

Global Health EDCTP3

Mobilisation of research funds in response to the Ebola Bundibugyo outbreak in Democratic Republic of the Congo (DRC) and Uganda
*(in application of section 4.1.4.3 of the
Work Programme 2026 - Mobilisation of research funds in case of Public Health Emergencies)*

Brussels, June 2026

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The general conditions laid down in section 4.1.2.3 of the work programme apply to consortia invited under the four topics below.

HORIZON-JU-GH-EDCTP3-2026-01-EBOLA-IBA: Mobilisation of research funds for the expansion of activities of project **EBO-PEP** (101145675) in the context of the recent Bundibugyo outbreak in Democratic Republic of the Congo (DRC) and Uganda

Form of Funding: Grants not subject to calls for proposals

Type of Action: Grant to identified beneficiary according to Financial Regulation Article 198(e) and Article 24(3) (a) of the Horizon Europe Regulation - Research and Innovation Action (RIA)

EU budget: EUR one (1) million

Background

In 2023, Global Health EDCTP3 published its Work Programme earmarking EUR 11 million to a targeted funding call: “*Research to rapidly evaluate interventions on Ebola outbreaks in sub-Saharan Africa*”, with an average JU contribution of around EUR 3 million. This call was fundamentally shaped by the historic lessons of the 2014–2016 West African epidemic and the 2022 Sudan ebolavirus outbreak in Uganda.

The primary paradigm guiding the 2023 call for proposals funding focused on Zaire ebolavirus and Sudan ebolavirus—strains for which advanced medical countermeasures (such as Ervebo and Zabdeno vaccines or mAb114 and REGN-EB3 therapeutics) were either fully licensed or in advanced clinical pipelines. The 2023 mandate sought to optimise real-time clinical trial frameworks and operational readiness to rapidly deploy these existing tools when a spillover occurred.

The epidemiological landscape shifted on 15 May 2026, when health authorities in the Democratic Republic of the Congo (DRC) and Uganda concurrently declared an outbreak of Bundibugyo virus disease (BVD), triggered by the species *Orthoebolavirus bundibugyoense*. Within 24 hours, the World Health Organization (WHO) declared it a Public Health Emergency of International Concern (PHEIC)¹.

Unlike smaller self-limiting historical clusters (such as those in 2007 and 2012), the current 2026 outbreak is highly complex. Its unprecedented scale is centred in the highly mobile, conflict-affected Ituri province of the DRC, the outbreak quickly expanded to nearly 515 confirmed cases across multiple health zones, including 91 confirmed related deaths, and 283 individuals hospitalised in isolation (as of 7 June 2026), rapidly spreading internationally to Uganda, with 19 confirmed cases and two deaths (as of 6 June 2026)². In addition, unlike the Zaire or Sudan strains, there are currently no approved or licensed vaccines or specific prophylaxis and therapeutics available for BVD and the outbreak amplification by healthcare-associated transmission, with significant casualties among frontline healthcare workers³.

¹ [Ebola outbreak in Central Africa declared a ‘Public Health Emergency of International Concern’ | UN News](#)

² [Ebola disease outbreak in the Democratic Republic of the Congo and Uganda | ECDC](#)

³ [Notes from the Field: Outbreak of Ebola Disease Caused by Bundibugyo Virus — Democratic Republic of the Congo and Uganda, May 2026 | MMWR](#)

To align effectively with the Bundibugyo Ebola virus Continental preparedness and response plan: June–November 2026 jointly launched by Africa CDC and the WHO Regional Office for Africa⁴, swift action from Global Health EDCTP3 is required. Contextually, the emergency funding mechanism under Work Programme 2026 is being activated to expand the existing late-stage clinical studies to the BVD strain.

Expected outcome

Proposals submitted under this topic should aim for delivering results that are directed, tailored towards and contributing to one or more of the following expected outcomes:

- Increased portfolio of therapeutic and diagnostic tools available to combat the new Ebola BVD outbreak.
- Improved surveillance system to rapidly detect and identify novel Ebola virus outbreaks in Africa.

Scope

The proposal submitted under this call topic should be an expansion of the currently funded Global Health EDCTP3 project, EBO-PEP (101145675), titled *EBOla Zaïre Post-Exposure Prophylaxis, preparedness and efficacy evaluation during outbreak in Central and West-Africa*.

While EBO-PEP is currently assessing Post-Exposure Prophylaxis (PEP) of multiple management and prevention tools to protect individuals from contracting Ebola Virus Disease (EVD) after a high-risk contact, it currently focuses on Ebola Zaïre infections. The proposal under this topic shall highlight the activities needed to expand the current scope of EBO-PEP in the context of research response to the new outbreak of BVD. While the main objective of the proposal should be aligned with the project's activities and their pivoting towards BVD research response, consortia may propose a second new objective, if this is needed to tailor the response.

The proposal submitted under this topic should effectively align with the Bundibugyo Ebola virus Continental preparedness and response plan: June–November 2026 jointly launched by Africa CDC and the WHO Regional Office for Africa⁵, in the context of “One response” framework.

The proposal should focus on the epidemiological needs of the DRC and Uganda, and other Ebola affected or prone contexts, if relevant and well justified.

The applicants are encouraged to consider the latest innovations and advances in clinical trial design and research methods to evaluate promising interventions allowing shorter development timelines. Applicants are also encouraged to follow the WHO Guidance for best practices for clinical trials⁶.

Where possible, collaboration and coordination with the AU-EU Health Partnership's Manufacturing and Access to Vaccines, medicines and health technologies (MAV+) hub or similar African initiatives is encouraged. Applicants could show, for example, willingness to enter into technology transfer agreements with African counterparts - including the provision of patents, technical knowledge and know-how - or early engagement with regulators or with African manufacturers to support the translation into affordable products adapted to the regional market.

⁴ [Bundibugyo Ebola virus | Continental preparedness and response plan: June-November 2026 | WHO | Regional Office for Africa](#)

⁵ [Bundibugyo Ebola virus | Continental preparedness and response plan: June-November 2026 | WHO | Regional Office for Africa](#)

⁶ [WHO Guidance for best practices for clinical trials](#)

Activities and deliverables of the consortium under the grant agreement to be concluded must be distinct from those of the EBO-PEP (101145675) project, even if complementary.

Where relevant, the project funded under this topic should ensure adequate synergies with existing Global Health EDCTP3 projects on Ebola and regional networks of excellence and epidemic preparedness consortia, as well as new projects resulting from this Global Health EDCTP3's emergency response to the EBV outbreak, especially those involving complementary activities.

Expected impact

The project funded under this topic should contribute towards the reduction of the burden of disease in sub-Saharan Africa and thus contribute to achieving SDG 3 'Ensure healthy lives and promote wellbeing for all at all ages' through increased international cooperation among researchers and funders, catalyse research synergies, and leverage resources and investment.

Applicant consortium

Consortium composition is in principle limited to the following entities, although not all named entities need to be present in the proposal:

INSTITUT NATIONAL DE LA SANTE ET DE LA RECHERCHE MEDICALE (FR)

INSTITUT NATIONAL DE RECHERCHE BIOMEDICALE DU ZAIRE (CD)

UNIVERSITE GAMAL ABDEL NASSER DE CONAKRY (GN)

THE ALLIANCE FOR INTERNATIONAL MEDICAL ACTION (FR)

PANDEMIC PREPAREDNESS PLATFORM FOR HEALTH AND EMERGING INFECTIONS RESPONSE (FR)

UNIVERSITE DE BORDEAUX (FR)

AGENCE NATIONALE DE SECURITE SANITAIRE (GN)

FUNDACION PRIVADA INSTITUTO DE SALUD GLOBAL BARCELONA (ES)

ASSOCIATION PAC-CI (CI)

UNIVERSITE CHEIKH ANTA DIOP DE DAKAR (SN)

Inclusion of entities not listed above is possible but must be clearly justified by the outbreak research response needs, and concrete tasks must be described in the proposal.

| Specific conditions | |
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| Indicative timetable | Call opening: 30 June 2026 Submission deadline proposal: 7 July 2026 |
| Indicative budget | The maximum JU budget for the topic is EUR 1 million* from the 2026 budget. Subject to agreements after the evaluation with other donors acting as contributing partners, additional JU budget may be available. The proposal must therefore include and distinguish clearly: |



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| | <p>1. A core set of activities to expand the currently funded Global Health EDCTP3 project with a corresponding supplementary budget of maximum EUR 1 million.</p> <p>2. Additional complementary activities that could be conducted with a corresponding supplementary budget, subject to available funding.</p> <p>All activities proposed will be evaluated so that they can be included in the grant agreement if additional JU budget is eventually available. However, proposals must present standalone and viable activities for a maximum budget of EUR 1 million.</p> <p>Organisations expressing an interest in supporting additional activities as contributing partners through co-funding may be invited to participate in the evaluation process as observers, subject to the applicable rules governing confidentiality and conflicts of interest.</p> <p>Furthermore, where applicants have provided their explicit consent, their proposals may be shared with potential co-funders for the sole purpose of assessing opportunities for supplementary funding and facilitating subsequent co-funding decisions.</p> <p><i>(*)</i>: A comprehensive description of all activities should be provided beyond that covered by the JU budget to enable potential co-funding by interested partners.</p> |
| Type of action | Research and Innovation Action (RIA) |
| Admissibility and eligibility conditions | <p>Identified consortium of beneficiaries: the above listed members of the EBO-PEP consortium.</p> <p>Due to its unique positioning as a Global Health EDCTP3-funded project on Ebola.</p> |
| Award criteria | The evaluation award criteria to be applied in the evaluation of the Calls are described in General Annex D of General Annexes 2023-2025. |
| Legal and financial set-up of the Grant Agreements | The rules are described in General Annex G 2026-2027. |

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| <p>Legal and financial set up of the Grant Agreements - Standard deliverables</p> | <p>Implementing the provision on affordable access as defined in Article 114 of the Council Regulation 2021/2085 establishing⁵⁶, grants awarded under this topic will have to include in their Plan for the exploitation and dissemination of results including communication activities to be submitted during the project as a deliverable also the following:</p> <p>Access plan</p> <p>Participants must include in their Plan for the exploitation and dissemination of results an appropriate and proportionate access plan that demonstrates their strategies to ensure that the products and services that they develop based or partly based on the results of clinical studies undertaken by their project are affordable, available and accessible to the public (market and end-users) at fair and reasonable conditions. This covers registration targets, plans to meet demand, flexible approaches to IP, engagement with regulators and manufacturers where relevant and other strategies that reflect ability to pay and ensures that economic barriers to access are low.</p> <p>In addition, participants should add, if relevant, as part of the plan, an outline on how to achieve the optimal use of an intervention including, for example, how to avoid irrational use, overuse or abuse (e.g. antimicrobials). Additionally, to any updates during the project, a final version of the Plan for the exploitation and dissemination of results including the above access plan, must also be submitted with the final report of the project.</p> |
| <p>Legal and financial set up of the Grant Agreements - Additional exploitation obligations</p> | <p>Also in line with Article 114 of the Council Regulation 2021/2085, participants will be subject to the following additional exploitation obligations:</p> <ol style="list-style-type: none"> 1. Participants must – up to four years after the end of the action (see Data Sheet, Point 1) – use their best efforts to ensure that resulting health technologies and services will be broadly available and accessible, as soon as possible and at fair and reasonable conditions. In this respect, if, despite a participants' best efforts, the results are not exploited within one year after the end of the action, participants must (unless otherwise agreed in writing with the granting authority) use the Horizon Results Platform to find interested parties to exploit the results. 2. In case the participants cannot fulfil the preceding obligation, the participants must (if requested by the granting authority) grant non-exclusive licences - under fair and reasonable conditions - to their results to legal entities that commit to rapidly and broadly exploiting the resulting health technologies and services and ensure that they are broadly available and |



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| | <p>accessible, as soon as possible and at fair and reasonable conditions.</p> <p>3. In case of transfer of the ownership or licensing of results, participants must pass on such additional exploitation obligations to the legal entities exploiting the results.</p> <p>4. For up to four years after the action (see Data Sheet, Point 1), the funding body must be informed every year about the status of the development of the product and any other exploitation of the results through an annual report that is due on each anniversary of the end of the grant agreement.</p> |
| <p>Legal and financial set-up of the Grant Agreements – linked action</p> | <p>The grant awarded under this topic will be linked to the following actions:</p> <p>Grants awarded under topics HORIZON-JU-GH-EDCTP3-2026-02-EBOLA-IBA, HORIZON-JU-GH-EDCTP3-2026-03-EBOLA-IBA and HORIZON-JU-GH-EDCTP3-2026-04-EBOLA-IBA.</p> <p>The conclusion of a collaboration agreement between the relevant consortia implementing the linked actions in accordance with Article 7 of the Model Grant Agreement is required.</p> |
| <p>Other requirements</p> | <p>For all projects under this topic, if the coordinator is not from a country in SSA, the designation of a scientific project leader with the roles as described in the introduction is mandatory. A work package on ‘scientific project leadership’ must be included in the proposals and budget needs to be provided for this activity.</p> |

HORIZON-JU-GH-EDCTP3-2026-02-EBOLA-IBA: Mobilisation of research funds for the expansion of activities of project **Ebola PREP-TBOX** (101145709) in the context of the recent Bundibugyo outbreak in Democratic Republic of the Congo (DRC) and Uganda

Form of Funding: Grants not subject to calls for proposals

Type of Action: Grant to identified beneficiary according to Financial Regulation Article 198(e) and Article 24(3) (a) of the Horizon Europe Regulation - Research and Innovation Action (RIA)

EU budget: EUR one (1) million

Background

In 2023, Global Health EDCTP3 published its Work Programme earmarking EUR 11 million to a targeted funding call: “*Research to rapidly evaluate interventions on Ebola outbreaks in sub-Saharan Africa*”, with an average JU contribution of around EUR 3 million. This call was fundamentally shaped by the historic lessons of the 2014–2016 West African epidemic and the 2022 Sudan ebolavirus outbreak in Uganda.

The primary paradigm guiding the 2023 call for proposals funding focused on Zaire ebolavirus and Sudan ebolavirus—strains for which advanced medical countermeasures (such as Ervebo and Zabdeno vaccines or mAb114 and REGN-EB3 therapeutics) were either fully licensed or in advanced clinical pipelines. The 2023 mandate sought to optimise real-time clinical trial frameworks and operational readiness to rapidly deploy these existing tools when a spillover occurred.

The epidemiological landscape shifted on 15 May 2026, when health authorities in the Democratic Republic of the Congo (DRC) and Uganda concurrently declared an outbreak of Bundibugyo virus disease (BVD), triggered by the species *Orthoebolavirus bundibugyoense*. Within 24 hours, the World Health Organization (WHO) declared it a Public Health Emergency of International Concern (PHEIC)⁷.

Unlike smaller self-limiting historical clusters (such as those in 2007 and 2012), the current 2026 outbreak is highly complex. Its unprecedented scale is centred in the highly mobile, conflict-affected Ituri province of the DRC, the outbreak quickly expanded to nearly 515 confirmed cases across multiple health zones, including 91 confirmed related deaths, and 283 individuals hospitalised in isolation (as of 7 June 2026), rapidly spreading internationally to Uganda, with 19 confirmed cases and two deaths (as of 6 June 2026)⁸. In addition, unlike the Zaire or Sudan strains, there are currently no approved or licensed vaccines or specific therapeutics available for BVD and the outbreak amplification by healthcare-associated transmission, with significant casualties among frontline healthcare workers⁹.

To align effectively with the Bundibugyo Ebola virus Continental preparedness and response plan: June–November 2026 jointly launched by Africa CDC and the WHO Regional Office for Africa¹⁰, swift action from Global Health EDCTP3 is required. Contextually, the emergency funding mechanism under Work Programme 2026 is being activated to expand the existing late-stage clinical studies to the BVD strain.

⁷ [Ebola outbreak in Central Africa declared a ‘Public Health Emergency of International Concern’ | UN News](#)

⁸ [Ebola disease outbreak in the Democratic Republic of the Congo and Uganda | ECDC](#)

⁹ [Notes from the Field: Outbreak of Ebola Disease Caused by Bundibugyo Virus — Democratic Republic of the Congo and Uganda, May 2026 | MMWR](#)

¹⁰ [Bundibugyo Ebola virus | Continental preparedness and response plan: June–November 2026 | WHO | Regional Office for Africa](#)

Expected outcome

Proposals submitted under this topic should aim for delivering results that are directed, tailored towards and contributing to one or more of the following expected outcomes:

- Increased portfolio of therapeutic and diagnostic tools available to combat the new Ebola BVD outbreak.
- Improved surveillance system to rapidly detect and identify novel Ebola virus outbreaks in Africa.

Scope

The proposal submitted under this call topic should be an expansion of the currently funded Global Health EDCTP3 project, Ebola PREP-TBOX (101145709), titled *Development of a toolbox to improve preparedness strategies on surveillance in human-animal interface and countermeasures to reduce recurrent Ebola impacts*.

Ebola PREP-TBOX is currently building a toolbox permitting early Ebola outbreak containment, through a spatiotemporal model utilising environmental, animal reservoir, socioeconomic and human movement data will be developed enabling prediction of future outbreaks. The project was also set to improve the sensitivity of current diagnostics through innovative viral capture techniques in the context of future Ebola virus (EBOV) outbreaks interventions.

Although the project already featured the existence of the BVD in some of its activities, the proposal submitted under this topic should highlight the activities needed to expand the current scope of Ebola PREP-TBOX in the context of research response to the new outbreak of the BVD. While the main objective of the proposal should be aligned with the project's activities, more specifically those around surveillance and diagnostics, and its pivoting towards BVD research response, consortia may propose a second new objective, if this is needed to tailor the response.

The proposal submitted under this topic should effectively align with the Bundibugyo Ebola virus Continental preparedness and response plan: June–November 2026 jointly launched by Africa CDC and the WHO Regional Office for Africa¹¹, in the context of “One response” framework.

The proposal should focus on the epidemiological needs of the DRC and Uganda, and other Ebola affected or prone contexts, if relevant and well justified.

The applicants are encouraged to consider the latest innovations and advances in the clinical trial design and research methods in order to evaluate promising interventions allowing shorter development timelines. Applicants are also encouraged to follow the WHO Guidance for best practices for clinical trials¹².

Where possible, collaboration and coordination with the AU-EU Health Partnership's Manufacturing and Access to Vaccines, medicines and health technologies (MAV+) hub or similar African initiatives is encouraged. Applicants could show, for example, willingness to enter into technology transfer agreements with African counterparts - including the provision of patents, technical knowledge and know-how - or early engagement with regulators or with African manufacturers to support the translation into affordable products adapted to the regional market.

¹¹ [Bundibugyo Ebola virus | Continental preparedness and response plan: June-November 2026 | WHO | Regional Office for Africa](#)

¹² [WHO Guidance for best practices for clinical trials](#)

Activities and deliverables of the consortium under the grant agreement to be concluded must be distinct from those of the Ebola PREP-TBOX (101145709) project, even if complementary.

Where relevant, the project funded under this topic should ensure adequate synergies with existing Global Health EDCTP3 projects on Ebola and regional networks of excellence and epidemic preparedness consortia, as well as new projects resulting from the Global Health EDCTP3's strategic response to the new Ebola outbreak, especially those involving complementary activities.

Expected impact

The project funded under this topic should contribute towards the reduction of the burden of disease in sub-Saharan Africa and thus contribute to achieving SDG 3 'Ensure healthy lives and promote wellbeing for all at all ages' through increased international cooperation among researchers and funders, catalyse research synergies, and leverage resources and investment.

Applicant consortium

Consortium composition is in principle limited to the following entities, although not all named entities need to be present in the proposal:

EBERHARD KARLS UNIVERSITAET TUEBINGEN (DE)

SOCIETE CONGOLAISE DE SANTE MENTALE (CG)

INSTITUT NATIONAL DE RECHERCHE BIOMEDICALE DU ZAIRE (CD)

UGANDA NATIONAL HEALTH RESEARCH ORGANISATION (UG)

UVRI CLINICAL RESEARCH PROGRAM INITIATIVE LTD (UG)

FABENTECH (FR)

FONDATION CONGOLAISE POUR LA RECHERCHE MEDICALE (CG)

CENTRE NATIONAL DE LA RECHERCHE SCIENTIFIQUE CNRS (FR)

FUNDACION PARA LA INVESTIGACION BIOMEDICA DEL HOSPITAL UNIVERSITARIO 12 DE OCTUBRE (ES)

Inclusion of entities not listed above is possible but must be clearly justified by the outbreak research response needs, and concrete tasks must be described in the proposal.

| Specific conditions | |
|----------------------|--|
| Indicative timetable | Call opening: 30 June 2026 Submission deadline proposal: 7 July 2026 |
| Indicative budget | The maximum JU budget for the topic is EUR 1 million* from the 2026 budget. Subject to agreements after the evaluation with other donors acting as contributing partners, additional JU budget may be available. The proposal must therefore include and distinguish clearly: |

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| | <p>1. A core set of activities to expand the currently funded Global Health EDCTP3 project with a corresponding supplementary budget of maximum EUR 1 million.</p> <p>2. Additional complementary activities that could be conducted with a corresponding supplementary budget, subject to available funding.</p> <p>All activities proposed will be evaluated so that they can be included in the grant agreement if additional JU budget is eventually available. However, proposals must present standalone and viable activities for a maximum budget of EUR 1 million.</p> <p>Organisations expressing an interest in supporting additional activities as contributing partners through co-funding may be invited to participate in the evaluation process as observers, subject to the applicable rules governing confidentiality and conflicts of interest.</p> <p>Furthermore, where applicants have provided their explicit consent, their proposals may be shared with potential co-funders for the sole purpose of assessing opportunities for supplementary funding and facilitating subsequent co-funding decisions.</p> <p><i>(*)</i>: A comprehensive description of all activities should be provided beyond that covered by the JU budget to enable potential co-funding by interested partners.</p> |
| Type of action | Research and Innovation Action (RIA) |
| Admissibility and eligibility conditions | <p>Identified consortium of beneficiaries: the above listed members of the Ebola PREP-TBOX consortium</p> <p>Due to its unique positioning as a Global Health EDCTP3-funded project on Ebola.</p> |
| Award criteria | The evaluation award criteria to be applied in the evaluation of the Calls are described in General Annex D of General Annexes 2023-2025. |
| Legal and financial set-up of the Grant Agreements | The rules are described in General Annex G 2026-2027. |

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| <p>Legal and financial set up of the Grant Agreements - Standard deliverables</p> | <p>Implementing the provision on affordable access as defined in Article 114 of the Council Regulation 2021/2085 establishing⁵⁶, grants awarded under this topic will have to include in their Plan for the exploitation and dissemination of results including communication activities to be submitted during the project as a deliverable also the following:</p> <p>Access plan</p> <p>Participants must include in their Plan for the exploitation and dissemination of results an appropriate and proportionate access plan that demonstrates their strategies to ensure that the products and services that they develop based or partly based on the results of clinical studies undertaken by their project are affordable, available and accessible to the public (market and end-users) at fair and reasonable conditions. This covers registration targets, plans to meet demand, flexible approaches to IP, engagement with regulators and manufacturers where relevant and other strategies that reflect ability to pay and ensures that economic barriers to access are low.</p> <p>In addition, participants should add, if relevant, as part of the plan, an outline on how to achieve the optimal use of an intervention including, for example, how to avoid irrational use, overuse or abuse (e.g. antimicrobials). Additionally, to any updates during the project, a final version of the Plan for the exploitation and dissemination of results including the above access plan, must also be submitted with the final report of the project.</p> |
| <p>Legal and financial set up of the Grant Agreements - Additional exploitation obligations</p> | <p>Also in line with Article 114 of the Council Regulation 2021/2085, participants will be subject to the following additional exploitation obligations:</p> <ol style="list-style-type: none"> 1. Participants must – up to four years after the end of the action (see Data Sheet, Point 1) – use their best efforts to ensure that resulting health technologies and services will be broadly available and accessible, as soon as possible and at fair and reasonable conditions. In this respect, if, despite a participants’ best efforts, the results are not exploited within one year after the end of the action, participants must (unless otherwise agreed in writing with the granting authority) use the Horizon Results Platform to find interested parties to exploit the results. 2. In case the participants cannot fulfil the preceding obligation, the participants must (if requested by the granting authority) grant non-exclusive licences - under fair and reasonable conditions - to their results to legal entities that commit to rapidly and broadly exploiting the resulting health technologies and services and ensure that they are broadly available and |



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| | <p>accessible, as soon as possible and at fair and reasonable conditions.</p> <p>3. In case of transfer of the ownership or licensing of results, participants must pass on such additional exploitation obligations to the legal entities exploiting the results.</p> <p>4. For up to four years after the action (see Data Sheet, Point 1), the funding body must be informed every year about the status of the development of the product and any other exploitation of the results through an annual report that is due on each anniversary of the end of the grant agreement.</p> |
| <p>Legal and financial set-up of the Grant Agreements – linked action</p> | <p>The grant awarded under this topic will be linked to the following actions:</p> <p>Grants awarded under topics HORIZON-JU-GH-EDCTP3-2026-01-EBOLA-IBA, HORIZON-JU-GH-EDCTP3-2026-03-EBOLA-IBA and HORIZON-JU-GH-EDCTP3-2026-04-EBOLA-IBA.</p> <p>The conclusion of a collaboration agreement between the relevant consortia implementing the linked actions in accordance with Article 7 of the Model Grant Agreement is required.</p> |
| <p>Other requirements</p> | <p>For all projects under this topic, if the coordinator is not from a country in SSA, the designation of a scientific project leader with the roles as described in the introduction is mandatory. A work package on ‘scientific project leadership’ must be included in the proposals and budget needs to be provided for this activity.</p> |



HORIZON-JU-GH-EDCTP3-2026-03-EBOLA-IBA: Mobilisation of research funds for the expansion of activities of project **EPoCA** (101145795) in the context of the recent Bundibugyo outbreak in Democratic Republic of the Congo (DRC) and Uganda

Form of Funding: Grants not subject to calls for proposals

Type of Action: Grant to identified beneficiary according to Financial Regulation Article 198(e) and Article 24(3) (a) of the Horizon Europe Regulation - Research and Innovation Action (RIA)

EU budget: EUR one (1) million

Background

In 2023, Global Health EDCTP3 published its Work Programme earmarking EUR 11 million to a targeted funding call: “*Research to rapidly evaluate interventions on Ebola outbreaks in sub-Saharan Africa*”, with an average JU contribution of around EUR 3 million. This call was fundamentally shaped by the historic lessons of the 2014–2016 West African epidemic and the 2022 Sudan ebolavirus outbreak in Uganda.

The primary paradigm guiding the 2023 call for proposals funding focused on Zaire ebolavirus and Sudan ebolavirus—strains for which advanced medical countermeasures (such as Ervebo and Zabdeno vaccines or mAb114 and REGN-EB3 therapeutics) were either fully licensed or in advanced clinical pipelines. The 2023 mandate sought to optimise real-time clinical trial frameworks and operational readiness to rapidly deploy these existing tools when a spillover occurred.

The epidemiological landscape shifted on 15 May 2026, when health authorities in the Democratic Republic of the Congo (DRC) and Uganda concurrently declared an outbreak of Bundibugyo virus disease (BVD), triggered by the species *Orthoebolavirus bundibugyoense*. Within 24 hours, the World Health Organization (WHO) declared it a Public Health Emergency of International Concern (PHEIC)¹³.

Unlike smaller self-limiting historical clusters (such as those in 2007 and 2012), the current 2026 outbreak is highly complex. Its unprecedented scale is centred in the highly mobile, conflict-affected Ituri province of the DRC, the outbreak quickly expanded to nearly 515 confirmed cases across multiple health zones, including 91 confirmed related deaths, and 283 individuals hospitalised in isolation (as of 7 June 2026), rapidly spreading internationally to Uganda, with 19 confirmed cases and two deaths (as of 6 June 2026)¹⁴. In addition, unlike the Zaire or Sudan strains, there are currently no approved or licensed vaccines or specific therapeutics available for BVD and the outbreak amplification by healthcare-associated transmission, with significant casualties among frontline healthcare workers¹⁵.

To align effectively with the Bundibugyo Ebola virus Continental preparedness and response plan: June–November 2026 jointly launched by Africa CDC and the WHO Regional Office for Africa¹⁶, swift action from Global Health EDCTP3 is required. Contextually, the emergency funding mechanism

¹³ [Ebola outbreak in Central Africa declared a ‘Public Health Emergency of International Concern’ | UN News](#)

¹⁴ [Ebola disease outbreak in the Democratic Republic of the Congo and Uganda | ECDC](#)

¹⁵ [Notes from the Field: Outbreak of Ebola Disease Caused by Bundibugyo Virus — Democratic Republic of the Congo and Uganda, May 2026 | MMWR](#)

¹⁶ [Bundibugyo Ebola virus | Continental preparedness and response plan: June–November 2026 | WHO | Regional Office for Africa](#)

under Work Programme 2026 is being activated to expand the existing late-stage clinical studies to the BVD strain.

Expected outcome

Proposals submitted under this topic should aim for delivering results that are directed, tailored towards and contributing to one or more of the following expected outcomes:

- Increased portfolio of therapeutic and diagnostic tools available to combat the new Ebola BVD outbreak.
- Improved surveillance system to rapidly detect and identify novel Ebola virus outbreaks in Africa.

Scope

The proposal submitted under this call topic should be an expansion of the currently funded Global Health EDCTP3 project, EPoCA (101145795), titled *Empowering Africa's Point of Care with Cutting-edge Graphene Biosensing for Rapid Detection and Interconnected Surveillance of Novel Ebola Virus Outbreaks*.

EPoCA is currently developing and clinically validating a Point of Care (PoC) biosensing platform based on multiplexed field-effect sensor technology based on graphene monolayers functionalised with specific and oriented recognising biomolecules (BioGFET). While this work is currently focusing on the Ebola virus (EBOV), the proposal under this topic shall highlight the activities needed to expand the current scope of EPoCA in the context of research response to the new outbreak of the BVD. While the main objective of the proposal should be aligned with the project's activities and their pivoting towards Bundibugyo virus research response, consortia may propose a second new objective, if this is needed to tailor the response.

The proposal submitted under this topic should effectively align with the Bundibugyo Ebola virus Continental preparedness and response plan: June–November 2026 jointly launched by Africa CDC and the WHO Regional Office for Africa¹⁷, in the context of “One response” framework.

The proposal shall focus on the epidemiological needs of the DRC and Uganda, and other Ebola affected or prone contexts, if relevant and well justified.

The applicants are encouraged to consider the latest innovations and advances in the clinical trial design and research methods in order to evaluate promising interventions allowing shorter development timelines. Applicants are also encouraged to follow the WHO Guidance for best practices for clinical trials¹⁸.

Where possible, collaboration and coordination with the AU-EU Health Partnership's Manufacturing and Access to Vaccines, medicines and health technologies (MAV+) hub or similar African initiatives is encouraged. Applicants could show, for example, willingness to enter into technology transfer agreements with African counterparts - including the provision of patents, technical knowledge and know-how - or early engagement with regulators or with African manufacturers to support the translation into affordable products adapted to the regional market.

¹⁷ [Bundibugyo Ebola virus | Continental preparedness and response plan: June-November 2026 | WHO | Regional Office for Africa](#)

¹⁸ [WHO Guidance for best practices for clinical trials](#)

Activities and deliverables of the consortium under the grant agreement to be concluded must be distinct from those of the EPoCA (101145795) project, even if complementary.

Where relevant, the project funded under this topic should ensure adequate synergies with existing Global Health EDCTP3 projects on Ebola and regional networks of excellence and epidemic preparedness consortia, as well as new projects resulting from the Global Health EDCTP3 strategic response to the new Ebola outbreak, especially those involving complementary activities.

Expected impact

Projects funded under this topic should contribute towards the reduction of the burden of disease in sub-Saharan Africa and thus contribute to achieving SDG 3 'Ensure healthy lives and promote wellbeing for all at all ages' through increased international cooperation among researchers and funders, catalyse research synergies, and leverage resources and investment.

Applicant consortium

Consortium composition is in principle limited to the following entities, although not all named entities need to be present in the proposal:

LIBELIUM COMUNICACIONES DISTRIBUIDAS SL (ES)

LIBELIUM LAB SL (ES)

UNIVERSIDAD COMPLUTENSE DE MADRID (ES)

UNIVERSIDAD DE GRANADA (ES)

UNIVERSITA CAMPUS BIO MEDICO DI ROMA (IT)

BRIDG OU (EE)

UNIVERSITY OF GHANA (GH)

MEDTRONIC IBERICA SA (ES)

INSTITUT NATIONAL DE RECHERCHE BIOMEDICALE DU ZAIRE (CD)

Inclusion of entities not listed above is possible but must be clearly justified by the outbreak research response needs, and concrete tasks must be described in the proposal.

| Specific conditions | |
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| Indicative timetable | Call opening: 30 June 2026 Submission deadline proposal: 7 July 2026 |
| Indicative budget | The maximum JU budget for the topic is EUR 1 million* from the 2026 budget. Subject to agreements after the evaluation with other donors acting as contributing partners, additional JU budget may be available. The proposal must therefore include and distinguish clearly: |

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| | <p>1. A core set of activities to expand the currently funded Global Health EDCTP3 project with a corresponding supplementary budget of maximum EUR 1 million.</p> <p>2. Additional complementary activities that could be conducted with a corresponding supplementary budget, subject to available funding.</p> <p>All activities proposed will be evaluated so that they can be included in the grant agreement if additional JU budget is eventually available. However, proposals must present standalone and viable activities for a maximum budget of EUR 1 million.</p> <p>Organisations expressing an interest in supporting additional activities as contributing partners through co-funding may be invited to participate in the evaluation process as observers, subject to the applicable rules governing confidentiality and conflicts of interest.</p> <p>Furthermore, where applicants have provided their explicit consent, their proposals may be shared with potential co-funders for the sole purpose of assessing opportunities for supplementary funding and facilitating subsequent co-funding decisions.</p> <p><i>(*)</i>: A comprehensive description of all activities should be provided beyond that covered by the JU budget to enable potential co-funding by interested partners.</p> |
| Type of action | Research and Innovation Action (RIA) |
| Admissibility and eligibility conditions | <p>Identified consortium of beneficiaries: the above listed members of the EPoCA Consortium</p> <p>Due to its unique positioning as a Global Health EDCTP3-funded project on Ebola.</p> |
| Award criteria | The evaluation award criteria to be applied in the evaluation of the Calls are described in General Annex D of General Annexes 2023-2025. |
| Legal and financial set-up of the Grant Agreements | The rules are described in General Annex G 2026-2027. |

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| <p>Legal and financial set up of the Grant Agreements - Standard deliverables</p> | <p>Implementing the provision on affordable access as defined in Article 114 of the Council Regulation 2021/2085 establishing⁵⁶, grants awarded under this topic will have to include in their Plan for the exploitation and dissemination of results including communication activities to be submitted during the project as a deliverable also the following:</p> <p>Access plan</p> <p>Participants must include in their Plan for the exploitation and dissemination of results an appropriate and proportionate access plan that demonstrates their strategies to ensure that the products and services that they develop based or partly based on the results of clinical studies undertaken by their project are affordable, available and accessible to the public (market and end-users) at fair and reasonable conditions. This covers registration targets, plans to meet demand, flexible approaches to IP, engagement with regulators and manufacturers where relevant and other strategies that reflect ability to pay and ensures that economic barriers to access are low.</p> <p>In addition, participants should add, if relevant, as part of the plan, an outline on how to achieve the optimal use of an intervention including, for example, how to avoid irrational use, overuse or abuse (e.g. antimicrobials). Additionally, to any updates during the project, a final version of the Plan for the exploitation and dissemination of results including the above access plan, must also be submitted with the final report of the project.</p> |
| <p>Legal and financial set up of the Grant Agreements - Additional exploitation obligations</p> | <p>Also in line with Article 114 of the Council Regulation 2021/2085, participants will be subject to the following additional exploitation obligations:</p> <ol style="list-style-type: none"> 1. Participants must – up to four years after the end of the action (see Data Sheet, Point 1) – use their best efforts to ensure that resulting health technologies and services will be broadly available and accessible, as soon as possible and at fair and reasonable conditions. In this respect, if, despite a participants’ best efforts, the results are not exploited within one year after the end of the action, participants must (unless otherwise agreed in writing with the granting authority) use the Horizon Results Platform to find interested parties to exploit the results. 2. In case the participants cannot fulfil the preceding obligation, the participants must (if requested by the granting authority) grant non-exclusive licences - under fair and reasonable conditions - to their results to legal entities that commit to rapidly and broadly exploiting the resulting health technologies and services and ensure that they are broadly available and |

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| | <p>accessible, as soon as possible and at fair and reasonable conditions.</p> <p>3. In case of transfer of the ownership or licensing of results, participants must pass on such additional exploitation obligations to the legal entities exploiting the results.</p> <p>4. For up to four years after the action (see Data Sheet, Point 1), the funding body must be informed every year about the status of the development of the product and any other exploitation of the results through an annual report that is due on each anniversary of the end of the grant agreement.</p> |
| <p>Legal and financial set-up of the Grant Agreements – linked action</p> | <p>The grant awarded under this topic will be linked to the following actions:</p> <p>Grants awarded under topics HORIZON-JU-GH-EDCTP3-2026-01-EBOLA-IBA, HORIZON-JU-GH-EDCTP3-2026-02-EBOLA-IBA and HORIZON-JU-GH-EDCTP3-2026-04-EBOLA-IBA.</p> <p>The conclusion of a collaboration agreement between the relevant consortia implementing the linked actions in accordance with Article 7 of the Model Grant Agreement is required.</p> |
| <p>Other requirements</p> | <p>For all projects under this topic, if the coordinator is not from a country in SSA, the designation of a scientific project leader with the roles as described in the introduction is mandatory. A work package on ‘scientific project leadership’ must be included in the proposals and budget needs to be provided for this activity.</p> |

HORIZON-JU-GH-EDCTP3-2026-04-EBOLA-IBA: Mobilisation of research funds for preparing a **regional surveillance and preparedness framework** in the context of the recent Bundibugyo outbreak in Democratic Republic of the Congo (DRC) and Uganda

Form of Funding: Grants not subject to calls for proposals

Type of Action: Grant to identified beneficiary according to Financial Regulation Article 198(e) and Article 24(3) (a) of the Horizon Europe Regulation - Coordination and Support Action (CSA)

EU budget: EUR one (1) million

Background

In 2025, Global Health EDCTP3 published its Work Programme earmarking EUR 40 million to a call to established regional networks: "*Global collaborative action for strengthening the Regional Networks of Excellence and Epidemic Preparedness Consortia*", with an average JU contribution of around EUR 10 million per project. This call was fundamentally shaped by the historic capacities established by the former regional networks of excellence funded under the previous EDCTP programmes.

Contextually, projects were established with the aim of fostering research collaborations through investment in joint pathways towards a stronger and sustainable SSA clinical research landscape. These efforts will enable effective management of infectious diseases with epidemic potential using evidence-based preventive methods, prompt laboratory diagnosis, timely treatment, protection of healthcare workers, as well as to ensure the research response necessary for the geographical containment of outbreaks.

Funding of these renewed networks is very timely, considering that the epidemiological landscape shifted on 15 May 2026, when health authorities in the Democratic Republic of the Congo (DRC) and Uganda concurrently declared an outbreak of Bundibugyo virus disease (BVD), triggered by the species *Orthoebolavirus bundibugyoense*. Within 24 hours, the World Health Organization (WHO) declared it a Public Health Emergency of International Concern (PHEIC)¹⁹.

Unlike smaller self-limiting historical clusters (such as those in 2007 and 2012), the current 2026 outbreak is highly complex. Its unprecedented scale is centred in the highly mobile, conflict-affected Ituri province of the DRC, the outbreak quickly expanded to nearly 515 confirmed cases across multiple health zones, including 91 confirmed related deaths, and 283 individuals hospitalised in isolation (as of 7 June 2026), rapidly spreading internationally to Uganda, with 19 confirmed cases and two deaths (as of 6 June 2026)²⁰. In addition, unlike the Zaire or Sudan strains, there are currently no approved or licensed vaccines or specific therapeutics available for BVD and the outbreak amplification by healthcare-associated transmission, with significant casualties among frontline healthcare workers²¹.

To align effectively with the Bundibugyo Ebola virus Continental preparedness and response plan: June–November 2026 jointly launched by Africa CDC and the WHO Regional Office for Africa²², swift action from Global Health EDCTP3 is required. Contextually, the emergency funding mechanism

¹⁹ [Ebola outbreak in Central Africa declared a 'Public Health Emergency of International Concern' | UN News](#)

²⁰ [Ebola disease outbreak in the Democratic Republic of the Congo and Uganda | ECDC](#)

²¹ [Notes from the Field: Outbreak of Ebola Disease Caused by Bundibugyo Virus — Democratic Republic of the Congo and Uganda, May 2026 | MMWR](#)

²² [Bundibugyo Ebola virus | Continental preparedness and response plan: June-November 2026 | WHO | Regional Office for Africa](#)

under Work Programme 2026 is being activated to ensure a coordinated surveillance and preparedness approach amongst the existing regional networks of excellence and epidemic preparedness consortia, and to strengthen preparedness in countries at high risks of being affected by ongoing BVD outbreak.

Expected outcome

Proposals submitted under this topic should aim for delivering results that are directed, tailored towards and contributing to the following expected outcomes:

- Enhanced coordination and optimised use of resources and infrastructures across the Global Health EDCTP3-funded regional networks of excellence and epidemic preparedness consortia, in the context of surveillance, preparedness and research response to outbreaks, such as the recent BVD outbreak.
- Strengthened clinical research capacity for conducting multi-country clinical trials to ICH-GCP standards and compliance with WHO Guidance for Best Practices for Clinical Trials.

Scope

The proposal submitted under this call topic should aim to establish a centralised, cross-network collaborative framework designed to unite disparate surveillance, preparedness, and response capacities into a single coordinated operational engine. This framework would be expected to map and orchestrate existing disease surveillance assets – including but not limited to laboratories, community networks, and research centres – to bridge the networks of excellence and epidemic preparedness consortia. By establishing a unified platform for sharing epidemiological, clinical, and genomic intelligence, the initiative should aim at strengthening early warning systems, support hotspot identification, and enhance rapid cross-border response strategies across affected and at-risk regions.

To drive concrete and actionable collaboration, the framework should leverage strategic partnerships with WHO, the Africa CDC and National Public Health Institutes (NPHIs) to review master protocols and accelerate evidence generation, drawing on lessons from recent Ebola outbreaks. Furthermore, it should prioritise ensuring seamless data integration by facilitating secure access to clinical trial data and phylogenetic sequences. Through the harmonisation of clinical data endpoints and the standardisation of shared metrics, the initiative guarantees robust meta-analyses, ensuring effective research outcomes even when sample sizes are small and geographically scattered.

In the context of regional capacity, within the framework of solidarity to the already, or potentially, affected countries by the recent BVD outbreak, the proposal can feature capacity building activities to countries and/or entities not yet encompassed in the funded networks, or for which there were no foreseen surveillance capabilities, in order to ensure some level of research capacity response to the current and future outbreaks, also considering the mentoring capacities of some African countries involved in the different networks.

The proposal submitted under this topic should effectively align with the Bundibugyo Ebola virus Continental preparedness and response plan: June–November 2026 jointly launched by Africa CDC and the WHO Regional Office for Africa²³, in the context of “One response” framework. Contextually, it should foresee a duration of approximately 12 months or a similar period that adequately allows for the implementation of proposed activities.

²³ [Bundibugyo Ebola virus | Continental preparedness and response plan: June-November 2026 | WHO | Regional Office for Africa](#)

Activities and deliverables of the consortium under the grant agreement to be concluded must be distinct from those of the projects funded under topic HORIZON-JU-GH-EDCTP3-2025-03-NETWORKS-01-two-stage, even if complementary.

Where relevant, the project funded under this topic should ensure adequate synergies with existing Global Health EDCTP3 projects on Ebola, and new projects resulting from the Global Health EDCTP3 strategic response to the new Ebola outbreak, especially those involving surveillance activities.

Expected impact

The action funded under this topic should contribute to increased international cooperation among researchers and funders, catalyse research synergies, and leverage resources and investments in order to achieve the strengthening of the regional networks of excellence and epidemic preparedness consortia.

Applicant consortium

Consortium composition is in principle limited to the following entities, although not all named entities need to be present in the proposal:

EUROPEAN & DEVELOPING COUNTRIES CLINICAL TRIALS PARTNERSHIP (NL)

MAKERERE UNIVERSITY (UG)

UGANDA NATIONAL HEALTH RESEARCH ORGANISATION (UG)

FONDATION CONGOLAISE POUR LA RECHERCHE MEDICALE (CG)

INDEPTH NETWORK PRIVATE COMPANY LIMITED BY GUARANTEE (GH)

WEST AFRICAN RESEARCH AND INNOVATION MANAGEMENT ASSOCIATION WARIMA LTD (NG)

Inclusion of entities not listed above is possible but must be clearly justified by the outbreak research response needs, and concrete tasks must be described in the proposal.

| Specific conditions | |
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| Indicative timetable | Call opening: 30 June 2026 Submission deadline proposal: 7 July 2026 |
| Indicative budget | <p>The maximum JU budget for the topic is EUR 1 million* from the 2026 budget.</p> <p>Subject to agreements after the evaluation with other donors acting as contributing partners, additional JU budget may be available. The proposal must therefore include and distinguish clearly:</p> <ol style="list-style-type: none"> 1. A core set of activities to expand the currently funded Global Health EDCTP3 project with a corresponding supplementary budget of maximum EUR 1 million. |

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| | <p>2. Additional complementary activities that could be conducted with a corresponding supplementary budget, subject to available funding.</p> <p>All activities proposed will be evaluated so that they can be included in the grant agreement if additional JU budget is eventually available. However, proposals must present standalone and viable activities for a maximum budget of EUR 1 million.</p> <p>Organisations expressing an interest in supporting additional activities as contributing partners through co-funding may be invited to participate in the evaluation process as observers, subject to the applicable rules governing confidentiality and conflicts of interest.</p> <p>Furthermore, where applicants have provided their explicit consent, their proposals may be shared with potential co-funders for the sole purpose of assessing opportunities for supplementary funding and facilitating subsequent co-funding decisions.</p> <p><i>(*)</i>: A comprehensive description of all activities should be provided beyond that covered by the JU budget to enable potential co-funding by interested partners.</p> |
| Type of action | Coordination and Support Action (CSA) |
| Admissibility and eligibility conditions | <p>Identified consortium of beneficiaries: the above listed members of consortia funded under the call topic HORIZON-JU-GH-EDCTP3-2025-03-NETWORKS-01-two-stage</p> <p>Due to their unique positioning as Global Health EDCTP3-funded outbreak preparedness projects</p> |
| Award criteria | The evaluation award criteria to be applied in the evaluation of the Calls are described in General Annex D of General Annexes 2023-2025. |
| Legal and financial set-up of the Grant Agreements | The rules are described in General Annex G 2026-2027. |
| Legal and financial set-up of the Grant Agreements - Costs for providing financial support to third parties allowed | The action may also include justified derogations from the standard limits to financial support to third parties. It may not be more than EUR 60,000, unless the objective of the action would otherwise be impossible or overly difficult. Where applicable, the relevant grant agreement options will be applied. |



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| <p>Legal and financial set-up of the Grant Agreements – linked action</p> | <p>The grant awarded under this topic will be linked to the following actions:</p> <p>Grants awarded under topics HORIZON-JU-GH-EDCTP3-2026-01-EBOLA-IBA, HORIZON-JU-GH-EDCTP3-2026-02-EBOLA-IBA and HORIZON-JU-GH-EDCTP3-2026-03-EBOLA-IBA.</p> <p>The conclusion of a collaboration agreement between the relevant consortia implementing the linked actions in accordance with Article 7 of the Model Grant Agreement is required.</p> |
| <p>Other requirements</p> | <p>For all projects under this topic, if the coordinator is not from a country in SSA, the designation of a scientific project leader with the roles as described in the introduction is mandatory. A work package on ‘scientific project leadership’ must be included in the proposals and budget needs to be provided for this activity.</p> |