance to align with the Advanced HIV Disease terminology from WHO.
- The importance of incorporating earlier diagnosis in the trials in all populations is mentioned, especially in infants that is the group with the highest mortality and more difficult diagnosis due to the lack of reliability of the rapid tests and in need of a PCR confirmation.
- The SC agreed to focus the Call on co-infections and co-morbidities to HIV (as opposed to HIV itself) given the high medical need.

- While it is not intended to set up new surveillance under this call, it has been clarified that ongoing surveillance of existing cohorts can continue under the call.
- Development of new diagnostics is out of scope of the call, yet, use of diagnostics as standard-of-care can be included

Following the discussion, clarifications provided and input received, the call topic was endorsed by the SC.

Topic 4: Global Collaboration Action on climate and health in sub-Saharan Africa

Comments and feedback of the Scientific Committee:

- The Committee welcomed the progress of the Call and acknowledged that the framing is solid, especially with the inclusion of vulnerable populations. The challenge of limiting the number of proposals was stressed. It was welcomed that AMR and greenhouse emissions were not included, to keep focus.
- It was highlighted that specific pathogens and vectors (mosquitoes, ticks) were already identified. A suggestion was made to consider tick-borne viruses such as Crimean-Congo hemorrhagic fever, listed as a WHO/CEPI priority. Some references were shared including as * Looking Beyond the Lens of Crimean-Congo Hemorrhagic Fever in Africa – high case fatality and public health relevance, and * Tick-Borne Viruses in a Changing Climate– climate-driven expansion of tick-borne viruses.
- The term 'indigenous populations' was commented by some SC members as ambiguous and culturally sensitive. The use of “autochthonous people in isolated contexts such as forests” was suggested. Further debate considered that the use of the term “indigenous population” would be appropriate due to the possibility of countries interpreting the term in their own context, adding a footnote to clarify 'indigenous populations' to allow countries to formulate their own interpretation was suggested. It was mentioned that the use of “autochthonous” could be controversial in the context of sub-Saharan Africa due to migration history. Other suggestions included using 'local residents' or 'local communities' instead, which was generally agreed as the best option. The Executive Director stated to prefer to keep the term 'indigenous populations', allowing each country to define it in its own national context.
- The inclusion of schistosomiasis as climate-sensitive was considered relevant in both Europe and Africa. Other arguments in support of including schistosomiasis were mentioned, as elimination goals require snail vector control, that are currently underfunded.
- An emphasis was made on the need to explicitly include following;

- Climate–epidemiological models integrating humans, animals, and ecosystems under different climate scenarios.
- It was highlighted that Waterborne diseases (e.g., schistosomiasis) were missing and a recommendation was made on their inclusion as climate-sensitive. The inclusion of schistosomiasis as climate-sensitive was considered relevant in both Europe and Africa. Other arguments in support of including schistosomiasis were mentioned, as elimination goals require snail vector control, that are currently underfunded.
- Early warning systems for outbreaks, as climate variability may accelerate or alter transmission dynamics in unpredictable ways.
- The Committee praised the call as interdisciplinary and integrative (clinical, policy, One Health), and emphasized the importance of integrating emerging zoonotic diseases and multiple vectors.
- A warning was made on the scope requirements: A1 was considered to mix different scenarios: phase 2b/3 trials vs. post-authorization studies. It was considered that the early phase trials were not well aligned with climate adaptation requirements in column C. A concern was raised on the lack of mention to make efforts in the context to integrate research as national adaptation plans. The Executive Director (ED) clarified that column A of the scope referred to 'either of' and not 'all of'. A commitment was made to rephrase A1 in order to avoid ambiguity between early-phase and post-authorization studies.

Following the discussion, clarifications provided and input received, the call topic was endorsed by the SC.

Topic 5: Training, and Innovation networks for sustained capacity building related to ethics, regulatory, pharmacovigilance, and related digital regulatory platforms

Comments and feedback of the Scientific Committee:

- It was highlighted that Pharmacovigilance (PV) needs to be applied with a One Health Approach.
- It was highlighted that attention is to be given to legal and regulatory gaps that exist in most countries to address the digital regulatory platforms: it was noted that when the regulations are proclaimed, they are not regularly updated for now.
- The need to consider research ethics leadership development program such as training of trainers (TOT) was suggested.

- The Programme Office responded explaining the existence on a pool of previously trained consortia who can apply for this grant (whole sum) and they in turn can grant a sub-award to IRBs of up to 75,000 Euro.
- It was considered that for this call, WHO Maturity Level 3 (ML3) is not sufficient as description. As shared by the WHO observer, there are currently nine benchmarking tools under development (National regulatory system, Registration and marketing authorization, Vigilance, Market surveillance and control, Licensing establishments, Regulatory inspection, Laboratory testing, Clinical trial oversight and NRA lot release), while the call doesn't cover the full scope of the ethics committee and the manufacturing is considered out of scope. The WHO observer noted that the wording is to be updated and offered to provide written input.

Following the discussion, clarifications provided and input received, the call topic was endorsed by the SC.

Topic 6: Enhancing Integrated Research and Healthcare in sub-Saharan Africa Through Digital Innovation and Artificial Intelligence in SSA

Comments and feedback of the Scientific Committee:

- The need to include ethical aspects for the use of digital technologies among community healthcare workers in the future was stressed.
- It was suggested to demonstrate equity, and availability beyond operation so there is also sustainability in the process.
- The importance of having better diagnostics through AI was highlighted. It was highlighted that this may need to be more covered.
- The ED clarified that the GH EDCTP3 programme had invested quite significantly before in this area and that this call was more focused on the scaling up to go beyond institution use.
- It was considered important for this call to include the audit of the bias of AI as a requirement for all the proposals. A reference was made to the evidence of the existing IA bias at all levels including the design and implementation.
- A recommendation was made to be clear on the aspect of data privacy and the ownership of the project's data and of the subjects who generated it. It was suggested that this be established as a *sine qua non condition*.
- It was advised to require demonstration of equity and availability beyond the project to ensure sustainability.

- It was advised to encourage low risk digital applications
- The WHO observer stated his strong support for the integration of low-risk AI approach in the applications (E.g: in procedural submission requests).

Following the discussion, clarifications provided and input received, the call topic was endorsed by the SC.

Other actions not subject to call for proposals

The SSO presented the two following proposed actions to the SC Members which are not subject to call for proposals:

Expansion and consolidation of the EDCTP Knowledge Hub:

The SC members provided comments and feedback as per below;

- The WHO observer asked for clarification on which actions of the Global Action Plan the EDCTP Knowledge Hub would support.

The SSP explained that it would specifically and measurably deliver on following 5 of the 9 component steps within this plan:

1. Driving Equity, Access and Inclusion across EDCTP3-Funded Programmes (Gap 3 of the GAP-CTS – removing barriers)
2. Enabling Research Centres to Act as Their Own Sponsors (Gap 6 of the GAP-CTS – removing regulatory hurdles)
3. Supporting Community Engagement in Research (Gap 2 of the GAP-CTS – CEI)
4. Training and Implementation Support for WHO Trial Guidelines and ICH GCP R3; (Gap 5 of the GAP-CTS – training)
5. Facilitating Knowledge Mobilisation and Cross-Programme Connectivity (Gap 9 of the GAP-CTS – collaboration and networking).

A concern was raised on the accountability for the outsourcing of data by the University of Oxford. Additional information was requested to clarify the mechanisms established in the project to ensure accountability. The SSP indicated that although the action is not subject to a call for proposals, there are monitoring mechanisms integrated in the grant signed between EDCTP3 and the beneficiary. A proposal would be submitted and subject to peer review. The ED made a reference to the Horizon Europe requirements, and the deliverables that the proposal would need to address as it would be delivered as a LumpSum.

The ED clarified that although TGHN is currently hosted by the University of Oxford, it is currently in a transitional phase towards a UN action.

Following the discussion, clarifications provided and input received, the call topic was endorsed by the SC.

Mobilisation of research funds in case of Public Health Emergencies:

The Chair reminded the SC members that a consensus was reached during the previous meeting that took place in Kigali regarding this call. The SC members provided comments and feedback as per below.

- The Committee welcomed the proposal and recalled the success of the MPox action and its results.
- A comment was made on the challenges of defining a public health emergency and the difficulties of mobilizing funding.

The SSO clarified the 3 possible criteria can activate the mechanism, which is public health emergency (such as a public health emergency of international concern (PHEIC) according to the World Health Organization; a public health emergency under Regulation (EU) 2022/2371; or a public health emergency under applicable national frameworks and regulations).

A question was raised as to whether this action was intended to act as a catalyst to mobilize additional funding, which was confirmed by the SSO.

The WHO supported the action and considered important that in addition to the funding contingency, there is an understanding of the networks, and the establishment of contracts with groups of institutions that span the locations where these public health emergencies are taking place, to ensure swift implementation.

Following the discussion, the call topic was endorsed by the SC.

The vice-Chair left the meeting. The ED and other SC members thanked him for his contribution and commitment to the Programme and SC Committee in this occasion and recent years.

The IKAA Plans in 2026 WP

The ED and SSO presented the IKAA Plans 2026. The SC requested clarification on the measures taken to ensure that the commitments from the member states are upheld. The ED provided clarification on the monitoring processes coordinated by the EDCTP Association.

Following the discussion the SC members endorsed the IKAA Plans.

SESSION 4 - SC next steps and Other Updates

Planning the next SC meeting

The SSO presented the next meeting that would take place in-person in March 2026. The main topics is expected to be the Work Programme 2027 on top of welcoming the six new Members of the SC, and Vice-chair elections. The ED complemented by noting that the EDCTP3 investments, and Multiannual SRIA would also be discussed.

Any outstanding business

The Chair thanked the members for the meeting and invited any additional comments on issues not previously addressed. No observations were made by the members. The SSO provided clarification of the Conflict of Interest and Confidentiality Agreements and reiterated the obligation of the members not to apply for funding and their confidentiality requirements.

The ED transmitted to the members that engagement would be expected before the next meeting, as information on the Programme would be shared regularly.

Goodbye ceremony (online) for SC Members that are departing

The ED provided the closing remarks. He thanked the Chair and proceeded to bid farewell and thank the six members departing the Committee.

The Chair thanked the six members, ED and EDCTP3 Secretariat, and proceeded to close the meeting.

Annex 1: Adopted agenda

Global Health EDCTP3 Joint Undertaking:

Agenda of the 9th Meeting of the Scientific Committee

1 October 2025

10:00 – 16:30 (CET)

Online

Purpose of the meeting

1. **Welcome the new Scientific Committee Members.**
2. Obtain **strategic and scientific advice on the second version of the draft Work Programme 2026 (WP26).**
3. To seek endorsement of the **IKAA plans** for the 2026WP.
4. **To seek advice on any other themes the Scientific Committee would like to address**, considering its mandate and tasks as defined in the Council Regulation establishing the Joint Undertakings under Horizon Europe¹.
5. To appreciate **the contributions of the outgoing Members of the Scientific Committee and bid them farewell**

Expected Outcomes

- Having the new composition of the Scientific Committee.
- Consolidation and finalisation of the 2026 Work Programme.
- Endorsement of the **IKAA plans** for the 2026 WP.

Timing & location of the meeting

The meeting is scheduled to be held online from 10.00 to 16:30 (CET) on 1 October 2025.

[Link to meeting](#)

Meeting ID: 328 097 196 921 8

Passcode: qx7TE6ty

Agenda

Time	Item	Doc	Chair or Speakers
10.00-10.20	SESSION 1 - Welcome, Agenda Adoption, Eighth meeting report		
	1.1 Opening remarks		M. Makanga
	1.2 Draft agenda & expected outcomes – <i>for adoption</i>		H. Grewal, All
	1.3. Eighth Meeting report – <i>for adoption</i>	1	H. Grewal, All
10.20-10.35	SESSION 2 – New Scientific Committee membership		
	2.1. Update and closure of the Selection Procedure		M. Makanga JMV. Habarugira
	2.2. Welcoming new members and tour de table of all members	2	H. Grewal, All
	2.3. Questions and discussion		All
10.35-10.50	Coffee Break		
10.50-16.20	SESSION 3 – Drafting the Work Programme 2026		
10.50-11.10	3.1. Introduction into Work Programme 26	3	L. De Cock JMV. Habarugira A. Conversano
11.10-12.40	3.2. Discussion and feedback per potential topic (part 1) <i>Each topic to be briefly introduced by the Programme Office, before a consensus discussion which is moderated by the SC Chair</i>		
	3.2.1 Global Collaboration Action for the development of TB drugs for therapy and chemoprophylaxis in adults and children in sub-Saharan Africa		
	3.2.2 Global Collaboration Action for Prevention and treatment of Lower		

	Respiratory Tract Infections (LRTIs) in sub-Saharan Africa	
	3.2.3 Global collaboration action towards a better prevention, treatment and clinical management of HIV co-infections or co-morbidities in sub-Saharan Africa	
12.40-13.40	Lunch Break	
13.40-15.10	3.2. Discussion and feedback per potential topic (part 2) <i>Each topic to be briefly introduced by the Programme Office, before a consensus discussion which is moderated by the SC Chair</i>	
	3.2.4 Global Collaboration Action on climate and health in sub-Saharan Africa	
	3.2.5 Training, and Innovation networks for sustained capacity building related to ethics, regulatory, pharmacovigilance, and related digital regulatory platforms	
	3.2.6 Enhancing Integrated Research and Healthcare in sub-Saharan Africa Through Digital Innovation and Artificial Intelligence in SSA	
15.10-15.25	3.3. Other actions not subject to call for proposals	
	1. Expansion and consolidation of the EDCTP Knowledge Hub	
	2. Mobilisation of research funds in case of Public Health Emergencies	
15.25-15.45	3.4. ICAA plans 2026 WP	
	3.4.1 Presentation and discussion on draft ICAA plans 2026 WP	4 M. Makanga JMV. Habarugira
15.45 -16:00	Coffee Break	
16.00 – 16.30	SESSION 4 – SC next steps and Other Updates	
	4.1. Planning the next SC meeting	JMV. Habarugira
	4.2. Any outstanding business	SC Chair

			JMV. Habarugira
	4.3. Goodbye ceremony (online) for SC Members that are departing		All
Meeting Closure			

ANNEXES

Documents (for reference or review) shared via TEAMS or linked to this Agenda: [9th meeting of the SC - 1st October 2025](#)

1. 8th SC meeting report
2. Expertise of SC members
3. The draft 2026 Work Programme v2
4. Ikaa plans for 2026 WP
5. Slide deck for the 9th SC Meeting
6. Briefing document for new members

1. List of Participants

1.1 Scientific Committee (SC)

- 1) Prof. Harleen Grewal, **Chair**
- 2) Prof. John Gyapong, **vice-Chair**
- 3) Prof. Nicki Tiffin (apology)
- 4) Dr Claudia Filippone
- 5) Dr Juliet Nabyonga-Orem
- 6) Prof. Pablo Rojo
- 7) Dr Jutta Reinhard-Rupp
- 8) Dr Anthony Man (apology)
- 9) Dr Thomas Egwang
- 10) Prof. Paulo Ferrinho
- 11) Dr Enrica Alteri
- 12) Dr Alfred Tiono
- 13) Dr Muhammed Afolabi
- 14) Dr Teshome Gebre
- 15) Dr Clara Bermudez
- 16) Prof Ali Judd
- 17) Prof Umar Ibrahim
- 18) Dr Doris Burtscher (apology)

2. Global Health EDCTP3 Programme Office

- 19) Dr Michael Makanga, Executive Director
- 20) Ms Liesbet De Cock, Head of Unit Scientific Operations
- 21) Dr Jean Marie Vianney Habarugira, Senior Scientific Officer
- 22) Ms Aleksandra Conversano, Programme Officer
- 23) Ms Claudia Gutierrez-Arbizu, Events and Administrative Assistant
- 24) Ms Antonia Forte, Governance Officer

3. Observers

- 25) Dr Vaseeharan SATHIYAMOORTHY, World Health Organisation
- 26) Dr Jan Paehler, European Commission, DG RTD