Global Health
EDCTP3

Global Health EDCTP3 Joint Undertaking

Summary Report of the 7th meeting of the Scientific Committee

12 March 2025

Online

Global Health EDCTP3
Joint Undertaking

WEBSITE
https://globalhealth-edctp3.eu

VISITING ADDRESS
Avenue de la Toison d'Or /
Gulden Vlieslaan 56-60
1060 Brussels (Belgium)

Table of Contents

Contents

Introduction

The purpose of the seventh meeting of the Scientific Committee of the Global Health EDCTP3 Joint Undertaking was:

1. To provide updates and seek advice on:
    a. The Portfolio analysis of Global Health EDCTP3
    b. The Annual Research and Innovation Agenda (ARIA) for 2026
    c. The revision of the Strategic Research and Innovation Agenda (SRIA), and the Programme Logic and Key Performance Indicators (KPIs).
2. With reference to the SRIA, the ARIA, and the Portfolio analysis obtain scientific and strategic advice for the Work Programme 2026 (WP26).
3. To provide updates and seek advice on the preparations for the 12th EDCTP Forum to be held in Kigali, Rwanda in June 2025.
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

The meeting was held online on the 12 March 2025.

Agenda

The agenda included the following sessions:

Session 1 - Welcome, Agenda Adoption, Sixth meeting report, 2024 Annual report

Session 2 – Updates on Portfolio and implementation of WPs 2022-2025

Session 3 - Discussion and feedback on the Annual Research Innovation Agenda (ARIA) and draft Work Programme 2026

Session 4 – Other Updates

The more detailed agenda can be found in Annex 1.

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

SESSION 1 - Welcome, Agenda Adoption, Sixth meeting report, 2024 Annual report

The Chairperson of the Scientific Committee (SC) welcomed the SC Members, the Executive Director and the Programme Office (PRO) staff members.

The Executive Director opened the meeting, outlining the expected key outcomes for this meeting.

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

The sixth meeting report and the report on activities and achievements in 2024 was adopted by the SC members.

The SC was updated on the progress of the SC Membership and selection procedure. The outcome of this selection procedure will be communicated in March 2025. The new members of the SC will join the group for the first time at the June meeting in Kigali, at the EDCTP Forum. This will also be the last meeting for the majority of the current SC members.

SC Consultation on IKAAs

In line with Article 17(2)(n) of the Single Basic Act (SBA) on the tasks of the Governing Board, where it is foreseen that the Governing Board shall approve the annual additional activities (IKAAs) plan, set out in an annex to the main part of the work programme, on the basis of a proposal from the members other than the Union and after having consulted the scientific advisory body, the in-kind contributions to additional activities (IKAAs) plan annexed to the 2025 Work Programme was shared with the Scientific Committee (SC) for information, review and endorsement.

The analysis of the countries' individual contributions in 2025 was presented in detail. SC Members discussed the type of activities included in the plan, the contribution towards Horizon Europe (HE) operational objectives and Global Health EDCTP3 specific objectives. In their comments, the SC members noted that in relation to HE operational objectives, most of the funding is directed towards strengthening scientific excellence.

In terms of Global Health EDCTP3 specific objectives, the IKAAs plan 2025 is largely directed towards two areas: 1) strengthening research and innovation capacity, and 2) advancing development and use of new or improved technologies. The SC Members noted and commended the encouraging contributions of the Members of the EDCTP Association.

Further, they recommended the Joint Undertaking to continue its advocacy efforts and encourage more countries to increase their support towards these activities at national level. The Scientific Committee endorsed the IKAAs plan annexed to the Work Programme 2025, confirming the alignment of these activities with the Global Health EDCTP3 programme scope and mandate.

SESSION 2 – Updates on Portfolio and implementation of WPs 2022-2025

The Chairperson invited the Scientific Programme Officer (SPO) who introduced session 2 as the background in preparation of session 3 including the outline of changes to the Strategic Research and Innovation Agenda (SRIA) as endorsed by the Stakeholders Group (SG), an update on the Portfolio analysis, an updated Annual Research and Innovation Agenda (ARIA), the allocated budget 2022-2024, and expected budget for 2025-2027.

The Senior Strategic Partnerships Officer (SSPO) presented the updates to the SRIA, as endorsed by the SG. The changes include, among other, the synergy with other funders, sustainability, aligning objectives with overall funding, the addition of adjacent sectors, determinants of health, health rights and equity.

The SC have been asked to revert back with any written feedback on the updated SRIA in two

weeks.

The Operations and Policy Officer (OPO) presented an analysis of the current Portfolio; this analysis has been used, together with the ARIA, as the basis of the Work Programme (WP) 2026.

The Senior Scientific Officer (SSO) presented the updated ARIA, including the prioritization strategy of the EDCTP3 Programme informing potential topics for future WPs, the scope of the WP2025, and the budget breakdown per WP (2022–2027).

SESSION 3 – Discussion and feedback on the Annual Research Innovation Agenda (ARIA) and draft Work Programme 2026

The Chairperson introduced the agenda item handing over to the Head of Unit (HoU) and SSO who outlined the process behind preparing the Work Programme (WP) 2026 and the key themes for discussion.

The Secretariat requested for each proposed topic a rapporteur of the SC for taking notes.

The SSO presented an introduction on monoclonal antibodies and antivirals which are suggested for integration in the WP2026. The SSO introduced each draft topic including its background, and key strategic questions prompting SC's discussion and reflection.

It was noted that the topics titles are still suggestions and are subject to refining as the topic texts are further developed.

Topic 1: TB therapeutics, and chemoprevention in the context of latent TB

Background

- 30 years after the WHO declared TB a global emergency, the global TB epidemic is still a critical challenge affecting all regions and countries, especially developing countries.
- Although TB is preventable and curable, an estimated 10.6M people fell ill with TB in 2021 (56.5% men, 32.5% women, 11% children), and approximately 1.6M people died from the disease, including approximately 187K people with HIV, making TB one of the leading causes of death worldwide.
- Forward looking analysis assuming implementation of the WP25 estimates having about 14% of GH EDCTP3 total funding invested on TB with majority focusing on vaccines (50%) followed by diagnostics (23%) and therapeutics (19%). Therefore, WP2026 may be an opportunity to fund more TB drugs for therapy and chemo-prevention.
- The TB Therapeutics pipeline has several candidates (http://www.newtbdrugs.org/pipeline/clinical) in Phase 2 with potential to move to phase 3 and further towards registration, but continued funding is key.

SC input (Rapporteur: Prof. Martin Meremikwu)

SC members discussed the draft topic and raised the following comments:

- The treatment of latent TB should focus on individuals with increased risk. It is highlighted important to look for biomarkers that indicate progression to TB.
- There could be role for combination of chemoprevention with vaccine or immunotherapy.
- The use of monoclonal antibodies may not be a priority for managing or preventing latent TB.
- There are global partners seeking to align with EDCTP3 to conduct clinical trials for monoclonal antibodies development.
- The entry point for Global Health EDCTP3 involvement monoclonal antibodies development should be the promotion of low-cost monoclonal antibodies. Cost effectiveness studies of monoclonal antibodies for some infections currently show that low cost monoclonal antibodies are still far more expensive than therapeutics.
- While it may be desirable to focus on special population group at a later phase of product development, earlier development stage of primary product development should include general/wider population groups (before focusing on special groups).
- It is noteworthy that treatment of latent TB should be assessed in terms of overall mortality as there are indications that treatment of latent TB in healthy adults if anything is associated with a tendency for increased overall mortality.
- Global Health EDCTP3 has budget to invest up to 2027 (including collaborative co-funding) for implementation of (monoclonal antibody) studies up to 2031.
- The need to consider neonatal sepsis management as an important intervention towards reducing neonatal pneumonia mortality was highlighted.

Topic 2: Lower respiratory tract infections –antibiotics, antivirals

Background

- *S. pneumoniae* is estimated to be responsible for 46,7% of lower respiratory tract infections (LRTIs) across Africa. Other bacterial infections with high prevalence in SSA are those caused by *H. influenzae, S. aureus,* and *K. pneumoniae*.
- The most predominant LRTI viruses are the human respiratory syncytial virus (RSV), adenovirus, rhinovirus/enterovirus, influenza A/B, human parainfluenza viruses, and human coronaviruses.
- Fungal infection by *Cryptococcus spp*., *Pneumocystis jirovecii* and *Aspergillus fumigatus* are especially relevant in immunocompromised patients, where acute hypoxemic respiratory failure (ARF) is the leading cause of hospitalisation but whose identification is challenging due to the variety of infectious agents
- There is need to explore the potential role of low-cost monoclonal antibodies (mAbs) and other agents incl. antibiotics and antivirals, in addressing unmet medical needs in this area.

- Forward looking analysis, assuming the implementation of the WP25, estimates having about 4% of GH EDCTP3 funding on LRTIs. Therefore, WP 2026 and/or 2027 represent an opportunity to invest in R&D programmes tackling LRTIs.

SC input (Rapporteur: Prof. Christine Stabell Benn)

SC members discussed the draft topic and raised the following comments:

- LRTIs was raised as an underfunded topic in SSA

- It was discussed whether to specify specific pathogens (as RSV which is major driver for mortality in children) and have a separate call covering prevention and treatment for next year's WPs. Yet, the majority seem to support a broader call.
- For RSV: the need was highlighted for having access to mAbs in SSA as well as need for more data on the maternal vaccines and development of new antivirals for treatment.
- The urgent need for new antibiotics was also highlighted
- The treatment strategies should ideally include point-of-care diagnostics to distinguish between viral/bacterial infections to inappropriate use of antibiotics.
- Treating LRTI may also be important for children in the late neonatal phase (but of limited impact on the high neonatal mortality in the first weeks).
- Concerns on price and accessibility were raised for the monoclonal antibodies
- Host-strengthening interventions could be considered

Topic 3: HIV co-infections and comorbidities (including HPV/STI)

Background

- Patients with HIV often have co-infections (such as tuberculosis, malaria, hepatitis) complicating treatment decisions.
- Further research is needed to better understand the interaction between HIV and these infections, as well as how best to treat these co-morbidities.
- The funding landscape has been changing in the last decade with resources being re-focused to other diseases.
- Forward looking analysis, assuming the implementation of the WP25, estimates having about 6% of GH EDCTP3 funding on HIV (mainly focusing on HIV therapy).
- Co-infections and co-morbidities have not been addressed through a dedicated call topic WP 2022-25. Hence the opportunity to invest in tools and strategies to further address co-infections (incl. STIs) and co-morbidities through WP 2026 and/or 2027.

SC input (Rapporteur: Prof. Pablo Rojo Conejo)

SC members discussed the draft topic and raised the following comments:

- The main unmet medical needs in this area are:

- HIV cure for both in children and adults.
- New injectable preventive measures and treatments. There is a great range of antiretrovirals (especially CAB and LEN) and also broadly neutralizing monoclonal antibodies that can be used for prevention or in combination for treatment strategies that will provide a better adherence to treatment that need to be evaluated in SSA.
- Co-morbidities

- HIV is still a major driver of mortality in adults and children in SSA, therefore it still needs to be a priority, especially given cuts of US funding in research funding in SSA.

- The SC states that most impact can be achieved by focusing on co-morbidities and on new injectable preventive measures and treatments.

- With the possibility of having co-funding related to co-morbidities, the topic could include 2 major broad areas:

  - Non-Communicable Diseases (NCDs) associated to HIV infection, without selecting specific NCDs but including all of them in the call. Major NCDs affecting adults living with HIV nowadays in SSA are: cardiovascular diseases and diabetes, but also all risk factors like: raised blood pressure, increased blood glucose, elevated blood lipids and obesity. Therapies against the different diseases may interfere and are insufficienty investigated for population in SSA.

  - A very important topic that now is being highlighted is Advanced HIV Disease (AHD), that it is still leading the causes of death related to HIV in SSA. And it is different in adults and children: In adults it is usually associated to TB, sepsis and cryptococcal meningitis, in children is more associated to sepsis, severe pneumonia and malnutrition. Again here, better to have a common call on AHD that could incorporate phase III clinical trials that could cover several of the main drivers of AHD mortality: both treatment trials and prevention trials

- HIV-associated NCDs are an important problem in SSA. Monoclonal antibodies are being studied for prevention, treatment and cure of HIV. Several important studies in this area have been presented at CROI 2025.

- The most promising studies are related to:

  - Phase III trials on prevention of HIV in neonates being breastfed.

  - HIV cure trials based on broadly neutralizing monoclonal antibodies

The ED commented that, according to WHO, 77% of all NCD deaths are in LMICs confirming NCDs as a major cause of mortality in LMICs. This highlights the opportunity to address this medical need by connecting NCDs to infectious diseases, including the data concerning the growing number of people on long term treatment for HIV developing a co-morbidity.

The ED also noted that discussions are ongoing with potential contributing partners to join the topic.

Topic 4: Antivirals against Emerging and re-emerging infectious diseases

Background

- Majority of clinical phase antiviral compound/indications are targeting coronaviruses (SARS-CoV-2) and orthomyxoviruses (Influenza).

- Other indications with limited ongoing clinical development work include Human Adenovirus, Lassa fever, Chapare hemorrhagic fever, Ebola, Dengue, Japanese encephalitis, Crimean Congo hemorrhagic fever, Rhinovirus, Polio, and Mpox.

- Several of these emerging and re-emerging infectious diseases have an epidemic potential or have already caused outbreaks (past and present) with important impact on sub-Saharan Africa

  Several antivirals in clinical phase and other approved antivirals are being explored for expanded indications (https://www.intrepidalliance.org/antiviral-pipeline/#clinical), incl. infectious diseases in scope of Global Health EDCTP3.

SC Input (Rapporteur: Prof. Martin Meremikwu)

SC members discussed the draft topic and raised the following comments:

- The use of monoclonal antibodies for emerging and re-emerging infectious disease should be explored

- Convalescent plasma and monoclonal antibodies are important for acute cases in outbreaks of Ebola, Marburg, Lassa and other emerging/re-emerging infectious diseases

- It is considered preferable to leave the call open for all potential epidemic-prone viral diseases in scope of Global Health EDCTP3

- It is considered important to promote the development of affordable monoclonal antibodies and speed of response in case of outbreaks

- n addition to monoclonal antibodies, other immunotherapies should be considered, depending on the pathogen and the types of interventions in the pipeline.

Topic 5: Neglected Infectious Diseases (NIDs) and malaria diagnostics

Background

- Between 2014 and 2021, EDCTP2 programme invested in R&D for NTDs with 19 grants for NTDs projects with a total budget of EUR 70,60M, distributed as following: 1) Drugs: 13 grants EUE 47,50M 2) Vaccines: 1 grant EUR 8M 3) Diagnostics: 5 grants EUR 15,10M

- The WP2024 and 2025 have topics dedicated to Malaria vaccines, and NIDs therapeutics and Malaria therapeutics and NIDs Vaccines respectively.

- Forward looking analysis, assuming implementation of WP25, estimates having about 21% and 19% of GH EDCTP3 funding on NIDs and malaria projects respectively.

- For several NIDs, there is need for development and deployment of novel diagnostic technologies which are less invasive.

- For Malaria control efforts, there is need to develop and deploy tools for rapid diagnosis of both symptomatic and asymptomatic infections, with or without other co-infections.

SC input (Rapporteur: Prof. Tinto Halidou)

The following comments were discussed by the SC Members:

- If funding allows, the topics of NID and Malaria diagnostics should be separated since the breadth of the topics with NIDs targeting about 20 diseases on one hand and the perspective of malaria elimination following the deployment of the two malaria vaccines on the other hand.

- However, combining the two topics has the advantage to foster the investment on the NIDs as there is more attention on funding malaria on which the NIDs can build.

- There is low number of diagnostics available for NIDs considering the 20+ diseases that needs diagnostic tools. In addition, with the decrease of malaria, other febrile illnesses including NIDs may become of interest. Therefore, there is a significant need for diagnostic tools in this area which can justify a stand-alone separated call for NIDs.

- It was noted that combining diagnostics for several diseases is more challenging advising to keep it focused.

- Considering the high number of NIDs, it will be challenging to develop diagnostics for those where the need is urgent. The call topic should target few specific diseases of high interest to make sure the use of the funding will be efficient.

- This call topic should also address common causes of febrile illness especially in children.

- There are already rapid diagnostics tests (RDTs) available to diagnose malaria. Developing new tests with incremental improvements may not lead to major impact compared to the many other areas where EDCTP3 could make a major difference.

- Most of the existing diagnostic tools for malaria do not allow the detection of asymptomatic infections. In addition, existing RDTs are facing the problem of HRP2 deletion. Therefore, there is a need for more sensitive diagnostic tools to overcome this problem in the context of malaria elimination in some areas.

- If there are niches with need for better diagnosis of malaria, they should be specified in the call text.

Topic 6: Cross cutting: Climate crisis and climate adaptation

Background

- Clinical research has a critical role to play in 1) developing and evaluating medical products for climate-sensitive infectious diseases, 2) generating evidence for equitable and universal access to medical products, through implementation research, 3)

identifying likely future impacts of climate on disease burden ,4) evaluating the health co-benefits, impact of adaptation, mitigation measures and public health responses, and 5) promoting climate neutral research/health systems.

- Global Health EDCTP3, and European Commission, consider a climate related topic important. Hence, the decision to include the topic on the vector control topic (WP24) and diarrhoeal diseases in the context of climate and health (WP25).

- Climate adaptation is closely linked to other areas in scope of Global Health EDCTP3 programme, especially malaria and NIDs.

- Research response to several IDs (Zoonoses, Vector-borne, LRTIs) should go hand in hand with climate adaptation in SSA.

SC input (Rapporteur: Prof. Martin Meremikwu)

The following comments were discussed by the SC Members:

- The topic should address the question on how to design health services and structure more resilient to climate changes.
- It was noted that countries with large coastlines in Africa are more prone to the impact of climate change.
- Although Africa does not significantly contribute to global carbon emissions, the continent suffers from climate crisis. SC members were encouraged to suggest important topics related to climate change amenable to clinical trial/research within the scope of work of EDCTP3.
- There is need to identify interventions for disease specific as well as system-wide effects of climate change.
- Cross-cutting interventions would be more appropriate for systemic effects of climate change.
- It is noted that climate change has been shown to have an impact on the vectors of most NIDS resulting in a higher incidence of NIDs. This could inform prioritization of topics for future EDCTP3 calls and co-funding collaboration with other organization.
- It was noted that big data collection and storage contributes to an increased carbon footprint which impacts on climate change and ultimately on health.
- The association of AMR with climate change could be explored to focus the topic.
- It is suggested to consider temperature increase and what that means to the health of the African continent.

The ED noted that discussions are ongoing with potential contributing partners to join the topic.

Topic 7: Cross cutting: Emerging technologies and digital health

Background

- Artificial intelligence (AI) and predictive modelling are being explored for epidemic response and health system optimization, though country-specific strategies are still evolving.

- Digital health technologies remain under-utilised in SSA, due to a highly fragmented digital health ecosystem with a large range of non-interoperable tools lacking

coordination, integration, scalability, sustainability, most of them not offering a comprehensive enough set of attributes, resulting in the need to use several digital health technologies in parallel.

- Digital health technologies have as a topic has been addressed in the WP2024, reflecting the potential of this cross-cutting area intersecting disease and healthcare solutions.

- It is considered highly relevant to explore the potential role of these technologies in addressing gaps in diagnostics of various infectious diseases, or in an early warning tool to facilitate disease prevention and control.

- There is need to leverage AI and machine learning informed by health data of patients in SSA for diagnostics, or development of advanced tools enabling early indications of infection

SC input (Rapporteur: Prof. Keymanthri Moodley)

The following comments were discussed by the SC Members:

- The most pressing research questions to address in this area are:
    - How can digital technologies be harnessed in SSA to monitor adherence, surveillance and program management of tuberculosis?
    - How can digital technologies enhance different phases of clinical trial conduct?
    - How can digital technologies be used in HIV research?

- AI is considered highly useful for the discovery of monoclonal antibodies yet, preclinical phase is not considered in scope of GH EDCTP3.
- It was noted that Global Health EDCTP3 can make the most impact with a cross-cutting topic, with emerging technologies and digital health applying to research and healthcare domains. It was specifically noted that tools may be available, yet provision of care is challenging in areas when resources are limited.
- Given that emerging technologies and digital health are contemporary developments that are rapidly evolving, it is considered an important and urgent priority for funding in context of WP26 and WP27.
- It was noted that the call should be intentional in targeting specific interventions or strategies –research on specific infectious diseases and chronic diseases of lifestyle requires investigation of whether and how digital technologies can impact on patient care, program management and surveillance
- It was noted that adjacent sectors can be considered such as Digital technologies in research and healthcare and ethics and regulatory systems

The ED noted that there is to be a mandate to ensure that products are rolled out and improve access. In this sense, it may be advised to consider AI across calls or consider available budget with staggering as needed.

Topic 8: Cross cutting: Training networks for sustained capacity building and ethics, regulatory and pharmacovigilance capacity

Background

- Building on earlier EDCTP 1-2 investments, both WP2022 and 2023 included a topic on Ethics and Regulatory capacity.

- The need to strengthen training networks for sustained capacity building and ethics, regulatory and pharmacovigilance capacity addressing a significant need in SSA through a dedicated Coordination and Support Action (CSA) topic has been highlighted before.

- Importance is to be given to the sustainability of national, regional and continental ethics & regulatory (including Pharmacovigilance) structures

SC input (Rapporteur: Prof. Meta Roestenberg)

The following comments were discussed by the SC Members:

- There is need for capacity building in the field of digital technology and devices for ethicists and regulators as this is a rapidly developing field with important large need for capacity development.
- The WHO has taken note of several efforts for training and networks, and future support to networks should be framed in the context of existing efforts.
- While this may be an opportunity for existing networks of excellence, it was noted that new networks may currently not have the capacity.
- It was noted that this area has not been addressed in the last 3 years.

The ED noted that discussions are ongoing with potential contributing partners to join the topic to maximize support for clinical trials of increasing complexity set up to obtain regulatory approvals.

SESSION 4 – Other Updates

M&E framework

The chair opened session 4 and introduced the Monitoring and Evaluations Officer (MEO) who gave an update on the Programme Logic and the Key Performance Indicators (KPIs) including:

- Presentation of main steps of the M&E framework development
- The Global Health EDCTP3 programme logic
- Considerations used while drafting the current list of indicators.

The presentation was followed by a discussion by the SC Members. The SC members have been asked to send written feedback on the Programme Logic and KPIs within two weeks.

12th EDCTP Forum

The Team Leader Strategic Partnership and Communications gave a presentation on the preparations for the 12th EDCTP Forum. A reminder was given to the SC Members to finalise the review of the abstracts by the 21st of March. It was noted that the preparations for the Forum are progressing well.

Next SC meeting

The SSO outlined the preliminary planning for the next SC meeting in-person on 13 June 2025 in Kigali, Rwanda. This will be the last meeting for many among the current members of the SC

group.

The Chair closed the meeting.

Annex 1: Adopted agenda

Global Health EDCTP3

Global Health EDCTP3 Joint Undertaking:
Agenda of the 7th Meeting of the Scientific Committee
12 March 2025

Purpose of the meeting
1) **To provide updates and seek advice on:** i) **The Portfolio analysis of Global Health EDCTP3** ii) **The Annual Research and Innovation Agenda (ARIA) for 2026** iii) **The revision of the Strategic Research and Innovation Agenda (SRIA), and the** iv) **Programme Logic and Key Performance Indicators (KPIs).** 2) With reference to the SRIA, the ARIA**,** and the Portfolio analysis obtain **scientific and strategic advice for the Work Programme 2026 (WP26).** 3) **To provide updates and seek advice** on the preparations for the **12th EDCTP Forum** to be held in Kigali, Rwanda in June 2025. 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[1]
Expected Outcomes
- Input into the WP26 based on the updated ARIA and the preliminary WP26, contributing towards the next version of the 2026 Work Programme. - Contribution to the preparation and execution of the 2025 Forum including clarification on expected SC members involvement.
Timing & location of the meeting
The meeting is scheduled to be held online (via the Teams link below) from 10.00 to 17.15 (CET) on Wednesday 12 March 2025 [Link to Meeting] Meeting ID: 368 440 214 660 Passcode: fD6oa3YA

[1] https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32021R2085&qid=1647607319587&from=en

AGENDA			
Time (CET)	**Item**	**Doc.**	**Chair or Speaker(s)**
10.00-10.40	**SESSION 1 - Welcome, Agenda Adoption, Sixth meeting report, 2024 Annual report**		
	1.1. Opening remarks		M. Makanga
	1.2. Draft agenda & expected outcomes - *for adoption*		J. Gyapong, All
	1.3. Sixth Meeting report and SC AAR - *for adoption*	1.1, 1.2	J. Gyapong, All
	1.4. Update on SC Membership and Selection Procedure		M. Makanga JMV. Habarugira
	1.5 IKAA plans 2025 Work Programme (*later addition*)	1.4	JMV. Habarugira
10.40-11.45	**SESSION 2 – Updates on Portfolio and implementation of WPs 2022-2025**		
	2.1. Intro of session 2		A. Conversano
	2.2. SRIA update and endorsement	1.3	L. Boudarene
	2.3. Update on current Portfolio and Portfolio analysis		L. De Cock; A. Duarte
	2.4. Annual Research Innovation Agenda (ARIA) update	2	L. De Cock JMV. Habarugira
	2.5. Questions and discussion		All
11.45-16.20	**SESSION 3 - Discussion and feedback on the Annual Research Innovation Agenda (ARIA) and draft Work Programme 2026**		
11.45-12.00	3.1. Summary of proposed topics draft WP26	3	L. De Cock JMV. Habarugira
12.00-13.00	**Lunch Break**		
13.00-14:45	3.2. Discussion and feedback per potential topic **(part 1)** *Each topic to be briefly introduced by the Programme Office, before a consensus discussion which is **moderated by the SC Chair***		
	3.2.1. TB therapeutics, and chemo-prevention in the context of latent TB		
	3.2.2. Lower respiratory tract infections – antibiotics, antivirals		
	3.2.3. HIV co-infections and comorbidities (including HPV/STI)		
	3.2.4. Antivirals against Emerging and re-emerging infectious diseases		
	3.2.5. NIDs and malaria diagnostics		
14.45-15:00	**Coffee Break**		
15.00-16.00	?. Discussion and feedback per call topic **(part 2)** *Each topic to be briefly introduced by the Programme Office, before a consensus discussion which is **moderated by the SC Chair***		
	3.2.6. Cross cutting: Climate crisis and climate adaptation		
	3.2.7. Cross cutting: Emerging technologies and digital health		
	3.2.8. Cross cutting: Training networks for sustained capacity building and ethics, regulatory and pharmacovigilance capacity		

16.00-16.10	**Coffee Break**		
16.10 – 17.10	**SESSION 4 – Other Updates**		
	4.1. Programme Logic and Key Performance Indicators	4	S. Garaz; L. Pandya
	4.2. 12th EDCTP Forum: **updates from the Programme and Organising Committees**	5	L. Pandya JMV. Habarugira
	4.3. Planning for the next SC meetings for 2025		SC Chair M. Makanga
	4.4. AOB		All
Meeting Closure			

Documents (for reference or review) shared via TEAMS: Scientific Committee - Global Health EDCTP3 - 7th meeting of the SC - 12 March 2025 - All Documents

1.1 6th SC meeting report
1.2 Scientific Committee 2024 Annual Activity Report
1.3 GH EDCTP3 JU SRIA updated
1.4 IKAA plans 2025 Work Programme
2 Annual Research Innovation Agenda (ARIA) Version Feb 2025
3 The draft 2026 Work Programme
4 Key Performance Indicators and Programme Logic
5 Draft 12th Forum Programme
6 Slide deck for the 7th SC Meeting
7 Weblinks to additional information – news articles and reports on Monoclonal antibodies
7.1 Monoclonal antibodies: an untapped resource for global health (news article)
7.2 Access to monoclonal antibodies in Africa: A call to action (news article)
7.3 Access to monoclonal antibodies in Africa: A call to action (report) (uploaded as a PDF in the Teams folder if this link does not work)
7.4 2024 Gates Foundation call for 'Innovations for Exceptionally Low-Cost Monoclonal Antibody (mAb) Manufacturing'.

1. List of Participants *(ALL online)*

1.1. Scientific Committee (SC)

1) Prof. John Gyapong, **Chair**
2) Prof. Electra Gizeli (apology)
3) Prof. Halidou Tinto
4) Prof. Nicki Tiffin (apology)
5) Prof. Christine Stabell Benn
6) Prof. Keymanthri Moodley
7) Prof. Martin Meremikwu
8) Dr Claudia Filippone
9) Dr Juliet Nabyonga-Orem (apology)
10) Prof. Paulo Ferrinho
11) Dr Xavier Anglaret (apology)
12) Prof. Meta Roestenberg
13) Prof. Pablo Rojo

1.2. Global Health EDCTP3 Programme Office

1) Dr Michael Makanga, Executive Director
2) Ms Liesbet De Cock, Head of Unit Scientific Operations
3) Dr Jean Marie Vianney Habarugira, Senior Scientific Officer
4) Ms Aleksandra Conversano, Programme Officer
5) Ms Claudia Gutierrez-Arbizu, Events and Administrative Assistant
6) Mr Vincent Declerfayt, Head of Unit Finance and Administration
7) Ms Lara Pandya, Communications & Strategic Partnerships Team Leader (*for Session 4*)
8) Ms Ana Duarte, Operations and Policy Officer
9) Dr Stela Garaz, Monitoring and Evaluations Officer (*for Session 4*)
10) Dr Lydia Boudarene, Senior Strategic Partnerships Officer
11) Ms Antonia Forte, Governance Officer

1.3. Observers

1) Dr Neeraj Mistry, SG Chair Global Health EDCTP3

2) Dr Vaseeharan SATHIYAMOORTHY, Word Health Organisation (apologies)
3) Dr Martina Penazzato, Word Health Organisation
4) Dr Jan Paehler, European Commission, DG RTD

Annex 2: Questions for discussion on the draft Work Programme 2026

1. TB therapeutics, and chemoprevention in the context of latent TB

General questions:

1. What are the unmet medical needs to be addressed in this area?
2. Where do you think EDCTP3 can make the most impact with the WP26 in this area?
3. To what extent do you think it is a priority to invest in this area of work for WP26 (and WP27)?

Topic specific questions:

1. Is there an opportunity to expand the topic and add monoclonal antibodies R&D to address the unmet medical needs this area?
2. Should this topic target a specific special population (children, adolescents…)? Or stay inclusive of all age bands?

2. Lower respiratory tract infections –antibiotics, antivirals

General questions:

1. What are the unmet medical needs to be addressed in this area?
2. Where do you think EDCTP3 can make the most impact with the WP26 in this area?
3. To what extent do you think it is a priority to invest in this area of work for WP26 (and WP27)?

Topic specific questions:

1. Should this topic be specific about LRTIs diseases in scope? If yes, which LRTIs should be prioritized?
2. Should the topic focus more on antibiotics? Or antivirals? or stay open to proposed R&D ideas per disease?
3. Is there an opportunity to expand the topic and add monoclonal antibodies R&D to address the unmet medical needs this area?

3. HIV co-infections and comorbidities (including HPV/STI)

General questions:

1. What are the unmet medical needs to be addressed in this area?
2. Where do you think EDCTP3 can make the most impact with the WP26 in this area?
3. To what extent do you think it is a priority to invest in this area of work for WP26 (and WP27)?

Topic specific questions:

1. Should the topic text be specific on the co-infections and co-morbidities on the scope? It yes, which ones should be prioritized?
2. Should the topic include NCDs in the scope? If yes, which NCDs should be prioritized?
3. Is there an opportunity to expand the topic and add monoclonal antibodies R&D to address the unmet medical needs this area?
4. Which interventions should the topic focus on?

4. Antivirals against Emerging and re-emerging infectious diseases

General questions:

1. What are the unmet medical needs to be addressed in this area?
2. Where do you think EDCTP3 can make the most impact with the WP26 in this area?
3. To what extent do you think it is a priority to invest in this area of work for WP26 (and WP27)?

Topic specific questions:

1. Should this topic be specific about diseases in scope or stay open to any EID of relevance to Sub-Saharan Africa?
2. What is the best way to focus this topic to ensure generation of projects that will stimulate antivirals development in Sub-Saharan Africa?
3. Is there an opportunity to expand the topic and add monoclonal antibodies R&D to address the unmet medical needs in the Emerging and re-emerging infectious diseases rea?

5. NIDs and malaria diagnostics

General questions:

1. What are the unmet medical needs to be addressed in this area?
2. Where do you think EDCTP3 can make the most impact with the WP26 in this area?
3. To what extent do you think it is a priority to invest in this area of work for WP26 (and WP27)?

Topic specific questions:

1. Should this topic be specific about NIDs in scope or stay open to any NID in the scope of Global Health EDCTP3?
2. Can this topic accept proposals that focus only malaria diagnostics proposals, or should there be a condition that proposals on malaria Dx must be developed in the context NIDs and malaria?

6. Cross cutting: Climate crisis and climate adaptation

General questions:

1. What is the most pressing research question to be addressed in this area?
2. Where do you think EDCTP3 can make the most impact with the WP26 in this area?
3. To what extent do you think it is a priority to invest in this area of work for WP26 (and WP27)?

Topic specific questions:

1. Should the topic specify diseases in scope? (If yes, which ones?) or stay open to any diseases in the scope of Global Health EDCTP3?
2. Can this topic be used to develop products? If yes, which interventions should the topic focus on?
3. Which adjacent sectors can be considered and add to the call topic?

7. Cross cutting: Emerging technologies and digital health

General questions:

1. What are the most pressing research questions be to address in this area?
2. Where do you think EDCTP3 can make the most impact with the WP26 in this area?
3. To what extent do you think it is a priority to invest in this area of work for WP26 (and WP27)?

Topic specific questions:

1. Should this call be intentional in targeting specific interventions or strategies?
2. Which adjacent sectors can be considered and added to the call topic?

8. Cross cutting: Training networks for sustained capacity building and ethics, regulatory and pharmacovigilance capacity

General questions:

1. What are the urgent research capacity needs to be addressed in this area?
2. Where do you think EDCTP3 can make the most impact with the WP26 in this area?
3. To what extent do you think it is a priority to invest in this area of work for WP26 (and WP27)?

Topic specific questions:

1. How can this topic be tailored to ensure a good circulation of skills and knowledge sharing across health systems in SSA countries?
2. What can be added to the topic scope to address the sustainability of future networks in this area?