



Global Health
EDCTP3

Consolidated Annual Activity Report 2025

Global Health EDCTP3 Joint Undertaking



Co-funded by
the European Union

Annex to Governing Board decision No GH-EDCTP3-GB/10/2026

The Consolidated Annual Activity Report 2025 of the Global Health EDCTP3 Joint Undertaking was adopted by the Governing Board on 26 June 2026.

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

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

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FACTSHEET

Name of the JU	Global Health EDCTP3
Objectives	<p>Global Health EDCTP3 will contribute to:</p> <ul style="list-style-type: none"> • Reducing the socio-economic burden of infectious diseases in sub-Saharan Africa by promoting the development and uptake of new or improved health technologies. • Increasing health security in sub-Saharan Africa and globally by strengthening research capacities for preparedness and response to control infectious diseases.
Legal Basis	<p>Article 187 of the Treaty on the Functioning of the European Union and</p> <p>Council Regulation (EU) 2021/2085 of 19 November 2021 establishing the Joint Undertakings under Horizon Europe and repealing Regulations (EC) No 219/2007, (EU) No 557/2014, (EU) No 558/2014, (EU) No 559/2014, (EU) No 560/2014, (EU) No 561/2014 and (EU) No 642/2014</p>
Executive Director	<p>Dr Michael Makanga started his tenure as the Executive Director on 16 November 2023. He has extensive experience in the global health research sector and was previously the Executive Director of the EDCTP Association.</p> <p>With nearly three decades of experience across African and European institutions, he is a distinguished clinician-scientist. He holds a medical degree from Makerere University, along with a Master's and PhD in Pharmacology and Therapeutics from the University of Liverpool and the Liverpool School of Tropical Medicine, and is a Fellow of the Royal College of Physicians of Edinburgh.</p> <p>He has vast experience in global health, research for health capacity development, engagement with policy makers, ethics and regulatory authorities in both Africa and Europe. Moreover, he has served in various scientific and policy advisory boards involved in developing medical products and associated technologies for infectious diseases, including the World Bank, international product development organisations, philanthropies and pharmaceutical companies.</p>
Governing Board	<p>Chairperson: Dr Henning Gädeke (EDCTP Association)</p> <p>Vice-chairperson: Ms Irene Norstedt (European Commission, DG RTD) until 31 August 2025 and Ms Maria Pilar Aguar Fernandez as of 1 September 2025</p> <p>12 members in total: 6 from the European Commission and 6 from the EDCTP Association</p> <p>More information on the Governing Board can be found here.</p>
Other bodies	<p><u>Scientific Committee (SC):</u></p> <p>Chairperson: Professor John Gyapong until 13 June 2025 and</p>

	<p>Professor Harleen Grewal as of 13 June 2025</p> <p>Vice-Chairperson: Professor Marleen Temmerman (until 20 January 2025) and as of 13 June 2025 Professor John Gyapong until end of 2025</p> <p><u>Stakeholders Group (SG):</u></p> <p>Chairperson: Dr Neeraj Mistry</p> <p>Vice-Chairperson: Dr Helen Demarest</p> <p>In addition, an ad-hoc advisory group was created in 2025: The Advisory Group on Climate and Health Strategy (AGCHS).</p>
Staff number	Total statutory staff recruited by the end of 2025: 34 AD: 23 AST: 2 CA: 9
Total Budget [2025]¹	Commitment appropriations: EUR 262 903 085 Payment appropriations: EUR 123 656 972
Budget implementation/execution	<p><u>Commitment appropriations</u></p> <p>Total consumption: EUR 262 403 085 (100% of commitment “active” appropriations (Titles 1, 2 and 3) spent on total).</p> <p>Title 1 – EUR 4 274 917 (100% spent on total)</p> <p>Title 2 – EUR 2 085 558 (100% spent on total)</p> <p>Title 3 – EUR 256 042 610 (100% spent on total)</p> <p><u>Payment appropriations:</u></p> <p>EUR 122 397 472 (99% spent on total including Title 4)</p> <p>Title 1 – EUR 4 444 760 (100% spent on total)</p> <p>Title 2 – EUR 1 915 343 (100% spend on total)</p> <p>Title 3 – EUR 116 037 369 (100% spent on total)</p>
Grants/Tenders/Prizes	<p>33 grants signed for a total value of EUR 196.14 million</p> <p>Two amendments of tenders signed for a total value of EUR 1 952 820.11</p> <p>7 prizes signed for a total value of EUR 180 000</p> <p>Total value: EUR 198.3 million</p>
Strategic Research & Innovation Agenda	SRIA has been updated during 2025, with the new version available on the JU's website
Call implementation	<p>Number of calls launched in 2025: 5 calls spanning 8 call topics, of which:</p> <ul style="list-style-type: none"> • 4 competitive calls and 1 call with identified beneficiary (IBA) • All 4 competitive calls were two-stage calls • 5 call topics are RIA actions; 3 call topics are CSA actions

¹ Total budget includes operational budget (used for funding selected projects) & administrative (used for funding Programme Office activities)

	<p>Number of proposals granted: 33 <i>*proposals submitted in both stages of 2-stage calls are counted once</i></p> <p>Number of global project portfolio as of end of 2025: 107</p>
<p>Participation, including SMEs</p>	<p>Total number of beneficiaries in the 107 funded projects until the end of 2025: 406 organisations</p> <p>of which:</p> <p>8% of SMEs and 3% of EU funding received by those SMEs</p> <p>13% of private for profit/large companies and 7% of EU funding received by those companies</p> <p>54% of participants from countries that are neither EU members, nor associated to Horizon Europe programme or in transitional arrangements for association to Horizon Europe, but including members of the EDCTP Association. They span across 40 countries, majority in sub-Saharan Africa.</p> <p>2% of participants from countries that are neither EU members, nor associated to Horizon Europe programme (or in transitional arrangements for association to Horizon Europe), nor members of the EDCTP Association; namely, participants from Australia, Brazil, Cape Verde, India, Thailand, USA.</p> <p>37% of newcomer entities to the EDCTP Programme (since 2003) and 48% of newcomer entities to the JU (since 2022)</p>

FOREWORD

Dear colleagues, partners and friends,

I am pleased to present the Global Health EDCTP3 Annual Activity Report 2025. This year focused on **driving new results** and **strategically assessing our journey** of more than two decades of partnership.

Since its establishment in 2003, EDCTP has evolved into a distinctive Europe-Africa research partnership, supported by the **European Union** and, as at the end of 2025, by **46 countries through the EDCTP Association**. It has fostered a dynamic, collaborative ecosystem grounded in equity, scientific excellence and shared purpose to combat infectious diseases.

Over the past two decades, EDCTP-supported research has contributed to at least **fourteen life-saving health innovations** currently in use. These include the first WHO-recommended malaria vaccines, improved child-friendly formulations for HIV and neglected tropical diseases, and point-of-care tuberculosis diagnostics. Moreover, new, easy-to-administer medications have been successfully deployed to treat neglected diseases. More than **3 000 African scientists and health professionals** have also been supported through long-term training and leadership initiatives. Beyond this, extensive short-term training has equipped a large number of researchers with critical skills in clinical research, ethics, and regulatory compliance.

This legacy provided an important reference point to assess [the added value of EDCTP both for Europe and Africa](#).

In 2025, the project portfolio continued to expand, with **33 new projects** being selected for funding. By the end of the year, **107 projects had been funded**, with a total Joint Undertaking contribution of **EUR 430 million**. **406 organisations** are participating in the programme.

Global Health EDCTP3 also made strong progress in **mobilising co-investments** for research and capacity-building activities, through additional cash commitments and in-kind contributions from Member States and pledges from Contributing Partners. Taken together, these efforts place the programme firmly **on track to exceed its initial leverage target**, reflecting strong partner engagement and shared commitment.

In parallel, Global Health EDCTP3's **visibility and influence continued to grow** in 2025, with its work referenced in analyses and reports by leading organisations such as the World Economic Forum, Impact Global Health, Centre for European Policy Studies and the Danish Alliance for Global Health.

A key highlight of the year was the **Twelfth EDCTP Forum in Kigali**. Bringing together over **1200 delegates**, the event perfectly embodied our partnership's shared purpose, ambition, and sense of community. It also provided an ideal platform to showcase our outstanding research and capacity-development achievements.

As we look ahead, the achievements of 2025 and the lessons of the past two decades provide a **solid foundation** and **increased confidence** on the added value of the partnership to further advance impactful research, expand capacity and strengthen health security globally.

Michael Makanga

Executive Director, Global Health EDCTP3



EXECUTIVE SUMMARY

Stocktaking on two decades of EDCTP movement

2025 was a year in which Global Health EDCTP3 both delivered new results and took stock of more than two decades of the EDCTP movement, consolidating evidence of impact and using it to inform the programme's strategic direction. The year reaffirmed the maturity of the partnership and its vital role in tackling both ongoing and emerging global health challenges.

Since its inception in 2003, EDCTP has evolved from an innovative concept into a distinctive Europe-Africa research partnership supported by the European Union and - as at the end of 2025 - by 46 countries through the EDCTP Association.

In 2025, this long trajectory provided an important reference point for assessing [added value](#) and shaping future priorities. The partnership has built an ecosystem rooted in equity, scientific excellence and shared purpose, focused on infectious diseases that disproportionately affect vulnerable populations while also threatening global health security.

As part of this stocktaking exercise in 2025, Global Health EDCTP3 reviewed tangible achievements from the past 20 years. Among the documented and verified results identified to date are 14 life-saving health innovations now actively in use, including first malaria vaccines, better child-friendly HIV medicines, point-of-care diagnostics for tuberculosis, and simpler treatments for neglected tropical diseases - illustrating how clinical research conducted in Africa can generate globally relevant public health gains. As evidence continues to emerge beyond individual EDCTP project lifecycles, this mapping is being further expanded to capture additional products and practices arising from EDCTP-supported research.

The review also highlighted that more than 3 000 African scientists and health professionals have been supported through long-term training and leadership opportunities, many of whom now lead major institutions across the continent. Furthermore, numerous researchers have been empowered through short-term training programmes focused on clinical research, ethics, and regulatory compliance. These lessons guided investments in capacity-strengthening activities throughout 2025.

Taken together, these reflections - combined with concrete achievements in 2025 by Global Health EDCTP3, its third iteration - confirm that EDCTP's impact continues to grow.

Mobilised co-investments

In 2025, Global Health EDCTP3 made substantial progress in mobilising additional investments for research and capacity-building in infectious diseases. New and reinforced cash commitments from EDCTP Association members linked to grants and calls for proposals resulted in a cumulative total of EUR 35 million in additional financial contributions.

In parallel, EDCTP Association members significantly expanded their planned in-kind additional activities (IKAAs) aligned with the Global Health EDCTP3 mandate. The estimated value of these coordinated national investments now exceeds EUR 700 million, reflecting strong alignment between national research agendas and the JU's objectives.

IKAAs remain strategically critical for Global Health EDCTP3 because they enable structural coherence between national research systems and the JU - particularly in areas such as regulatory capacity, clinical research networks, workforce training and preparedness - that cannot be achieved through cash contributions alone. They also embed JU priorities within initiatives of national institutions, hence ensuring that investments will continue to generate impact beyond the lifetime of JU-funded projects.

Looking ahead, contributing partner commitments are projected to increase further in 2026 to more than EUR 150 million, following the introduction in 2025 of new co-funding mechanisms designed to facilitate joint investments and coordinated programming.

Taken together, these developments indicate that Global Health EDCTP3 is on track to surpass its initial leverage target of mobilising at least 1 euro from partners for every 1 euro invested by the European Union through Horizon Europe. This reflects sustained confidence in the partnership and a shared commitment to strengthening research capacity, epidemic preparedness, and global health security.

Our portfolio as of 2025

Since its launch in 2022, Global Health EDCTP3 has steadily built a diverse, strategically oriented and demand-driven project portfolio. Between 2021 and 2025, the programme launched 13 calls across 30 topics, attracting 827 submitted proposals. As of December 2025, 107 projects have been funded with a total Joint Undertaking contribution of EUR 430 million, including 33 new projects in 2025. Of the 107 funded projects, 91 (EUR 413 million) focus on accelerating the development of medical countermeasures against infectious diseases, while 16 (EUR 17 million) support capacity building, networking and training. This reflects a balanced approach between innovation and system strengthening.

Investments cover all major priority disease areas, with the largest shares directed to malaria, neglected infectious diseases, tuberculosis, HIV and emerging/re-emerging pathogens. In terms of interventions, the portfolio prioritises therapeutics, followed by diagnostics, vaccines and surveillance tools. Beyond disease-specific work, projects contribute to wider scientific and societal priorities, including digital health, antimicrobial resistance, climate adaptation, women's health, and environment and biodiversity.

A total of 406 organisations participate in the portfolio. In the spirit of a partnership of equals, 50% of participating entities are based in Africa, 44% in Europe, and 6% in other regions of the world. Education and research organisations represent 64% of participants. Small and medium-sized enterprises (SMEs), product development partnerships (PDPs), and private for-profit organisations together are involved in close to 60% of funded projects, signalling a growing role for diverse actors in translating research into practical health solutions.

Looking ahead, on 3 December 2025 Global Health EDCTP3 published its [Work Programme 2026](#), setting out an indicative budget of EUR 147 million for upcoming calls. The programme prioritises tuberculosis, lower respiratory tract infections, HIV and climate-related infectious diseases, among other strategic areas. Preparatory work completed in 2025 enabled calls to open in mid-January 2026, supported by online multilingual Info Days and a [networking platform](#) to facilitate partnership-building and high-quality consortia. The Work Programme also confirms the continuation of Global Collaboration Action calls, allowing [contributing partners](#) to align investments across four research and innovation topics.

Evolution of the programme

Over the past two decades, EDCTP has grown into the world's largest health research funding partnership between Europe and Africa. This progress is driven by steadily increasing investments across its three iterations - EDCTP1, EDCTP2 and now Global Health EDCTP3. After steady growth in the mid-2000s, funding surged in 2016 and accelerated further with the 2022 launch of Global Health EDCTP3. By 2025, cumulative funding for signed grants across all three programmes reached approximately EUR 1.5 billion, and this centrally managed impact is nearly doubled when including additional activities independently managed by EDCTP-Association member countries.

This trajectory demonstrates how consistent commitment from the European Union, EDCTP Association member countries and contributing partners has enabled the partnership to broaden its reach, enhance its scientific efforts, and increase its impact on global health and preparedness.

Growing external recognition

In 2025, Global Health EDCTP3's visibility, footprint and impact continued to expand across the global health and policy landscape. The programme was referenced in analyses by organisations such as the [World Economic Forum](#), [Impact Global Health](#), [the Centre for European Policy Studies](#), and [the Danish Alliance for Global Health](#), reflecting growing external attention to its role in evidence generation and policy discussions.

Throughout the year, Global Health EDCTP3 was represented at more than 45 scientific and policy fora across Europe Africa, and beyond, including the World Health Summit, the EU-AU High-Level Policy Dialogue on Science, Technology and Innovation, the POLITICO Health Care Summit, the Union World Conference on Lung Health, and the United Nations General Assembly Science Summit. The programme's digital presence also increased, reaching over 25 000 [LinkedIn](#) followers, approximately 47 000 [website](#) visitors, and more than 4 000 newsletter subscribers.

New perspectives to our Governing Board and Advisory Bodies

Equity remained a defining principle of the EDCTP partnership in 2025, reflected in its governance arrangements. The composition of the [Governing Board](#), [Scientific Committee](#) and [Stakeholders' Group](#) was renewed partially or fully, to guide the programme through its next critical phase.

The Governing Board welcomed María Pilar Aguar Fernández, Director for People: Health and Society at DG Research and Innovation, as Vice-Chairperson, and soon Chairperson. The Scientific Committee was also renewed, with Professor Harleen Grewal appointed Chairperson, continuing to provide independent scientific guidance and shape research priorities. In 2025, Global Health EDCTP3 launched a call for expressions of interest for membership of the Stakeholders' Group, with new appointments finalised in January 2026.

Internal control and financial management

Global Health EDCTP3 has systematically examined the available control results and indicators, as well as the observations and recommendations issued by the internal auditor and the European Court of Auditors to assess their impact on management's assurance about the achievement of control objectives.

In its 'Annual report on the EU Joint Undertakings for the financial year 2024', the European Court of Auditors (ECA) issued an unqualified ("clean") audit opinion on the accounts of the JU and on the legality and regularity of the payments and revenue underlying the 2024 annual accounts.

In conclusion, management has reasonable assurance that, overall, suitable controls are in place and working as intended; risks are being appropriately monitored and mitigated.

Celebrating the EDCTP movement

A major milestone of 2025 was the [Twelfth EDCTP Forum](#) in Kigali, Rwanda, which brought together approximately 1 200 delegates. The Forum showcased scientific achievements, strengthened networks, and reaffirmed shared commitment to clinical research, health equity and preparedness.

Preparations were initiated for the [Thirteenth EDCTP Forum](#), scheduled for 5-9 April 2027 in Madrid, Spain, expected to be a key moment for reflection on the EDCTP legacy and future priorities.

More broadly, 2025 reinforced the cohesion of the EDCTP community – researchers, funders, policymakers and partners. Their ongoing collaboration remains critical as Global Health EDCTP3 nears the final years of its current programme and helps shape its successor.

1. IMPLEMENTATION OF THE ANNUAL WORK PROGRAMME 2025

During 2025, Global Health EDCTP3 focused its mission into tangible actions across three main areas: research and innovation, capacity development, and collaborative partnerships. As the third iteration of a partnership launched in 2003, and operating since 2021 as a Joint Undertaking (hereinafter: JU) under Horizon Europe, Global Health EDCTP3 builds on more than two decades of Europe-Africa cooperation in clinical research on infectious diseases affecting sub-Saharan Africa. Marking five years of implementation, the [2025 Work Programme](#) was designed to fund new initiatives while building on the lessons, capacities, and partnerships established through previous investments. In line with the programme's objectives as reflected in the [Single Basic Act](#), the [Strategic Research and Innovation Agenda](#) (SRIA), and the [programme logic](#), the actions planned for 2025 aimed to generate scientific evidence on new or improved health technologies, strengthen research and public health capacities in sub-Saharan Africa, and enhance collaborative partnerships needed to generate sustainable impact. While sub-Saharan Africa remains the programme's primary geographical focus, these efforts also contribute more broadly to shared benefits for Africa and Europe alike, including stronger health security, stronger clinical research ecosystems, and better preparedness and response capacities for infectious disease threats, as further explained in [Our lasting benefits for Africa and Europe](#).

The 2025 Work Programme was firmly anchored in the SRIA – which sets the programme's longer-term strategic direction – while remaining cognisant of significant global trends and opportunities aligned with the programme's scope. The SRIA frames the JU as a Europe-Africa global health partnership supporting collaborative clinical research, capacity strengthening, and international initiatives to accelerate the development, evaluation, and implementation of interventions against priority infectious diseases in sub-Saharan Africa, while also strengthening preparedness, ethics, regulatory capacity, and strategic alliances. It establishes the broader priorities and expected areas of action, while annual work programmes translate them into concrete yearly measures and retain enough flexibility to respond to emerging needs and opportunities. Accordingly, the annual Work Programme converted the longer-term direction set by the SRIA into specific calls for proposals, support actions, and delivery priorities for the year.

The 2025 Work Programme also benefited from the JU's advisory and governance architecture, which helped align its annual actions with scientific priorities, partnership needs, and developments in the wider global health landscape. In particular, the [Scientific Committee](#) played an important role in advising on research priorities and focus themes for calls for proposals, while the [Stakeholders' Group](#) contributed views on strategic orientation, synergies, ethics, community engagement, and emerging priorities such as climate and health. In parallel, the [Governing Board](#), as the overall decision-making body remained responsible for reviewing and approving the strategic and annual programming documents. This was complemented by the diverse expertise of the [JU programme office](#) itself. By leveraging these diverse capabilities, the 2025 Work Programme remained grounded in current scientific knowledge and policy, ensuring it stayed relevant and adaptable to changing global health realities.

1.1. Key objectives 2025, associated risks and corrective measures

For research and innovation, the 2025 priorities concentrated resources on areas where scientific progress and public-health impact could most effectively be advanced together. In line with the SRIA, the programme focused on disease areas and on product development stages where promising interventions often stall, closer to practical public-health use. The focus was on areas where Global Health EDCTP3 can provide unique value, especially through later-stage clinical studies including pragmatic effectiveness studies, and product-focused implementation research. In 2025, this translated into priorities on tuberculosis vaccines, malaria therapeutics and new antimalarial candidates, prophylactic vaccines against neglected tropical diseases, diarrhoeal diseases in the context of climate and health, and transformative innovations in global health. These priorities reflected both continuity with longstanding EDCTP focus areas and a deliberate broadening towards newer strategic themes such as climate-sensitive infectious diseases, innovation pathways, and epidemic preparedness.

For capacity strengthening, the 2025 plan focused on the parts of the research ecosystem that are essential for African leadership, sustainable research systems, and emergency readiness. The SRIA prioritises strengthening of clinical research capacity in sub-Saharan Africa by investing in people, institutions, infrastructure, as well ethics and regulatory frameworks. It promotes regional equity, scientific excellence, and the development of the next generation of African research leaders. In 2025, this was reflected especially in the focus on Strategic Training Hubs for Fellowships in public health, notably in biostatistics, epidemiology and modelling, and on Regional Networks of Excellence and Epidemic Preparedness Consortia. These priorities responded to structural needs that are central to the programme's mandate: strengthening African capacity to design, lead, and use clinical research, supporting future scientific leadership, and ensuring that countries and institutions are better equipped to respond to endemic and emerging infectious disease challenges. Continued support to the EDCTP Africa Office formed part of the same capacity-strengthening logic.

For collaborative partnerships, the 2025 Work Programme aimed to deepen the partnership model itself, in addition to funding project consortia. The SRIA explicitly identifies enhanced coordination, networking, strategic alliances, and cooperation with public and private partners as core features of Global Health EDCTP3's added value. It highlights the programme's role in aligning efforts across countries and institutions, promoting North-South and South-South collaboration, attracting additional investment, and creating stronger links with ministries of health, regulators, international organisations, and other strategic actors. In 2025, this translated into stronger attention to collaboration mechanisms that could mobilise resources, expertise, and alignment around shared priorities, including Global Collaboration Actions in parts of the call portfolio, support to the EDCTP Africa Office as a platform for engagement and coordination across sub-Saharan Africa, and preparations for the Twelfth EDCTP Forum as a flagship space for scientific exchange, networking, and partner mobilisation.

The calls for project proposals launched in 2025 translated these strategic priorities into a coherent operational package. Four two-stage competitive calls were launched, covering seven topics. The first call focused on three research and innovation topics: tuberculosis, malaria, and neglected tropical diseases. The second call focused on Strategic Training Hubs for Fellowships in public health. The third call focused on Regional Networks of Excellence and Epidemic Preparedness Consortia. The fourth call covered two research and innovation topics: diarrhoeal diseases in the context of climate and health, and transformative innovations in global health. In addition, support to the EDCTP Africa Office continued through an Identified Beneficiary Action. Taken together, these actions closely mirrored the main components of the annual plan: advancing priority research and innovation, strengthening African research and public-health capacity, and reinforcing partnerships and collaboration around the programme's objectives. 2025 was also a particularly significant implementation year because it involved the largest annual

budget envelope for calls launched so far under Global Health EDCTP3 and, consequently, the largest volume of proposals to process.

The response to the 2025 calls confirmed the strong interest in the programme and broad international engagement around the chosen priorities. Before admissibility and eligibility checks, the four competitive calls launched in 2025 attracted 287 applications involving 854 organisations from 82 countries. After these checks, 248 eligible proposals remained, involving 794 organisations from 81 countries. The competitive calls followed a two-stage procedure, with the first-stage deadline on 4 March 2025 and the second-stage deadline on 17 September 2025. In the first stage, applicants submitted shorter proposals, which were evaluated to determine whether they would be invited to submit a more elaborate full proposal at second stage. At first stage, 248 eligible proposals were submitted across the seven competitive topics. At second stage, 104 eligible full proposals were received following invitation. Demand was especially strong in transformative innovations in global health, fellowships, malaria, and tuberculosis, showing that the 2025 priorities resonated strongly with the applicant community. More detailed information on calls, applicants, and evaluation outcomes is provided in Sections 1.3 and 1.4.

Competition for available funding remained high, confirming both the attractiveness of the programme and the importance of continuing to mobilise additional co-investment and leverage resources. At second stage, 64 proposals scored above threshold, with a total requested budget of EUR 355.45 million against an available budget of EUR 237.2 million. This meant that requested budgets among above-threshold proposals exceeded the available envelope by around 50%. Oversubscription was particularly marked in transformative innovations in global health, fellowships, and tuberculosis, while in some other topics the volume of fundable demand remained below the initially available budget. This pattern illustrates both the strength of the proposal pipeline and the uneven distribution of demand across topics. It also underlines the importance of the programme's broader co-investment model, including financial and in-kind contributions from EDCTP Association Member Countries and from Contributing Partners, in helping the JU maximise support for high-quality proposals and extend its impact beyond EU funding alone. As explained in more detail in Section 1.4, the JU also made limited reallocations between topics to maximise support for high-quality proposals while respecting evaluation outcomes.

Alongside the calls, 2025 also delivered substantial progress on the partnership-strengthening objectives that underpin the programme. The Twelfth EDCTP Forum in Kigali became the largest EDCTP Forum to date, bringing together 1 258 onsite participants, of whom 71% came from Africa and 65% were attending the Forum for the first time. The year also saw a visible acceleration in Contributing Partner engagement, including new and reinforced programme-level collaborations and stronger project-level co-funding commitments. At the same time, the EDCTP Association continued to expand, reaching 46 member countries by the end of 2025, including 31 African countries. These developments were important because they helped reinforce the collaborative base of the programme, widen participation, and deepen co-ownership across the partnership. Further details are provided in Sections 1.6 and 2.1.1.

A particularly important development in 2025 was the strong increase in contributions and commitments from Contributing Partners. By the end of 2025, cumulative project- and programme-level commitments from Contributing Partners had reached EUR 148 million, compared with EUR 35 million at the end of 2024, including over EUR 101 million committed at project level. This boost was driven largely by the introduction of Global Collaboration Actions in the 2025 Work Programme, which created stronger incentives for applicants to include co-funding innovation and industry partners in their consortia, as well as by more systematic tracking and formalisation of existing partner commitments. The strengthened collaboration with CEPI, formalised through a broader Memorandum of Understanding during the EDCTP Forum, was one visible example of this dynamic. Overall, these developments significantly improved the programme's leverage profile and suggest that the JU is on a credible path towards the Single Basic Act target of mobilising up to EUR 400 million from Contributing Partners over the programme cycle. A fuller overview of contributing partner mobilisation and leverage is provided in Sections 1.6.1 and 1.7.2.

The programme also pursued a wider set of enabling actions in 2025 to ensure that expanding activity was matched by stronger implementation systems. These included continued support to recipients of already signed JU grants through pre-financing, interim reporting, related interim payments, project monitoring, and targeted legal, financial, and project-management training. They also included the development and first implementation of the JU's monitoring and evaluation system, the further strengthening of HR, finance, and IT capacities, and the continued operationalisation of back-office arrangements with other Joint Undertakings in areas such as HR, ICT, procurement, and accounting. These measures were essential to support effective delivery, strengthen management capacity, and accompany the growth of the grant portfolio. Furthermore, progress was tracked and significant risks were identified and proactively addressed through an action plan. An annual risk assessment exercise took place and the most significant risks were included in the Risk Register of Global Health EDCTP3. More details are provided in Sections 1.5, 1.7, Section 2 and Section 4.

The amendment of the 2025 Work Programme illustrated the programme's built-in flexibility and its capacity to adapt implementation while maintaining strategic continuity. The SRIA explicitly stresses the need for flexibility so that the programme can respond to emerging opportunities, bottlenecks, and health challenges. In practice, this was reflected in the amendment of the 2025 Work Programme, which did not change its strategic direction but adjusted the volume and distribution of resources in response to additional pledged contributions, evolving implementation needs, and opportunities to maximise impact. Compared with the initial version, the amended Work Programme increased the indicative call budget from EUR 214 million to EUR 237.2 million, notably reinforcing selected actions, especially in fellowships, networks, and some research and innovation topics. It also enabled the reallocation of remaining funds from earlier years to support projects from previous reserve lists. This flexibility was consistent with the programme's design as a strategic and adaptive partnership.

An important activity during 2025 was the preparation of the 2026 Work Programme. Building on the updated SRIA, on advice from the Scientific Committee and Stakeholders' Group, and lessons emerging from the implementation of the 2025 calls, the JU used 2025 to prepare the next annual programming cycle and ensure continuity of operations. This preparatory work was particularly important in a context where the programme needed both to consolidate its strategic direction and to remain responsive to changing scientific, public health, and funding realities. The resulting [2026 Work Programme](#), adopted at the end of 2025 and published on 3 December 2025, provided the basis for opening the next calls in January 2026. In this way, 2025 was both a year of implementation and a year of forward reflection and planning for the final phase of the current programme cycle.

1.2. Research & Innovation activities/achievements

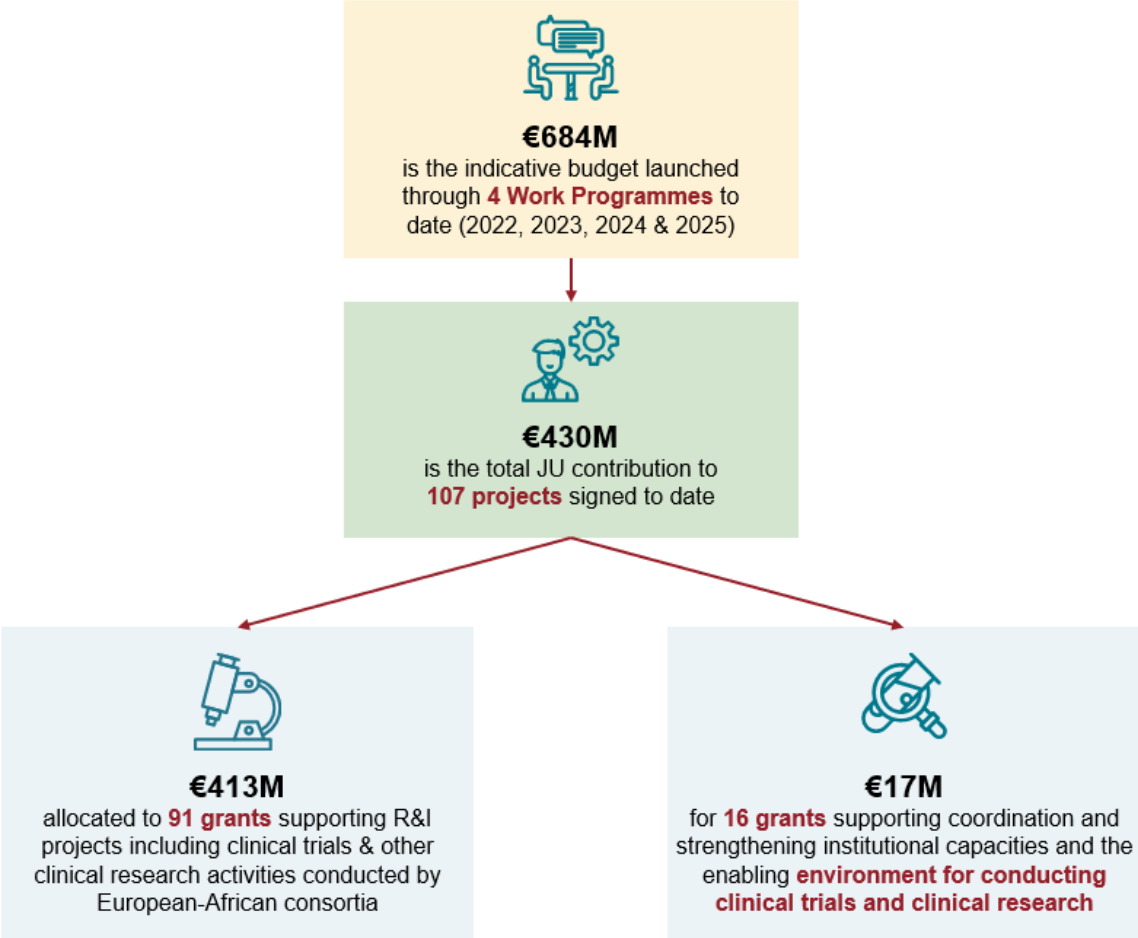
In 2025, Global Health EDCTP3 expanded its groundwork footprint with **33 newly signed projects (EUR 196 million JU contribution)** and continued to prioritise **clinical development of medical interventions** tailored to the unique epidemiological landscape of sub-Saharan Africa and addressing the critical health and policy needs of the member states. At the same time, interrelated pledged **IKAAs from the EDCTP Association Member Countries**, in the value of **EUR 160 million** for 2025, aimed to advance the development and use of new or improved technologies and strengthen the research and innovation capacity of several countries in sub-Saharan Africa.

These combined efforts allowed the programme to continue **fostering scientific excellence, building local capacity** and **enhancing international collaboration**. As the fifth and most ambitious annual investment of the Global Health EDCTP3, the 2025 Work Programme focuses on **advancing products toward licensure and market authorization while promoting access** to these products and other life-saving health interventions.

1.2.1. Scientific and technological achievements and activities in directly managed projects

Figure 1 shows that Global Health EDCTP3 has allocated **EUR 684 million** to directly managed projects, cross four major Work programmes (2022 to 2025). This substantial investment has already supported **107 research and innovation projects (EUR 430 million JU contribution)**, funded under Work Programmes 2022 to 2024, with projects funded under Work Programme 2025 currently under grant agreement preparation.

FIGURE 1 - KEY PORTFOLIO DATA



Most of the projects’ investment (EUR 413 million JU contribution representing 96%) supports research and innovation actions implemented through **91 projects**, focusing on clinical trials and clinical studies. A smaller share of the budget (4%) is committed to **16 coordination and support actions** (EUR 17 million JU contribution) enabling the strengthening of institutional capacities and supporting the clinical trial environment in sub-Saharan Africa. Collectively, these figures illustrate a robust commitment to both immediate medical research and the long-term development of scientific infrastructure.

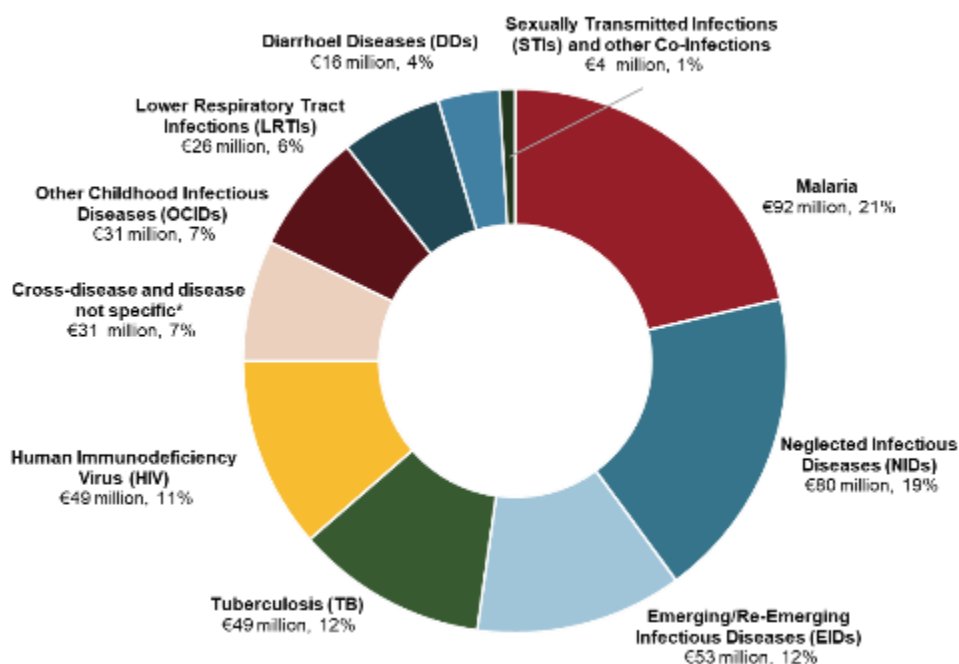
In terms of scope of infectious diseases, Global Health EDCTP3 closely follows its **Strategic Research and Innovation Agenda (SRIA)**² and comprehensively addresses the poverty-related and neglected infectious diseases disproportionately affecting the burden of disease in sub-Saharan Africa. Contextually, **Figure 2** illustrates the investments’ distribution across the

² [Strategic Research and Innovation Agenda - Global Health EDCTP3](#)

diseases highlighted by the SRIA.

At EUR 92 million (21%), **Malaria** features as the largest share of the funds invested in projects. Other high-priority areas include **Neglected Infectious Diseases (NIDs)** at EUR 80 million (19%), followed by **Emerging/Re-Emerging Infectious Diseases (EIDs)** at EUR 53 million (12%). **Tuberculosis (TB)** and **HIV** figure both at EUR 49 million, while **Other Childhood Infectious Diseases³**, **Cross-disease initiatives⁴**, and **Lower Respiratory Tract Infections** receive smaller portions ranging from 6% to 7%. The smallest allocations are directed towards **Diarrhoeal Diseases** at EUR 16 million (4%) and **Sexually Transmitted Infections (STIs)** at EUR 4 million (1%).

FIGURE 2 - PROJECT INVESTMENTS' DISTRIBUTION ACROSS INFECTIOUS DISEASES



On the hand of medical and public health interventions, **Therapies⁵** represent the largest share of investment at EUR 169 million (39%), followed by **Diagnostics⁶** at EUR 75 million (17%) and

³ For the purpose of portfolio assessment, these refer to projects that directly address childhood infectious diseases, which do not fit any of the other categories, for example, vaccine-preventable diseases such as measles, rubella and mumps.

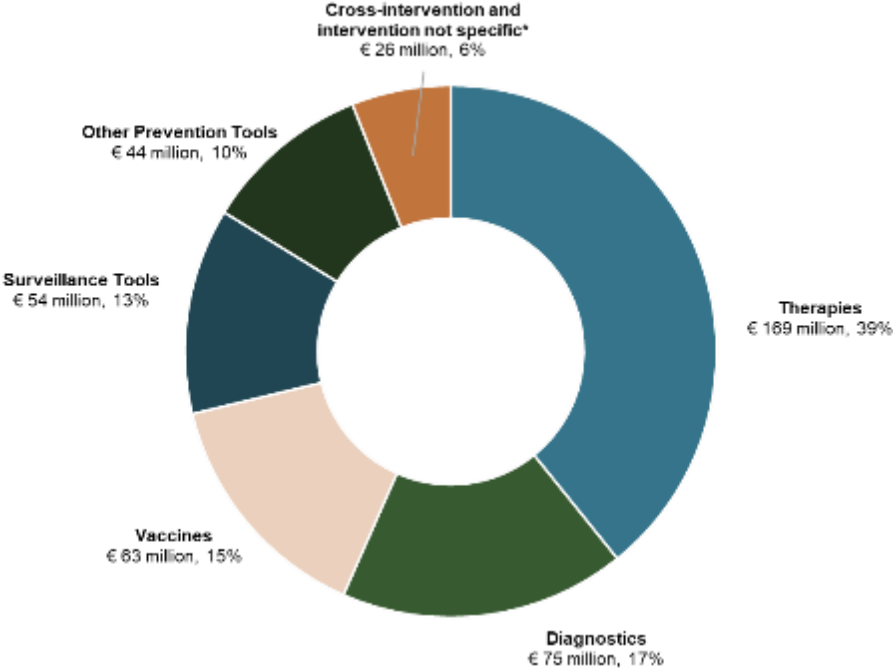
⁴ **Cross-disease or disease not specific** refers to projects that tackle a wide range of infectious diseases or have a wider objective that is not disease dependent, such as certain networks and fellowships.

⁵ For the purpose of portfolio assessment, these refer to projects directly developing, and/or researching on **therapies**, which are defined as any medical treatment for an underlying health condition, improve ongoing symptoms or act as a prevention for specific diseases (prophylaxis) using one or more pharmaceutical products (drugs). It includes therapeutical vaccines, immunotherapies, therapeutical monoclonal antibodies, medical devices, among other. It does not include therapies targeting non-human subjects.

⁶ For the purpose of portfolio assessment, these refer to projects directly developing, and/or researching on, **diagnostics**, which encompass methods and procedures used to detect, identify and diagnose diseases or health conditions in humans.

Vaccines⁷ at EUR 63 million (15%). The remaining funds are allocated to **Surveillance Tools**⁸ (EUR 54 million, 13%), **Other prevention tools**⁹ (EUR 44 million, 10%) and **Cross-intervention efforts**¹⁰ (EUR 26 million, 6%).

FIGURE 3 - PROJECT INVESTMENTS' DISTRIBUTION ACROSS TYPES OF INTERVENTIONS



It is important to note that approximately **40% of Global Health EDCTP3 projects feature more than one medical or public health intervention**. For example, projects focusing on a specific therapy may also feature complementary evaluation of diagnostics or other prevention tools, as secondary objectives.

The data presented reflects the portfolio as of the end of 2025. However, with two new Work Programmes (2025 and 2026) currently underway, we anticipate adding over 80 projects, which will adjust the overall investment distribution by disease and intervention type.

1.2.2. Promoting access

Through Global Health EDCTP3-funded projects, significant scientific progress is being achieved to **accelerate Phase II and III clinical trials for novel clinical interventions** targeting priority infectious diseases (e.g., NTDs, malaria, TB). As showcased in **Figure 4**, 49 projects (46% of

⁷ For the purpose of portfolio assessment, these refer to projects directly developing, and/or researching on, **prophylactic vaccines**, which are defined as biological compositions intended to stimulate and prepare the immune system against infection or disease. It also includes prophylactic monoclonal antibodies, and it does not include therapeutical vaccines or vaccines targeting non-human subjects.

⁸ For the purpose of portfolio assessment, these refer to projects directly developing, and/or researching on, **surveillance tools**, featuring the ongoing, systematic collection, analysis, and interpretation of health-, environmental-, societal and/or economic-related data for the purpose of detecting, monitoring and responding to public health threats.

⁹ For the purpose of portfolio assessment, these refer to projects directly developing, and/or researching on, **other prevention tools**, such as prognostics, vector control, antimicrobial stewardship, safe sex practices tools, promoting healthy behaviours and education programmes. It does not include vaccines, diagnostics, surveillance and prophylactic therapies.

¹⁰ **Cross-intervention or intervention not specific** refers to projects that tackle a wide range of interventions or have a wider objective that is not intervention dependent, such as certain networks and fellowships.

total projects) involve at least one clinical trial¹¹. Out of the projects involving clinical trials, **the vast majority (86%) focuses on the later stages of clinical trials**, with 19 projects involving Phase III clinical trials and 23 projects with Phase IV trials.

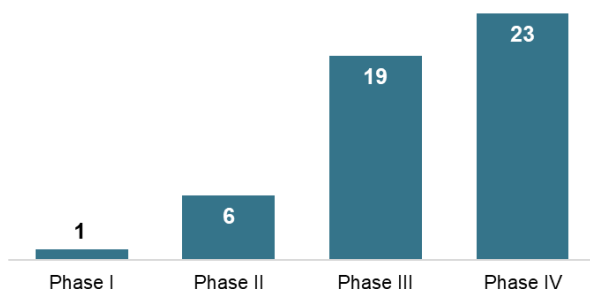


FIGURE 4 - DISTRIBUTION OF PROJECTS BY CLINICAL TRIAL PHASE

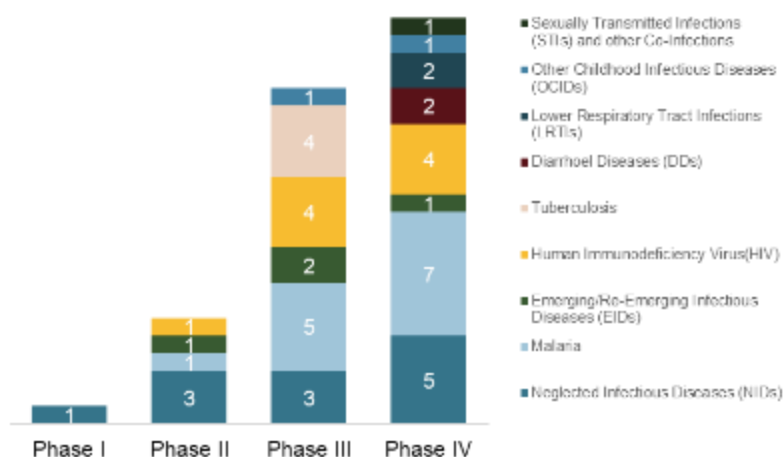
The investment in these phases highlights the **commitment of Global Health EDCTP3 in bringing products to the market**, so that they are accessible to the populations that need them the most.

The transition of Global Health EDCTP3 funding towards Phase IV clinical trials represents a strategic shift from scientific discovery to **sovereignty, accountability, and public trust within sub-Saharan Africa**. Contextually, projects are tailoring clinical interventions to the **genetic diversity found in sub-Saharan Africa** and **specific epidemiological landscape of co-infections and co-morbidities**. At the same time, evaluating real-world implementation of clinical interventions allows us to study potential **access barriers**, for example supply chain logistics (e.g., cold chain) and distribution to rural or remote populations, as well as the **effectiveness in real world conditions**. These projects have additional benefits of **strengthening regulatory and national/local health systems** by enabling policymakers to make independent, data-driven decisions based on local evidence.

Figure 5 explains the distribution of priority infectious diseases according to the phase of clinical trial. The **Big Three infectious diseases** (HIV, Malaria and TB) dominate Phase III and Phase IV clinical trials. This is a welcomed indication that the efforts invested in late-stage development (closer to the market) are addressing the areas with the biggest public health unmet needs. This is also a sign of the **maturity of the pipelines** in the areas of HIV, Malaria and TB, which were the initial focus of first EDCTP Programme. At the same time, **neglected infectious diseases** feature significantly across the different phases of development, showcasing the importance this area represents to Global Health EDCTP3 in its mission to address areas that **lack profitable markets** and **present massive deficits in research and development**.

¹¹ If the project features successive clinical studies, the earlier phase was considered, and if more than one clinical trial at the same time, the study in the later phase was considered.

FIGURE 5 - DISTRIBUTION OF PROJECTS BY CLINICAL TRIAL PHASE AND INFECTIOUS DISEASE



Contextually, access can be seen under different lenses, namely **affordability, availability, accessibility, acceptability and adequacy**. Global Health EDCTP3 tackles all these perspectives across its projects.

Global Health EDCTP3 ensures **organisations think about access and affordability from as early as the design of clinical studies**. It is transforming clinical research in sub-Saharan Africa by moving away from "one-size-fits-all" studies toward flexible, high-tech, and community-driven science, allowing for the **optimisation of the resources available while delivering the most impact**. At the same time, by enabling the use of adaptive platform trials, local sites can test multiple treatments simultaneously and adjust protocols in real-time based on incoming data, significantly **speeding up the delivery of life-saving interventions**. Such technical modernisations are being bolstered by cutting-edge tools like AI and genomics, which allow researchers to **analyse complex data patterns and tailor medical treatments** to the specific genetic and environmental needs of local populations.

Beyond the clinical development environment, Global Health EDCTP3 bridges the **gap between scientific discovery and actual public health use** through **implementation research**. This ensures that new medical countermeasures, such as vaccines or therapies, do not just work in theory but are **successfully integrated into local health systems to deliver tangible impact** by improving public health outcomes. An example of this is **IMPROVE-HPV**¹², a project using implementation research to understanding vaccination hesitancy and evaluating single dose and gender-neutral vaccination for improving uptake of HPV vaccines in West and East Africa.

In terms of access as a whole, projects such as **STOP2030**¹³ significantly enhance access (building on the achievements of its predecessors, STOP1 and STOP2). In this case, by **accelerating the availability of a novel, fixed-dose co-formulation (FDC) of ivermectin and albendazole to treat soil-transmitted helminths**. By replacing multi-pill regimens with a single, orodispersible (tasty) tablet, STOP2030 also **reduces dosing errors, simplifies logistics, and lowers costs**, ensuring that even the most remote and neglected communities can benefit from superior parasitic control. A key achievement of the project is securing a positive scientific opinion from the European Medicines Agency (EMA) through the EU-M4all¹⁴. This regulatory pathway is designed specifically to **facilitate access to high-priority medicines for markets outside the EU** by providing a rigorous scientific assessment that meets European standards. This

¹² [Understanding vaccination hesitancy and evaluating single dose and gender-neutral vaccination for improving uptake of HPV vaccines in West and East Africa. | IMPROVE-HPV | Project | Fact Sheet | HORIZON | CORDIS | European Commission](#)

¹³ [STOP 2030: TOWARDS THE INTERRUPTION OF TRANSMISSION OF SOIL-TRANSMITTED HELMINTHS: PROMOTING IMPLEMENTATION OF RESEARCH RESULTS OF A FIXED-DOSE COMBINATION OF CO-FORMULATED IVERMECTIN AND ALBENDAZOLE | STOP2030 | Project | Fact Sheet | HORIZON | CORDIS | European Commission](#)

¹⁴ [New combination of medicines to treat parasitic worm infections | European Medicines Agency \(EMA\)](#)

achievement serves as a crucial "regulatory bridge", streamlining WHO prequalification and providing national regulators in endemic countries, such as Ghana and Kenya, with the evidence needed to authorise the treatment.

A major hallmark of Global Health EDCTP3 mission is **inclusivity** ('no one is left behind'), specifically targeting often **forgotten vulnerable groups**, such as **pregnant women, children, and those with co-infections** (e.g., HIV and TB) **and co-morbidities** (e.g., TB and diabetes), who are traditionally excluded from clinical trials. By encouraging R&D co-design with local community, EDCTP3 ensures **that local populations are partners in the research process** rather than just subjects, resulting in health solutions that are inclusive, ethically sound, locally owned, and scientifically robust.

Finally, access is also ensured by **strengthening the regulatory and ethics capacity of countries**. For example, **CT-LUSO**¹⁵ drives access by breaking down the linguistic and regulatory barriers that have historically excluded Portuguese-speaking African countries from global health research. By providing training in Portuguese and harmonising local laws with international ethical standards, the project creates the **"legal architecture" necessary for these countries to safely host their own clinical trials**. Its core achievement is the development of a policy roadmap that **empowers local regulators and ethics committees to oversee new candidates independently**. This ensures that life-saving interventions reach these populations through transparent and locally led processes that prioritise patient safety and community trust.

1.2.3. Preparedness and readiness tools

Preparedness tools are the **'early warning system' of global health**, allowing health systems to rapidly detect and respond to outbreaks. At the start of a health crisis, time is one of the most important currencies for policymakers to make critical decisions that will dictate the course of a crisis. Contextually, Global Health EDCTP3 is investing in tools that allow for **early detection and characterisation of pathogens with epidemic and pandemic potential**.

At the same time, knowing that preparedness is also about capacity, Global Health EDCTP3 actively invests in the **empowerment of African researchers and organisations**, to lead their own local studies and scientific knowledge. **'Ever-warm' research facilities and clinical trial sites**, as well as sustainable investments, allow for African countries to be well-equipped and ready to pivot resources to an emerging threat, when necessary.

A great example of such investments is the **Genomic Surveillance Network (Table 1)**. An investment of **EUR 41.5 million** (Global Health EDCTP3 and Gates Foundation's contributions) that features six projects focused on genomic epidemiology for surveillance and control of poverty-related and emerging/re-emerging infections in sub-Saharan Africa.

The utility of this network has already been demonstrated through **GREAT-LIFE**¹⁶, with this project behind both the **discovery of Mpox clade 1b** and the **development of a new PCR test**, which enables the detection of clade 1b - undetectable by the original mpox tests¹⁷.

¹⁵ [Ethics and Regulatory Capacity Building Partnership for Clinical Trials in Portuguese-speaking African Countries | CT-Luso | Project | Fact Sheet | HORIZON | CORDIS | European Commission](#)

¹⁶ [Linking Infectious disease Front-liners' control Efforts with central public health authorities in The African Great Lakes Region | GREAT-LIFE | Project | Fact Sheet | HORIZON | CORDIS | European Commission](#)

¹⁷ [Eurosurveillance | Ongoing mpox outbreak in Kamituga, South Kivu province, associated with monkeypox virus of a novel Clade I sub-lineage, Democratic Republic of the Congo, 2024](#)

TABLE 1 - GENOMIC SURVEILLANCE NETWORK

Project	Title	Disease focus	Geographical focus
EpiGen Ethiopia	Building scalable pathogen genomic epidemiology for Ethiopia	19 priority infectious diseases in Ethiopia are reported through the Integrated Disease Surveillance and Response system (NTDs, TB, Malaria, typhoid fever, brucellosis)	Ethiopia
GREAT-LIFE	Linking Infectious disease Front-liners' control Efforts with central public health authorities in The African Great Lakes Region	Diarrheal diseases, AMR, Disease X, Environmental surveillance (animal & wastewater) of antimicrobial resistance genes in villages and refugee camps	Tanzania, Rwanda, Kenya, Uganda, Burundi
GenPath Africa	Genomic surveillance to control pathogen infections in Africa	TB, DR-TB, HIV-1, Rift Valley Fever virus, Malaria, Hepatitis B Virus, wastewater-based surveillance (AMR, TB), human, domestic animal and wildlife populations (TB, RVF)	South Africa, Mozambique, Kenya
PANGenS	Pan-Africa network for genomic surveillance of poverty related diseases and emerging pathogens	TB, DR-TB, Malaria	Ghana, Mozambique, Tanzania, Namibia, Nigeria, Gabon, Benin, Gambia, South Africa, Sierra Leone, Togo, Liberia
ODIN	Strengthening Environmental Surveillance to Advance Public Health Action	Environmental surveillance to detect outbreaks of poverty-related pathogens, waterborne diseases (e.g. <i>Vibrio cholerae</i>) and AMR	Tanzania, Democratic Republic of the Congo, Burkina Faso
NGS4PublicHealth	Leveraging African genomic sequencing platforms for public health impact	Collaboration and governance role	Collaboration and governance role

On the other hand, considering the important role that **climate change has as a driver of infectious diseases dynamics**, preparedness would not be complete without tools that monitor the **intersection of climate and health**.

Climate changing is **redrawing the geographical and ecosystem boundaries of pathogens' survival**. Warmer temperatures, altered patterns of rainfalls, frequent floods, change in animals' migration patterns, etc., have transformed how pathogens and their vectors (e.g., mosquitoes) behave. It is in this context that Global Health EDCTP3 has invested in **vector control tools to enable climate change resilience across SSA's health systems and structures (Table 2)**.

TABLE 2 - VECTOR SURVEILLANCE AND EARLY DETECTION TOOLS

Project	Title	Vector and disease/pathogen focus	Geographical focus
VectorGrid-Africa	Establishing a Network of Permanent Observatories for Mosquitoes and Mosquito-Borne Diseases in East and Southern Africa	Mosquitoes and mosquito-borne pathogens, including flaviviruses (i.e., zika virus, west Nile virus and dengue virus), alphaviruses (i.e., sindbis virus, O'nyong-nyong virus and chikungunya virus), orthobunyaviruses (shuni virus, ngari virus, simbu serogroup and bunyamwera serogroup) and phleboviruses (i.e., rift valley fever virus)	Tanzania, Madagascar, Mozambique, South Africa and Kenya
IMPACTING	Integrated Multi-vector-borne diseases Platform to Assess how global Change impacts Transmission using Innovative systems modelling, Novel monitoring tools, and transmission blocking	Mosquitoes and mosquito-borne diseases, including malaria, dengue, chikungunya, yellow fever. Tsetse flies and human African trypanosomiasis. Blackflies and onchocerciasis. Ticks and Crimean-Congo haemorrhagic fever.	Kenya, Cameroon, Mozambique

	micro-organisms		
ResTick	Resilience Enhancement for Ticks and Tick-Borne Diseases in Sub-Saharan Africa	Ticks and tick-borne diseases, including Crimean-Congo haemorrhagic fever.	Burkina Faso, Côte d'Ivoire, Benin, Togo, Ethiopia, Uganda, South Africa and Greece (Crete)

In particular, **ResTick**¹⁸ represents an achievement in terms of **inter-continental scientific outcomes** that integrate veterinary, ecological, and epidemiological expertise in the context of climate change. This project is developing **early warning systems and inexpensive, user-friendly diagnostics to track tick populations and anticipate illness outbreaks**, such as Crimean-Congo Haemorrhagic Fever. By investigating migratory birds' role in caring and spreading ticks and tick-borne pathogens and focusing on the African-Eurasian flyway's western and eastern corridors, it recognises and puts in evidence the **added-value of surveillance for both the African and the European continents**.

As part of preparedness, Global Health EDCTP fosters **flexible methods** that can be deployed when the epidemiological situation requires. **Adaptive trial platforms** act like 'plug-and-play' systems, allowing the use of overarching protocols to test different medical countermeasures, even simultaneously, if necessary. So far, Global Health EDCTP3 has supported five adaptive platform trials platforms' projects, detailed in **Table 3**.

TABLE 3 - IMPLEMENTING ADAPTIVE PLATFORM TRIALS

Project	Title	Adaptive platform trial focus	Geographical focus
INTEGRATE	An adaptive platform trial for the development of a new intervention to combat Lassa fever in Africa	GCP-compliant adaptive clinical platform trial in West Africa to test the efficacy, tolerability and safety of repurposed and novel drug candidates for the treatment of Lassa fever.	Nigeria, Côte d'Ivoire and Gabon
SNIP-AFRICA	Severe neonatal infection adaptive platform trials in Africa	Clinical research network and architecture to implement adaptive platform trials responding to the urgent need for improved treatment of severe neonatal infection in the context of increasing antimicrobial resistance (AMR). The network and architecture could be readily extended to include older children in hospital with infections with epidemic potential.	Kenya, South Africa, Ghana, Uganda and Tanzania
eWHORM	Enabling the WHO-Roadmap 2030	Oxfendazole efficacy in an adaptive clinical trial for simultaneous evaluation against onchocerciasis, loiasis, mansonellosis and trichuriasis, including co-infections.	Cameroon, Gabon, Tanzania, and Democratic Republic of the Congo
SAFIRE	Safety of antimalarials in the first trimester: an adaptive platform trial	Adaptive randomised platform trial comparing artemisinin-based combination therapies for which no safety signal was detected in preclinical studies or observational studies and artemether-lumefantrine.	Burkina Faso, Kenya and Mali
CHAPAS-5	An Adaptive Platform Trial for Evaluation of Novel Treatment Regimens in ART-naïve and Treatment-experienced Viraemic Children and Adolescents Living with HIV in Africa	Multi-country adaptive platform trial in to assess novel treatment regimens in ART-naïve and treatment-experienced viraemic children aged 4 weeks to <20 years of age. CHAPAS-5 will evaluate novel oral and first generation long-acting injectable (LAI) treatment regimens and, subsequently, through its adaptive design, second-generation promising long-acting therapeutics.	Mozambique, Uganda and Zimbabwe

¹⁸ [Resilience Enhancement for Ticks and Tick-Borne Diseases in Sub-Saharan Africa | ResTick | Project | Fact Sheet | HORIZON | CORDIS | European Commission](#)

1.2.4. Outbreaks' research response

Global Health EDCTP3 plays a pivotal role in outbreak research response by **accelerating the clinical evaluation of medical countermeasures specifically tailored for sub-Saharan Africa**. By providing **rapid, flexible funding** and **fostering robust research networks**, it bridges the gap between laboratory discovery and large-scale implementation for infectious diseases' medical countermeasures. By strengthening local, national, and regional health security through established, high-quality regional clinical trial networks, Global Health EDCTP3 ensures rapid evaluation of experimental countermeasures during crises and expedites the deployment of safe, approved vaccines, diagnostics, and treatments.

Since its establishment in 2021, Global Health EDCTP3 already provided **two direct outbreak response fundings for research and development of outbreak countermeasures**.

The first of such activities was launched in 2023 and focused on **research to rapidly evaluate interventions on Ebola outbreaks** in sub-Saharan Africa, supporting three projects (**Table 4**) that received a total investment of **EUR 9 million** in JU contribution.

TABLE 4 - EBOLA OUTBREAKS' RESPONSE PROJECTS (WP2023)

Project	Title	Research focus	Geographical focus
EBO-PEP	EBOLA Zaïre Post-Exposure Prophylaxis, preparedness and efficacy evaluation during outbreak in Central and West-Africa	Multi-epidemic, multi-countries phase III clinical trial to test the efficacy of mAbs, Ansuvimab (Ebanga®) and REGN-EB3 (Inmazeb®), used as post-exposure prophylaxis during outbreak period.	Democratic Republic of the Congo, Guinea, Côte d'Ivoire, Senegal
Ebola PREP-TBOX	Development of a toolbox to improve preparedness strategies on surveillance in human-animal interface and countermeasures to reduce recurrent Ebola impacts	Building a toolbox permitting early Ebola outbreak containment, including a spatiotemporal surveillance and prediction model, new multivalent therapies, a multivalent vaccine candidate, polyclonal antibodies, and ultrasensitive diagnostics.	Republic of Congo, Democratic Republic of Congo and Uganda
EPoCA	Empowering Africa's Point of Care with Cutting-edge Graphene Biosensing for Rapid Detection and Interconnected Surveillance of Novel Ebola Virus Outbreaks	Point of Care (PoC) biosensing platform based on multiplexed field-effect sensor technology based on graphene monolayers functionalized with specific and oriented recognizing biomolecules (BioGFET). This technology will be used for the rapid and remote diagnosis of Ebola infection by titrating specific biomarkers in peripheral blood samples.	Democratic Republic of Congo and Ghana

The second initiative was launched in 2024 by triggering an **emergency funding call in response to the Mpox outbreak in the Democratic Republic of Congo**, following the high-level emergency regional meeting that took place in Kinshasa on 13 April 2024, where several African countries expressed serious concern¹⁹ about the changing transmission dynamics, high mortality rate and transmissibility of the Mpox virus, as well as the morbidity, mortality and social and economic impacts. Global Health EDCTP3 immediately activated its emergency tools and announced a call to address the outbreak on 30 April 2024. As an outcome of this call, five projects started on the 1 August 2024 and four projects on 1 October 2024. The total JU contribution to these **nine projects (Table 5)** amounts to an investment **EUR 12.1 million**.

¹⁹ [Communique ENG high-level-emergency-regional-meeting-on-mpox-in-Africa- communique_eng.pdf](#)

TABLE 5 - MPOX OUTBREAKS' RESPONSE PROJECTS (WP2024)

Project	Title	Research focus	Geographical focus
DECIPHER-MPOX	Deciphering host genetics and viral determinants of MPOX epidemiology in the Democratic Republic of Congo	Host genetic and viral determinants of mpox disease in Kamituga area, including establishing well phenotyped cohorts of household contacts, determination of rare variants via family trios, undertaking RNASeq for transcriptomics, studying differential cellular immunity profiles using digital cell sorting and identifying viral variants that drive severe disease.	Democratic Republic of Congo, Uganda, South Africa
MPOX-PROBE	Strengthening epidemiological, genomic and community surveillance of Mpox virus (MPXV) at the Congo River border for DRC and RoC	Improve epidemiological surveillance of Mpox with new diagnostics and sampling efforts including high-risk areas and vulnerable populations; build capacity to improve diagnostic and research capacities of researchers and public health workers in DRC and RoC; and strengthen public health response by sharing surveillance data and newly developed spatiotemporal risk and transmission models for Mpox.	Democratic Republic of Congo and Republic of Congo
JUA KIVU	Joint Understanding and Analysis of clade I monkeypox epidemiology, evolution and immunology in South Kivu	Determine the adaptation of the novel clade by performing on-site whole genome sequencing, identifying the origin of this clade by investigating bush meat and hunters, investigate the importance of co-infections and the potential usefulness of real-time metagenomic sequencing treatment guidance, determine the extent of the outbreak by serological and pit latrine surveillance in cross-border regions and determine the specific immunological response to the novel clade from selected populations.	Cross-border regions of Democratic Republic of Congo, Burundi, Rwanda and Tanzania
PREGMPOX	Impact of MPXV infection on pregnancy outcome and newborn health	Document and analyse adverse pregnancy outcomes associated with MPXV infection, such as spontaneous losses, stillbirths, preterm deliveries, and neonatal infection. As a prerequisite to evaluate the safety of the MVA-BN vaccine and tecovirimat treatment in pregnant women, PREGMPOX is creating a comprehensive register of adverse pregnancy outcomes, using a pharmacovigilance model to monitor and analyse adverse events following immunization and treatment.	Democratic Republic of Congo and Uganda
ODIN-MPox	Implementing wastewater and environmental surveillance for Mpox in Sub-Saharan Africa	Leverage advanced genomic surveillance and wastewater-based epidemiology, to provide novel, critical, and timely insights into the presence and spread of the Mpox virus in the environment. Identify Mpox virus sub-lineages with the highest impact on case numbers and fit them into a global context, providing evidence of international sub-lineages.	Democratic Republic of Congo, Burkina Faso, Tanzania
MOVIE-TRACE	Addressing Critical Gaps in mpox epidemiology in DRC - The MOVIE and TRACE studies	Understand the kinetics of viral elimination shedding light on how MPXV interacts with host tissues and immune defences and determine secondary attack rates in MPXV outbreaks, assessing host susceptibility within specific populations.	Democratic Republic of Congo
MBOTE-SK	Tackling and investigating the South-Kivu mpox outbreak	Active case finding and epidemiological surveillance to map and monitor the spread of clade Ib MPXV, real-time genomic surveillance to track the genetic evolution of the strain, clinical care through an in-depth clinical characterization study, engaging key populations (including sex workers) to study community spread, vaccine hesitancy and stigma. Followed by informing on how to best target the Ministry of Health's planned vaccination campaign (MVA) and documenting its impact and real-world effectiveness	Democratic Republic of Congo
PregInPoxVac	Maternal and infant safety and immunogenicity in a	Phase 3, randomized trial assessing the safety and immunogenicity of the MVA-BN vaccine in healthy pregnant and postpartum women and	Democratic Republic of Congo and Kenya

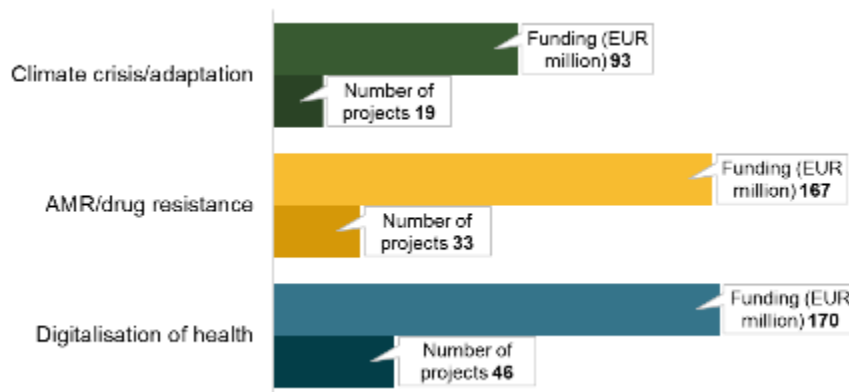
	phase 3, open-label, randomised, vaccine trial of a two-dose mpox vaccine	in infants/children (6-24 months old). Additionally, a qualitative study on vaccine hesitancy is informing the trial design and implementation, aiming to enhance vaccination uptake in these high-risk groups.	
MpoxVax AFRIVAC	Expanding a prospective, clinical trial examining the immune response of participants receiving Modified Vaccinia Ankara vaccine to Africa.	Adapting a phase 4 clinical trial of pre-exposure vaccination against Mpox currently underway in Europe to African sites affected by the current outbreak, accompanied by technology transfer to develop Mpox immune diagnostics and knowledge transfer to develop a regional vaccinee-focused Clinical Trials Unit.	Democratic Republic of Congo, Uganda and Tanzania

1.2.5. Societal challenges

Global Health EDCTP3 has strategically positioned itself as a cornerstone global health partner in addressing **complex societal challenges** by bridging the gap between clinical research and real-world health outcomes. In 2025, the programme further focused on the **intersection of environmental and biological threats**, specifically targeting **antimicrobial resistance** and **climate-sensitive infectious diseases**. Moreover, central to this evolution is the rapid integration of **digital health technologies** in resource-limited settings, particularly across sub-Saharan Africa.

An analysis of how the different Global Health EDCTP3 projects contribute to these societal challenges (**Figure 6**, non-mutually exclusive analysis) shows that more projects have a component on **digitalisation of health** (EUR 170 million, 46 projects) than any other challenge. Projects that embed **AMR/drug resistance** receive similar funding to digitalisation, but with a fewer number of projects (EUR 167 million, 33 projects). **Climate crisis/adaptation** currently shows the least number of projects and funding (EUR 93 million, 19 projects), which contribution has been increased both under Work Programmes 2025 and 2026.

FIGURE 6 - FUNDING AND NUMBER OF PROJECTS DEDICATED TO EACH SOCIETAL CHALLENGE



Initiatives like the **BRIDGE NETWORK**²⁰ exemplify Global Health EDCTP3's commitment to moving beyond simple tool deployment to create a robust **African-European training network that integrates health informatics and data sciences**. This ensures that the surge in digital adoption translates into high-quality clinical research and informed decision-support systems.

Furthermore, Global Health EDCTP3 aims to transform sub-Saharan Africa from a **consumer to a creator of global health solutions**. This shift toward **regional self-reliance and value-driven interdependence** goes beyond just infrastructure; it is about creating a symbiotic relationship between high-level data science, localised manufacturing, and specialised human capital. By

²⁰ [African-European Digital Innovation Bridge Network | AEDIB|NET | Project | Fact Sheet | H2020 | CORDIS | European Commission](#)

investing in these areas, the programme ensures that health interventions are not only scientifically sound but also **economically sustainable and culturally relevant** to the regions they serve.

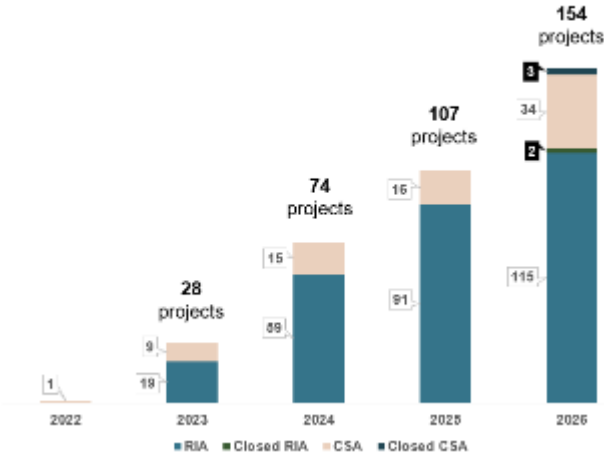
Contextually, amongst other, Global Health EDCTP3 is strengthening the industrial and clinical regulatory ecosystem by implementing training fellowships with a placement in industry. An example of this is **SAHRI-Fellowship**²¹, a project that is training 12 promising researchers from SSA to become leaders in biomedical innovation and entrepreneurship. Fellows complete a master's degree in tropical medicine, biotech development training, research projects at African institutions, and industry internships (partnership with BioNTech).

At the same time, some projects, for example **PvSeroRDT**²², already foresee a component related Africa-based manufacturing capacity for the production of a point-of-care serological rapid diagnostic test for risk of Plasmodium vivax hypnozoite infection.

1.2.6. Trajectory of Global Health EDCTP3 projects

Global Health EDCTP3 has speedily increased its operations with the number of projects increasing year after year, starting with one project in 2022 to 107 projects at the end of 2025 and 154 projects forecasted by the end of 2026, as showcased in **Figure 7**.

FIGURE 7 - TRAJECTORY OF GLOBAL HEALTH EDCTP3 PROJECTS



While 47 new projects are expected to be signed within 2026, five projects have closed in 2025, and reporting and payment finalisation of these projects is taking place during 2026. The recently closed projects are CTCAN, EDCTP Africa Office, ECOWAS-RegECs, PYRAPREG-extended and STOOL4TB, and their achievements and outcomes are described in **Table 6**.

TABLE 6 - ACHIEVEMENTS AND OUTCOMES OF PROJECTS CLOSED IN 2025

Project Acronym	Project Title	Achievements and outcomes
CTCAN	Clinical Trials Community Africa Network	The CTCAN project successfully established the foundations of a coordinated and sustainable umbrella network of clinical trial sites and laboratories across sub-Saharan Africa, transitioning from initial setup to a more operational and data-driven system. It consolidated a broad network by mapping 59 sites across 24 countries and strengthening collaboration with regional research networks, while

²¹ [Sub-Saharan Africa Health Research and Innovation Fellowship Program \(SAHRI Fellowship Program\) | SAHRI-Fellowship | Project | Fact Sheet | HORIZON | CORDIS | European Commission](#)

²² [A point-of-care serological rapid diagnostic test for risk of Plasmodium vivax hypnozoite infection \(PvSeroRDT\) | PvSeroRDT | Project | Fact Sheet | HORIZON | CORDIS | European Commission](#)

		<p>also developing governance structures to support long-term coordination.</p> <p>The project delivered standardised and validated tools to assess clinical trial readiness, alongside practical capacity-building resources such as the Clinical Trial Preparedness Compendium, an electronic medical record implementation playbook, and a data-sharing roadmap. A major achievement was the evolution of the Clinical Trials Community (CTC) platform into an integrated, user-oriented system that combines site capabilities, epidemiological data, and regulatory and ethics information, enhanced by automated data harmonisation and a self-assessment feature to help sites identify and address gaps. In parallel, the project improved regulatory transparency by mapping and simplifying ethics and approval processes across multiple countries, facilitating more efficient trial start-up.</p> <p>Overall, CTCAN has created a more accessible, standardised, and collaborative clinical research environment in Africa, helping to overcome key barriers to conducting high-quality, large-scale clinical trials and strengthening the continent's readiness for future research initiatives in line with the WHO Global Action Plan for clinical trial ecosystem Strengthening.</p>
<u>EDCTP Africa Office</u>	<p>Strengthening global cooperation and institutional capacities in sub-Saharan Africa to facilitate implementation of the GH EDCTP3 programme</p>	<p>The EDCTP Africa Office project significantly strengthened the operational capacity and long-term sustainability of the EDCTP Africa Office through extension of hosting arrangements, robust human resource and risk management systems, and retention of skilled staff. It expanded partnerships and collaboration by increasing engagements with African and international stakeholders, establishing and renewing multiple Memoranda of Understanding (including with WHO Afro), and fostering stronger South-South and South-North networks. Membership of the EDCTP Association grew with several new African countries joining and others expressing interest, thereby broadening eligibility for EDCTP3 funding. The project also enhanced capacity development and networking by supporting regional research networks, organising initiatives such as EDCTP Fellows Days, and strengthening collaboration and knowledge-sharing among researchers, particularly in ethics and regulatory areas. In addition, the project improved alignment between EDCTP3 activities and African national research priorities, strengthened relationships with key policy bodies such as WHO-AFRO, AUDA-NEPAD and Africa CDC, and contributed to shaping future EU-Africa science cooperation. Overall, the EDCTP Africa Office reinforced the EU-Africa partnership by raising awareness about research opportunities offered by Global Health EDCTP3 Partnership, advancing efforts to address global health inequalities through its intentional advocacy for a more inclusive and coordinated clinical research in sub-Saharan Africa.</p>
<u>ECOWAS-RegECs</u>	<p>Practical strengthening of regulatory and ethics oversight on clinical trials in West Africa using Lassa Fever vaccine development projects and increase regulatory maturity level in targeted countries</p>	<p>The ECOWAS-RegECs project strengthened regulatory and ethics oversight of clinical trials in West Africa by building the technical capacity of national regulatory authorities (NRAs) and ethics committees (ECs), with a focus on preparedness for Lassa fever vaccine development and potential outbreak response. Through practical, hands-on training using real and simulated clinical trial scenarios on the AVAREF platform, regulators and ethicists from multiple ECOWAS countries gained direct experience in joint scientific advice and coordinated review processes, improving their ability to deliver timely, harmonised decisions in public health emergencies. The project also advanced efforts to enhance regulatory system maturity in targeted countries, while fostering regional collaboration, knowledge exchange, and workforce development. Another important outcome was the introduction of real-time observation of joint review procedures, a sustainable model for capacity strengthening in this area. The project has contributed to more efficient, coordinated, and transparent clinical trial oversight in the region, supporting epidemic preparedness and informing future policy approaches to collaborative regulatory procedures.</p>
<u>PYRAPREG-extended</u>	<p>Efficacy and Safety of a newly registered Artemisinin-Based Combination (Pyronaridine-Artesunate -PYRAMAX®) for the treatment of uncomplicated malaria in African pregnant women - Extended</p>	<p>Recruitment into the PYRAPREG trial was delayed because of the COVID-19 pandemic, so extra funding was provided to allow completing the one-year follow up of children born from pregnant women to assess any safety issue. PYRAPREG-extended has produced evidence on maternal and infant safety and efficacy for a newly registered anti-malarial drug, PYRAMAX. Following this, the project contributed to updates of the PYRAMAX label and product information/Summary of Product Characteristics (SmPC), supporting its use in the 2nd and 3rd trimester of pregnancy and facilitating its uptake for malaria treatment.</p>

		At the same time, it has developed and validated a ultra-performance liquid chromatography-tandem mass spectrometry method for the quantification of the antimalarial drug pyronaridine in human whole blood.
STOOL4TB	Evaluating a new stool based qPCR for diagnosis of tuberculosis in children and people living with HIV	The Stool4TB project successfully advanced the evaluation of a novel stool-based bead qPCR diagnostic for tuberculosis (TB) in children and people living with HIV (PLHIV), addressing a critical gap where conventional sputum-based tests are inadequate. Across three high-burden African sites in Mozambique, Uganda, and Eswatini, the study enrolled 1 967 participants, the largest multi-country evaluation of stool TB diagnostics to date, completing full recruitment, follow-up, and data analysis. Results demonstrated high specificity (approx. 89%) but lower-than-expected sensitivity, prompting further genomic investigations. The project also conducted the largest qualitative study on feasibility, usability, and acceptability of stool-based diagnostics, showing strong support from patients and health providers. Biorepositories were established for stool, sputum, urine, and blood specimens, supporting future research, while capacity-building activities trained site staff and African scientists in statistics, laboratory methods, and good clinical practice. Outputs included multiple peer-reviewed publications, data dissemination to WHO, and the establishment of a “Stool4TB Global Partnership” authorship model. The Stool4TB project strengthened the evidence base for stool-based TB diagnostics, created sustainable research infrastructure, and fostered a pan-African network of TB diagnostic research capable of informing policy and future programmatic guidance.

1.2.7. Alignments with activities from in-kind contributions (IKAAs)

In addition to the direct funding attributed by Global Health EDCTP3 programme office to eligible organisations carrying out clinical research and other activities, the member countries in EDCTP Association also align and coordinate their activities within the scope of the programme, in the form of in-kind additional activities (IKAA), which are typically multiannual.

Some examples of initiatives implemented in 2025 include:

Clinical development and implementation research

- **Germany** is investing over EUR 9 million to UNITE4TB, a public-private partnership supporting a global clinical trials network for Phase II TB drug studies aligned with high regulatory standards, accelerating new treatment TB regimens and addressing antimicrobial resistance.
- Additionally, the **UK** is investing close to EUR 12 million to optimise the roll-out and scale-up of malaria vaccines (RTS,S/AS01 and R21/Matrix-M), ensuring effective and equitable deployment for population health impact.
- **Uganda** is investing over EUR 10 million to support clinical trials focused on optimising vaccines against COVID-19 and other epidemic-prone diseases. It is also launching a complementary investment plan of over EUR 6 million to strengthen vaccine R&D and pharmaceutical manufacturing capacity, including generic medicines production.
- **South Africa** is investing close to EUR 1 million in R&I projects across the full TB spectrum, including subclinical and drug-resistant TB, covering epidemiology, diagnostics, biomarkers, and vaccine development.

Capacity development and health research systems’ strengthening

- **France** is launching a series of calls for proposals exceeding EUR 10 million in cumulative investment to support clinical research and capacity-building initiatives to tackle HIV, viral hepatitis, sexually transmitted infections, TB, and emerging infectious diseases, among other

infectious diseases.

- **Belgium** is supporting the African Medicines Regulatory Harmonisation (AMRH) initiative to strengthen and harmonise medicine regulatory systems across Africa with EUR 2 million.

Affordable access to medicines and other health technologies

- **Norway** is contributing around EUR 2 million to Unitaid to support innovative approaches to improve access to prevention, diagnostics and treatments in Sub-Saharan Africa and other regions.
- **Denmark** is allocating over EUR 3 million to Gavi to expand access to new and underused vaccines to tackle priority infections such as malaria, respiratory and diarrheal diseases, and other high-risk diseases for children in the world's poorest countries.

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

1.3.1. Call for proposals

Under the 2025 Work Programme, Global Health EDCTP3 implemented four competitive calls for proposals with a total initial indicative budget of EUR 214 million, as set in the [first published version of Work Programme 2025](#). These calls covered seven topics across Research and Innovation Actions (RIA) and Coordination and Support Actions (CSA), with RIA accounting for approximately three times as many submissions as CSA.

First Stage

The 2025 two-stage calls generated very strong interest at stage 1, with a total of 287 proposals submitted across all topics. Applicants collectively requested approximately EUR 1.57 billion in funding, involving 854 organisations from 82 countries, demonstrating the programme's extensive global reach and the highly competitive nature of the calls.

The highest number of submissions was received under the call HORIZON-JU-GH-EDCTP3-2025-01-two-stage_stage1 and HORIZON-JU-GH-EDCTP3-2025-02-two-stage_stage1, each attracting 53 proposals. However, the funding demand differed substantially between the two. Call 01 generated the largest overall requested budget at approximately EUR 610.8 million, reflecting the large scale of projects proposed in the malaria, neglected tropical diseases (NTDs), and tuberculosis research areas. Within this call, the MALARIA topic received the highest number of submissions (27 proposals), while NTD accounted for the largest requested funding volume at approximately EUR 224 million.

The FELLOWSHIPS topic under the CALL HORIZON-JU-GH-EDCTP3-2025-02-two-stage_stage1 attracted 53 submissions, involving 216 organisations from 51 countries and requesting approximately EUR 203.6 million.

The NETWORKS topic under the call HORIZON-JU-GH-EDCTP3-2025-03-two-stage_stage1 received 20 proposals requesting approximately EUR 261.5 million. These proposals involved 202 organisations from 58 countries, highlighting the broad collaborative and multinational nature of research network initiatives.

A strong participation was also recorded under the CALL HORIZON-JU-GH-EDCTP3-2025-04-two-stage_stage1, which attracted with 161 proposals requesting nearly EUR 493.7 million. This call involved 561 organisations from 71 countries, making it the broadest in terms of participation. The TRANSFORMATIVE INNOVATIONS topic attracted 107 proposals and more than EUR 254 million in requested funding, while CLIMATE and HEALTH topic received 54 proposals requesting approximately EUR 239.4 million.



FIGURE 8 - GEOGRAPHIC DISTRIBUTION OF PARTICIPATING ENTITIES BY COUNTRY

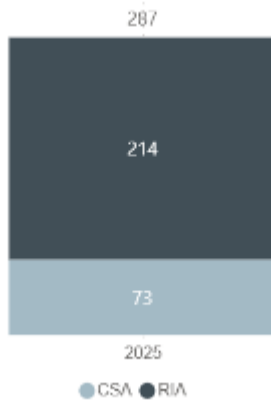


FIGURE 9 - DISTRIBUTION OF 2025 PROPOSALS SUBMITTED TO THE FIRST STAGE UNDER RIAs AND CSAs

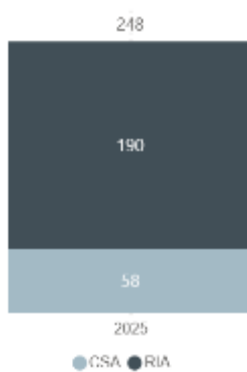


FIGURE 10 DISTRIBUTION OF 2025 PROPOSALS ELIGIBLE FOR EVALUATION UNDER THE FIRST STAGE UNDER RIAs AND CSAs

The submission process followed a two-stage procedure. In stage 1 287 proposals were submitted. In line with the applicable call conditions, the eligibility assessment identified 248 eligible proposals and 39 non-eligible.

FIGURE 11 - COUNTRIES AND ORGANISATIONS ON PROPOSALS SUBMITTED TO FIRST STAGE OF ALL CALLS UNDER 2025 WORK PROGRAMME

Call	# submitted proposals (2-stage proposals counted once)	requested grant amounts	# applying organisations	# involved countries
HORIZON-JU-GH-EDCTP3-2025-01-two-stage_stage1	53	610,772,482.51 €	227	53
HORIZON-JU-GH-EDCTP3-2025-01-MALARIA-02-two-stage	27	246,818,410.27 €	125	44
HORIZON-JU-GH-EDCTP3-2025-01-NTD-03-two-stage	19	224,070,009.13 €	111	40
HORIZON-JU-GH-EDCTP3-2025-01-TB-01-two-stage	8	139,943,463.11 €	42	19
HORIZON-JU-GH-EDCTP3-2025-02-two-stage_stage1	53	203,601,775.69 €	216	51
HORIZON-JU-GH-EDCTP3-2025-02-FELLOW-01-two-stage	30	200,601,775.69 €	216	31
HORIZON-JU-GH-EDCTP3-2025-03-two-stage_stage1	20	261,458,716 €	202	50
HORIZON-JU-GH-EDCTP3-2025-03-NETWORKS-01-two-stage	20	261,458,716 €	202	50
HORIZON-JU-GH-EDCTP3-2025-04-two-stage_stage1	161	493,737,547.56 €	561	71
HORIZON-JU-GH-EDCTP3-2025-04-ACCESS-02-two-stage	107	254,305,871.64 €	354	50
HORIZON-JU-GH-EDCTP3-2025-04-CH-01-two-stage	54	239,431,675.92 €	257	53
Total	287	1,569,570,521.76 €	854	82

Second Stage

Of the 248 evaluated 1st stage proposals, 104 were invited to second stage.

To the Second stage, a total of 104 proposals were received, requesting approximately EUR 666.5 million in grant funding at second stage. In total, 453 organisations from 68 countries participated in these applications, demonstrating broad international engagement and a highly competitive funding landscape.

The largest volume of submissions was recorded under the call HORIZON-JU-GH-EDCTP3-2025-04-two-stage which received 36 proposals involving 191 organisations from 46 countries, with requested funding of nearly EUR 119 million. Within this call, the Transformative Innovations topic accounted for the majority of applications (26 proposals), while the Climate and Health topic attracted 10 proposals requesting approximately EUR 53.8 million.

The FELLOWSHIPS topic under the call HORIZON-JU-GH-EDCTP3-2025-02-two-stage (at stage 2) generated the highest number of individual submissions for a single topic, receiving 30 proposals from 171 organisations across 48 countries. The total requested budget was at EUR 38.2 million.

Substantial funding demand was also observed under the Call HORIZON-JU-GH-EDCTP3-2025-01-two-stage (stage2) which received 27 proposals requesting the highest cumulative budget of all calls, at approximately EUR 368.3 million. This call included three major topics: MALARIA (9 proposals), NTD (12 proposals), and TB (6 proposals). Notably, the NTD topic alone accounted for over EUR 174 million in requested funding, indicating particularly ambitious project scopes and large consortium structures.

The Call HORIZON-JU-GH-EDCTP3-2025-03-two-stage which focused on NETWORKS, received 11 proposals at stage 2, requesting approximately EUR 141 million in funding and involving 145 organisations from 49 countries.

FIGURE 12 COUNTRIES AND ORGANISATIONS ON PROPOSALS SUBMITTED TO SECOND STAGE OF ALL CALLS UNDER 2025 WORK PROGRAMME

Call	# submitted proposals (2-stage proposals counted once)	requested grant amounts	# applying organisations	# involved countries
HORIZON-JU-GH-EDCTP3-2025-01-two-stage_stage2	27	368,262,659.06 €	157	43
HORIZON-JU-GH-EDCTP3-2025-01-MALARIA-02-two-stage	9	87,495,251.04 €	70	27
HORIZON-JU-GH-EDCTP3-2025-01-NTD-03-two-stage	12	174,076,796.25 €	87	35
HORIZON-JU-GH-EDCTP3-2025-01-TB-01-two-stage	6	106,690,608.77 €	36	18
HORIZON-JU-GH-EDCTP3-2025-02-two-stage_stage2	30	38,187,408.92 €	171	48
HORIZON-JU-GH-EDCTP3-2025-02-FELLOW-01-two-stage	30	38,187,408.92 €	171	48
HORIZON-JU-GH-EDCTP3-2025-03-two-stage_stage2	11	141,035,592.7 €	145	49
HORIZON-JU-GH-EDCTP3-2025-03-NETWORKS-01-two-stage	11	141,035,592.7 €	145	49
HORIZON-JU-GH-EDCTP3-2025-04-two-stage_stage2	36	118,988,361.75 €	191	46
HORIZON-JU-GH-EDCTP3-2025-04-ACCESS-02-two-stage	26	63,154,575.5 €	126	38
HORIZON-JU-GH-EDCTP3-2025-04-CH-01-two-stage	10	53,833,786.25 €	87	33
Total	104	666,474,017.43 €	453	68

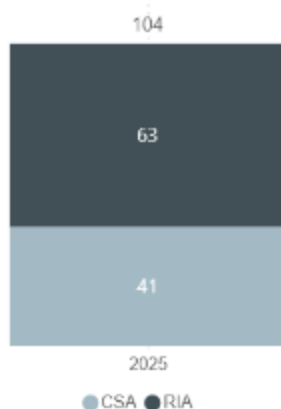


FIGURE 13 - DISTRIBUTION OF 2025 PROPOSALS SUBMITTED TO THE SECOND STAGE UNDER RIAs AND CSAs

1.3.2. Prizes

The EDCTP Prizes 2025, funded under Horizon Europe, recognise exceptional innovation and scientific excellence within the remit of the programme. The total prize budget is EUR 180 000, covering awards given across four categories: the Dr Pascoal Mocumbi Prize, Outstanding Research Team Prize, Outstanding Female Scientist Prize, and four Scientific Leadership prizes.

The call for submissions opened on 11 March 2025 and closed on 8 April 2025. A total of 38 eligible applications were evaluated by a panel of six independent experts, with balanced gender representation among evaluators (50% women and 50% men). Shortlisted applications underwent an ethics screening, and the seven winners were presented with their prizes at the EDCTP Forum held in Kigali in June 2025.

1.3.3. Additional obligations to participants linked to affordable, available and accessible access to products/results

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

In this context, Global Health EDCTP3 ensures that products and services derived – fully or partially – from the Joint Undertaking’s clinical studies remain affordable, available, and accessible to the public on fair and reasonable terms. This is achieved by incorporating specific conditions into the call topics under the 2025 Work Programme, namely:

Additional exploitation obligations:

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 accessible, as soon as possible and at fair and reasonable conditions.

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.
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.

1.3.4. Operational tenders and contracts

With regard to the implementation of operational procurement in accordance with the Work Programme 2025, the JU has complied with the principles of the EU Financial Regulation and the guidance provided in the European Commission Procurement Vademecum.

The implementation of the EDCTP Forum 2025 preparations during 2025 resulted to the following three amendments of contracts already signed in 2024:

- For the venue and catering services for the EDCTP Forum 2025, a direct contract was signed in 2024 with Kigali Convention Centre LTD for an initial total value of EUR 496 943.29, but due to change of services and of conversion rate of the costs, the value of the contract has been decreased to EUR 416 940.29 through an amendment in 2025.
- For the EDCTP Forum event organisation, a specific contract has been signed for a total value of EUR 492 426.49 in 2024, implementing the framework contract FWC EASME/2019/OP/0021. Due to increased attendance, evolving needs and changing circumstances, it was amended for the first time on 28 March 2025 and increased to an amount of EUR 1 535 859.82. Furthermore, the contract was amended for the second time on 11 June 2025; however, the second amendment did not have any effect on the overall budget, which still amounted to a total of EUR 1 535 859.82.

In accordance with Article 15 (Principle of transparency) of the Global Health EDCTP3 Financial Rules, the JU shall make available on its internet site no later than 30 June of the following financial year information on the recipients of funds deriving from its budget, including procurement contracts.

In addition, as stated in point 3.3 the Financial of Annex I to Regulation 2024/2509 (which applies to the JU), Global Health EDCTP3 JU as a contracting authority, shall publish a list of contracts on its website no later than 30 June of the following financial year for specific contracts and order forms implementing a framework contract. The [Global Health EDCTP3 JU recipients of Funds and Annual List of Specific Contracts](#) are published in the relevant section dedicated to funding within the Global Health EDCTP3 website.

1.4. Evaluation procedures and outcomes

The 2025 evaluation of project proposals combined response to a strong demand for JU support with a robust and selective assessment process. As the largest annual call package launched so far under Global Health EDCTP3, the 2025 calls generated a substantial volume of proposals and required careful deployment of expert resources and clear procedures. While the evaluation followed the standard Horizon Europe framework, it also reflected the specific features of Global Health EDCTP3 as an Africa-Europe partnership supporting clinical research, capacity strengthening, and implementation in global health settings. The subsections below summarise how experts were selected, how proposals were assessed, and what results emerged from the 2025 evaluation process.

1.4.1 Selection of external experts

Through a robust and structured selection process, Global Health EDCTP3 engages external experts to provide high-quality, independent, and balanced proposal evaluations.

To ensure a rigorous process, external experts are involved in proposal evaluation, as well as in the drafting of consensus reports and ethics reviews for high-ranked proposals. Moreover, independent observers are engaged for overall process quality assurance. All experts are recruited from the Funding & Tenders Portal expert database and selected in line with Horizon Europe rules and the European Commission's guidance on evaluator selection. Selection is guided by two core principles: expertise and independence. Experts must have knowledge relevant to the scientific, operational or ethical content of the call topics, including subject-matter expertise and, where relevant, expertise in areas such as project management, innovation, exploitation, dissemination, and communication. Ethics experts must also be able to assess the ethical issues raised by the proposed research. All experts must be free of conflicts of interest, confirm their availability, and complete the required administrative and financial validation before final allocation.

Beyond expertise and independence at individual level, the JU also seeks balanced expert pools that bring together the range of perspectives needed to assess proposals effectively. This is particularly important for a programme such as Global Health EDCTP3, which operates as an Africa-Europe partnership and supports clinical research, capacity strengthening, and health research systems in contexts where scientific quality must be considered alongside implementation realities. To guide this balance, the JU applies targets covering gender, sectoral background, geographical representation, and regular renewal of experts. These targets include a 50/50 gender balance, a maximum of 70% of experts from the education sector, a minimum of 15% with industrial expertise, at least 25% newcomer experts, and at least 40% of experts from sub-Saharan Africa. Attention is also given to including experts from countries where the diseases covered by the calls are endemic or highly prevalent.

Regular rotation is used as an additional safeguard to widen participation while avoiding over-concentration of expertise among a limited circle of recurring experts. In line with Horizon Europe rules, experts who have received cumulative payments of EUR 90 thousand over four consecutive calendar years under the relevant expert databases and systems are excluded. At the same time, Global Health EDCTP3 seeks, wherever possible, to maximise the participation of experts who have not previously taken part in its evaluations, while ensuring that at least two thirds of selected experts have been registered in the European Commission database within the previous ten years. Together, these measures help preserve evaluation quality, reduce the risk of closed and repetitive expert pools, and gradually broaden the programme's expert base over time.

Global Health EDCTP3 combines topic-specific expert selection with central oversight to ensure that expert pools are both relevant to the proposals under review and balanced at call level. Experts are first identified in relation to the scientific or operational needs of each topic and then reviewed centrally to check consistency with the applicable selection targets and overall

requirements. Final allocations are confirmed only once proposal numbers, expert availability, conflicts of interest, and administrative validations are known, allowing the JU to adjust the initial pool where needed without weakening the quality, independence, or balance of the final pool. Ethics experts are recruited and allocated separately for ethics screening and, where needed, ethics assessment, according to the same general principles.

Different expert roles are combined to ensure that evaluations are both technically sound and conducted in a structured and transparent manner. Evaluators assess proposals against the award criteria and produce individual evaluation reports. Recorders synthesise the evaluators' discussions into a single consensus report for each proposal. External experts contracted as vice-chairs support the Programme Office staff in checking the content quality of consensus reports and evaluation summary reports, while one observer per call monitors the quality and fairness of the overall evaluation process. Ethics experts carry out ethics screening for proposals on the main and reserve lists and, where needed, ethics assessment, with discussions moderated by an ethics Chair. Together, these roles help ensure that the evaluation process is scientifically rigorous, well documented, and fair.

In 2025, the composition of the expert pool reflected both the scale of the evaluation exercise and a deliberate effort to widen and renew the JU's evaluator base. A total of 230 proposal evaluators, recorders, and ethics evaluators were engaged across the four calls launched in 2025. Of these, 127 (55%) were participating in JU evaluations for the first time, well above the programme's minimum target of 25% newcomer experts. This high share of newcomers was partly the result of targeted efforts by the JU programme office team to broaden the evaluator pool, including active promotion of the expert role at external events attended globally and particularly across Africa. It also reflected the profile of the 2025 calls, several of which required niche scientific, clinical, and operational expertise that had to be brought into the pool beyond the JU's existing evaluator base.

The 2025 expert pool was geographically diverse, while some balance targets remained only partly met. The 230 experts came from 61 countries worldwide, including 27 in Europe, 23 in Africa and 11 in other regions. In terms of experts engaged, 127 came from European countries (55%), 81 from African countries (35%), and 22 from other regions (10%). Among experts for whom gender information was available, 91 (43%) were female and 119 (57%) were male. While this represents a broad and international pool, it remained below the programme's internal targets of 50/50 gender balance and at least 40% African representation. This reflects, in part, the composition of the currently available expert base in the relevant fields. The JU seeks evaluators with advanced expertise in clinical research, product development, and related areas, where the pool of senior specialists remains comparatively limited in many African settings. As also reflected in Section 1.7, women remain less represented in senior and advanced-career clinical research leadership roles, particularly in Africa, and this is likewise reflected in the evaluator pool available to the programme; strengthening human research capacity is therefore one of the programme's core objectives. At the same time, the high share of newcomer experts in 2025 shows that the JU programme office continued to broaden participation actively, including through outreach at international events and efforts to attract new African experts into the evaluator pool. As shown in **Table 7**, the final deployment of experts varied across calls, stages, and functions, reflecting differences in proposal volume and portfolio complexity.

TABLE 7 - NUMBERS OF EXPERTS AND SUPPORT STAFF INVOLVED IN PROPOSAL EVALUATION AND ETHICS REVIEW, BY CALL AND STAGE (2025)

Stage	Call	Evaluators	Recorders	Observers	Quality Controllers	Ethics Reviewers
Stage 1	Call 01	29	12	1	0	0
	Call 02	21	10	1	1	0
	Call 03	13	5	1	0	0
	Call 04	70	23	1	1	0
Stage 1 total²³		132	43	4	2	0
Stage 2	Call 01	31	21	1	0	16
	Call 02	29	7	1	1	16
	Call 03	15	12	1	0	6
	Call 04	38	29	1	1	16
Stage 2 total²⁶		113	36	4	2	16
Grand total²⁶		170	58	8	4	16

Note: Call 01 = HORIZON-JU-GH-EDCTP3-2025-01-two-stage; Call 02 = HORIZON-JU-GH-EDCTP3-2025-02-two-stage; Call 03 = HORIZON-JU-GH-EDCTP3-2025-03-two-stage; Call 04 = HORIZON-JU-GH-EDCTP3-2025-04-two-stage.

1.4.2. Evaluation of proposals

Once expert pools were established, proposals were evaluated under the standard Horizon Europe framework, with a limited number of JU-specific conditions reflecting its partnership model and strategic priorities. In 2025, as in previous years, the four open calls were managed through the EU Funding & Tenders Portal and followed the two-stage procedure foreseen under Horizon Europe. Proposals were first checked for admissibility and eligibility and were then evaluated by independent external experts before being ranked by topic according to quality. In two-stage calls, first-stage proposals were assessed against the Excellence and Impact criteria, while full second-stage proposals were assessed against the full set of award criteria.

The three core evaluation criteria remained consistent with those applied across Horizon Europe: Excellence, Impact, and Quality and Efficiency of Implementation. These criteria assess, respectively, the scientific quality of the proposal, its potential to generate meaningful results and wider effects, and the credibility of the work plan, planned resources, and consortium composition for delivering the proposed action. For full second-stage proposals, the evaluation followed the standard Horizon Europe scoring and quality threshold system: each criterion was scored out of 5, with quality thresholds of 4 for Excellence, 4 for Impact, and 3 for Quality and Efficiency of Implementation, and an overall threshold of 12. For first-stage applications, the scoring and weighting set out in General Annex D of the [Horizon Europe General Annexes](#) likewise applied. Proposals had therefore to meet both criterion-specific and overall quality

²³ As the same individuals may participate in several calls, the total numbers should not be interpreted as the simple sum of the per-call figures.

thresholds to remain under consideration for funding.

The 2025 Work Programme maintained recognition of the scientific project leader role as a way to strengthen African co-leadership in projects formally coordinated from outside sub-Saharan Africa. Where the organisation formally leading a proposal was not established in sub-Saharan Africa, the proposal had to include a scientific project leader established in a sub-Saharan African EDCTP Association member country, with a dedicated work package and budget for this role. This requirement was introduced in the [2023 Work Programme](#) and first applied to projects awarded from 2024 onward. It responded to the fact that, under the legal and financial rules governing the JU, the entity formally coordinating and financially managing an indirect action must in most cases be established in an EU Member State, a country associated to Horizon Europe, or South Africa. The scientific project leader role was therefore introduced to ensure a defined African scientific leadership function within projects that, under the applicable legal and financial rules, could not be formally coordinated by institutions established in sub-Saharan African countries other than South Africa.

A particularly important feature of the 2025 evaluation process was the introduction of Global Collaboration Actions in the 2025 Work Programme. These are Research and Innovation Actions (RIAs) in which the leveraging of contributing partner resources is explicitly encouraged and taken into consideration as part of the evaluation of second-stage proposals. For relevant topics, the [2025 Work Programme](#) required evaluators, in addition to the standard aspects of the Horizon Europe criteria, as established in the Horizon Europe General Annexes, to consider under the Impact criterion the additional aspect of whether the expected outcomes and impact of proposals were enhanced through in-kind and/or financial contributions from contributing partners, and under the Quality and Efficiency of Implementation criterion the additional aspect of whether such contributions from contributing partners were equal to or greater than the requested JU contribution. This embedded resource mobilisation directly into the evaluation itself and created a strong incentive for applicants to include co-funding innovation and industry partners as part of their consortia. This approach was aligned with the broader ambition of Global Health EDCTP3 to leverage additional resources in support of its strategic objectives, including the target, set in [Council Regulation \(EU\) 2021/2085](#) (the Single Basic Act), of mobilising up to EUR 400 million from contributing partners over the programme cycle. As discussed in Section 1.6.1 on partnerships and collaborations, this contributed in 2025 to stronger contributing partner engagement and higher co-funding commitments.

The operational evaluation process combined individual expert review, consensus building, panel ranking, and ethics oversight. Following call closure, proposals were assessed individually by evaluators, discussed to reach consensus, quality-checked, and then ranked at panel level, including the resolution of *ex aequo* cases. Ethics review formed an integral part of this process for all proposals placed on the main and reserve lists. In line with Horizon Europe practice, these proposals first underwent ethics screening and, where screening identified the need for further review, ethics assessment. Ethics assessment discussions were moderated by an ethics Chair and could lead either to clearance or to conditional clearance with ethics requirements to be addressed during grant agreement preparation. This ensured that proposals were assessed for scientific and implementation quality, as well as compliance with the ethical standards expected for EU-funded research.

1.4.3. Results of proposal evaluations

The 2025 calls attracted strong demand and required substantial selectivity already at first stage. Across the seven call topics within the four competitive calls, 248 eligible proposals were submitted at first stage. Of these, 129 reached the applicable evaluation thresholds, and 106 were invited to submit a full proposal for second stage. In total, 104 eligible full proposals were received at second stage of the evaluations. As shown in **Table 8**, the threshold applied for invitation to second stage varied by topic, in line with Horizon Europe practice, so as to invite only those proposals above threshold up to a volume broadly corresponding to 2.5 to 3 times the available budget per topic. As a result, 23 proposals that met the first stage threshold were not

invited to second stage, owing to the budget-based limitation applied at this stage.

TABLE 8 - FIRST STAGE EVALUATION RESULTS AND PROGRESSION TO SECOND STAGE, BY CALL TOPIC

Call / call topic	# eligible proposals submitted	# proposals above evaluation threshold in Stage 1	Threshold applied for invitation to Stage 2	# proposals invited to Stage 2	# eligible proposals submitted to Stage 2
Call 01 - Tuberculosis	8	6	8	6	6
Call 01 - Malaria	27	15	8.5	9	9
Call 01 - NTDs	16	12	9	12	12
Call 02 - Fellowships	43	30	8	30	30
Call 03 - Networks	15	11	8	11	11
Call 04 - Climate & Health	46	10	8	10	10
Call 04 - Access	93	45	9	28	26
ALL	248	129	n/a	106	104

Note: Call 01 = HORIZON-JU-GH-EDCTP3-2025-01-two-stage; Call 02 = HORIZON-JU-GH-EDCTP3-2025-02-two-stage; Call 03 = HORIZON-JU-GH-EDCTP3-2025-03-two-stage; Call 04 = HORIZON-JU-GH-EDCTP3-2025-04-two-stage.

At second stage, the evaluation process confirmed a strong pipeline of high-quality proposals across the 2025 Work Programme. Of the 104 proposals evaluated, 64 obtained scores above the applicable thresholds. This indicates that a substantial share of the proposals submitted at second stage were considered fundable on quality grounds. As shown in **Table 9**, 35 proposals were placed on the main list and 21 proposals on the reserve list. Main-list proposals were invited to grant agreement preparation and underwent ethics review, while reserve-list proposals remained available for possible funding in case additional resources were secured. The remaining 48 proposals were not retained, including 40 that scored below threshold and 8 that scored above threshold but could not be accommodated within the available budget.

TABLE 9 - SECOND STAGE EVALUATION RESULTS BY CALL TOPIC AND OUTCOME

Call / call topic	# proposals evaluated	proposals placed on MAIN list			proposals placed on RESERVE list			REJECTED proposals ²⁴		
		#	average eval. score ²⁵	total grant amounts	#	average eval. score	total grant amounts	#	average eval. score	total grant amounts
Call 01 - Tuberculosis	6	3	13	€39.00 M	2	12	€54.37 M	1	11.5	€9.5 M
Call 01 - Malaria	9	3	13.7	€42.85 M	2	12.3	€20.44 M	4	10.1	€30.04 M
Call 01 - NTDs	12	3	14.7	€40.09 M	0	n/a	n/a	9	12	€133.99 M
Call 02 - Fellowships	30	11	14.6	€14.20 M	11	13.2	€15.00 M	8	11.1	€10.27 M
Call 03 - Networks	11	4	13.8	€51.35 M	1	12.5	€12.75 M	6	11.3	€76.93 M
Call 04 - Climate & Health	10	4	13.0	€21.54 M	0	n/a	n/a	6	10.8	€32.30 M
Call 04 - Access	26	7	14.6	€15.53 M	5	13.7	€11.19 M	14	10.8	€38.43 M
ALL	104	35	14.0	€224.56 M	21	13.1	€113.75 M	48	11.5	€331.46 M

Note: Call 01 = HORIZON-JU-GH-EDCTP3-2025-01-two-stage; Call 02 = HORIZON-JU-GH-EDCTP3-2025-02-two-stage; Call 03 = HORIZON-JU-GH-EDCTP3-2025-03-two-stage; Call 04 = HORIZON-JU-GH-EDCTP3-2025-04-two-stage.

Competition among above-threshold proposals remained high, with demand exceeding available budget by EUR 118.25 million overall. Table 10 shows that the total requested budget of proposals above threshold reached EUR 355.45 million, compared with an available budget of EUR 237.2 million as set out in the second amendment (28 Nov 2025) of the [2025 Work Programme](#). This corresponds to an excess demand of EUR 118.25 million, or 50% above the budget initially available. Oversubscription among above-threshold proposals was particularly pronounced in call topics on access, fellowships, and tuberculosis, where requested budgets corresponding to proposals above evaluation threshold exceeded available funding by more than 100%. By contrast, in the NTDs and climate and health call topics, the total requested budget of above-threshold proposals remained below the initially available budget.

²⁴ This includes proposals rejected because of being below the quality threshold (40), and because of JU budget limitations (8).

²⁵ Maximum possible evaluation score = 15 points (5 for each of the 3 evaluation criteria).

TABLE 10 - SECOND STAGE PROPOSALS ABOVE AND BELOW THRESHOLD, BY CALL TOPIC

Call / call topic	Available budget (Work Programme 2025)	Proposals with evaluation scores above threshold		Proposals with evaluation scores below threshold	
		#	total requested budget	#	total requested budget
Call 01 - Tuberculosis	€45.9 M	5	€97.23 M (+112%)	1	€9.46 M
Call 01 - Malaria	€30.9 M	5	€49.45 M (+60%)	4	€38.04 M
Call 01 - NTDs	€45.9 M	3	€40.09 M (-13%)	9	€133.99 M
Call 02 - Fellowships	€14.4 M	24	€31.82 M (+121%)	6	€7.67 M
Call 03 - Networks	€51.0 M	6	€77.11 M (+51%)	5	€63.93 M
Call 04 - Climate & Health	€32.0 M	4	€21.54 M (-33%)	6	€32.30 M
Call 04 - Access	€17.1 M	17	€38.21 M (+124%)	9	€26.95 M
ALL	€237.2 M	64	€355.45 M (+50%)	40	€312.34 M

Note: Call 01 = HORIZON-JU-GH-EDCTP3-2025-01-two-stage; Call 02 = HORIZON-JU-GH-EDCTP3-2025-02-two-stage; Call 03 = HORIZON-JU-GH-EDCTP3-2025-03-two-stage; Call 04 = HORIZON-JU-GH-EDCTP3-2025-04-two-stage.

The uneven distribution of demand across topics allowed limited reallocation of available budget with the aim of maximising support for high-quality proposals. Unspent budget from the NTDs and climate and health call topics was redistributed to oversubscribed call topics where competition among above-threshold proposals was high and the research topics were of particular relevance and strategic interest for the programme. For example, this made it possible to increase funding in the malaria call topic by an additional EUR 11.95 million in order to fund some proposals initially placed on reserve list. This helped maximise the Joint Undertaking's use of the 2025 Work Programme budget envelope while respecting the final rankings established through independent evaluation.

1.4.4. Redress Cases and Procedures

Redress procedures remained limited in number in relation to the volume of proposals evaluated, with one first-stage case resulting in re-evaluation. For the 2025 two-stage calls, applicants could request an admissibility, eligibility, or evaluation review within 30 days after receiving the rejection letter if they considered that an error had occurred in the selection procedure. Between 7 July 2025 and 4 August 2025, a redress committee assessed nine redress requests submitted by nine different applicants following the admissibility/ eligibility checks and first-stage evaluations. For eight cases, no grounds were found to support the complaint. For one case, the redress committee considered that the complaint was founded, leading to a partial re-evaluation of the specific criterion concerned (only Impact). Following the second-stage

evaluations, a redress committee was appointed to analyse three redress procedures introduced by three different proposals in January 2026. The recommendations of the Committee will be provided to the Executive Director.

TABLE 11 - REDRESS CASES AFTER 1ST AND 2ND STAGE EVALUATIONS

Call Topic	# redress cases 1 st stage evaluations	# redress cases 2 nd stage evaluations
HORIZON-JU-GH-EDCTP3-2025-01-two-stage	1	2
HORIZON-JU-GH-EDCTP3-2025-03-two-stage	1	0
HORIZON-JU-GH-EDCTP3-2025-04-two-stage	7	1
Total	9	3

1.5. Follow-up activities linked to past calls

Beyond launching new initiatives, Global Health EDCTP3 focused on overseeing grants from previous calls as they moved into the implementation stage in 2025. This included the disbursement of pre-financing, support and training for grant beneficiaries, the first substantial wave of interim reporting and related payments, and a range of grant-management actions needed to accompany implementation in practice. Ultimately, effective programme delivery necessitates robust, ongoing engagement beyond the initial selection phase. Through sustained financial, operational, and advisory follow-up, we ensure that funded actions launch successfully, remain on track, and achieve alignment with both project-specific goals and our wider organisational objectives.

1.5.1. Pre-financing payments to signed grants

In 2025, the JU disbursed EUR 91.8 million in pre-financing to 33 projects, providing the initial liquidity needed for implementation to start. These payments related to grants awarded under three calls: one launched in 2023 and two launched in 2024. Of the 33 projects that received pre-financing in 2025, three had been signed in 2024, while the remaining 30 were signed in 2025. Pre-financing is the initial payment made at the start of a grant to provide beneficiaries with the cash flow needed to launch activities; under Horizon Europe rules, it remains the property of the granting authority until it is cleared during project implementation through interim reporting and the approval of eligible costs. Individual pre-financing amounts ranged from around EUR 1.4 million to EUR 6.0 million. In accordance with Horizon Europe rules and related operational targets, pre-financing is to be paid within 30 days of the grant agreement’s entry into force. The JU’s performance against this target is summarised in section 4.1.2.

1.5.2. Guidance and training for grant recipients

Guidance and training for grant recipients remained an important part of programme implementation in 2025, helping beneficiaries apply Global Health EDCTP3 grant requirements in practice. Beyond supporting compliance, this activity also strengthened the longer-term grant management capacity of participants in JU-funded consortia, promoting more effective and transparent project implementation. Delivery through the EDCTP Association Africa Office remained particularly pertinent considering its geographical proximity to many beneficiaries, familiarity with local institutional realities, and long-standing experience across the predecessor EDCTP Programme iterations (EDCTP1 and EDCTP2). The JU programme office

complemented this role by contributing programme-specific input on grant management requirements, implementation challenges, and areas where targeted support was most needed.

In 2025, this support was delivered through three training workshops combining hands-on implementation guidance with broader capacity strengthening. Two Finance and Project Management Training (FPMT) workshops were organised through the EDCTP Association Africa Office in collaboration with the JU programme office, while one legal and financial workshop was organised directly by the JU programme office in Brussels. Together, the three events represented 48 hours of structured training and were attended by 624 individuals in total, with some participants attending more than one workshop. The main target groups were members of Global Health EDCTP3-funded project teams with substantial implementation responsibilities, notably lead investigators, project managers, and financial managers, with priority given to newly funded beneficiaries and to institutions for which additional support was considered useful.

The trainings were designed to equip beneficiaries with the practical knowledge needed to manage Global Health EDCTP3 grants under the Horizon Europe framework. They focused on the aspects of grant management most likely to affect implementation in practice, including how to work with the Grant Agreement and its annexes, how to plan and document activities and deliverables, how to manage reporting and amendments, and how to meet obligations relating to ethics, clinical studies, open science, financial management, and data sharing. A further objective was to help beneficiaries understand how Global Health EDCTP3 differs from previous EDCTP Programme iterations, including in terms of governance arrangements and broader strategic scope. The Brussels workshop placed particular emphasis on legal and financial implementation, with modules on general legal concepts and amendments, project costs, financial reporting, internal control, ex-post audits, and lump-sum grants.

IMAGE 1 - TRAINING FOR GLOBAL HEALTH EDCTP3 GRANT RECIPIENTS IN DAKAR, SENEGAL CONDUCTED BY THE EDCTP ASSOCIATION AFRICA OFFICE AND REPRESENTATIVES FROM THE FINANCE TEAM OF GLOBAL HEALTH EDCTP3 (4-6 NOVEMBER 2025)



The three workshops provided African and European institutions with distinct yet complementary support during the year. The first FPMT took place in Johannesburg, South Africa, on 25-26 April 2025 and combined onsite and online participation. A second FPMT was held in Dakar, Senegal, on 3-6 November 2025 as an in-person workshop for Global Health EDCTP3 grant holders from several West and Central African countries. The JU-organised legal and financial workshop took place in Brussels, Belgium, on 29 September 2025 in hybrid format. Training materials from the Brussels workshop were also made publicly available through the

[Global Health EDCTP3 website.](#)

A specific feature of the 2025 training was the inclusion of a dedicated session on lump-sum grants, reflecting the JU's pilot use of this funding model under two 2025 call topics.

As introduced through the [2025 Work Programme](#), the lump-sum approach was intended as a simplification measure to reduce administrative burden and shift attention away from actual-cost reporting towards the progress of scientific and technical implementation of the action. The Brussels workshop therefore included a dedicated session explaining both the rationale for introducing this model and its practical implications for beneficiaries during project implementation.

1.5.3. Grant recipients' reporting and related payments

Grant recipients' reporting and related payments progressed substantially in 2025, with the first large wave of interim reporting completed and related interim payments emerging.

Under the grant management cycle, consortia must submit a periodic report within 60 days after the end of each reporting period. Once submitted, the JU has 90 days to assess the technical and financial reporting, after which the granting authority finalises its assessment and the consortium has 30 days to contest the decision if needed. In 2025, 25 periodic reports were completed, all of them interim reports for reporting period 1. These came from 23 projects signed during 2023 and funded under call HORIZON-JU-GH-EDCTP3-2022-01, one project signed in 2022 and funded under call HORIZON-JU-EDCTP3-2022-GH-Africa-IBA, and one project signed in early 2024 under call HORIZON-JU-GH-EDCTP3-2023-01.

Expert input supported the assessment of a substantial share of periodic reports completed in 2025. To analyse periodic reports, Project Officers may launch the project monitoring workflow and request support from external experts, subject to agreement by the project coordinator. In this process, the expert reviews the continuous reporting data and periodic technical report, assesses whether milestones have been reached, whether deliverables are of sufficient quality, and whether deviations from the original work plan are justified. The process also includes a review meeting with the consortium, after which the expert submits a report for the Project Officer's consideration. In 2025, 11 of 25 periodic reports were analysed with expert input, and assessment of periodic reports from three additional projects were still ongoing and were planned to be finalised in 2026.

By the end of 2025, interim reporting began triggering payments following satisfactory performance, although pre-financing still accounted for the majority of disbursements.

. Interim payments made by December 2025 following interim report processing amounted to EUR 22 336 788 and were paid to 26 projects, including some projects for which report analysis had started in the previous year. At the same time, pre-financing remained the dominant form of disbursement. By the end of December 2025, the JU had signed 107 grants with a total value of EUR 430 115 755, of which EUR 303 659 872 had already been paid to projects, representing 71% of total grant amounts allocated. Of this amount, EUR 281 323 084, or 93% of all payments made so far, had been paid as pre-financing, while EUR 22 336 788 had been paid as interim payments following the processing of interim reports.

1.5.4. Financial support to third parties

Financial support to third parties remained limited in 2025, with one newly signed grant and the first related reporting cycle only starting at the end of the year. In 2025, one grant providing financial support to third parties was signed under call HORIZON-JU-GH-EDCTP3-2024-02-TWO-STAGE: project SAHRI-Fellowship (101190800). In parallel, a periodic report was received late in 2025 for the project SUPPORT (101145811), funded under call HORIZON-JU-GH-EDCTP3-2023-01-01. Its assessment and any related payment will take place in 2026,

together with the other projects funded under the same call.

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

In 2025, the project portfolio began reaching an important milestone, with some projects approaching their contractual end dates. As of December 2025, five projects had been completed and had entered the final reporting phase, marking the beginning of a gradual transition from project implementation toward closure and delivery of final outcomes.

FIGURE 14 below shows the projected trend for ongoing projects and cumulative completed projects between 2022 and 2031. Overall, the number of ongoing projects is expected to rise sharply through 2025-2026 before steadily declining, while completed projects increase consistently over time and eventually surpass ongoing activity. It should be noted that this analysis does not include projects invited in December 2025 with planned start dates in 2026. As a result, the actual number of ongoing and completed projects from 2026 onward will be higher than reflected in this forecast.

Following a slow start in 2022, the portfolio of monitored projects grew rapidly between 2023 and 2025. Active projects surged from just one in 2022 to 104 by 2025, with a peak expected in 2026. Conversely, project completion was minimal; cumulative completions remained at zero until 2024, rising to five in 2025, with 25 projected by the end of 2026.

From 2027 onward, the pattern is forecasted to shift, with the number of ongoing projects expected to start declining. Meanwhile, cumulative completed projects are expected to rise significantly, reaching 50 in 2027 and 72 in 2028. By 2028, completed projects overtake ongoing projects for the first time, indicating a transition from project initiation and delivery phases toward project completion and closure.

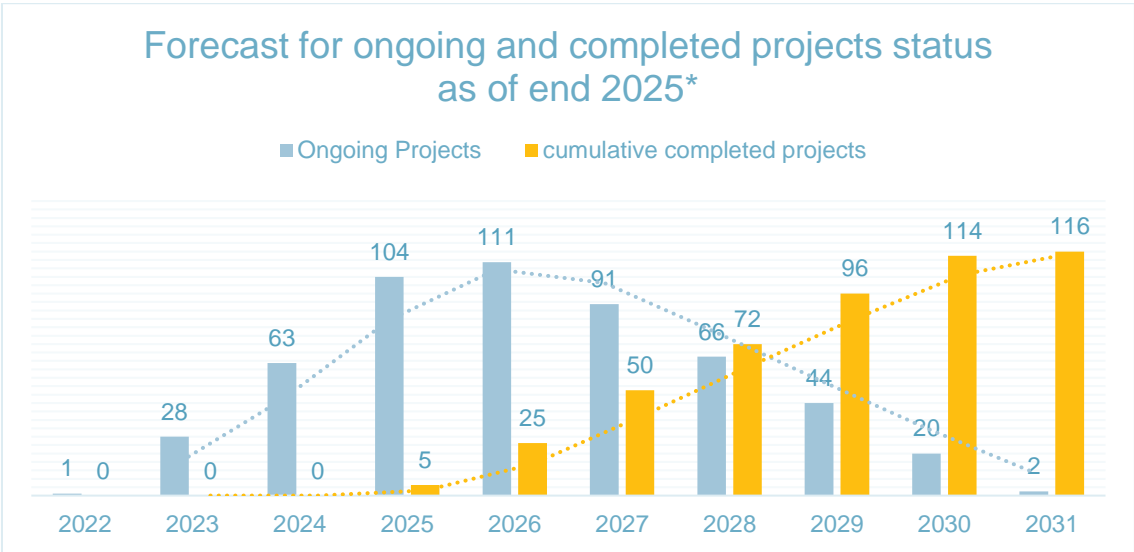
This trend becomes more pronounced in the later years. Ongoing projects continue to decrease in 2029, 2030 and 2031. In contrast, cumulative completed projects continue to climb steadily, reaching 96 in 2029, 114 in 2030, and 116 by 2031 (these figures are based on the grants portfolio as December 2025).

Overall, the forecast suggests a strong growth phase in project activity up to 2026, followed by a gradual wind-down as projects are completed. By 2031, nearly all projects are expected to have been completed, with only a minimal number still ongoing.

Kick off meetings and first consortia meetings

It is also noted that most of the 41 projects that started in 2025 held their kick-off meetings or first consortium meetings during 2025, reflecting a particularly active mobilisation and implementation period.

FIGURE 14 - FORECAST FOR ONGOING AND COMPLETED PROJECTS STATUS AS OF END 2025



**This forecast does not take into account grants invited in Dec 2025 and later*

1.5.6. Amendments

If there are changes to the grant agreement required, an amendment may be requested either by the granting authority or the coordinator of the project. In 2025, the following were among the most frequently cited reasons for requesting an amendment:

- 1) Addition of a new beneficiary
- 2) Addition of an affiliated entity
- 3) Beneficiary termination
- 4) Beneficiary termination (non-accession to the GA)
- 5) Change concerning linked actions
- 6) Change of Annex 1
- 7) Change of Annex 2
- 8) Change of applicable law regime
- 9) Change of legal status
- 10) Change of the bank account for payments
- 11) Change of the coordinator
- 12) Change of the participant short name
- 13) Change of the project duration
- 14) Change of the reporting periods.

In 2025, the 12 concluded amendments (see **Table 12** below) were predominantly administrative and operational in nature. The most common changes involved updates to Annex 1 and Annex 2, reflecting ongoing refinements to project scope and documentation. Several amendments also addressed project timelines, including adjustments to project duration, reporting periods, and, in

one case, the project start date, highlighting the need for flexibility in implementation. Changes to the consortium composition were also observed, such as the addition or removal of associated partners, affiliated entities, and new beneficiaries, as well as instances of beneficiary termination. A smaller number of amendments related to legal and financial aspects, including changes in legal status and updates to bank account details for payments. There were also occasional corrections made due to errors or mistakes. Overall, the amendments finalized in 2025 reflect routine project management adaptations to ensure alignment between implementation, partnership structures, and administrative requirements.

TABLE 12 - AMENDMENTS CONCLUDED IN 2025

Project Acronym	Amendment description
ASAAP-plus	Change of Annex 1; Change of Annex 2; Change of the project duration; Change of the reporting periods
BRIDGE NETWORK	Beneficiary termination (non-accession to the GA); Change of Annex 1; Change of Annex 2
CAPACITY 2023	Change of Annex 1; Change of legal status
CTCAN	Change of the bank account for payments
DOLPHIN-3	Change of the bank account for payments
ECOWAS-RegECs	Change of Annex 1; Change of the project duration; Change of the reporting periods
IMCI-PLUS	Addition of an associated partner; Change of Annex 1; Change of Annex 2; Change of legal status; Removal of an associated partner
NGS4PublicHealth	Change due to an error/mistake; Change of Annex 1; Change of Annex 2; Change of legal status; Change of the project duration; Change of the reporting periods
PDMC Saves Lives	Addition of an affiliated entity; Change of Annex 1; Change of Annex 2
PvSeroRDT	Change of Annex 1
SEARCH II	Change of the bank account for payments
SUPPORT	Addition of a new beneficiary; Beneficiary termination; Change of Annex 1; Change of Annex 2

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

A grant may be awarded for an action which has already begun provided that the applicant can demonstrate the need for starting the action prior to signature of the grant agreement. In 2025, a retroactive fixed start date was approved for 5 projects as shown in **Table 13** below.

TABLE 13 - PROJECTS WITH RETROACTIVE START DATE

Project Number	Project Acronym	Project EC Signature Date	Project Start Date	Project Start Date Text
101190779	SDx	22/08/2025	01/07/2025	The project team planned a set of pre-study activities that were planned to start on 1 Jul 2025.
101190791	ComBac-Africa	22/05/2025	01/05/2025	The consortium requests a fixed starting date for ComBac Africa, to ensure that activities can start on 1 July 2025, independent from any unforeseen delays in the signature process. The group has found that this would be very important to mitigate the risk of significant delays in ethics approvals, as relevant boards meet only quarterly. A further delay might then result in an approval delay of 3 months. This was approved by the Head of Unit of Scientific Operations.
101190925	ELDORADO	19/05/2025	01/05/2025	The retroactive project start date of 01/05/2025 is fully justified as the consortium had already communicated this project start date well in advance and set up all project activities (including their kick-off meeting on 07/05/2025) accordingly.
101190747	PfVIMT	21/05/2025	01/03/2025	They request a fixed starting date of March 1, 2025. The request is founded on scientific grounds: the trial (malaria vaccination) needs to start in April 2025 due to seasonality of malaria transmission, the month of March 2025 is necessary to procure the necessary equipment. It was approved by the Head of Unit on 06/02/25, see uploaded document.

1.5.8. Redress cases from previous calls

In 2025, a redress committee was convened to analyse ten (10) redress requests introduced by ten (10) different proposals in the context of Calls 2024. For seven (7) cases, no grounds were found to support the complaint. For three (3) cases, the redress committee considered that the complaint was founded, and thus, depending on the case, a re-evaluation or a partial re-evaluation of the specific criterion affected, was carried out.

In 2025, following first stage evaluation of proposals to topics under the 2025 Work Programme outcome, the following redresses were received:

- HORIZON-JU-GH-EDCTP3-2025-04-two-stage: 7 redress requests, received in August 2025
- HORIZON-JU-GH-EDCTP3-2025-03-two-stage: 1 redress request, received in July 2025
- HORIZON-JU-GH-EDCTP3-2025-01-two-stage: 1 redress request, received in July 2025

For one (1) case, a redress committee considered that the complaint was founded, and thus, depending on the case, a re-evaluation or a partial re-evaluation of the specific criterion affected, was carried out.

Outcome of the review by the redress committee has been communicated to applicants, and re-evaluation of founded cases took place after the end of 2025.

The outcome of the second stage evaluation of proposals to the 2025 Work Programme was communicated in December 2025 with a deadline for redresses in January 2026.

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

In 2025, Global Health EDCTP3 further strengthened the openness, cooperation and partnership dynamics that are central to its institutional model and strategic setup.

Alongside progress in research funding and capacity development, the JU continued to reinforce the collaborative approach and actions needed to maximise the programme's reach, coherence, and long-term impact. This was reflected in a clearer articulation of EDCTP's achievements and added value for Europe and Africa, its stronger partnerships and synergies, continued efforts to attract new participants, growing external visibility, and in the targeted use of an exception to the open call principle to support Africa-based outreach, coordination, and stakeholder engagement. The subsections below present these developments in detail.

1.6.1. Partnerships and Collaborations

Partnerships and collaborations remained a core component of Global Health EDCTP3 in 2025. As reflected in the JU's Strategic Research and Innovation Agenda ([SRIA](#)), the programme is designed to fund clinical research and capacity development, as well as to strengthen coordination, build strategic alliances, attract additional investment, and promote more aligned Africa-Europe and global action around shared health priorities. In 2025, this strategic dimension advanced across several complementary and synergistic levels: through stronger mobilisation of contributing partners, more structured cooperation with other strategic organisations, the strengthening of synergies with other European Union initiatives, and the continued expansion and financial engagement of the EDCTP Association. Together, these developments reinforced the programme's collaborative foundation, resource base and co-ownership model. The subsections below provide a more detailed qualitative account of these partnership dynamics, while the section on progress towards JU indicators (1.7.2) presents the corresponding overall trends and KPIs with consolidated evidence.

In 2025, the JU also placed greater emphasis on articulating the [EDCTP added value](#) for both Africa and Europe, as part of its broader effort to make the programme's partnership dimension more explicit and better evidenced. This helped spell out more clearly the strategic value of EDCTP: stronger health security in both regions through better preparedness and response capacities for infectious disease threats; stronger clinical research ecosystems; progress in the development and uptake of new or improved health technologies; and long-term scientific and institutional cooperation between African and European partners. It also made clearer that, although sub-Saharan Africa is the programme's main geographical focus, the partnership generates important and interlinked benefits for both Europe and Africa, and beyond.

The reflection on added values helped connect achievements from across all three EDCTP Programmes to current Global Health EDCTP3 strategic priorities. Looking across the three programme iterations was particularly important in a field where results and impact often take many years to emerge, and where the current programme - Global Health EDCTP3 - builds on capacities, networks, and research pathways established under earlier EDCTP iterations. This made it possible to link retrospective achievements and current projects more explicitly to today's priorities in epidemic preparedness, product development, research capacity, and Africa-Europe scientific cooperation.

The stocktaking exercise confirmed EDCTP's tangible contribution to health innovation over the past two decades. Among the documented and verified results identified to date are 14 life-saving health innovations now actively in use, including the first malaria vaccines, better child-friendly HIV medicines, point-of-care diagnostics for tuberculosis, and simpler treatments for neglected tropical diseases. These examples illustrate how clinical research conducted in Africa can generate globally relevant public health gains. As evidence continues to emerge beyond

individual project lifecycles, Global Health EDCTP3 is continuing to analyse public evidence and follow up with former consortium coordinators to capture additional medical products, care practices, and health policy contributions arising from EDCTP-supported research.

Contributing Partners

2025 marked a visible acceleration in contributing partners' engagement, strengthened collaborative partnerships, and significantly increased co-investment commitments, driven by the JU's intensified outreach efforts. This was supported by sustained engagement with potential contributing partners through bilateral exchanges, meetings and events, particularly around the Twelfth EDCTP Forum in Kigali (see Section 2.1.1). These interactions helped consolidate existing relationships, open new avenues for collaboration, and convert dialogue into new concrete commitments and activities.

At programme level, existing partnerships were deepened and new relationships were forged. A significant milestone was the strengthened collaboration with the Coalition for Epidemic Preparedness Innovations (CEPI), formalised through a broader Memorandum of Understanding (MoU) signed during the Forum in Kigali. This was accompanied by CEPI's pledge of EUR 11.1 million to the 2025 Work Programme, supporting capacity development through networks of excellence and fellowships, as well as additional co-funding pledged for the 2026 call topic on ethics, regulatory and pharmacovigilance strengthening. Collaboration opportunities were also explored with other existing contributing partners, such as the Gates Foundation. The partner base also expanded: the Leprosy Research Initiative (LRI) became a new contributing partner for the 2026 call topic on Tuberculosis, while the Novo Nordisk Foundation confirmed its intention to become a contributing partner for the 2026 call topic on LRTIs through a letter of intent submitted to the Governing Board in December 2025.

Alongside these programme-level developments, project-level co-investments by contributing partners increased substantially in 2025, driven by stronger engagement from industry and research and innovation actors through Global Collaboration Action call topics. In December 2025, the Governing Board approved over 40 organisations as project-level contributing partners, together committing EUR 101 million in co-investment for selected projects. More than 80% of this amount came from *innovation and industry partners* (i.e., pharmaceutical companies, SMEs, product-development-partnerships (PDPs), and biotech companies), with investments concentrated particularly in tuberculosis vaccines and malaria therapeutics. Notably, EUR 54 million of these commitments originate from Africa-based entities, accounting for 53% of all project-level contributing partner commitments in 2025. In addition, further partners were approved with co-funding commitments of up to EUR 72 million for reserve-list projects, creating further leveraging potential should these projects later be funded.

Combined, these developments led to a marked increase in contributing partner resource mobilisation in 2025, driven by stronger incentives for co-funding and by the more systematic formalisation of existing co-investments. By the end of 2025, cumulative project- and programme-level commitments from contributing partners reached EUR 148 million, of which EUR 101 million came from project-level contributions, as noted above. Contributions declared in 2025 alone exceeded EUR 112.1 million, more than three times the level recorded in the previous years. This increase was driven in large part by the introduction of *Global Collaboration Actions* in the [2025 Work Programme](#). Importantly, this built on an approach already used under EDCTP2 Strategic Actions calls, where external co-funding was in some cases required and in others strongly encouraged through the evaluation criteria. *Global Collaboration Actions* therefore reapplied in a more flexible form a mechanism that had already proven effective in mobilising additional resources. Although contributing partner contributions are not mandatory in these actions, they are explicitly reflected in the impact and implementation proposal evaluation criteria, creating a strong incentive for applicants to include innovation and industry partners in their consortia and strengthen the funding base of projects. A [networking platform](#) was also established on the Global Health EDCTP3 website to help applicants and contributing partners connect and reinforce consortia. Building on this success and the lessons learned, the JU

expects a comparable level of contributing partner contributions in 2026 and intends to continue applying this approach in the remaining years of the programme.

A broader overview of the JU's position at the end of 2025 regarding leveraged resources, including progress against the relevant targets, is presented in Section 1.7.2 on KPIs.

Other Strategic Partners

Alongside efforts to strengthen the participation of contributing partners, Global Health EDCTP3 also formalised and expanded cooperation with other strategic partners through dedicated cooperation frameworks. In February 2025, Global Health EDCTP3 [signed](#) an MoU and Joint Action Plan with the Africa CDC to support the shared goal of promoting public health in Africa, with a particular focus on identifying challenges and opportunities for collaboration in capacity development, clinical research ecosystems, and alignment of research and funding agendas. Another MoU was signed in December 2025 between the EDCTP Association and the World Health Organisation (WHO) African regional office, creating a framework for collaboration on strengthening research capacity, regulatory systems, policy translation, and country leadership to support clinical research and product development across the WHO Africa Region. This milestone was bolstered by an in-person visit of the WHO Regional Directors for Africa and Europe to the Global Health EDCTP3 implementing office to further galvanise this collaboration.

These partnerships were further supported through regular dialogue on concrete strategic priorities. Throughout 2025, Global Health EDCTP3 held regular exchanges with the Africa CDC and WHO regarding the operationalisation of the WHO's [Global Action Plan for Clinical Trial Ecosystem Strengthening \(GAP-CTS\)](#). These discussions helped connect Global Health EDCTP3 more closely to wider continental and global efforts to strengthen enabling environments for clinical trials in Africa. In this context, Global Health EDCTP3 also expressed interest in joining the WHO Clinical Trials Forum and expects to formalise its role in this platform during 2026.

IMAGE 2 - SIGNATURE OF MEMORANDUM OF UNDERSTANDING BETWEEN AFRICA CDC AND GLOBAL HEALTH EDCTP3, ADDIS ABABA, FEBRUARY 2025



IMAGE 3 - VISIT OF WHO REGIONAL DIRECTORS FOR EUROPE AND AFRICA



At the same time, dialogue also continued with European institutional actors with a view to strengthening synergies around regulatory pathways, product uptake, manufacturing, and access in Africa. In 2025, this included continued exchanges with the European Medicines Agency and several European Commission services, notably DG INTPA and HERA. These interactions focused on areas such as scientific advice, regulatory capacity, product pipeline visibility, manufacturing in Africa, and broader strategic alignment. More detailed information on these European institutional synergies is presented in the subsection “Synergies with other European Union Entities” below.

EDCTP Association

In 2025, the EDCTP Association continued to expand and consolidate its role as a cornerstone partner of the JU. Burundi became the 31st African country to join the EDCTP Association, bringing total membership at the end of December 2025 to 46 countries: 31 from Africa and 15 from Europe. This continued expansion reflects growing African co-ownership in the partnership and reinforces the Association’s role as the political and institutional bedrock of Global Health EDCTP3.

Member countries’ in-kind contributions to additional activities (IKAAs) remained the largest expression of direct national investment aligned with the JU’s objectives. In 2025, the EDCTP Association reported EUR 162.6 million in IKAAs committed for activities starting that year. Together with IKAA activities initiated in previous years, this brought cumulative IKAA investments for actions planned to start between 2022 and 2025 to a total of EUR 712 million. An additional further EUR 53.2 million in IKAAs was planned during 2025 for activities expected to start in 2026, bringing the total volume of planned IKAA investments so far to EUR 767.8 million. These investments support actions implemented directly by EDCTP Association member countries and aligned with the objectives of the [SRIA](#). A broader overview of the JU’s position at the end of 2025 regarding Member Countries’ in-kind contributions, including progress against the relevant targets, is presented in Section 1.7.2 on KPIs.

IKAAs are strategically important because they allow member countries to align national investments with the shared agenda of the JU and achieving a strategic impact that cash or project-based in-kind contributions cannot match. Global Health EDCTP3 operates in

areas where market incentives alone are often insufficient, including poverty-related, neglected, emerging and re-emerging infectious diseases. In this context, progress depends heavily on public-sector co-ownership, long-term national commitment, national health research capacities, and cross-border collaboration. IKAAs make it possible to capture and align nationally funded activities that are fully relevant to the JU's objectives but are implemented outside JU-managed grants, such as investments in clinical research infrastructure, ethics and regulatory systems, epidemic preparedness, training, fellowships, and health research networks. They therefore help connect national programmes to a shared Africa-Europe agenda, reduce fragmentation of public investment, and create stronger incentives for transparency, coordination, and long-term strategic planning across participating states.

In addition to IKAAs, EDCTP Association member countries also provided targeted cash contributions to support specific calls and actions under the 2025 Work Programme.

These amounted to EUR 14.6 million in 2025, with contributions coming from the United Kingdom and Germany (Table 14). UK funding supported four calls focused on public health fellowships, regional networks of excellence and epidemic preparedness, diarrhoeal diseases in the context of climate and health, and transformative innovations in global health. Germany contributed to calls on tuberculosis, malaria, neglected tropical diseases (NTDs) and climate and health. Together with contributions made in 2024, cumulative cash contributions from EDCTP Association member countries since the start of the current programme reached EUR 34.9 million by the end of 2025, as reflected in the overview of JU-leveraged resources until December 2025 presented in Section 1.7.2.

TABLE 14 - EDCTP ASSOCIATION - CASH CONTRIBUTIONS TO WORK PROGRAMME 2025 CALLS

Call / action	Thematic area	Amount (EUR)	Totals (EUR)
Contributions by the United Kingdom:			
HORIZON-JU-GH-EDCTP3-2025-02-FELLOW-01-two-stage	Global Health EDCTP3 JU and contributing partners funded Strategic Training Hubs for Fellowships in Public Health covering Biostatistics, Epidemiology and Modelling	€3.6 million	€11.3 million
HORIZON-JU-GH-EDCTP3-2025-03-NETWORKS-01-two-stage	Global collaboration action for strengthening the Regional Networks of Excellence and Epidemic Preparedness Consortia	€3.2 million	
HORIZON-JU-GH-EDCTP3-2025-04-CH-01-two-stage	Tackling Diarrhoeal Diseases in the context of Climate and Health	€1.4 million	
HORIZON-JU-GH-EDCTP3-2025-04-ACCESS-02-two-stage	Transformative Innovations in global health	€3.1 million	
Contributions by Germany:			
HORIZON-JU-GH-EDCTP3-2025-01-TB-01-two-stage	Global collaboration action for the development of vaccines for reducing the disease burden of Tuberculosis in sub-Saharan Africa	€900 000	€3.3 million
HORIZON-JU-GH-EDCTP3-2025-01-	Global collaboration action for	€900 000	

MALARIA-02-two-stage	research on existing Malaria therapeutics and clinical development of new antimalarial candidates		
HORIZON-JU-GH-EDCTP3-2025-01-NTD-03-two-stage	Accelerating the development of prophylactic vaccines against Neglected Tropical Diseases (NTDs) in sub-Saharan Africa	€900 000	
HORIZON-JU-GH-EDCTP3-2025-04-CH-01-two-stage	Tackling Diarrhoeal Diseases in the context of Climate and Health	€600 000	
			Total: €14.6 million

The 2025 portfolio of EDCTP Association contributions shows that member countries are investing in both R&I and the structural capacities needed for sustainable impact. Across both IKAAs and cash contributions, 2025 support was strongly concentrated in capacity development, clinical and translational research, epidemic preparedness, and implementation-oriented areas such as regulatory strengthening, product rollout and health-system integration. This illustrates the EDCTP Association’s added value as part of the JU’s governance structure, and at the same time as a mechanism through which participating states co-own, co-shape, and through creative cooperation deepen the impact of the partnership.

Synergies with other European Union Entities

In 2025, Global Health EDCTP3 further strengthened cooperation with European Union institutions, translating the ‘One EU’ approach in global health into more structured and operational synergies. These synergies increasingly took shape around concrete areas where mandates, instruments, and implementation roles were complementary. This dynamic built in part on the momentum created by a high-level meeting convened by Global Health EDCTP3 in September 2024, which brought together *The Lancet* Chief Editors and representatives of EU directorates and agencies active in health, research and innovation, and international cooperation and development. That exchange helped frame Europe-Africa collaboration in the field of Global Health more strategically and was followed by the publication of *The Lancet* [article](#) ‘Europe-Africa collaboration: working together to strengthen health research, implementation, and equitable systems’ in August 2025.

Cooperation with Health Emergency Preparedness and Response Authority (HERA) emerged as a definitive illustration of this synergy in 2025. While HERA focuses primarily on health emergency preparedness and medical countermeasures, and Global Health EDCTP3 supports clinical research and capacity strengthening in sub-Saharan Africa, the two initiatives increasingly converged around areas where these mandates are complementary. Exchanges in 2025 focused on genomic surveillance, mpox, and antimicrobial resistance (AMR), with the aim of improving alignment of priorities, avoiding fragmentation, and ensuring that research investments and response measures were better connected. On genomic surveillance, this complementarity was particularly visible because Global Health EDCTP3 supports sequencing capacity and a Genomic Surveillance Network in sub-Saharan Africa, while HERA has developed related initiatives, including support to EU Member States-led initiatives on sequencing and the Global Consortium for Wastewater and Environmental Surveillance for Public Health. Contextually, HERA’s [public information on threat assessment](#) also refers, as part of its assessment toolbox, to Global Health EDCTP3-supported actions in strengthening sequencing capacities in low- and

middle-income countries.

While Global Health EDCTP3 and HERA serve different primary geographies – the latter focuses on EU preparedness and the former on sub-Saharan Africa – they mirror each other on their respective initiatives on AMR. For example, both organisations are investing in warm-base clinical research networks/ infrastructures and are providing strategic support for the development of new antibiotics and access in their respective geographies. At the same time, both organisations are also investing in wastewater surveillance for resistant pathogens, with HERA having a global perspective and Global Health EDCTP3 focusing on sub-Saharan Africa. These initiatives are complementary and benefit from continuous cooperation from the two organisations to optimise the efforts allocated.

HERA and Global Health EDCTP3 translated their complementarity in a very concrete manner through the cooperation on the DRC mpox outbreak in 2025. At the same time that HERA, together with Team Europe, supported the procurement and donation of more than [600 000 doses](#) of the MVA-BN vaccine to African countries, Global Health EDCTP3 supported emergency research addressing evidence gaps in the response to the mpox outbreak, including the real-world benefits of vaccination in sub-Saharan African populations and in the context of the emerging clade Ib outbreak dynamics. Global Health EDCTP3's projects looking into mpox vaccines' real-world data were dependent on vaccine donations, such as the ones provided by the EU and its Member States to Africa CDC, and the roll-out of vaccination campaigns in the different countries and provinces. In this context, alignment between the two organisations allowed to implement complementary activities, as well as understand the flow of goods and recipients of funding and resources. For 2026, the two organisations have already identified climate-sensitive infectious diseases as further areas for strategic alignment.

Cooperation with Directorate-General for International Partnerships (DG INTPA) focused increasingly on how to safeguard the long-term sustainability of the outcomes of Global Health EDCTP3 investments. While Global Health EDCTP3 pushes clinical tools closer to the market and the people who need them most, such as those featured under the 2025 call topics for malaria therapeutics and neglected tropical diseases vaccines, DG INTPA provides complementary support under the [Global Gateway](#), including support to vaccine manufacturing capabilities through MAV+. In this context, discussions have focused on increasing awareness among Global Health EDCTP3 beneficiaries of the Global Gateway initiatives, identifying potential manufacturing partners in sub-Saharan Africa, and facilitating the translation and deployment of research outcomes.

Global Health EDCTP3, DG INTPA, and DG RTD also used this cooperation in 2025 to reflect more strategically on how EU global health research and innovation could be better aligned. A strategic discussion hosted on 28 November 2025 helped take stock of EU Global Health R&D initiatives, explore alignment, and strengthen engagement with common partners. It also helped identify key barriers and possible solutions to closer collaboration, including clarifying legal constraints and procedures for exchanging information, and exploring more coordinated engagement with authorities and external partners to present EU initiatives supporting product development, regulation, manufacturing, and procurement or distribution in a more comprehensive and strategic manner. In addition, represented by the EDCTP Association, Global Health EDCTP3 participated in the High-Level Meeting on the AU-EU Health Partnership held in South Africa on 24–25 November 2025. Co-led by DG INTPA, the meeting focused on strategic reflection on the ongoing change and reform of the global health ecosystem, including shared perspectives on health security, health equity and health financing. Discussions also addressed how to sustain the AU-EU Health Partnership and identify future commitments and avenues for cooperation.

Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO) became one of the most developed examples of these synergies, particularly in areas of humanitarian action, by generating scientific value from outbreak-response settings. Despite not being directly involved in the JU's governance, DG ECHO and Global Health EDCTP3 are natural fieldwork companions. The mpox response in the Democratic Republic of Congo provided [a clear example](#) of related synergies. Evidence generated by a DG ECHO-funded project, MBOTE-Mainema, provided the research basis for the Global Health EDCTP3-funded project [MBOTE-SK](#). While MBOTE-Maniema addressed immediate humanitarian needs, substantial field data were also collected and later supported scientific purposes. At the same time, while working in the Democratic Republic of Congo, and more specifically in Kamituga, consortium partners observed increased humanitarian needs due to geopolitical conflicts outside the scope of Global Health EDCTP3 and the project. Data generated by MBOTE-SK and its on-the-ground insights will empower the consortium to advocate for continued humanitarian support, especially in light of newly allocated funding for the DRC [announced in February 2026](#) by DG ECHO.

In 2025, cooperation with the European Medicines Agency (EMA) showcased how Global Health EDCTP3 is helping create a more visible “lab-to-regulator” pipeline, linking supported research to regulatory processes relevant to countries outside the EU. The clearest example was the use of the [EU-M4all](#) procedure, formerly Article 58, through which EMA provides scientific opinions on high-priority medicines intended for non-EU markets. In January 2025, EMA issued a positive scientific opinion for the [ivermectin-albendazole fixed-dose combination](#), a treatment developed through the EDCTP-supported STOP1 and STOP2 projects for some neglected tropical diseases, such as lymphatic filariasis. Building on this milestone, the Global Health EDCTP3-funded project [STOP2030](#) is now supporting the next step towards uptake by assessing the treatment's safety and effectiveness in mass drug administration campaigns in Kenya and Ghana. It is worth noting that by the end of 2025, eleven health technologies currently have positive scientific opinions from the EMA, of which six have been supported by EDCTP Programmes.

Cooperation with the Innovative Health Initiative (IHI) Joint Undertaking illustrated how Global Health EDCTP3 can streamline product development processes. As the two EU health Joint Undertakings, Global Health EDCTP3 and IHI regularly exchange to explore opportunities for collaboration, notably in areas of shared strategic interest such as antimicrobial resistance (AMR). In September 2025, the UNITE4TB initiative announced that the new anti-tuberculosis drug AlpE had received orphan designation from the European Medicines Agency, based on data generated by the bEto-TB project (funded by EDCTP2) and UNITE4TB (funded by IMI2). UNITE4TB (Academia and Industry United Innovation and Treatment for Tuberculosis) is an international public-private partnership revolutionising tuberculosis treatment through adaptive trial designs, AI, machine learning, and advanced pharmacokinetic modelling to identify the most promising drug combinations for Phase 3 clinical trials. Launched in 2021 with EUR 185 million in funding, the programme seeks to accelerate the development of innovative TB therapies. Global Health EDCTP3 holds annual meetings with the UNITE4TB team to review portfolio progress and explore opportunities for collaboration. In 2025, the team presented the progress of the UNITE4TB projects, the outcomes of the Stakeholder Engagement activities carried out in 2023-2024, and updates on several clinical trials including BTZ043 DECISION, PARADIGM4TB, ENABLE, and STEP2C.

A synergy with Horizon 2020 SME Instrument (now EIC accelerator) has enabled the use of a digital innovation marketed in Europe for the large-scale clinical validation of a new diagnostic tool for priority diseases in Africa. This synergy is illustrated in 2025 through the Global Health EDCTP3 project [MultiplexAI](#), which is developing an intelligent autonomous microscope based on an AI platform for multiple parasite diagnosis at the point of care. The technological basis is an adaptation and evolution of AdaptaSpot Smart, a CE marked in-vitro

system for capturing, recording, analysing, and reporting images and data of biological samples under a microscope. [This technology](#) was developed by Spotlab, a Spanish SME, and supported by the SME Instrument under Horizon 2020 (currently, the European Innovation Council accelerator). By being part of this new consortium under Global Health EDCTP3, this company is now able to collaborate with European and African partners to use its technology to develop global solutions.

A further emerging synergy in 2025 highlighted the role of European Research Council (ERC) in connecting fundamental science to clinical research. Funded by DG INTPA, and jointly implemented by the European Research Council (ERC) and the African Academy of Sciences (AAS), the new [AAS-ERC Partnership](#) signed in 2025 opens opportunities for researchers supported by the AAS to temporarily join ERC-funded teams in Europe. In the context of Global Health EDCTP3, this creates opportunities for researchers supported by the AAS to temporarily join teams led by ERC grantees in Europe. By placing promising African researchers in ERC labs that are discovering new drug targets or vaccines' vectors, the EU is building a human bridge between basic science (ERC) and clinical application (Global Health EDCTP3).

1.6.2. Visibility and Mentions

The strengthening of partnerships, synergies and strategic positioning in 2025 was also reflected in growing external visibility and recognition of Global Health EDCTP3. External references indicate growing recognition of the EDCTP Programme's strategic role, priorities, and value within the global health and research landscape. This increased awareness is further validated by a rise in high-level speaking invitations to Global Health EDCTP3 to participate in key global health meetings. These references matter because they place the JU in broader discussions on the future of EU global health engagement, international research cooperation, and innovation for neglected and poverty-related diseases. For example, in their October 2025 advocacy report [No Eradication without Innovation](#), the Pasteur Network and Global Health Advocates (France) called for stronger EU research and development collaboration with low- and middle-income countries through initiatives such as Global Health EDCTP3, arguing that such programmes *"have proven to deliver and must be continued in the next budget cycle."* This type of reference is important because it presents the JU as a valued model for sustained EU research collaboration with global partners in areas of common interest.

This external recognition was also reflected in several references linking the JU to concrete product-development results and access-oriented innovation in Africa. A recurrent theme in 2025 was the association of Global Health EDCTP3 with tangible health technologies advancing along the development pipeline. In its September 2025 article ['Harnessing Africa's untapped clinical trial potential'](#), the Access to Medicine Foundation (the Netherlands) highlighted the development of arpraziquantel, a paediatric medicine for schistosomiasis, as an example of how collaboration between pharmaceutical companies and partners can advance clinical research and improve access on the African continent; in that context, it referred specifically to support from the EDCTP Programme alongside the Global Health Innovative Technology Fund (GHIT Fund). Similarly, in its February 2025 report ['Global health R&D makes a strong investment case for Team Europe'](#), Impact Global Health (Australia) used the EDCTP Programme as a concrete case study in its analysis of Team Europe's neglected-disease R&D investments, including through reference to the partnership's long-term support to the late-stage development of the R21 malaria vaccine. Together, these references portray the JU as a research funder, and at the same time as a contributor to product pathways that can lead to regulatory progress, rollout, and population health gains.

Beyond these product-oriented references, external policy and advocacy publications also portrayed the JU as a strong example of partnership-based international research collaboration. This was particularly visible in two 2025 publications with a strong forward-looking policy dimension. In its January 2025 report '[Towards an Ambitious FP10](#)', CEPS (Belgium) cited EDCTP as a leading example of impactful multi-stakeholder collaboration and a successful EU initiative fostering international partnerships, dialogue with donors, and engagement with philanthropies. Similarly, the Danish Alliance for Global Health (Denmark) dedicated to EDCTP a section in its September 2025 EU position paper '[European Global Health Leadership Amid Crises – A Strategic Investment for the EU and the World](#)', describing it as “a successful example of partnership-based international research collaboration between the EU and global partners [that] fosters trust and equitable cooperation in a time marked by international conflict.” The paper further recommends that ‘EDCTP is continued in FP10 as a strengthened partnership with a clear mandate and improved funding’. These references recognise the JU’s outputs as well as the partnership model itself as an added value worth sustaining and building on in the next EU policy and funding cycle.

IMAGE 4 - EXCERPT FROM IMPACT GLOBAL HEALTH REPORT 'GLOBAL HEALTH R&D MAKES A STRONG INVESTMENT CASE FOR TEAM EUROPE', FEBRUARY 2025

■ CASE STUDY

EU funding for the R21 malaria vaccine will help save more than four million lives

One of the key products projected to deliver significant health benefits is the novel malaria vaccine, R21. R21 is now approved for use in children aged between 5 months and three years in both Nigeria and Ghana based on extremely promising Phase IIIb trial results, which demonstrated 77% efficacy against *falciparum* malaria using a three-dose regimen.

The late-stage development of R21, including key trials in Burkina Faso, Kenya and Tanzania, has been supported over more than a decade by the European & Developing Countries Clinical Trials Partnership, the largest single recipient of both EU and wider Team Europe R&D funding and a key mechanism by which Europe supports the clinical development of products for neglected disease in low- and middle-income nations.

Age-based distribution of R21 in endemic regions is projected to save more than 4 million lives by 2040, with the gains concentrated in Nigeria, DRC, Niger and Burkina Faso. The projected impact in Nigeria alone accounts for over a million lives saved.

These lives represent nearly 370 million averted DALYs, reflecting the young age at which malaria typically claims its victims and the reduced burden of morbidity associated with nonfatal cases. The discounted^[1] value of these DALYs to society, taking into account the fact that many of them accrue decades into the future, is more than €4.5 trillion – a massive return to the EDCTP’s overall contributions to malaria vaccine R&D of just under €51-m between 2007 and 2022.

[1] In line with the US Office of Budget Management practice a 2% discount rate is used for discounting both health and monetary values, such that cost and benefits are treated as being 2% less/more valuable for each year after/before 2022 in which they occur.

Other analytical references further situated the JU within a broader ecosystem of actors and partnerships working to strengthen research, regulation, and access to health technologies in Africa. In its 2025 thematic paper '[European and global cooperation in research and innovation: case studies and lessons learned](#)', CEPS presented Global Health EDCTP3 as ‘a valuable multi-stakeholder partnership that promotes coherence and resource mobilisation through public-private collaboration’. The paper also highlighted the JU’s emphasis on inclusivity, transparency, alignment with global health priorities, particularly the Team Europe Initiative on Manufacturing and Access to Vaccines (MAV+) for local pharmaceutical production in Africa. This suggests that external observers increasingly recognise both the JU’s outputs and the institutional model through which it operates. Similarly, in the July 2025 World Economic Forum (Switzerland) article '[Improving access to innovative medicines in Africa starts with clinical trials](#)', authored by

the Access to Medicine Foundation, the EDCTP Programme was cited alongside Africa CDC and the Regional Centres of Regulatory Excellence as one of the partnerships helping to build the clinical trial infrastructure needed on the continent.

1.6.3. Attracting Newcomers

As part of its broader commitment to openness and widening participation, Global Health EDCTP3 implemented several measures in 2025 to attract newcomers and lower barriers to entry. A central measure was the main online [Info Day](#), which was designed to help potential applicants better understand the 2025 Work Programme, funding opportunities, rules and expectations, and thereby support informed and broader participation, particularly from less experienced applicants and organisations not yet well connected to EDCTP networks. The event was promoted extensively on social media during January and February 2025, generating 1 109 registrations and 675 attendees. To widen access, additional Info Days were organised in French, Spanish and Portuguese, helping reach audiences that may otherwise face greater barriers to participation. Recordings and presentations were shared after the event, an FAQ was published on the website to address applicants' questions, and Global Health EDCTP3 staff also presented at national Info Days and the [HNN3.0 webinar for Health NCPs](#) (National Contact Points). Together, these actions helped disseminate information more broadly and lower practical barriers for less experienced applicants.

A second important measure was the launch of a networking platform in spring 2025, which provided an open, free, and unrestricted space for potential applicants to connect and build consortia. [The platform](#) allowed participants to create profiles, present their expertise, search for partners, explore co-funding opportunities, and arrange bilateral meetings. In this way, it helped make the programme more accessible to organisations and individuals without an established EDCTP network. Available evidence suggests that this measure helped reach new actors: 34% of users stated that they had not previously participated in or received funding under EDCTP-supported projects, while a further 23% were unsure whether they had prior EDCTP involvement. This indicates that the platform contributed to widening participation and supporting first-time engagement.

This effort to broaden participation was also supported by the EDCTP Association's Africa Office, which played an important role in promoting the programme across Africa and supporting potential new applicants. In 2025, it helped disseminate the Network and Fellowship Training calls through dedicated webinars, practical guidance for applicants, and engagement with several strategic partners to raise awareness of the calls. Several of these partners later took part in applications submitted in response to the 2025 calls. The Africa Office also created and maintained a [dedicated webpage](#) where call information, frequently asked questions, and profiles of African institutions seeking partnerships were published to promote transparency and help connect potential applicants. In addition, the Africa Office staff responded daily to queries from the field and provided hands-on support to consortia during the application process. In total, 31 consortia applying for training grants and 15 applying for network calls were assisted with the timely submission of their applications through the EU Funding & Tenders Portal.

The overall communication activities of Global Health EDCTP3 throughout 2025 also helped make the programme more visible and accessible to potential newcomers. In 2025, Global Health EDCTP3 used a broad mix of events, digital channels, and media outreach to promote the JU, its funding opportunities, and its results. Several of these actions reached large and diverse audiences, including many first-time participants: notably, 65% of participants at the Twelfth EDCTP Forum (presented in detail in Section 2.1.1) attended the Forum for the first time.

Together, these efforts broadened awareness of the programme and created additional entry points for organisations and individuals not previously engaged with Global Health EDCTP3. Further details on the JU's communication actions during 2025 are provided in Section 2.1.

The overall effect of these measures is further reflected in section 1.7.2, which presents the corresponding KPI evidence on the share of newcomer project beneficiaries, defined as organisations that had not previously participated in projects supported by Global Health EDCTP3 or its predecessor programmes, EDCTP2 and EDCTP1.

1.6.4. Exception to the Open Call Principle

In line with the partnership, outreach and co-ownership objectives described above, the only exception to the open call principle in 2025 was the continuation of support to the EDCTP Association's Africa Office through an Identified Beneficiary Action (IBA). The [2025 Work Programme](#) included action HORIZON-JU-GH-EDCTP3-2025-05-AFRICA-01-IBA, a Coordination and Support Action with an indicative budget of EUR 3 million, awarded to a single beneficiary, the EDCTP Association. This was not a new type of exception, but the continuation of an approach already foreseen in the [2022 Work Programme](#), which had also allocated EUR 3 million to support the establishment and operation of the EDCTP Africa Office in Cape Town. In both cases, the purpose was to ensure that Global Health EDCTP3 maintains a permanent operational presence in sub-Saharan Africa in support of stakeholder engagement, outreach, networking, training, communication, and coordination with African research and policy actors.

This restricted action was justified because these functions are most effectively delivered from within sub-Saharan Africa and are central to Global Health EDCTP3's mission, partnership model, and commitment to African co-ownership. A locally based office is better placed to maintain day-to-day engagement with African institutions, understand regional contexts and priorities, build trusted relationships, and facilitate more credible and responsive support to networks, fellows, and stakeholders across the continent. The project funded under the 2022 Work Programme was designed to accompany the early implementation phase of Global Health EDCTP3 and was reaching the end of its implementation period in December 2025. The 2025 IBA therefore ensured continuity of a function whose operational relevance remained unchanged and whose location in Africa is essential to the partnership's co-ownership model and overall objectives.

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

In 2025, the JU established a structured Monitoring and Evaluation (M&E) system to support evidence-based management and track progress over time. The system enables Global Health EDCTP3 to monitor implementation, track results, and adjust strategies proactively. In the first half of 2025 the JU finalised its M&E framework, setting out the overall approach for tracking results in the short, medium, and longer term and for assessing their contribution to the JU's objectives, expected impact, and broader mandate. This framework, approved by the Global Health EDCTP3 Governing Board in September 2025, was developed based on key documentation and targeted consultations with JU's advisory and governance bodies. The framework is designed as a living tool, to be refined over time as implementation progresses and practical lessons emerge, and is publicly available on the [JU website](#).

The M&E system is based on a programme logic, which serves as the JU's main reference point for tracking progress and for interpreting results. The programme logic sets out Global Health EDCTP3's pathway to impact by linking activities and outputs to the outcomes and longer-term effects they are expected to generate. In doing so, it clarifies what should be monitored along the results chain and provides the overall structure for assessing whether implementation is moving towards the intended direction. The programme logic as in December 2025 is provided in Annex 5.6.

Based on the programme logic, the M&E framework also defines a comprehensive set of indicators and reference points to assess progress and performance. These include donor-mandated indicators required under Horizon Europe and [Council Regulation \(EU\) 2021/2085](#), alongside indicators specific to Global Health EDCTP3 objectives and expected results. Where available, baselines, targets, and benchmarks are also used to place observed values of indicators in a wider context and evaluate whether progress is on track. To complement the full set, the JU also identified a shorter list of core indicators to provide a concise high-level snapshot of the overall programme performance. Both the full and core indicator sets are included in the M&E framework, while the updated SRIA ([Section 9](#)) presents the list of core indicators.

In the second half of 2025, Global Health EDCTP3 moved from framework design to implementation through a dedicated M&E implementation plan and regular indicator reporting cycles. The first reporting rounds also helped reconstruct data from the start of the programme and strengthen the basis for future monitoring. The resulting evidence is consolidated in internal *State of the JU* indicator scoreboard reports, which provide an at-a-glance overview of implementation progress and performance against selected indicators. The subsections below highlight key insights generated so far through the implementation of the M&E system described above. They present insights from both EC-required indicators (i.e., Key Impact Pathways indicators and common JU indicators), and indicators specific to Global Health EDCTP3.

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

The Horizon Europe's [Key Impact Pathways](#) provide a high-level framework for situating early results of Global Health EDCTP3 within the wider impact logic of the EU research and innovation programme. Introduced under Horizon Europe to strengthen how programme impacts are captured, monitored, and communicated over time, they group programme impacts into three broad categories - scientific, societal, and economic/technological - and organise them across nine pathways, each combining a narrative storyline with short-, medium-, and longer-term indicators. Since Key Impact Pathways are part of Horizon Europe's common monitoring

architecture across all programme components, including European Partnerships and Joint Undertakings, respective indicators were incorporated into the Global Health EDCTP3 M&E system described above along other EC-mandated indicators.

Key Impact Pathway indicators are monitored centrally at Horizon Europe level and are not produced by the JU itself. The JU therefore draws on data and results made available through the Horizon Europe dashboard rather than recreating the underlying methodology. That methodology is defined at Horizon Europe programme level and relies on Horizon Europe monitoring data, supported for some indicators by external sources such as Scopus and OpenAIRE, and in some cases by dedicated studies and expert-based assessments.

At this stage, the available Key Impact Pathways data for Global Health EDCTP3 provide only a partial picture of progress. The summary below is based on Horizon Europe dashboard data extracted on 9 April 2026 and covers the 107 projects signed by the end of December 2025. At the respective date, only data for short-term indicators was available, while no data on medium- or longer-term indicators had yet been reported. In addition, some short-term indicator values were based only on data submitted through interim reporting, without yet incorporating information from continuous reporting.²⁶ By the end of 2025, this applied to 29 of the 107 signed projects. This is because Global Health EDCTP3 was established within the Horizon Europe framework programme and, unlike other European Partnerships, has no legacy projects from previous framework programmes still under implementation. The data below should therefore be read as an early snapshot rather than a complete picture of results across the full JU portfolio. The subsections that follow focus only on Pathways for which the Horizon Europe dashboard already provides usable Key Impact Pathways indicator data. All discussed figures are listed in Annex 5.7.

Key Impact Pathway 1: Creating high-quality new knowledge

Reported Key Impact Pathway data already capture early peer-reviewed scientific output, but the current figure understates the volume of knowledge generated so far by the JU-funded projects. As of 9 April 2026, reported data showed 18 peer-reviewed publications for Global Health EDCTP3. At this stage, however, this figure reflects only publications captured through interim reporting and therefore presents only a partial picture, given that by the end of 2025 only 29 of the 107 signed projects had submitted interim reports. This value should therefore be interpreted as an early signal of scientific production rather than as the full volume of published outputs generated by the programme so far. The JU's own analysis under the JU-specific KPIs in Section 1.7.3, and the publication list provided in Annex 5.4, already point to a broader body of publications in peer-reviewed journals reported by beneficiaries through continuous reporting. Proactive measures are undertaken with PubMed Central Europe to capture all publications acknowledging EDCTP and Global Health EDCTP3 to avoid future under-reporting of peer-reviewed publications.

Key Impact Pathway 2: Strengthening human capital in R&I

Available data show that the JU-funded projects are already engaging a substantial research workforce, including a large cohort of early-career researchers. According to the relevant Key Impact Pathway indicator, 2 537 researchers had been reported across Global Health EDCTP3 projects by the reference date. Of these, 1 091 fell within the early-career categories used in this framework, namely “recognised researchers” and “first-stage researchers”. Women accounted for 53% of these early-career researchers, indicating slightly above-parity

²⁶ Under Horizon Europe grant management, **continuous reporting** refers to information that projects provide on an ongoing basis as results emerge during implementation. **Interim reporting** is submitted at specific points in the project lifecycle, combines technical and financial reporting, and may trigger the disbursement of subsequent grant payments. Submission and processing of interim reports in 2025 are described in Section 1.5.

female participation within this group. These figures differ slightly from the JU-processed figures used for internal KPI analysis presented in Section 1.7.3, because the Horizon Europe data system still contains some unresolved duplicate-person cases that are expected to be progressively resolved as more projects submit their first interim reports.

Key Impact Pathway 3: Fostering the diffusion of knowledge and open science

The outputs already captured in the Horizon Europe system show very strong alignment with open-science practices, although still for only a partial subset of JU-funded projects.

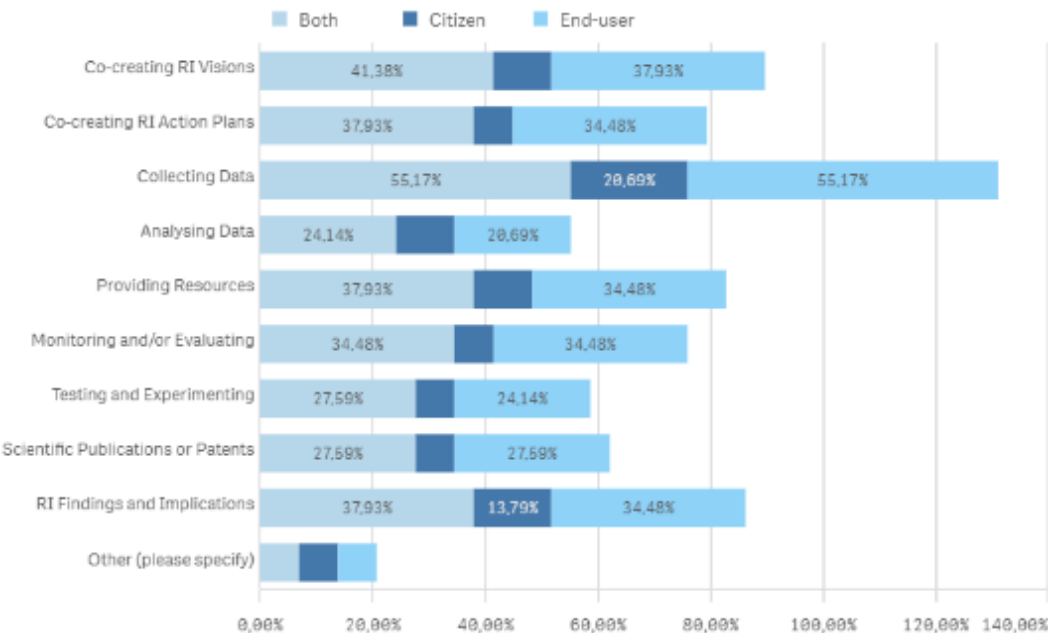
Reported Key Impact Pathway data show that 97.44% of foreground research outputs under Global Health EDCTP3 were shared through open knowledge infrastructures, including 96.55% of publications and 100% of datasets reported by the reference date. These values suggest that the projects already represented in the formal Key Impact Pathway calculations are disseminating their outputs in a highly open manner, in line with Horizon Europe’s open-science approach. At the same time, the picture remains incomplete because the indicator values reflect only outputs captured through interim reporting; as explained above, a wider set of publications had already been reported by beneficiaries through continuous reporting, as listed in Annex 5.4.

Key Impact Pathway 6: Strengthening the uptake of R&I in society

Reported data suggest that citizen and end-user engagement is already a common feature in JU-funded projects, with end-user participation particularly prominent and extending beyond simple consultation.

Among the 29 projects for which relevant interim reporting data were available, 20 projects, or 69%, reported some form of engagement of citizens and/or end users in the co-creation of research and innovation content. End-user engagement was reported in 20 projects (69%), while citizen engagement was reported in 11 projects (38%). As illustrated in **Figure 15**, the most frequently reported forms of engagement relate to collecting data, co-creating R&I visions or action plans, providing resources, and discussing R&I findings and implications. Testing and experimenting, monitoring and evaluation, and contributions to scientific publications or patents were also reported, though less frequently. These results remain provisional, as they are based only on the 29 projects that had submitted interim reports by the end of 2025.

FIGURE 15 - ENGAGEMENT OF CITIZENS AND END USER ENTITIES (BY TYPE)



Visual source: Horizon Europe dashboard, as on 9 April 2026

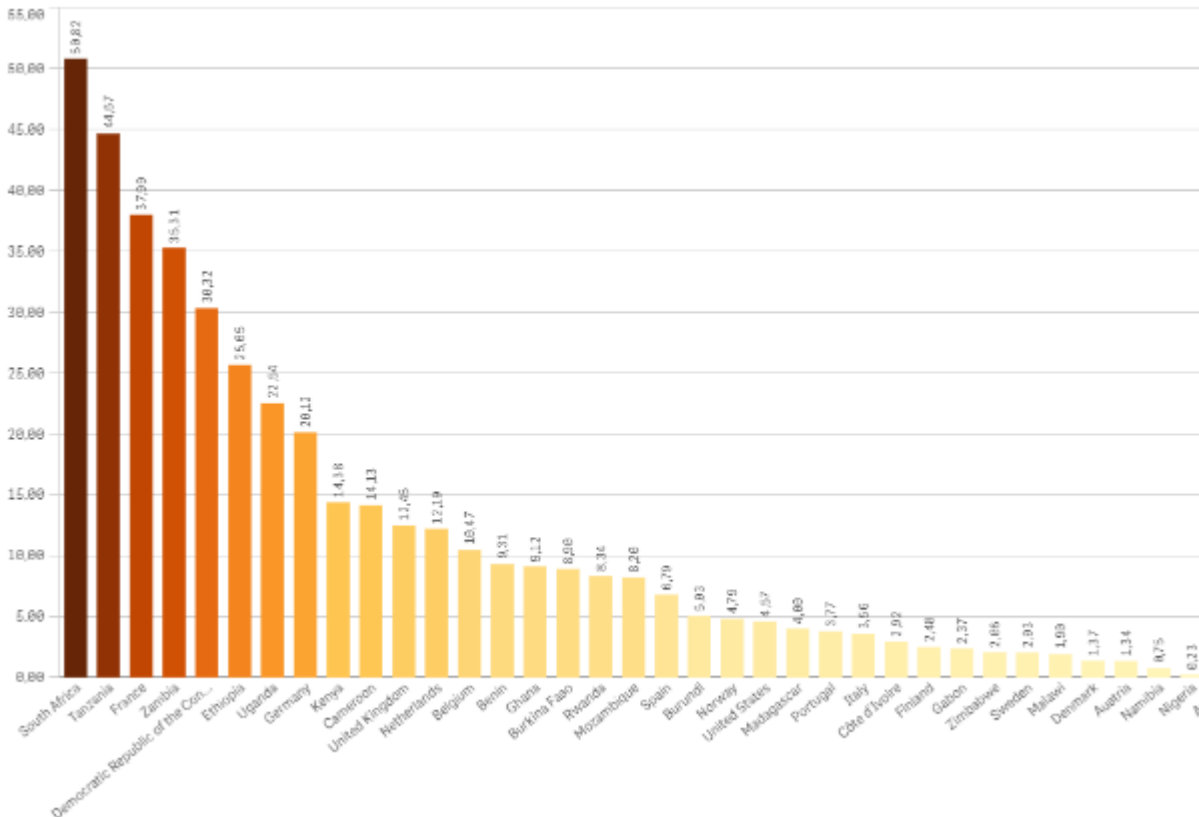
Key Impact Pathway 7: Generating innovation-based growth

Reported Key Impact Pathway signals on innovation show that JU-funded projects are already producing identifiable applied outputs, although still at an early stage. Available data reported eight innovative outputs for Global Health EDCTP3 at the reference date. Of these, four were classified as methods, two as services, and two as products. At this stage, the predominance of methods is consistent with the programme’s research-intensive profile and with the fact that many projects are still at relatively early phases of implementation, where methodological and procedural advances tend to emerge before more mature downstream innovations.

Key Impact Pathway 8: Creating more and better jobs

Available data indicate that the programme is already supporting a substantial and geographically broad employment base for the subset of projects that had reached interim reporting. Reported data showed 424.85 full-time equivalent (FTE) employees under this Impact Pathway. Under the Horizon Europe methodology, this indicator captures the total number of FTE posts created or maintained in organisations funded by the programme, based on declarations submitted through project interim reporting. As shown in **Figure 16**, the highest reported FTE volumes were observed in countries such as South Africa, Tanzania, France, Zambia, the Democratic Republic of the Congo, Ethiopia, Uganda, and Germany, followed by a wider spread across other African and European countries. This pattern is consistent with the JU’s implementation model, which combines a strong sub-Saharan African operational base with multi-country research consortia involving European partners.

FIGURE 16 - FULL TIME EQUIVALENT EMPLOYEES



Visual source: Horizon Europe dashboard, as on 9 April 2026

Key impact pathway 9 – Leveraging investments in R&I

Reported Key Impact Pathway data capture a first measure of project-level co-investment, but this reflects only one part of the programme’s wider leverage profile. Reported data showed EUR 27.37 million mobilised as beneficiaries’ own funds, representing 6% of total project costs for the 107 projects funded by the JU as of the end of 2025. Under the Horizon Europe methodology, this amount is calculated as the difference between total project costs and signed grant amounts in the JU grant agreements. For Global Health EDCTP3, this provides a valid measure of beneficiary-level own resources within signed projects, but it does not capture the full range of additional resources mobilised through the JU’s wider co-funding model, which is better reflected in data presented in Section 1.7.2, Dimension 1: Directionality and Additionality.

1.7.2. Progress against Horizon Europe Common JUs Key Performance Indicators

The ***Common Indicators for European Partnerships*** assess the performance and added value of the partnership approach under Horizon Europe programme. They complement Horizon Europe Key Impact Pathways and JU-specific indicators by focusing on partnership-level effects that are not visible through project-level reporting alone. Developed for use across all European Partnerships - including Joint Undertakings - they cover five dimensions: directionality and additionality, coherence and synergies, transparency and openness, international visibility and positioning, and flexibility of implementation. The following subsections summarise where the JU stands against these five dimensions.

Dimension 1: Directionality and Additionality

Directionality and additionality examine whether the partnership mobilises resources beyond the EU contribution and directs them towards the priorities it was set up to address. In the *Common Indicators for European Partnerships*, this dimension is covered through three indicators: direct leverage, indirect leverage, and investments mobilised towards specific priority areas (see Annex 5.8). The *Common Indicators for European Partnerships* also specifies that evidence on directionality often becomes more visible over the medium and longer term.

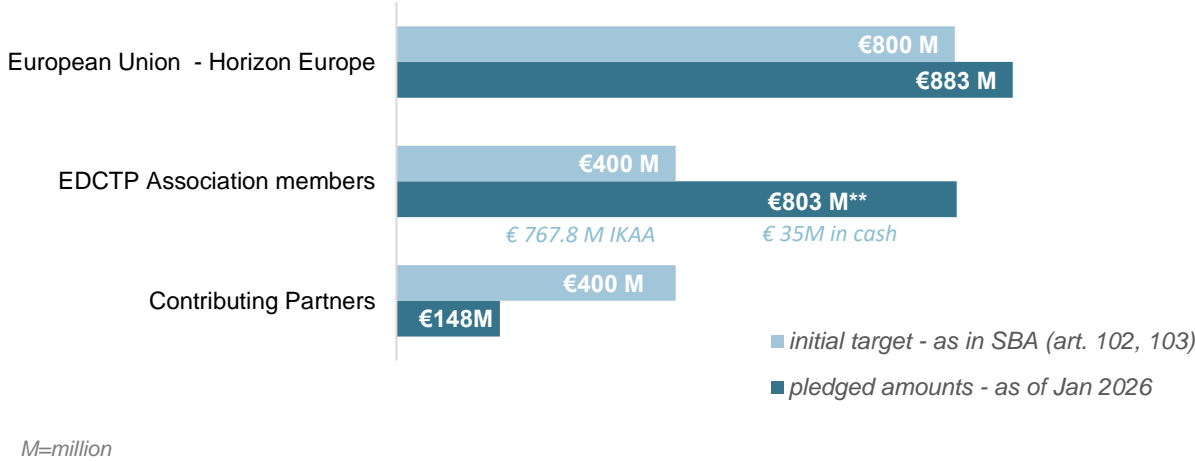
By the end of 2025, Global Health EDCTP3 had reached its overall leverage objective, with pledged co-investments slightly exceeding EU funding (Figure 17). Based on pledges received up to January 2026, for every EUR 1 of EU Horizon Europe funding the programme had mobilised EUR 1.08 from non-EU contributors. For comparison, by the end of 2024, this ratio was EUR 0.76 from non-EU contributors for every EUR 1 of EU Horizon Europe funding, pointing to an acceleration of pledges during 2025. At the end 2025, the planned EU contribution stood at EUR 883 million after the budget adjustments linked to the MMF Mid-Term Revision and AI Giga Factories, including EUR 773 million from the European Commission and EUR 110 million linked to the United Kingdom’s association to Horizon Europe. Non-EU pledged contributions came from EDCTP Association members and Contributing Partners, as detailed below.

Growth in pledges from both EDCTP Association and Contributing Partners enabled the programme to reach its initial leverage target. Planned investments from EDCTP Association members reached EUR 803 million, and included EUR 767.8 million in IKAAs²⁷ and EUR 35 million in cash contributions to JU calls launched between 2022 and 2025. The respective cash contributions were provided by the United Kingdom, Germany, and France as EDCTP Association members. At the same time, pledged contributions from Contributing Partners rose from EUR 35 million at the end of 2024 to EUR 148 million by December 2025, including EUR 101.8 million committed at project level. Additional EUR 11.5 million were pledged by entities not eligible to become Contributing Partners under the funding regulation, however these

²⁷ These are non-certified IKAA pledges; IKAA certification process will take place in the upcoming phase of the programme.

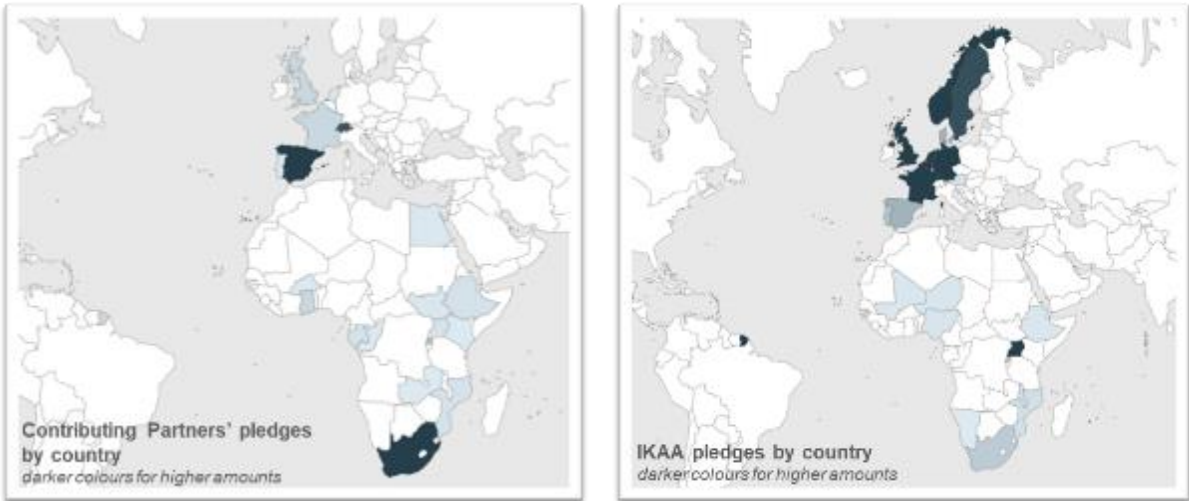
contributions could be reported as in-kind contributions to operational activities of the EDCTP Association. As explained in Section 1.6.1, this increase reflected stronger incentives for project-level co-funding in the 2025 calls and more systematic tracking and formalisation of partner commitments. Part of the reported leverage still relies on declared in-kind contributions that will be subject to later verification and certification, therefore final validated figures may evolve in future reporting cycles.

FIGURE 17 - TARGET VS PLEDGED AMOUNTS - CONTRIBUTIONS TO THE JU OBJECTIVES



African countries and Africa-based entities account for a substantial share of pledged co-investments (Figure 18). Their estimated contribution reached EUR 128.6 million in total, including EUR 74.3 million pledged as IKAA by African EDCTP Association members and EUR 54.3 million pledged at project level by Contributing Partners from African countries. South Africa-based entities accounted for the largest share of African project-level pledges (EUR 41.6 million), while Uganda accounted for the largest African IKAA pledge (EUR 63.5 million). At project level, Africa based Contributing Partners’ contributions came mainly from research institutes and regional health actors, and were concentrated primarily in tuberculosis vaccine development and in Networks of Excellence and preparedness-related actions, with smaller amounts directed to malaria, fellowships, and innovation topics. Taken together, this shows that African partners also contribute financially to the resource base underpinning the JU’s shared priorities, in line with the programme’s Africa-Europe partnership approach.

FIGURE 18 - PLEDGED RESOURCES BY COUNTRY (CONTRIBUTING PARTNERS AND IKAA)



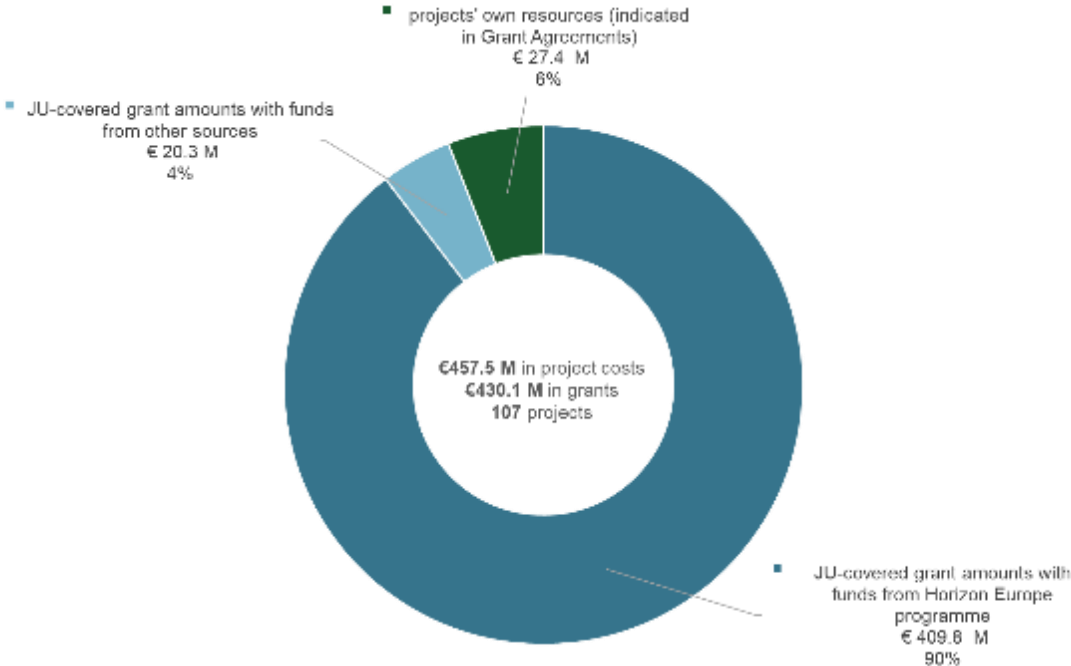
The leverage picture can be further clarified by looking at how signed grants were

financed within the JU portfolio. As described in Section 1.7.1, the Key Impact Pathways indicator on leveraged investment at project level captures beneficiary own resources as the difference between total project costs and grant amounts in signed grant agreements. However, for Global Health EDCTP3 this does not fully reflect how co-funding enters the programme in practice. Part of the resources from EDCTP Association members and Contributing Partners are channelled directly to the JU at the call level, rather than being tracked as separate project-level leveraged funds. Consequently, EU systems record these in-cash contributions as part of the total programme funding.

For the 107 JU-funded projects signed so far, 90% of total project costs indicated in Grant Agreements are covered by Horizon Europe funds, while the remaining 10% are covered by other sources. Total project costs across these projects amounted to EUR 457.6 million, of which EUR 409.8 million was financed from Horizon Europe resources. The remaining 10% comprised EUR 20.3 million (4%) of total project costs, in JU-covered grant amounts financed from other sources, and EUR 27.4 million (6%) in projects' own resources indicated in Grant Agreements. By the end of 2025, all non-Horizon-Europe resources financing JU-covered grant amounts came from EDCTP Association members in the United Kingdom, Germany, and France and were allocated to the 2024 mpoX call and to one of the 2024 two-stage calls. **Figure 19** illustrates this distribution and shows that, for Global Health EDCTP3, part of the programme's additionality is built directly into grant financing rather than appearing only as separate project-level co-investment.

This portfolio view remains complementary to, rather than a substitute for, the broader leverage indicators presented above. It does not capture the full range of additional resources mobilised by the JU, notably IKAAs and wider co-investments committed beyond grant agreements signed by the end of 2025. Its value is instead to clarify the structure of funding already translated into signed projects and to show more precisely how different resource streams are combined within the JU's grant portfolio.

FIGURE 19 - SOURCES OF FUNDING FOR THE 107 JU-FUNDED PROJECTS



At this stage, the directionality and additionality dimension is shown most clearly through direct leverage and the thematic profile of mobilised resources. Evidence on indirect leverage remains limited, mainly because most funded projects have not yet reached the maturity at which follow-on investments, scale-up effects, or wider impacts beyond the partnership would

normally materialise. At broad level, most co-investments align with Sustainable Development Goal (SDG) 3 on good health and well-being and, through the JU's co-investment model and funded projects based on multi-country consortia, also with SDG 17 on partnerships for the goals. Within that space, they already support key EU priorities, notably health security, narrowing the innovation gap, climate and health, and Africa-Europe research and capacity-strengthening cooperation. This is visible, for example, in co-investments linked to mpox actions and epidemic preparedness, while most remaining commitments support late-stage clinical research, product development, and implementation for infectious diseases.

Dimension 2. Coherence and Synergies

Coherence and synergies examine whether the partnership works in a connected and complementary way with other relevant initiatives. In the *Common Indicators for European Partnerships* framework, this dimension is covered through three indicators: coordinated and joint activities with other European Partnerships, coordinated and joint activities with other research and innovation initiatives at EU, national, regional or sectoral level, and complementary or cumulative funding from other Union and public funding sources (see Annex 5.8).

In 2025, Global Health EDCTP3 strengthened coherence and synergies both with other JUs and with European Union entities active across the global health and innovation chain. At operational level, cooperation with other JUs through the Back Office Arrangements (BOA) in HR, Procurement, Accounting, ICT and Facility Management generated practical efficiency gains, more harmonised procedures, and economies of scale. These arrangements supported more coordinated corporate services across JUs, including in recruitment, training, accounting, ICT governance, and cybersecurity. More detailed information on BOA synergies is provided in Section 2.8.

In 2025, Global Health EDCTP3 also strengthened collaboration with EU initiatives whose mandates complemented those of the JU across different parts of the global health value chain. This was visible in exchanges with EU actors whose roles connect to different parts of the global health value chain, helping link JU-supported activities more closely to preparedness and response, manufacturing and deployment, regulatory pathways, humanitarian action, and wider research and innovation efforts. Key examples included cooperation with HERA, DG INTPA, DG RTD, DG ECHO and EMA, alongside further synergies with IHI JU, the Horizon 2020 SME Instrument/EIC accelerator, and the ERC-AAS partnership. More details on these collaborations are presented in Section 2.8.

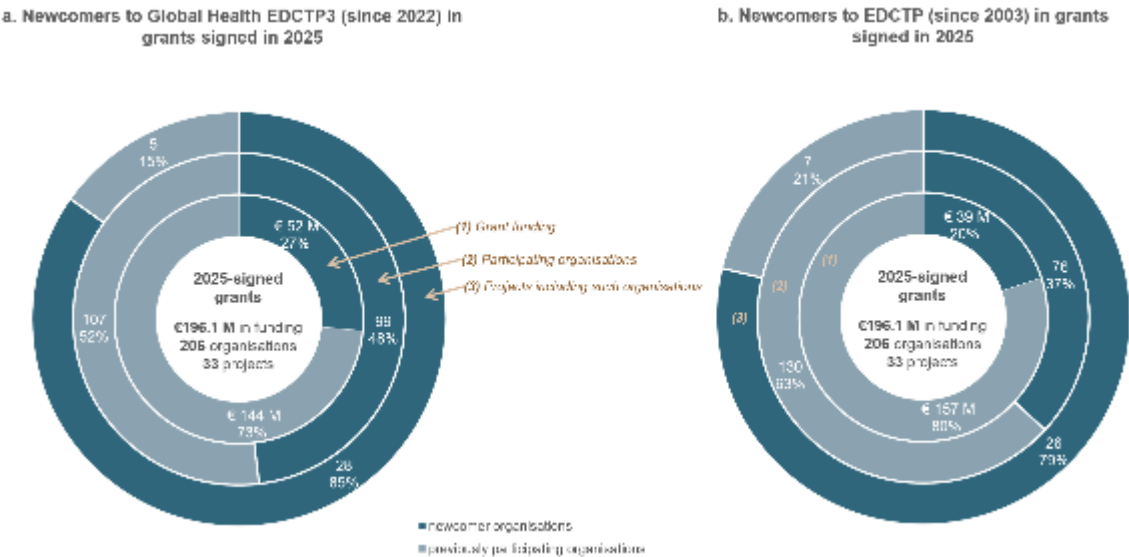
Dimension 3. Transparency and Openness

Transparency and openness examine whether the partnership engages stakeholders and participants in an open and inclusive way. In the *Common Indicators for European Partnerships* framework, this dimension is covered through three indicators: the share and type of stakeholders and countries invited or engaged at partnership level, the number and types of newcomer partners in the partnership and their countries of origin, and the number and types of newcomer organisations in supported projects and their countries of origin (see Annex 5.8).

Available evidence suggests that Global Health EDCTP3 remains open to newcomers, with new entrants represented in most 2025-signed projects, a relative majority of participating organisations, and around one quarter of grant funding (Figure 20). In the 2025 project cohort, organisations participating for the first time in Global Health EDCTP3 were present in 28 (85%) of the 33 projects signed during 2025 and accounted for 99 of 206 participating organisations (48%), while receiving EUR 52 million, or 27% of total grant funding. Using the stricter definition of organisations new to the wider EDCTP Programme since the launch of EDCTP1 in 2003, newcomers were still present in 26 projects (79%) and represented 76

organisations (37%), receiving EUR 39 million, or 20% of total funding. This points to broad openness to new entrants, while also suggesting that more experienced organisations may more often assume larger or coordinating roles in scaled-up projects. These findings are also consistent with the broader thematic scope of Global Health EDCTP3 [compared with earlier EDCTP iterations](#), which broadened the programme’s reach beyond its historical focus and likely opened additional entry points for new organisations, including through more recent call topics in newer infectious-disease-related areas.

FIGURE 20 - NEWCOMER ORGANISATIONS IN GRANTS SIGNED IN 2025: FIRST-TIME ENTRANTS TO GLOBAL HEALTH EDCTP3 AND TO THE WIDER EDCTP PROGRAMME

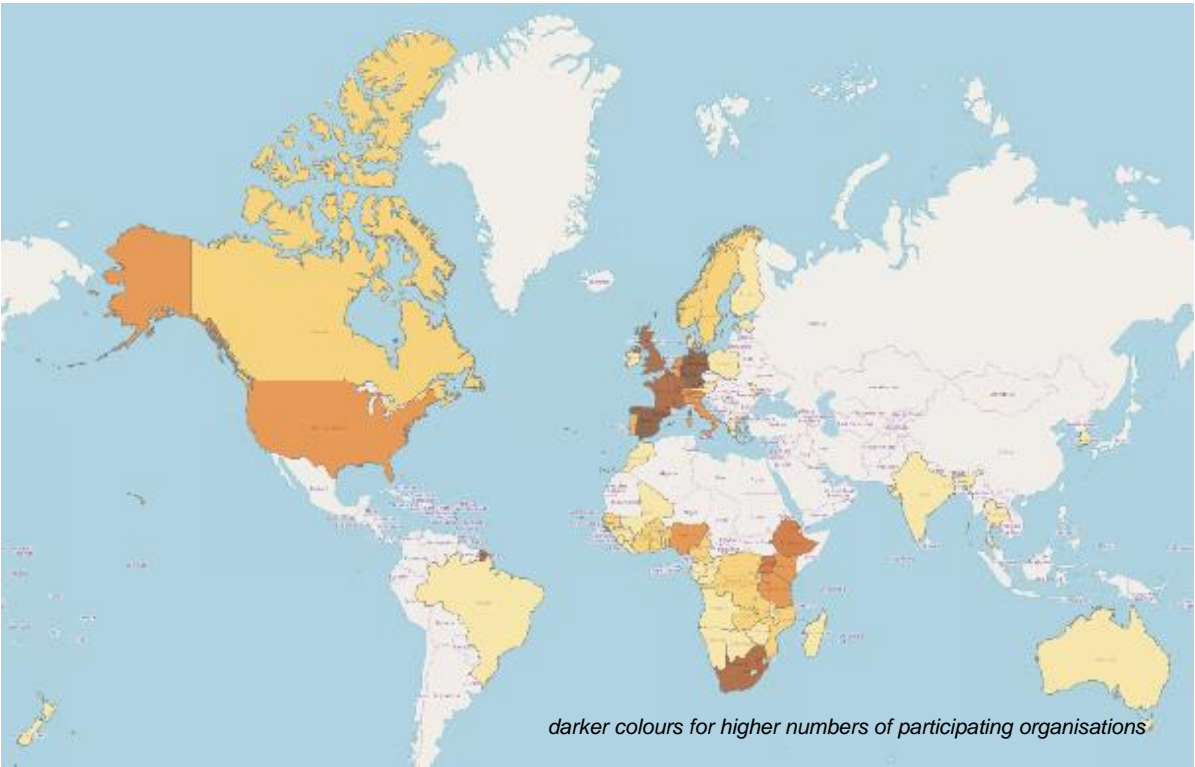


Geographic openness is reflected in both the wide spread of countries participating in JU-funded projects and the strong presence of both Africa and Europe within the portfolio. By the end of 2025, organisations from 64 countries were involved in JU-funded projects (**Figure 21**), while EDCTP Association membership had grown from 32 countries in 2021 to 46 by December 2025, widening the pool of countries eligible to participate. Africa-based organisations represented 50% of participating organisations and received 62% of grant funding, while Europe-based organisations accounted for 44% of participating organisations and received 37% of grant funding. This distribution is consistent with the JU’s objectives and disease focus, combining an Africa-centred mandate with strong Europe-Africa research collaboration. Within Africa, participation remained stronger in Anglophone than in Francophone countries, largely because many non-participating Francophone countries are not yet members of the EDCTP Association and are therefore not eligible for JU funding. By contrast, all African Lusophone countries are now represented in the portfolio. Participation also remained more limited in Eastern European countries, likely reflecting less established networks in this partnership area.

Partnership-level arrangements in 2025 also provide direct evidence of transparency and openness in governance and stakeholder engagement. The JU’s governance structure combines European Union and African representation, while the [Stakeholders’ Group](#) and [Scientific Committee](#) provide formal channels for external and independent input into strategy and implementation. In 2025, the Stakeholders Group contributed to discussions on the [2026 work programme](#), the [SRIA](#) review, ethics, community engagement, and climate-and-health priorities. Its renewal process also reflected procedural openness, with 70 applications received and 30 organisations selected, of which 37% were based in Africa, 33% in Europe and 30% in other world regions; the selected members included research organisations, public bodies, civil society, and industry actors. In parallel, the Scientific Committee continued to advise on research priorities

and calls for proposals and included independent expertise from both Europe and Africa. More details on governing and advisory bodies of the JU are included in Section 3.

FIGURE 21 - COUNTRIES OF ORGANISATIONS INVOLVED IN JU-FUNDED PROJECTS BY THE END OF 2025



Dimension 4. International visibility and positioning

International visibility and positioning examine whether the partnership is visible and recognised beyond its immediate funding portfolio, including through its presence in policy, scientific, and wider stakeholder discussions. Under the *Common Indicators for European Partnerships* framework, this dimension is covered through two indicators: international actors involved, and visibility of the partnership in national, European, and international policy or industry cycles (see Annex 5.8).

Available evidence suggests that Global Health EDCTP3 strengthened its external visibility and recognition during 2025. This was reflected in a growing number of known external references to the JU, increased participation in externally organised events, and a substantial expansion of digital reach. Together, these signals suggest that Global Health EDCTP3 is becoming more visible beyond its immediate funding community and is increasingly present in wider global health, policy, and research discussions.

This growing visibility was evident across external references, participation in major events, and digital communication. By the end of 2025, the JU had identified 44 known external mentions (excluding references from EU institutions). These came from policy, advocacy, and health actors and increasingly linked the JU both to concrete product-development results and to the added value of its partnership model. Global Health EDCTP3 staff also contributed to 45 external events during the year, up from 30 in 2024, including major scientific and policy fora such as the World Health Summit, the AU-EU High-Level Policy Dialogue on Science, Technology and Innovation, the WHO Global Clinical Trials Forum and the Union World Conference on Lung Health. Digital reach also expanded strongly, with over 53 000 website visitors, nearly 27 000 LinkedIn followers and more than 4 400 newsletter subscribers by the end of 2025. Together, these signals point to broader external reach and growing recognition of the

JU.

More detailed examples of external references are presented in Section 1.6.2, while fuller information on events, outreach, and communication channels is provided in Section 2.1.

Dimension 5. Flexibility of implementation

Flexibility of implementation examines whether the partnership can adjust its strategy and implementation as priorities, evidence, and external conditions evolve. Global Health EDCTP3 operates in a changing global health, policy, and funding environment, where new threats, scientific opportunities, and partnership needs may require shifts in strategic focus, activities, or resource allocation. In this context, flexibility means maintaining strategic continuity while retaining the ability to adapt activities, priorities, and resources when circumstances change.

The structure and setup of Global Health EDCTP3 are designed to support this kind of flexibility. The JU operates through a layered system in which the [SRIA](#) provides longer-term strategic direction, while annual work programmes translate that direction into operational priorities and funding actions. This allows regular adjustment without losing overall coherence. The governance and advisory structure also supports responsiveness: the [Scientific Committee](#) advises on research priorities and calls for proposals, while the [Stakeholders' Group](#) brings perspectives on strategic priorities, synergies, and developments in the wider global health environment. As described earlier in this section, the programme logic and M&E framework were also designed as living tools that can evolve as implementation advances and evidence accumulates. In addition, JU and EDCTP Africa Office staff participate in external coordination and funder networks relevant to global health. This includes, among others, participation in GloPID-R on infectious-disease preparedness, ESSENCE on Health Research, the PDP Funders Group, and the African Clinical Research Fellows Funders Group. Through this engagement, the JU stays abreast of relevant developments in these areas and feeds that knowledge back into programme planning and implementation.

This built-in flexibility also worked in practice during 2025 through updates to strategy and work-programme content. In 2025, the JU updated its SRIA with input from the Stakeholders' Group, and the preparation of the 2026 Work Programme used the updated SRIA as the strategic basis for planning. During the same year, the JU also amended the [2025 Work Programme](#), including a budget increase announced in March 2025 to reflect new contributions from Contributing Partners and the EDCTP Association and to adjust the volume of support available under selected calls, including in areas related to epidemic preparedness. The previous year had already shown the same capacity to adapt, as the [2024 Work Programme](#) was amended twice, including in the context of the mpox outbreak and activation of the emergency funding mechanism.

This flexibility was also visible in how the JU responded to emerging thematic needs and equipped itself to adapt based on emerging evidence. Compared with earlier stages of programme implementation, 2025 gave greater prominence to topics such as climate and health, epidemic preparedness, strategic training hubs in public health, and transformative innovations in global health. The Governing Board also appointed an Advisory Group on Climate and Health Strategy in 2025 to inform future priorities. At the same time, the M&E framework approved in 2025 began implementation through regular quarterly measurement cycles, giving the JU a more structured basis for reviewing progress and refining management attention over time.

1.7.3. Progress against JU-specific Key Performance Indicators

In addition to the Key Impact Pathways and indicators common to all JUs and other Horizon Europe partnerships presented above, Global Health EDCTP3 monitors internal indicators to track results specific to its own mandate and programme logic. These indicators are embedded in the broader M&E system described above and complement the common indicator framework by capturing dimensions of performance that are especially relevant for Global Health EDCTP3. At this stage of implementation, evidence is strongest at the output level of the programme logic (see Annex 5.6), where early signs of scientific production, capacity strengthening, and collaboration patterns are already visible, while evidence on longer-term outcomes is expected to strengthen as the portfolio matures. Detailed KPI data for the indicators analysed in this subsection are included in Annex 5.9.

Scientific outputs

JU-funded projects are beginning to generate a growing and increasingly visible body of scientific output. By the end of 2025, the number of publications in peer-reviewed journals reported by grantees had increased from 22 to 58, while the number of contributing projects rose from 8 to 18. This indicates that a growing share of funded projects has reached the stage at which results can be analysed, published and disseminated, marking a shift from project set-up to the production of recognised scientific evidence. The profile of these publications also points to rising scientific visibility and recognition. In 2025, JU-supported projects published for the first time in leading international medical journals since the launch of the programme in 2021, including *The Lancet* (3), *The Lancet Infectious Diseases* (3) and *The New England Journal of Medicine* (1). Reported publications covered priority disease areas within the JU mandate, including mpox, malaria, Ebola, and tuberculosis. In addition, IKAA activities managed by EDCTP Association member countries generated 115 publications between 2022 and 2025, bringing the combined total to 173 unique publications by the end of 2025. The full list of publications from JU-funded projects and from IKAA activities is available in Annex 5.4.

At this stage, publication monitoring captures both the growing volume and the increasing visibility of JU-funded research, while more detailed analysis of the evidence base will follow in later programme stages. This future work will examine publication content and evidence characteristics in greater depth, including study design, position in the evidence hierarchy, evidence domain, direction of results, and alignment with the original objectives of funded projects. It will help provide a clearer understanding of the type of scientific evidence generated through JU funding and its place within the wider research landscape. The full list of reported publications by JU-funded projects, together with links to their original sources, is provided in Annex 5.4.

Capacity strengthening

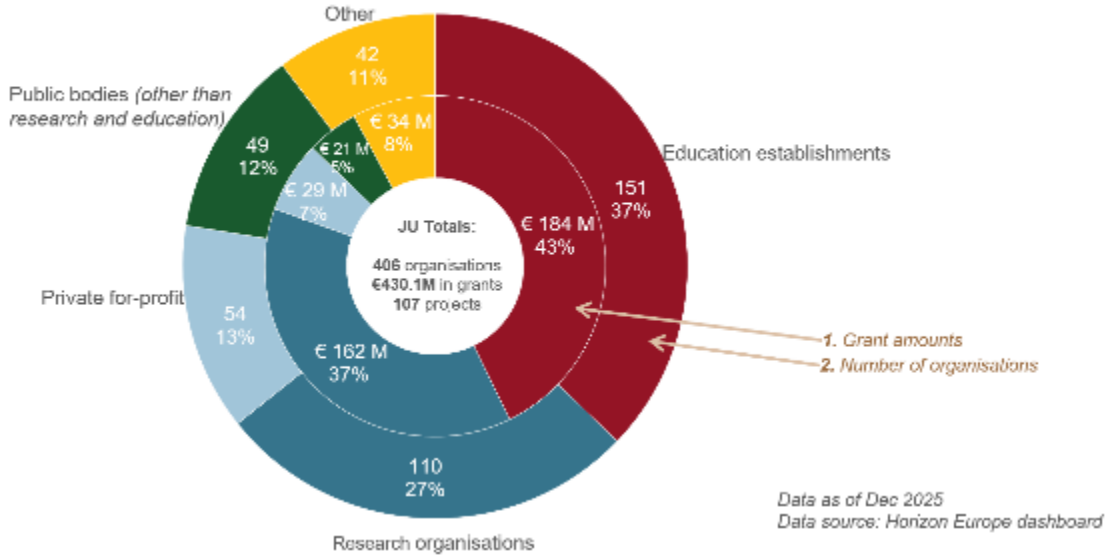
JU-specific indicators point to growing human research capacity within the programme, particularly through the increased participation of early-career researchers and with a strong concentration in sub-Saharan Africa. By the end of 2025, 2 419 individuals were counted by the JU team as unique individuals involved across the 107 JU-funded projects, up from 1 425 a year earlier. Of these, 709 (29%) were fellows, trainees, or post-doctoral researchers. This indicates a marked expansion in the participation of the next generation of researchers and clinical research professionals. Most of these early-career participants were based in Africa (72%), compared with 24% in Europe, which is consistent with the JU's mandate while also pointing to complementary capacity-development effects through Europe-Africa collaboration. The broader participation profile points in the same direction: by the end of 2025, African nationals represented 60% of all individuals involved in JU-funded projects and held 52% of project leading roles.

Support to grant recipients through legal, financial and project-management training also continued to expand in 2025, complementing these broader capacity-strengthening effects. As noted in Section 1.5, these trainings help beneficiaries apply Global Health EDCTP3 grant requirements in practice while also reinforcing longer-term grant management capacity. KPI monitoring summarised in Annex 5.9 shows that their overall reach continued to increase. Detailed information on their content, formats, and delivery is presented in Section 1.5.

Inclusiveness of participation

Education and research organisations remained the main participants in JU-funded projects, consistent with the JU’s research-driven mandate. As shown in **Figure 22**, participation and funding were both concentrated in these two sectors, which together formed the core of the portfolio of participants by the end of 2025. This sectoral profile is consistent with the nature of the JU’s activities, which focus on clinical research, product development, and implementation in areas of high public-health need. At the same time, the presence of actors from other sectors shows that the portfolio also draws on a broader mix of organisations needed to support downstream development, public-health uptake, and wider implementation.

FIGURE 22 - SECTORAL COMPOSITION OF PARTICIPATING ORGANISATIONS AND ALLOCATED GRANT FUNDING



Within this broader participation profile, the JU tracks SMEs, PDPs²⁸, and private for-profit organisations together as *Innovation and Industry Partners*, because they represent the portfolio’s innovation- and product-development-oriented actors. Their participation provides an indication of how far the programme is engaging the types of partners needed to support product development, deployment, and uptake at later stages of the research and innovation chain. This is particularly relevant for Global Health EDCTP3, which places stronger emphasis than previous programme iterations on late-stage clinical development and implementation research.

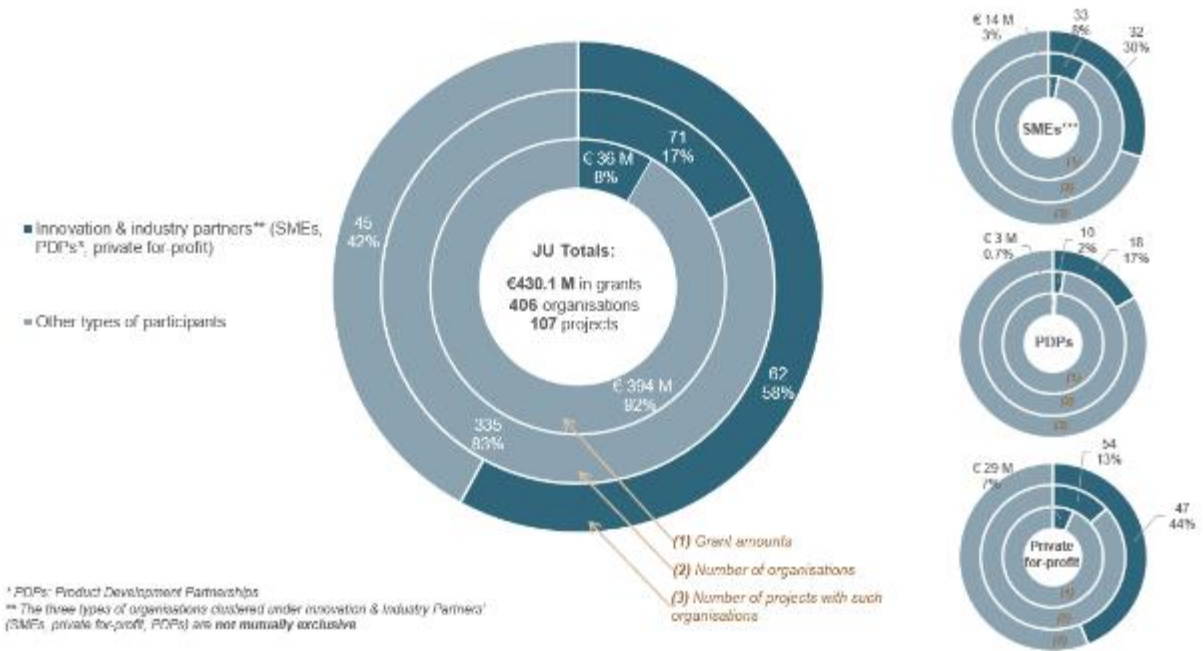
Taken together, Innovation and Industry Partners participated in the majority of JU-funded projects, but represented a comparatively limited share of total participants and funding. By the end of 2025, SMEs, PDPs, and private for-profit organisations together were present in 58% of funded projects, while accounting for 17% of participating organisations and receiving 8% of allocated grant funding. As shown in **Figure 23**, this indicates that innovation- and industry-

²⁸ PDPs – product development partnerships

related actors are involved across much of the portfolio, but generally as part of broader multi-actor consortia rather than as the dominant participant group. Within this category, private for-profit organisations accounted for the largest share, being involved in 44% of funded projects, compared with 30% for SMEs and 17% for PDPs. Overall, this points to meaningful but selective engagement of innovation- and industry-related actors within a programme that remains primarily anchored in education, research, and public-interest organisations.

Innovation and Industry Partners are based mainly in Europe, although Africa also accounted for a substantial share. Among private for-profit organisations, 29 of the 54 participating entities were based in Europe and 21 in Africa. Among SMEs, 21 of the 33 participating entities were Europe-based and 11 were based in Africa, while PDP participation was smaller in absolute terms but also spanned both regions, with 7 Europe-based and 2 Africa-based organisations, namely GARDP Africa NPC in South Africa and IAVI Africa in Kenya. This points to an innovation and product-development dimension that so far has been primarily Europe-based.

FIGURE 23 - PARTICIPATION OF INNOVATION AND INDUSTRY PARTNERS IN JU-FUNDED PROJECTS



SME participation remained selective, reflecting the JU’s thematic focus and portfolio profile, and was concentrated mainly in technology-driven parts of the portfolio. The JU focuses on late-stage clinical research and medical countermeasures in areas of market failure, where commercial incentives are often weaker and public, academic, and non-profit actors tend to play a larger role. In that context, lower overall SME participation is not surprising. By the end of 2025, SMEs were present in 30% of funded projects, accounted for 8% of participating organisations and received 3% of allocated grant funding. Their participation was strongest in areas where smaller firms are more likely to contribute specialised and deployable solutions: of the 32 projects with participating SMEs, 24 are linked to digital technologies, diagnostics, and/or genomic surveillance. This suggests that SME involvement is greatest where innovation pathways are closer to applied product and technology development, while it remains more limited in medicines and vaccines, where development is generally more capital-intensive and more often led by larger actors.

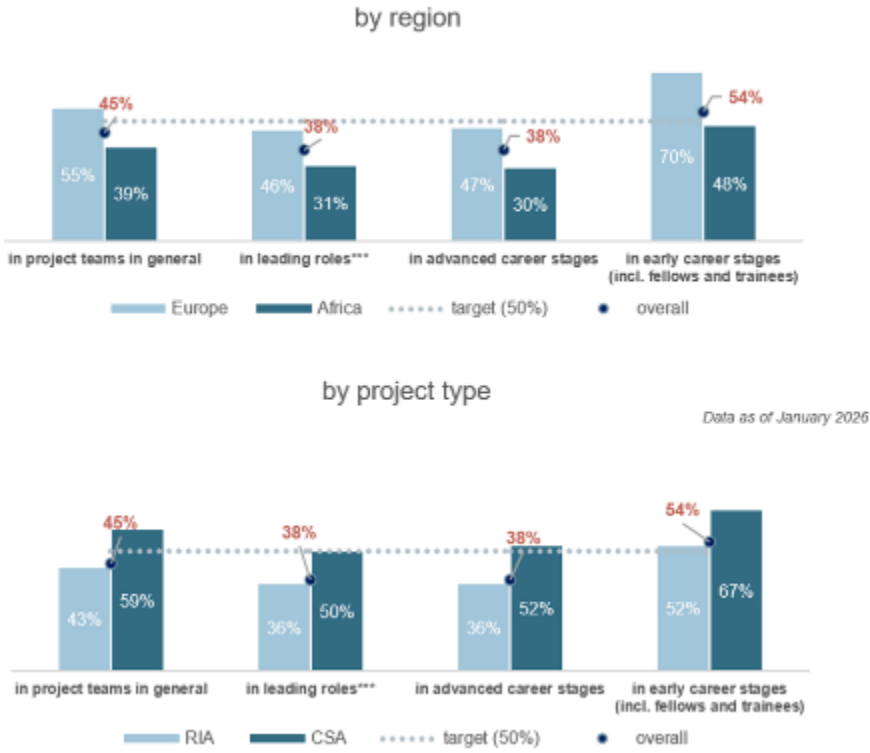
Another important aspect of participation inclusiveness concerns how leadership roles are shared across the portfolio. To broaden African leadership beyond the formal coordinator function, the JU introduced the role of scientific project leader in the [2023 Work Programme](#) and

refined it further in the [2024 Work Programme](#). Under this approach, proposals coordinated outside a sub-Saharan African EDCTP Association member country must designate a scientific project leader established in such a country, with a dedicated work package and budget for this function. The role was created to ensure meaningful scientific governance and leadership from sub-Saharan Africa in projects where the formal coordinator role cannot be held there due to Horizon Europe programme’s rules and conditions on project financial coordination. The scientific project leader is expected to steer the project’s scientific governance, act as the main contact point on scientific governance issues, review deliverables and reports, and support the development and internal management of the scientific action.

By the end of 2025, this shared leadership model had brought African participation in project leadership to a much more balanced level than project coordination alone would have allowed. Overall, 87 of the 107 funded projects (81%) included either Africa-based coordination or Africa-based scientific leadership. Within this group, 74 projects included Africa-based scientific leadership, while 10 included Africa-based coordination (all by organisations based in South Africa); 3 projects included both. This indicates that African leadership across the portfolio was achieved primarily through the scientific leadership function rather than through formal coordination, helping bring leadership participation closer to the partnership’s intended balance.

Another aspect of participation inclusiveness concerns how gender representation varies across roles, regions, and project types. By the end of 2025, women represented 45% of all individuals involved in JU-funded project teams, indicating overall participation close to parity. This is above the figure reported for Horizon Europe-funded project teams overall (38%). However, the aggregate figure masks important differences within the portfolio, especially in leadership roles, advanced career stages, Africa-based teams, and research-focused projects. As shown in **Figure 24**, the gender profile becomes less balanced in the parts of the portfolio most closely linked to seniority, scientific leadership, and research intensity.

FIGURE 24 - WOMEN’S PARTICIPATION IN JU-SUPPORTED PROJECT TEAMS



Women were comparatively well represented at early-career stages, but remained under-represented in leadership roles and advanced research positions. Women accounted for 54% of participants in early-career stages, above the 46% reported in Horizon Europe's [2025 gender key figures](#) and also above the fellowship shares reported under earlier EDCTP iterations (40% in EDCTP2 and 27% in EDCTP1)²⁹. By contrast, women represented 38% of individuals in leading roles. A similar pattern appears at advanced career stages more broadly, where women also represented 38% overall. This is close to or above the range reported by Horizon Europe for advanced career stages (26–36%) but remains below the 50% parity target. Taken together, these figures suggest that the programme is drawing in women successfully at entry and progression stages, but that this is not yet translating into fully balanced representation in senior and leadership functions.

Gender imbalances were also more pronounced in Africa-based teams and in research-focused projects than in Europe-based teams and CSAs. Women represented 39% of participants in Africa-based teams, compared with 55% in Europe-based teams. The gap was wider still in leading roles, where women accounted for 31% in Africa-based teams and 46% in Europe-based teams. Differences by project type showed a similarly uneven pattern: women represented 59% of participants in CSA projects, but only 43% in RIA projects. This indicates that female participation is stronger in coordination, training, and support-oriented parts of the portfolio than in the more research-intensive parts that are more closely associated with seniority and career advancement, particularly in Africa-based settings.

²⁹ [EDCTP Summary of Achievements 2014-2021; EDCTP-Fellowship-Programme-2022-FINAL.pdf](#)

1.8. Dissemination and information about project results

Information on all funded projects is made publicly available through the Global Health EDCTP3 website and the European Commission's CORDIS platform. Each time a new grant is signed, the project is added to the [JU's online project repository](#), where users can explore it through different filters and access key information. This information is linked to [CORDIS](#), the European Commission's public portal for EU-funded research, which provides each project's summary information, funding, participating organisations, including emerging results. CORDIS also gives access to the [Horizon Europe dashboard](#), where users can filter Global Health EDCTP3 projects and explore them through downloadable lists and interactive visualisations.

Scientific and policy-relevant publications remain critical for disseminating findings to researchers, the public, and policymakers, bridging the gap between research, action, and policy. JU-funded consortia publish their scientific findings in peer-reviewed journals, ensuring that research outputs undergo scientific scrutiny and contribute to the global evidence base on infectious diseases and global health. Between 2022 and the end of 2025, JU-funded projects and IKAA activities together produced a total of 173 unique publications. This includes 58 publications in peer-reviewed journals across 18 centrally managed projects, and 115 publications from additional activities managed by EDCTP-Association member countries (IKAAs). The full list of publications from JU-funded projects and from IKAA activities is available in Annex 5.4.

The JU also actively disseminated project goals and results through its own website and editorial communication. In 2025, Global Health EDCTP3 launched a new [Results and insights](#) section on its website to give greater visibility to findings and developments emerging from funded projects. In parallel, the JU published 12 website articles (listed in Annex 5.5) on project goals, scientific advances, and early results. These articles highlighted both achievements from projects funded under Global Health EDCTP3, such as research addressing mpox, malaria, and antimicrobial resistance, and major results emerging from earlier EDCTP investments. This broader perspective is particularly relevant in a field where clinical research often takes many years to generate results and where Global Health EDCTP3 builds on capacities, partnerships, and research trajectories developed under previous programme iterations. Through this editorial work, the JU helped translate technical research outputs into more accessible narratives for wider audiences.

Social media, newsletters, and international events provided additional channels to bring project results to wider and more diverse audiences. In 2025, the JU launched the dedicated LinkedIn campaign [#GlobalHealthEDCTP3Knowledge](#) to highlight project findings and publications. The campaign comprised 28 posts, generating around 84 000 impressions, with particularly strong engagement for posts on [dengue surveillance](#), [Europe-Africa collaboration](#), and [malaria diagnostics](#). Project results and examples were also featured in the 13 editions of the JU corporate newsletter and integrated in JU presentations with external stakeholders. In addition, Global Health EDCTP3-funded projects were invited to showcase their work at major events, including the EDCTP Forum, the UNGA80 Science Summit, the AU-EU High-Level Policy Dialogue on Science, Technology and Innovation, the Union World Conference on Lung Health, and the 14th European Congress on Tropical Medicine and International Health.

Some project results also gained visibility in major European media outlets, helping extend their reach beyond specialist research circles. [The Guardian](#) reported on the SNIP AFRICA project clinical trial in Kenya investigating the use of older antibiotics to treat newborn sepsis. [The BBC](#) featured the SAFIRE project for its work on malaria treatments in early pregnancies, while [El Pais](#) covered the MULTIPLEX AI project on AI-supported parasite diagnostics. [Science Business](#) highlighted two decades of EDCTP partnership achievements, drawing mainly on results from EDCTP1 and EDCTP2 that continue to shape the current programme. Together, these different channels helped bring project results to policymakers, media audiences and the wider public.

2. SUPPORT TO OPERATIONS

2.1. Communication activities

Communication activities played a strategic role in 2025 by helping Global Health EDCTP3 translate its funding, partnerships and research into visibility, engagement, and uptake among key audiences. In line with the JU's Strategic Research and Innovation Agenda ([SRIA](#)), communication supports awareness of calls and results, broader objectives linked to partnership building, stakeholder engagement, visibility of the programme, and stronger Africa-Europe and international cooperation. The activities carried out in 2025 therefore served several complementary functions: they promoted funding opportunities and widened access to the programme; strengthened the JU's presence in scientific, policy, and institutional fora; expanded direct communication through digital channels; and made the JU's mission, activities and community more accessible through media, publications, and multimedia content. Together, these actions reinforced Global Health EDCTP3's role as a visible Africa-Europe partnership for clinical research, capacity strengthening, and global health collaboration.

2.1.1. Twelfth EDCTP Forum

The Twelfth EDCTP Forum was the main communication and stakeholder engagement event of 2025, reflecting Global Health EDCTP3's role as a funder and at the same time as a platform for Africa - Europe collaboration in global health research. Organised jointly by Global Health EDCTP3 and the EDCTP Association, and hosted by the Ministry of Health of Rwanda and the Rwanda Biomedical Centre, the Forum took place in Kigali, Rwanda, from 15 to 20 June 2025 under the theme *Better health through global research partnerships*. The Forum is a long-standing flagship event of the EDCTP partnership, generally organised every two years and alternating between Europe and Africa. This twelfth edition continued that tradition by providing a space for scientific exchange, partnership-building, and policy dialogue around the programme's strategic priorities, while also reflecting the JU's co-ownership model and its Africa-Europe dimension.

IMAGE 5 - PLENARY ROOM, KIGALI CONVENTION CENTRE



The Forum achieved its highest participation so far, confirming its role as a major platform for outreach and stakeholder mobilisation. It brought together 1 258 onsite participants, of whom 65% attended the Forum for the first time. Participation was strongly anchored in the JU's core geography, with 71% of participants from Africa and 26% from Europe. Women accounted for 42% of attendees, indicating broad inclusiveness in participation and visibility. The presence of high-level political and institutional representatives further reinforced the Forum's role as both a scientific and policy platform. These included Honourable Minister Dr Sabin Nsanzimana, Minister

of Health of Rwanda; Martina Hirayama, State Secretary for Education, Research and Innovation of Switzerland; and Mónica García Gómez, Minister of Health of Spain. The European Commission was represented by Martin Seychell, Deputy Director-General of DG INTPA, and Kasia Jurczak, Head of Unit in DG RTD.

The Forum programme showcased the scope of scientific and policy discussions shaping Global Health EDCTP3 priorities. Over five days, it featured 8 plenary sessions, 15 parallel sessions, 18 scientific symposia, and 14 workshops and side sessions, covering key themes aligned with the Strategic Research and Innovation Agenda ([SRIA](#)), including infectious diseases, clinical trial ecosystems, capacity strengthening, and epidemic preparedness. In addition, 186 scientific posters were exhibited and presented, providing a platform for researchers to share ongoing work and emerging findings with the wider community.

IMAGE 6 - GLOBAL HEALTH EDCTP3 BOOTH AT EDCTP FORUM 2025



The Forum also served as an important platform for recognising scientific excellence, supporting the next generation of researchers, and strengthening networks across the community. Four EDCTP Prizes were awarded during the Forum to seven outstanding researchers and their teams working on HIV, tuberculosis, neglected tropical diseases, and epidemic preparedness. Following an open call launched in November 2024, 718 abstracts and 43 scientific symposia proposals were received by conference organisers, of which 322 abstracts and 18 symposia were selected for presentation. Together with Forum sponsors, Global Health EDCTP3 also provided financial support to 100 early and mid-career investigators with high-ranking abstracts and limited research funding to attend and present their work.

The Forum also provided a major platform for networking, partnership building, and interaction among stakeholders. An exhibition area with 14 stands brought together sponsors, partners, project beneficiaries, and institutional actors, while the Global Health EDCTP3 stand served as a central meeting point for participants to engage directly with the JU team. In parallel, the networking platform supported structured networking during the event, with 687 participants registered and 634 bilateral meetings scheduled. The event was also supported by 15 sponsors and partners, including CEPI, the UK Department of Health and Social Care (DHSC), SIDA, and the Fundação Calouste Gulbenkian among the gold partners. Sponsorship activities contributed EUR 135 837 in cash contributions via the EDCTP Association, helping support the organisation and visibility of the Forum.

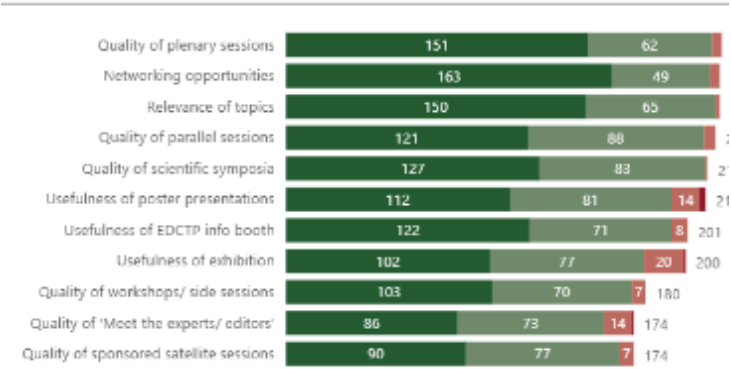
IMAGE 7 - GLOBAL HEALTH EDCTP3 TEAM AT EDCTP FORUM 2025



Participant feedback indicates that the Forum was very positively received overall, while also identifying some practical improvements for future editions. The survey received 222 responses, equivalent to 18% of all attendees.³⁰ Among respondents, 81% rated the overall quality of the Forum as excellent and 19% as good. The most positively rated content-related aspects included networking opportunities, the quality of plenary sessions and the relevance of topics, while organisational aspects such as venue and logistics, registration, technical support, accessibility, and pre-event communication were also favourably assessed. The feedback also highlighted areas for improvement, notably time management, agenda structure, poster visibility, multilingual support, and more space for networking and mentoring. Responses from both first-time participants and those with prior EDCTP experience remained strongly positive, suggesting broad satisfaction across different participant profiles.

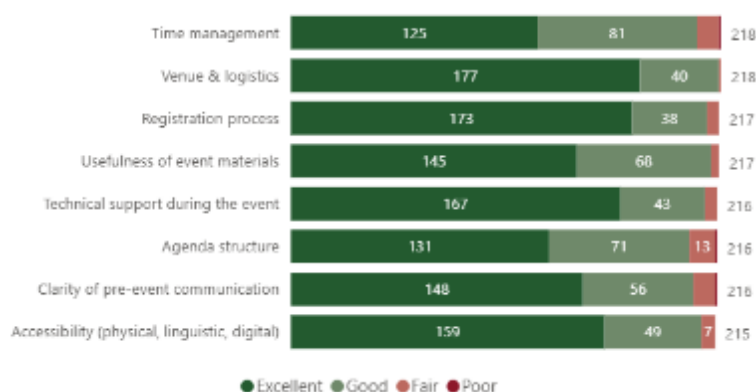
FIGURE 25 - (A, B). FORUM FEEDBACK SURVEY RESPONSES

How would you rate the following content-related aspect of the Forum?



³⁰ As participation in the survey was voluntary, responses are subject to self-selection bias and therefore the findings should be interpreted as indicative of participants' views rather than statistically representative of the full Forum attendee population.

How would you rate the following organisational aspects of the Forum?



Communication activities before, during and after the Forum helped extend its reach well beyond onsite participants. The dedicated [Forum website](#), launched in January 2025, attracted around 36 000 visits from 15 000 unique visitors across 152 countries, with Africa accounting for 63% of visits, followed by Europe (27.5%) and North America (7%). Forum-related LinkedIn communication generated around 206 000 impressions, and wider online engagement was reinforced through daily digests, articles, livestreaming, videos and external social media interaction using the hashtag #EDCTPForum. Together, these communication actions helped position the Forum as a wider communication platform for the partnership, its projects, and its Africa-Europe collaboration model.

2.1.2. Stakeholder outreach and external events

The Info Day remained a central communication activity for presenting funding opportunities and guiding stakeholders through the programme. The [2025 Info Day](#) took place online on 11 February 2025 and attracted 1 109 registrations, with 675 participants attending for an average of 1 hour and 48 minutes. Global Health EDCTP3 shared the recordings and presentations after the event, extending its value beyond the live session. Global Health EDCTP3 staff also contributed to four national Info Days in France, Spain, Portugal and Norway, as well as to the [HNN3.0 webinar for Health NCPs](#) (National Contact Points). The role of these activities in attracting newcomers and widening access to the programme is described further in Section 1.6.3.

Participation in external events also expanded in 2025, increasing the programme’s visibility in scientific, policy, and institutional discussions. Global Health EDCTP3 staff contributed to 45 external meetings and events during the year, up from 30 in 2024. Most of these events were organised by external stakeholders, indicating growing demand for EDCTP expertise and interest in the partnership’s work. Geographically, 34 events took place in Europe, 6 in Africa, and 5 online or in other regions, reflecting strong engagement in the programme’s core Africa-Europe space while also contributing to wider international discussions.

These external engagements helped position Global Health EDCTP3 within major global health and research policy fora. Notable examples included the *UNGA80 Science Summit*, the *World Health Summit*, the *AU-EU High-Level Policy Dialogue on Science, Technology and Innovation*, the *Union World Conference on Lung Health*, the *WHO Global Clinical Trials Forum*, and the *14th European Congress on Tropical Medicine and International Health*. At EU level, Global Health EDCTP3 also contributed to events such as the *Global Health Policy Forum*, *Research and Innovation Days*, the *Science Business Life Sciences Conference*, the *POLITICO Health Care Summit*, and events on Europe’s research and innovation partnerships. Through

these contributions, the programme promoted its funding opportunities, strategic priorities, and the EDCTP partnership model. The use of some of these events to disseminate results of EDCTP-funded projects is described in Section 1.8.

KPI values on visibility in external events are summarised in Section 1.7.2.

IMAGE 8 - UNGA80 SCIENCE SUMMIT



IMAGE 9 - JOINT UNDERTAKINGS EVENT, WITH CHRISTIAN EHLER, MEMBER OF EUROPEAN PARLIAMENT



2.1.3. Digital communication channels

Digital communication channels significantly expanded the visibility and accessibility of Global Health EDCTP3 activities in 2025. The programme’s website, social media platforms,

and the newsletter formed the core communication infrastructure for informing stakeholders about funding opportunities, programme developments, and JU activities. These channels also complemented the dissemination of project results as described in Section 1.8, by directing audiences to scientific outputs, project stories, and programme information.

The Global Health EDCTP3’s [website](#) became the programme’s central public information hub and experienced strong growth during 2025. Following its launch in December 2024, traffic expanded rapidly as stakeholders increasingly relied on the website to access programme information and key documents. During 2025 the website attracted over 53 000 visitors, generating nearly 90 000 sessions and more than 180 000 page views. User engagement was also reflected in over 18 000 document downloads, showing that visitors actively accessed practical resources rather than only browsing the site. The most frequently consulted pages related to calls for proposals, funding announcements, the Work Programmes, and project information, confirming the website’s role as the primary entry point for stakeholders seeking to participate in or follow Global Health EDCTP3 activities.

Website traffic demonstrates strong reach within the programme’s core geographical communities. Visitors originated mainly from Europe (42%) and Africa (39%), which together accounted for more than 80% of the total traffic, while North America and Asia represented smaller but visible shares (12% and 6% respectively). This distribution reflects both the programme’s Europe-Africa partnership model and growing international interest in its activities.

IMAGE 10 - GEOGRAPHIC DISTRIBUTION OF GLOBAL HEALTH EDCTP3 WEBSITE VISITORS (DECEMBER 2024- DECEMBER 2025)



LinkedIn became the programme’s primary social media platform for outreach and engagement with the global health community. In mid-2025, Global Health EDCTP3 adopted a renewed social media strategy prioritising LinkedIn as its primary channel for engaging research, policy, and funding stakeholders. This strategic focus produced rapid growth: by the end of 2025 the JU’s LinkedIn account had nearly 27 000 followers, more than doubling its audience compared to the previous year. Visibility and engagement increased substantially, with 1.36 million impressions and 224 000 engagements, while the average engagement rate rose

from 7.5% in 2024 to 15.5% in 2025.³¹ Content performance in 2025 was driven particularly by posts related to the EDCTP Forum, funding opportunities, project announcements, and capacity strengthening initiatives. LinkedIn also served as an important gateway to more detailed information on the programme, accounting for approximately 13% of website visits during the year. Social media communication focusing specifically on project results and scientific outputs is described further in Section 1.8.

Other social media platforms played a complementary role in maintaining broader digital presence. The JU continued to maintain its account on X, where follower numbers remained broadly stable at just over 2 100, while also initiating a pilot presence on Bluesky, which reached around 120 followers during its initial testing phase. These channels were used primarily to share key announcements and explore emerging digital communication environments.

The Global Health EDCTP3 newsletter strengthened direct communication with stakeholders and continued to grow rapidly in 2025. The newsletter strategy was refined during the year to emphasise more targeted and audience-relevant content. As a result, the subscriber base increased from 1 770 contacts in January 2025 to 4 447 by the end of the year, representing a growth of more than 150%. Engagement remained consistently high, with average open rates of 45-50% and click rates of 25-30%, indicating strong interest in the information shared. Across 14 issues published in 2025, the newsletter also served as an effective channel for directing audiences to more detailed programme information, generating approximately 8% of total website traffic.

2.1.4. Media engagement and communication materials

In late 2025, Global Health EDCTP3 launched a structured media engagement approach to position the partnership more clearly in European and global health policy discussions. The team developed a targeted media engagement strategy for Europe, Africa, and beyond, focusing on health, research, and international affairs. They also built a specialised press database and strengthened relationships with policy-focused media, including *Science Business*. Outreach to major EU media also expanded: engagement with POLITICO led to Executive Director Michael Makanga speaking at the *POLITICO Health Care Summit* in November 2025. Section 1.8 provides further examples of project results that gained visibility in international media.

Updated corporate communication materials helped explain the programme's mission, structure, and activities to external audiences in a more accessible way. In 2025, Global Health EDCTP3 produced an updated [corporate brochure](#), a [trifold leaflet](#), and the [Highlights of 2024](#). These materials present the objectives and governance of the partnership, show how it evolved from earlier EDCTP Programmes, and describe the main types of research and capacity-strengthening actions supported under Horizon Europe. They also explain the programme's role in supporting clinical trials, strengthening research systems, and advancing collaborative work on infectious diseases.

Multimedia content further strengthened storytelling around the partnership's work and community. Global Health EDCTP3 produced several videos and short digital formats to showcase the programme's mission, flagship activities, and the people behind them. These included the video [Global Health EDCTP3: united for a healthier, safer world](#), a series of videos presenting the [EDCTP Prizes 2025](#), highlights from the [Twelfth EDCTP Forum](#), and short [Global Health Voices clips](#) featuring researchers and policy actors involved in the programme. Together,

³¹ In social media analytics (including LinkedIn), average engagement rate measures the proportion of users who interacted with a post (e.g. likes, comments, shares, or clicks) relative to the number of people who saw the post, indicating how actively audiences engage with the content.

these materials helped translate technical and institutional content into more engaging and accessible narratives for broader audiences.

2.2. Legal and financial framework

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

Amongst the Governing Board and Executive Director decisions adopted in 2025, the following ones complement the legal and financial framework of the Global Health EDCTP3 JU:

Governing Board decisions adopted in 2025:

- Decision GB/10/2025 of 20 May 2025 laying down the rules for payment of travel expenses, allowances and the reimbursement of costs to members of the advisory bodies of the Global Health EDCTP3 Joint Undertaking
- Decision GB/11/2025 of 20 May 2025 establishing the specific criteria and selection process for the composition of the Stakeholders Group as from 2025
- Decision GB/12/2025 of 20 May 2025 approving the phasing-out plan of the Global Health EDCTP3 Joint Undertaking
- Decision GB/13/2025 of 28 May 2025 on appointing an advisory group on climate and health strategy
- Decision GB/17/2025 of 1 September 2025 adopting the Monitoring and Evaluation Framework of Global Health EDCTP3 Joint Undertaking
- Decision GB/20/2025 of 1 September 2025 adopting the updated Strategic Research and Innovation Agenda of Global Health EDCTP3 Joint Undertaking
- Decision GB/32/2025 of 19 December 2025 approving the phasing-out plan of the Global Health EDCTP3 Joint Undertaking.

Executive Director decisions adopted in 2025:

- Decision ED/05/2025 of 4 April 2025 establishing the Rules Governing the Traineeship Programmes at Global Health EDCTP3 Joint Undertaking
- Decision ED/07/2025 of 8 April 2025 approving the Global Health EDCTP3 JU cybersecurity risk-management, governance, and control framework encompassing the Global Health EDCTP3 JU initial cybersecurity review and the Global Health EDCTP3 JU initial cybersecurity plan.

2.3. Budgetary and financial management

Overall, Global Health EDCTP3 reached 100% execution of commitment and payment “active” appropriations (Titles 1, 2 and 3) in 2025.

Considering Titles 1, 2, 3 and 4, the implementation of commitment appropriations is also 100% and 99% for payment appropriations.

The annual budget for year 2025 was adopted by the Governing Board on 13 December 2024, per Decision GH-EDCTP3-GB/34/2024.

There were two amendments to the budget during 2025:

Amendment number 1 (AMBU1)

The Annual Budget for year 2025 was amended for the first time on 7 March, per Decision GH-EDCTP3-GB/03/2025.

Compared to the Work Programme 2025 and Budget as adopted on 13 December 2024, this amendment recognises and balances (revenue and expenditure) new contributions that could be presented accordingly:

- Contribution from contributing partner: The Coalition for Epidemic Preparedness Innovations (CEPI) will contribute to two topics of calls 2025 with a financial contribution up to EUR 14.48 million (EUR 9.75 million and EUR 4.73 million). This contribution is added to the revenue and expenditure of the budget subject to the signature of a funding agreement with CEPI.
- Contribution from the UK channelled through the EDCTP Association is expected as contribution from Members other than the EU: the Medical Research Council (MRC) will contribute EUR 0.9 million and the Department of Health and Social Care (DHSC) will contribute GBP 8.7 million (~EUR 10.4 million - up to and/or above and subject to the confirmation of the exchange rate difference with GBP).
- EUR 13.2 million were de-committed at the beginning of the year related to unused appropriations from 2023 calls for proposals. This amount will be reactivated in accordance with the JU FR article 6(5) and directly reallocated to operational expenditure budget to fund four projects from the available 2023 and 2024 reserve lists.

Amendment number 2 (AMBU2)

The Annual Budget for year 2025 was amended for the second time on 1 December, per Decision GH-EDCTP3-GB/26/2025.

Compared to Work Programme 2025 Amendment 1 and Budget as adopted 7 March 2025, this new version recognises and balances (revenue and expenditure) updated contributions that could be presented accordingly:

- A revision of contribution channelled to the JU via the EDCTP Association as contributions from Members other than the EU: DHSC contribution from GBP 8.7 million to GBP 8.5 million (~EUR 10.1 million - up to and/or above and subject to the confirmation of the exchange rate difference with GBP). Therefore, representing a reduction in commitment appropriations of EUR 302 763 and with new total contribution from the EDCTP Association of ~EUR 14 293 363 for the year 2025.
- A reduction in commitment appropriations following the contribution of the EDCTP Association from EUR 14 293 363 to EUR 11 645 253 to reflect the estimated EUR 2 648 110 budget that the EDCTP Association will need in order to perform its role of project coordinator in the context of the 2025 calls and in particular for projects of the topics Fellowships and Networks of excellence. This decrease, in terms of financial contributions, is expected to be compensated by in-kind contributions to operational costs (IKOP) generated by the EDCTP Association as eligible costs non reimbursable by Global Health EDCTP3, according to the specific conditions of the two aforementioned topics.
- An increase of EUR 2 697 237 of payment appropriations for the contribution of the EDCTP Association 2025 corresponding to the payment of the first instalment of the total EUR 11 645 253 of commitment appropriations. The second instalment, corresponding to the payment of the balance, will be added as revenue in the Work Programme and Budget 2026.
- Minor adjustments following the reactivation of EUR 83 164 payment appropriations as per the unused REA Experts costs 2024, the update of the EFTA rate for the year 2025 with EUR 100 000 in operational budget as per instructions received from the EC, and other recoveries of administrative costs.
- Minor adaptation of the budget appropriation per line is proposed considering the evolution of budget needs identified for the last quarter of 2025. The transfers from Title 1 and Title 2 to

administrative unused appropriations 2025 are to prepare the reactivation of EUR 500 000 from unused administrative appropriations to operational budget 2026 (in revenue) with the objective to mitigate part of the impact of the budget reduction following the AI Gigafactories contribution. This reactivation is reflected in the JU's Work Programme and Budget 2026.

This transfer could be possible considering that:

In Title 1, the JU was not yet fully staffed by 2025 (it is expected to be in Q1 2026) and will be slightly underspending on salary budget lines.

In Title 2, the JU spent less on office equipment, meeting expenses and other running costs and infrastructure than originally planned.

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

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

Title 1 was mainly used for the payment of salaries and allowances of the JU staff alongside the missions performed in 2025.

The higher consumption in staff missions compared with previous years was due to the fact that the biennial event of the Twelfth EDCTP Forum took place in Kigali (Rwanda) and the majority of the staff attended the event.

In addition, during the first half of the year, the JU had the support from interim staff recruited for the organisation of different events, and contracts were signed, one for coaching sessions and one for trainings for the new accounting tool SUMMA.

On top of that, an important amount in Title 1 was spent on payments to the European schools, childcare facilities and transportation costs.

As previous years, different services were provided by the European Commission (mostly DG HR and DG PMO) based on the signed Service Level Agreements (SLA) and costs related to staff reimbursements among others. These payments were made in the same year.

Title 2 was mostly used for the payment of rental costs of the White Atrium offices (offices, parking spaces and charges) and the purchase of different IT equipment needed for the JU (screens, renewal of different licenses, network switches, etc.). These goods were delivered and paid in the same year.

The payment of the balance was made following the finalisation of the works for the refurbishment of the new offices (between the end of 2024 and beginning of 2025), and a significant amount was spent on the complete renovation of the HVAC system and the purchase and delivery of additional movable property.

Different contracts connected to communication costs were signed during the year, such as graphic design and events support, participation in Science Summit 2025 in New York and services to publish relevant articles in newsletters and social media. The first contract for the organisation of the EDCTP Forum 2027 in Madrid was also signed in 2025.

Moreover, an important part of the budget was allocated to sign other contracts, namely the M&E data ecosystem project, the assessment of the financial transactions for SUMMA readiness, Anaplan discovery phase and consultancy support services for the controller and the data protection officer among others. Since the end date of these contracts is in 2026, payments will proceed next year.

Finally, regarding other payments in Title 2, the JU was able to pay and close big contracts that were signed in 2025, in particular the expert knowledge and analysis of the applied process of certification of IKAA and graphic design support among others. Apart from that, other

miscellaneous payments were made in connection with the signature of different SLAs with the EC and other JUs among other things.

Operational costs: Title 3 (Operational Expenditure)

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

The majority of the JU's budget under this category is represented by the four calls for proposal launched in 2025:

- HORIZON-JU-GH-EDCTP3-2025-01-two-stage covering 3 topics for Research and Innovation Actions (RIA) with an indicative budget of EUR 122.7 million.
- HORIZON-JU-GH-EDCTP3-2025-02-two-stage covering 1 topic for Coordination and Support Actions (CSA) with an indicative budget of EUR 14.4 million.
- HORIZON-JU-GH-EDCTP3-2025-03-two-stage covering 1 topic for Coordination and Support Actions (CSA) with an indicative budget of EUR 51.0 million.
- HORIZON-JU-GH-EDCTP3-2025-04-two-stage covering 2 topics Research and Innovation Actions (RIA) with an indicative budget of EUR 49,.1 million.

Additionally, EUR 13.2 million were intended to fund four projects from the reserve list from previous years and EUR 3.0 million were attributed to the call for the Africa Office Grant (IBA).

The cost of experts and evaluators, a service which is managed by the Research Executive Agency (REA), is also included under Title 3 with an allocated budget of EUR 1.3 million.

Furthermore, for the organisation of the twelfth EDCTP Forum that took place in Kigali (Rwanda) in June 2025, an amendment to the contract was signed during the first quarter for an amount of around EUR 1 million in order to include additional required services.

In addition, EUR 165 500 were committed to the members of the Scientific Committee with new contracts in force from June 2025 to June 2028.

In 2025, most of the payment appropriations were used for the pre-financing of the grants resulting from the 2024 calls for proposals (EUR 91.8 million), cost claims for REPAs (EUR 21.4 million), project evaluators and monitoring experts (EUR 1.08 million) and payments to the members of the Scientific Committee among others.

Finally, EUR 1.6 million were paid to honour the payment of the balance of the contracts signed related to the EDCTP Forum and EUR 180 000 were paid following the award of seven prestigious international prizes in 2025.

Title 4 (unused appropriations)

Regarding commitment appropriations, EUR 500 000 were transferred from Title 1 and Title 2 to administrative unused appropriations 2025 to be immediately reactivated and reallocated in operational budget 2026 with the objective to mitigate part of the impact of the budget reduction following the AI Gigafactories contribution. This reactivation is reflected into the JU's Work Programme and Budget 2026.

Concerning payment appropriations, once all the forecasted payments were successfully executed at the of the year, the remaining amount from administrative and operational budget was transferred to unused appropriations in the context of the data migration to SUMMA in 2026 with the unique purpose of having an easy tracking of all the unused payment appropriations after the migration. This amount will be gradually reactivated in the next three years based on the

needs of the JU.

Statement of REVENUE (in EUR)	Initial voted budget 2025		Final adopted budget 2025	
	Commitment appropriations	Payment appropriations	Commitment appropriations	Payment appropriations
EU contribution (excl. EFTA and third countries contribution)	176.882.121	102.945.130	176.882.121	102.945.130
<i>of which Administrative (Title 1&2)</i>	6.579.100	6.579.100	6.579.100	6.579.100
<i>of which Operational (Title 3)</i>	170.303.021	96.366.030	170.303.021	96.366.030
EFTA and third countries contribution	41.578.258	2.830.991	41.578.258	2.930.991
<i>of which Administrative (Title 1&2)</i>	180.925	180.925	280.925	280.925
<i>of which Operational (Title 3)</i>	41.397.333	2.650.066	41.297.333	2.650.066
Members other than the Union financial contribution*	3.300.000	15.000.000	15.020.765	17.697.237
<i>of which Operational (Title 3)</i>	3.300.000	15.000.000	15.020.765	17.697.237
Contributing Partners financial contribution	-	-	11.113.960	-
<i>of which Operational (Title 3)</i>	-	-	11.113.960	-
Interest generated	-	-	-	-
Recoveries	-	-	450	450
<i>of which Administrative (Title 1&2)</i>	-	-	450	450
<i>of which Operational (Title 3)</i>	-	-	-	-
Other revenue**	p.m.	p.m.	p.m.	p.m.
Unused appropriations from previous years	5.112.494	-	18.307.531	83.164
<i>of which Administrative (Title 1&2)</i>	-	-	-	-
<i>of which Operational (Title 3)</i>	5.112.494	-	18.307.531	83.164
TOTAL	226.872.873	120.776.121	262.903.085	123.656.972

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

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

Statement of EXPENDITURE (in EUR)	Initial voted budget 2025	Transfers made in the first amendment to the budget - AMBU1	Transfers made in the second amendment to the budget - AMBU2	Credit operations made in ABAC at year-end	Final adopted budget 2025	Executed budget 2025	%	Available for future use (N+3 rule)
COMMITMENT appropriations								
Title 1 - Staff expenditure	4.430.025	100.000	-222.750	-32.358	4.274.918	4.274.918	100%	-
Salaries & allowances	3.858.000	100.000	-141.849	20.585	3.836.736	3.836.736	100%	-
Expenditure relating to staff recruitment	-	-	-	-	-	-	0%	-
Mission expenses	207.025	-	56.969	-46.969	217.025	217.025	100%	-
Socio-medical infrastructure	-	-	-	-	-	-	0%	-
Training	60.000	-	-2.695	-50	57.255	57.255	100%	-
External services	-	-	-	-	-	-	0%	-
Receptions, events and representation	-	-	-	-	-	-	0%	-
Social welfare	-	-	-	-	-	-	0%	-
Other staff related expenditure	305.000	-	-135.175	-5.924	163.901	163.901	100%	-
Title 2 - Infrastructure and operating expenditure	2.330.000	-	-277.025	32.583	2.085.557	2.085.557	100%	-
Rental of buildings and associated costs	376.000	-	368.826	-8.007	736.820	736.820	100%	-
Information, communication technology and data processing	450.000	-	-98.554	-31.422	320.024	320.024	100%	-
Office equipment (movable property and associated costs)	200.000	-	-189.456	3.859	14.403	14.403	100%	-
Current administrative expenditure	40.000	-	5.492	-7.066	38.425	38.425	100%	-
Postage and Telecommunications	40.000	-	-33.000	-300	6.700	6700	100%	-
Meeting expenses	200.000	-	-192.000	-3.031	4.969	4.969	100%	-
Running costs in connection with operational activities	120.000	-	-119.733	-	267	267	100%	-
Information and publishing	400.000	-	-40.753	-	359.247	359.247	100%	-
Service contracts	200.000	-	110.153	59.628	369.781	369.781	100%	-
Other infrastructure and operating expenditure	304.000	-	-88.000	18.922	234.922	234.922	100%	-
Title 3 - Operational expenditure	220.112.848	38.880.636	-2.950.873	-	256.042.610	256.042.610	100%	-
Grants	218.012.848	38.880.636	-3.409.768	-	253.483.715	253.483.715	100%	-
Expert costs	1.000.000	-	350.000	-	1.350.000	1.350.000	100%	-
Other operational costs	1.100.000	-	108.895	-	1.208.895	1.208.895	100%	-
Title 4 - Unused appropriations	-	-	500.000	-	500.000	-	0%	500.000
Unused administrative appropriations	-	-	500.000	-	500.000	-	0%	500.000
Unused operational appropriations	-	-	-	-	-	-	0%	-
TOTAL	226.872.873	38.980.636	-2.950.648	225	262.903.085	262.403.085	100%	500.000

Statement of EXPENDITURE (in EUR)	Initial voted budget 2025	Transfers made in the first amendment to the budget - AMBU1	Transfers made in the second amendment to the budget - AMBU2	Credit operations made in ABAC at year-end	Final adopted budget 2025	Executed budget 2025	%	Available for future use (N+3 rule)
PAYMENT appropriations								
Title 1 - Staff expenditure	4.430.025	100.000	-77.564	-7.701	4.444.760	4.444.760	100%	-
Salaries & allowances	3.858.000	100.000	-88.429	45.335	3.914.907	3.914.907	100%	-
Expenditure relating to staff recruitment	-	-	-	-	-	-	0%	-
Mission expenses	207.025	-	60.117	-48.553	218.589	218.589	100%	-
Socio-medical infrastructure	-	-	-	-	-	-	0%	-
Training	60.000	-	-26.286	2.063	35.777	35.777	100%	-
External services	-	-	-	-	-	-	0%	-
Receptions, events and representation	-	-	-	-	-	-	0%	-
Social welfare	-	-	-	-	-	-	0%	-
Other staff related expenditure	305.000	-	-22.965	-6.547	275.487	275.487	100%	-
Title 2 - Infrastructure and operating expenditure	2.330.000	-	-194.567	-220.090	1.915.343	1.915.343	100%	-
Rental of buildings and associated costs	376.000	-	486.231	-78.607	783.623	783.623	100%	-
Information, communication technology and data processing	450.000	-	-82.886	-78.461	288.653	288.653	100%	-
Office equipment (movable property and associated costs)	200.000	-	-93.332	-6.630	100.038	100.038	100%	-
Current administrative expenditure	40.000	-	-16.361	-3.067	20.572	20.572	100%	-
Postage and Telecommunications	40.000	-	-34.356	-221	5.423	5.423	100%	-
Meeting expenses	200.000	-	-193.960	-1.071	4.969	4.969	100%	-
Running costs in connection with operational activities	120.000	-	-119.733	-	267	267	100%	-
Information and publishing	400.000	-	-242.766	-3.247	153.987	153.987	100%	-
Service contracts	200.000	-	13.035	-9.986	203.049	203.049	100%	-
Other infrastructure and operating expenditure	304.000	-	89.561	-38.798	354.763	354.763	100%	-
Title 3 - Operational expenditure	114.016.096	-100.000	2.880.401	-759.128	116.037.369	116.037.369	100%	-
Grants	111.916.096	-100.000	3.113.992	-1.782.950	113.147.138	113.147.138	100%	-
Expert costs	1.000.000	-	150.400	-68.717	1.081.683	1.081.683	100%	-
Other operational costs	1.100.000	-	-383.991	1.092.539	1.808.548	1.808.548	100%	-
Title 4 - Unused appropriations	-	-	272.356	987.144	1.259.499	-	0%	1.259.499
Unused administrative appropriations	-	-	272.356	228.016	500.372	-	-	500.372
Unused operational appropriations	-	-	-	759.128	759.128	-	-	759.128
TOTAL	120.776.121	-	2.880.626	225	123.656.972	122.397.473	99%	1.259.499

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

Contributions from JU Members other than the Union In 2025	
Nature	Amount (in €)
Financial contributions (FC) reported	17 697 237
In-Kind to Operational Activities (IKOP) reported	0.00
In-Kind to Additional Activities (IKAA) reported	86 242 306.00
In-Kind to Additional Activities (IKAA) reported and certified	26 042 497.00
TOTAL all contributions reported	129 982 040.00
TOTAL all contributions reported, including certified IKAA	26 042 497.00

Contributions from JU Members other than the Union in 2021 - 2025	
Nature	Amount (in €)
Financial contributions (FC) reported	22 972 545.00
In-Kind to Operational Activities (IKOP) reported	0
In-Kind to Additional Activities (IKAA) reported	346 703 365.00
In-Kind to Additional Activities (IKAA) reported and certified	144 875 233.00
Contributing Partners contributions	16 456 115.00
TOTAL all contributions reported	386 132 025.00
TOTAL all contributions reported, including certified IKAA	144 875 233.00

Global Health EDCTP3 receives contribution from its member, the EDCTP Association, predominantly in the form of IKAA. In the year 2025, the EDCTP Association, through its constituents, submitted a plan, which was approved by the Governing Board, to initiate additional activities in year 2026 with an estimated value of EUR 53 151 757. This brings the total estimated

value of all initiated additional activities by the end of year 2025 to EUR 767 845 766. It should be noted that these additional activities are largely multi-annual in duration.

By 31 May 2026, the JU received a report from the EDCTP Association that for the additional activities (AA) reported incurred costs to date is EUR 346 703 365. Out of these incurred costs, EUR 144 875 233 has been certified.

By the end of the current programme, the level of financial (cash) and in-kind contribution is expected to be at least EUR 550 000 000 which is the contribution commitment of the EDCTP Association.

The estimated contribution of the Contributing partners comprises the expected financial contribution from the Contributing Partner, Gates Foundation, confirmed in the signed project NGS4PublicHealth and addition Financial Contribution provided by BioNTech.

With respect to the Gates Foundation contribution, the value is based on the total project costs less the total EU contribution to the project. The project was started in September 2022 and is expected to be finalised in July 2026.

In 2025, only one Contributing Partner estimated contribution completed the grant agreement signature process. Moreover, in the course of 2025, the JU has either signed or prepared endorsement letters with several new Contributing Partners. In particular, a Funding Agreement was signed with CEPI in December 2025, for a financial contribution of EUR 11.1 million. This contribution is expected to materialise through grant agreements resulting from the 2025 calls for proposals, with the signature of the corresponding grant agreements anticipated by April 2026.

In addition, in the context of the same call 2025, the JU received the proposal of a total of EUR 102 million of contributions reflected in a Letter of Endorsement signed and received by the JU. Following the confirmation of the JU Governing Board in December 2025, to follow-up the signature with the grant agreements, the JU is expecting to be able to reflect those additional EUR 102 million also by the end of July 2026. Engagement with Third Parties was significantly scaled up in 2025 and is expected to have higher contributions materialised in the signature of grant agreements in 2025 and in 2026 respectively.

2.5. Administrative procurement and contracts

The majority of Global Health EDCTP3's contractual commitments in 2025 were concluded on the basis of framework contracts (FWCs). The FWCs were most used in the field of IT, human resources, communication and audit services, minimising the administrative burden and ensuring economies of scale.

The contracts (including specific contracts based on FWCs) signed between 1 January and 31 December 2025, with a value above EUR 15 000, are provided in **Table 15**:

TABLE 15 - CONTRACTS SIGNED IN 2025 WITH A VALUE ABOVE EUR 15 000

Contractor Official Name	Subject	Contract Type	Contract Amount (EUR)	Procedure Type	Signature Date
ALMAVIVA DE BELGIQUE	M&E DATA ECOSYSTEM PROJECT	Specific contract implementing FWC BUDG-2022-OP-0010 DIMOS VI CASCADE I	199 879.99	Open procedure (FR 164 (1)(a))	12/12/2025
CODABEL MANAGEMENT	HVAC RENOVATION WORKS	Direct contract (ARTICLE 1.3 OF THE FACILITY MANAGEMENT CONTRACT)	279 565.90	Negotiated procedure middle value contract (Annex 1 - 14.2)	10/07/2025
DELOITTE CONSULTING & ADVISORY BV	FINANCIAL AND ACCOUNTING SUPPORT FOR SUMMA MIGRATION	Specific contract implementing FWC BUDG-2022-OP-0009	56 611.51	Open procedure (FR 164 (1)(a))	25/04/2025
INETUM REALDOLMEN BELGIUM	IT SERVICES	Specific contract implementing FWC JUS-CAJU.2022.OP.02	65 926.63	Open procedure (FR 164 (1)(a))	28/11/2025
NETCOMPANY SA	GRAPHIC DESIGN SUPPORT	Specific contract implementing FWC EASME/2019/OP/0021	218 782.89	Open procedure (FR 164 (1)(a))	28/03/2025
WMH PROJECT	EDCTP FORUM ORGANISATION	Specific contract implementing FWC S3JU/LC/030-CTR	99 530.00	Open procedure (FR 164 (1)(a))	12/11/2025
INSIGHT DIRECT USA, INC.	ICT EQUIPMENT	Specific contract implementing FWC DI-08090 - SIDE III	25 525.32	Restricted procedure with Dynamic purchasing system (FR 164 (1)(b))	26/05/2025
ISC INTELLIGENCE IN SCIENCE SPRL	COMMUNICATIONS EVENT	Direct contract	25 000.00	Negotiated procedure without prior publication	05/09/2025

				(Annex 1 FR – point 11.1(b)iii)	
KIGALI CONVENTION CENTRE LTD	ORGANISATION OF THE EDCTP FORUM	Direct contract	40 305.99	Negotiated procedure without prior publication (Annex 1 FR – point 11.1(b)ii)	26/05/2025
RANDSTAD BELGIUM*	INTERIM STAFF	Specific contract implementing FWC HR/2024/OP/0095	73 674.26	Open procedure (FR 164 (1)(a))	03/06/2025
RANDSTAD BELGIUM*	INTERIM STAFF	Specific contract implementing FWC HR/2024/OP/0095	38 024.35	Open procedure (FR 164 (1)(a))	24/01/2025
RANDSTAD BELGIUM*	INTERIM STAFF	Specific contract implementing FWC HR/2024/OP/0095	40 803.45	Open procedure (FR 164 (1)(a))	25/04/2025
RANDSTAD BELGIUM*	INTERIM STAFF	Specific contract implementing FWC HR/2024/OP/0095	38 748.60	Open procedure (FR 164 (1)(a))	06/05/2025

All specific contracts stem from framework contracts to which Global Health EDCTP3 became party to as Participating Contracting Authority. In all cases, it signed a service level agreement or a memorandum of understanding with the Lead Contracting Authority. Furthermore, the Global Health EDCTP3 JU has also signed SLAs and MoUs with EC DGs and offices, as described in the two sections below.

Based on Article 74(10) of the EU Financial Regulation, it should be mentioned that Global Health EDCTP3 JU launched two negotiated procurement procedures without prior publication of a contract notice based on point 11.1 of Annex 1 to the Financial Regulation.

- The first procedure (based on point 11.1(b)iii) of Annex 1 to the Financial Regulation) concerned the organisation of a Global Health EDCTP3 JU relevant session and participation in several meetings in the context of UNGA80 Science Summit and a contract was signed for a total value of EUR 25 000 with ISC Intelligence in Science (ISC) SPRL. The reason for the use of such a procedure was that the UNGA80 Science Summit 2025 is organised exclusively by ISC as the event organiser, which retains full ownership of the event's programme, branding, speaker scheduling, and technical delivery.
- The second procedure (based on point 11.1(b)ii) of Annex 1 to the Financial Regulation) concerned the accommodation and transport from and to the airport for Global Health EDCTP3 Joint Undertaking staff members for their mission during the Twelfth EDCTP Forum in June 2025 and a contract was signed for a total value of EUR 40 305.99 with KIGALI CONVENTION CENTER (KCC) LTD. The reason for the use of such a procedure was that the KCC offered unique technical elements such as proximity to the venue and forum organisation efficiency (the EDCTP Forum took place in the same venue), ensuring staff safety and respecting the principle of optimum cost-efficiency.

In accordance with Article 15 (Principle of transparency) of the Global Health EDCTP3 Financial Rules the JU shall make available on its internet site no later than 30 June of the following financial year information on the recipients of funds deriving from its budget, including procurement contracts.

In addition, as stated in point 3.3 the Financial of Annex I to Regulation 2024/2509 (which applies to the JU), Global Health EDCTP3 JU as a contracting authority, shall publish a list of contracts on its website no later than 30 June of the following financial year for specific contracts and order forms implementing a framework contract. The Global Health EDCTP3 JU recipients of Funds

and Annual List of Specific Contracts are published in the relevant section dedicated to funding within the Global Health EDCTP3 website.

2.6. IT and logistics

In 2025, the JU onboarded to EC tools, finalised its IT autonomy towards the EC and joined the synergy with the other JUs led by the BOA ICT.

Onboarding to European Commission tools and contracts

The JU implemented in 2025 the common ICT tools designed and maintained by the EC, mainly for the financial, HR, call and document management (respectively ABAC/SUMMA, COMPASS, SYSPER, ARES). The JU staff is subject to follow the required trainings via the EU-Learn training services offered by the EC to use these applications.

To procure all ICT services required to perform its activities, the JU joined and made use of the framework contracts procured by the EC.

IT Autonomy and joined synergies

The JU finalised in 2025 to migrate from the EC infrastructure to its own cloud infrastructure, new premises, a new Microsoft tenant, the deployment of Office 365 and new laptops configured in synergy within this new environment and managed services contract led by the BOA IT.

The JU participated actively as part of the BOA IT to perform, on behalf of the other JUs, a revised Data Protection Impact Assessment (DPIA) and security risk assessment on Microsoft Office 365 services, including Copilot for the use of AI features.

As per the Regulation 2023/2841 on Cybersecurity, the JU created an IT cybersecurity plan in synergy with the other JUs. This plan defines actions covering all systems, to increase the cybersecurity posture of the JU and reach a high common level of cybersecurity within the EU institutions.

2.7. Human Resources

2.7.1. HR Management

The objective of the Human Resources (HR) function within the Global Health EDCTP3 is to support the organisation's strategic mission by attracting, developing, and retaining a highly skilled and motivated workforce, while fostering a positive, inclusive, and performance-driven workplace culture. In 2025, the HR function was reinforced with additional support resource, enabling the team to meet the growing demands of a rapidly evolving organisation. This reinforcement played a key role in delivering key HR initiatives and strengthening the overall capacity of the unit to respond to both operational needs and long-term strategic objectives.

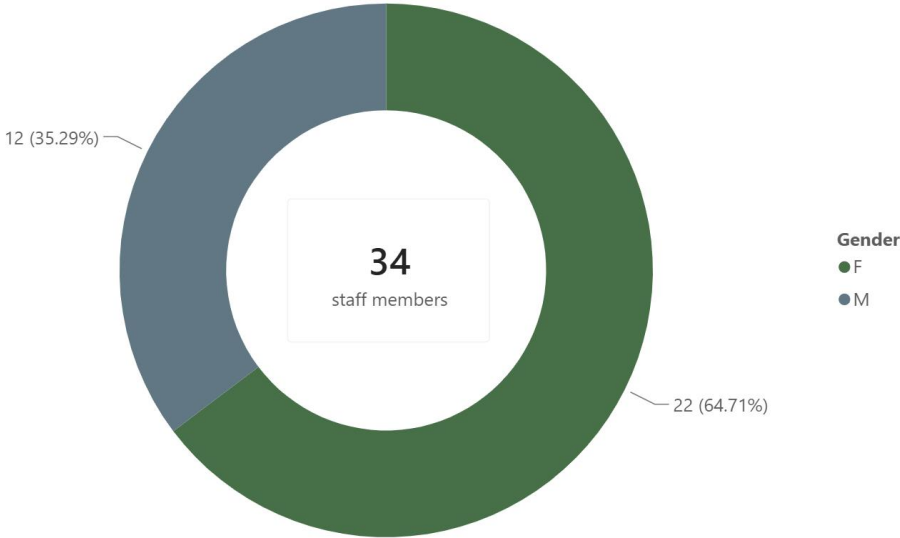
In 2025, Global Health EDCTP3 JU made significant progress in strengthening its human capital in line with its strategic vision. The year was marked by notable progress in recruitment, workforce development, policy enhancement, and organisational culture.

Recruitment and Staffing

The HR function successfully onboarded 12 statutory staff members, bringing the Establishment Plan to 94% (34/36 positions). By year-end, all remaining recruitment was finalised, achieving 100% compliance. The numbers of staff members per type of position (AD, AST, CA) and respective levels are presented in Annex 5.2.

To support daily operations and enhance workflow efficiency, four interim staff were engaged across various functions. Their contributions helped streamline administrative and operational processes during a period of increased activity and growth.

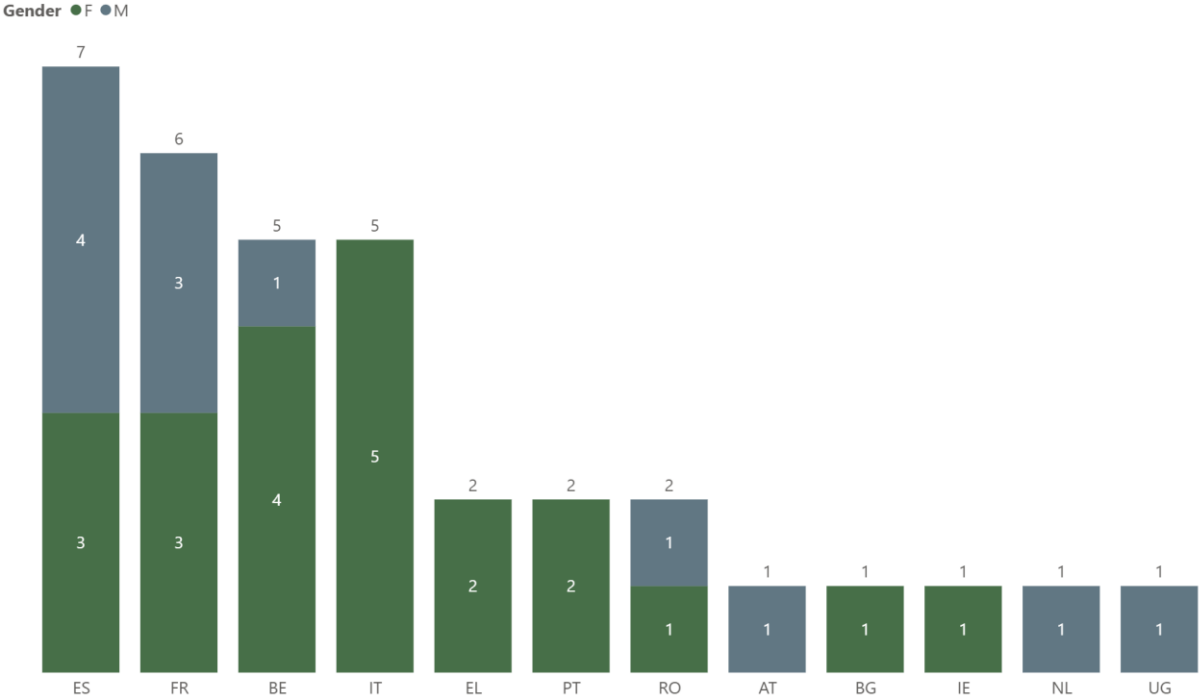
FIGURE 26. STAFF MEMBERS BY GENDER



At 31 December 2025, the JU employed 34 staff members, comprising 22 women (64.7%) and 12 men (35.3%). The gender distribution reflects a workforce with a strong female representation, with women accounting for nearly two-thirds of all staff.

The organisation remains committed to promoting equal opportunities and fostering an inclusive working environment. Recruitment, career development, and talent management processes are implemented in accordance with the principles of diversity, fairness, and non-discrimination.

FIGURE 27. STAFF COMPOSITION BY NATIONALITY AND GENDER (#)



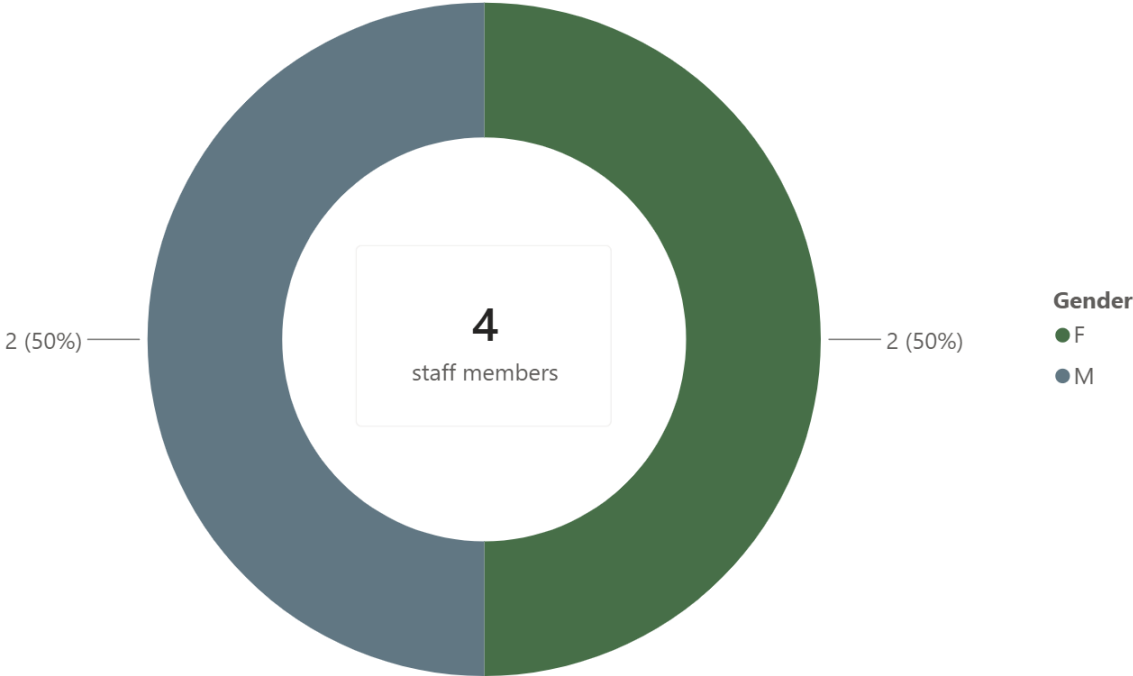
At 31 December 2025, the JU's workforce represented 12 nationalities, reflecting a diverse and multicultural working environment.

The largest national groups were Spanish nationals (7 staff members), followed by French (6), Belgian (5) and Italian (5) nationals. Staff from Greece, Portugal and Romania accounted for two staff members each, while Austria, Bulgaria, Ireland, the Netherlands and Uganda were each represented by one staff member.

Gender representation varied across nationalities. Women constituted the majority within several national groups, including Italian, Greek, Portuguese, Bulgarian and Irish nationals, while male staff were more represented among Spanish, French, Austrian, Dutch and Ugandan nationals. Belgian and Romanian nationals showed a relatively balanced gender distribution.

The composition of the workforce demonstrates the JU's continued ability to attract talent from a broad range of national backgrounds, contributing to a diverse workplace and supporting the exchange of perspectives and expertise. Maintaining diversity in recruitment and career development remains an important component of the organisation's human resources strategy and contributes to fostering an inclusive and internationally representative working environment.

FIGURE 28. STAFF MEMBERS IN MANAGEMENT POSITIONS BY GENDER



At 31 December 2025, the JU had four staff members occupying management positions. The gender distribution among managers was fully balanced, with two women and two men, representing 50% each of the management population.

This balanced representation demonstrates the organisation’s commitment to equal opportunities and gender equality at leadership level. Achieving parity in management positions contributes to a diverse decision-making environment and supports the JU’s broader objectives relating to inclusion, fairness and balanced representation.

The JU continues to promote merit-based recruitment, career development and succession planning processes, ensuring that leadership opportunities are accessible to all staff members regardless of gender. The balanced composition of management positions at the end of 2025 reflects these ongoing efforts to foster diversity at all levels of the organisation.

Staff development and retention

Continuous learning remained a core element of the HR strategy. In 2025, external training opportunities were made available to all staff, facilitating upskills in key functional and cross-cutting areas. Furthermore, staff benefited from internal knowledge-sharing sessions, including ethics & integrity training and HR-led workshops on rights and entitlements.

To further promote leadership capabilities and team effectiveness, team and management coaching sessions were launched. These initiatives aimed to strengthen communication, support change management, and build resilient leadership practices. Objectives included fostering collaborative problem-solving and enhancing interpersonal skills within teams.

The HR department successfully implemented the first round of contract renewals in full compliance with established policies. This milestone reinforced job security and demonstrated the organisation’s commitment to retaining its valued talent.

To further motivate and engage staff, a significant number of promotions were awarded throughout the year. These career advancement opportunities served to recognise individual contributions and maintain high levels of staff motivation and commitment, supporting a stable and empowered workforce.

Staff engagement and strategic objectives

Following the 2024 staff survey results, a comprehensive HR action plan was developed and implemented, setting out clear objectives for career development and staff well-being. This plan served as a roadmap to ensure the HR function remains aligned with the operational needs and strategic vision of Global Health EDCTP3.

As part of a continuous improvement initiative, HR collaborated with internal stakeholders to implement a unified annual staff engagement survey aimed at assessing employee satisfaction, workplace well-being, and overall organisational effectiveness.

Policy Development and Implementation

In alignment with the HR action plan and strategic workforce planning, new HR policies and guidelines were established and reviewed throughout 2025. Among the most notable was the adoption of a traineeship policy, aimed at attracting and nurturing young talent. Under this new framework, Global Health EDCTP3 JU welcomed its inaugural trainee in the Legal team, with additional trainees recruited through a joint call for corporate trainees in partnership with another Joint Undertaking. These initiatives reinforce Global Health EDCTP3 JU’s commitment to fostering young professionals.

Organisational culture and team building

The 2025 team-building event involved Global Health EDCTP3 staff and members of the EDCTP Association, and was designed to foster a positive, collaborative environment and enhance organisational cohesion. This initiative successfully created opportunities for knowledge-sharing, synergy development, and alignment across the broader organisation.

Looking forward, the achievements of 2025 mark a significant milestone in shaping a motivated, capable, and cohesive workforce. Global Health EDCTP3 will continue to invest in staff, policies, and culture to ensure that the JU remains an employer of choice and a catalyst for innovation and impact in global health.

SIR implemented in 2025	
Title of the SIR	Reference and date of the GB decision (if relevant)
GB Decision 19/2025 applying by analogy Commission Decision C(2025)2495 – Guide to missions and authorised travel	GB Decision 19/2025 of 8 September 2025

2.8. Efficiency gains and synergies

The Global Health EDCTP3 JU benefits from synergies with other joint undertakings, the Commission and EU agencies in order to procure goods and services. It has participated as contracting authority to several procedures led by other entities or became party to framework contracts already awarded when possible (see section 2.5). This enables the Global Health EDCTP3 JU to benefit from economies of scale and to obtain goods and services needed faster.

Part of these synergies have been implemented under back-office arrangements between joint undertakings, in application of Article 13 of the Council Regulation (EU) 2021/2085 of 19 November 2021 establishing the Joint Undertakings under Horizon Europe.

Context

Article 13 of the Council Regulation (EU) 2021/2085 identifies different areas in which Joint Undertakings may conclude service level agreements, subject to confirmation of viability and following screening of resources.

The JUs operate the following back-office arrangements:

AREA	CONTENT	LEAD JU	BACK UP JU	STATUS
Accounting	Accounting services	Europe's Rail JU	N/A	In place and effectively working; SLA signed
ICT	ICT services	Clean Hydrogen JU	Innovative Health Initiative JU	In place and effectively working; SLA signed
HR	Common recruitment, HR legal framework, and HR digitalisation	Circular Bio-based Europe JU	Innovative Health Initiative JU	In place and effectively working; SLA signed
Procurement	Administrative procurements	Clean Aviation JU	Europe's Rail JU and European High Performance Computing JU	In place and effectively working; SLA signed
Facility Management	Activities related to the White Atrium building facility management	Chips JU	N/A	Concept note expected to be adopted in the first half of 2026, followed by SLA signature

BOA Accounting in 2025

The JUs took over the Accounting services that until 30 November 2022 were provided by DG BUDG and succeeded in implementing the BOA for Accounting Services in 2022, and immediately for the accounting closure 2022.

EU-Rail is the lead JU of this BOA and concluded the SLA with the other JUs on 16 December 2022. Accounting services will be provided by three Accounting Officers coming from the following JUs: CA JU, SESAR JU and EU-Rail JU.

Organisation:

- The Executive Director of the Lead JU is responsible for the organization, oversight and coordination of the accounting services to the other JUs on the basis of an annexe of the BOA SLA.
- The Head of Corporate Services or another officer with the necessary grade, skills and competencies of the Lead JU shall act as Accounting Coordinator of the BOA Accounting Officers.
- The Accounting Officer(s) of the JU Accounting Providers delivers the service to one or more JU Accounting Beneficiary and is responsible for the accounts she/he signs off, while counting on the support and coordination with the lead JU.

In order to ensure the provision of these services, it was agreed between the EC and the JUs to make use of the support of three additional Contractual Agents and of an external Accounting Services provider.

The BOA for Accounting services are fully operational and are delivering the intended services, including the preparation of the Provisional and Final Annual Accounts for 10 Joint Undertakings and liaising with the audit teams on accounting matters, the follow-up on the collection of Accounts Receivable past the due date, the VAT reporting towards the Belgian authorities, the annual validation of the accounting system, the inscription of the budget etc.

During 2025, BOA Accounting continue to ensure the business continuity of its services and prepared the provisional accounts for the 10 JUs in a timely manner while receiving already a clean opinion for 9 out of 10 JUs by the European Court of Auditors. The BOA accounting has also provided on request ad-hoc support for the implementation and update of financial systems and financial processes. As of January 2025, the BOA team is composed of three Accounting Officers supported by three Accounting Assistants.

BOA ICT in 2025

The Clean Hydrogen JU and the IHI JU are co-leads of the BOA ICT.

After signature of the SLA and Descriptions of Services by the EDs of 10 Joint Undertakings at the end of 2024, in full accordance with Article 13 of the Council Regulation (EU) 2021/2085 establishing the Joint Undertakings under Horizon Europe and continuing the shared practices of the past, the Back Office Arrangement for ICT formally started its activity on 1st January 2025. ICT activities were carried out in accordance with the priorities set forth in the BOA ICT AWP and common services, namely:

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

In 2025, in continuation of the practice over the previous years, the JUs held four ICT Steering Committee meetings, during which:

- The implementation of the common ICT annual work plan and budget for 2025 (AWP 2025) was monitored.
- The common ICT annual work plan and budget for 2026 (AWP 2026) was defined, with an early adoption during the meeting of September 2025.

The AWP 2025 contains the following actions and related budget:

- Action 1. BOA ICT implementation
- Action 2. Next FWC for ICT Managed services

- Action 3. Upgrade Common Meeting
- Action 4. Internet line provider
- Action 5. Security regulation(s)
- Action 6. SaaS O365
- Action 7. Windows 11 migration
- Action 8. reconversion White Atrium building

The actions of the AWP 2025 were implemented in accordance with the plan. Special attention was given to the cybersecurity action plan, which was fully implemented according to the timeline set out in Regulation 2023/2841 of the European Parliament and of the Council regarding high cybersecurity standards for EU institutions, bodies, and agencies. The activities implementing this part of the AWP 2025 were led by IHI JU and CBE JU and then broken down per JU. This resulted in the delivery of the four mandatory documents according to the cybersecurity regulation:

- cybersecurity review
- risk assessment
- maturity assessment
- cybersecurity plan.

BOA HR in 2025

In 2025, under the leadership of BOA HR, the Joint Undertakings have continued to maximise synergies and implemented several initiatives across three key HR areas: selection and recruitment, HR legal framework and HR digitisation. In particular, through bi-monthly meetings, the JUs further promoted best practices, ensured consistent HR support services, and achieved greater efficiency and economies of scale.

In line with the HB BOA action plan 2025, the JUs have:

- finalised the alignment and harmonisation of selection and recruitment practices across all JUs;
- conducted a state-of-play analysis of the inter-JU Competency Framework, which will be further developed in 2026;
- launched a pilot initiative establishing common Service Level Agreements (SLAs) between DG HR and the JUs for the provision of badges;
- strengthened cooperation by organising an HR Officers' Away Day to share best practices and enhance collaboration;
- shared reserve lists to reduce time-to-recruit. In particular, Global Health EDCTP3 JU has organised a joint-call with another JU, to recruit corporate trainees and has also provided expertise to several selection procedures across JUs
- supported newly established Joint Undertakings during their start-up phase by providing guidance, advice, and templates;
- centralised the organisation of training courses of common interest for all JUs (e.g. ethics and integrity, respect and dignity in the workplace and first Aid training sessions for JU staff members);
- joined the Standing Working Party as part of a dedicated JU cluster to facilitate effective participation and contribution of the JUs, and
- contributed to the development of a common JU HR legal framework by sharing Executive Director and Governing Board decisions on various HR regulatory matters.

The JUs, in their role as interinstitutional partners, have also participated in meetings organised by the European Commission regarding the HR transformation programme, which aims to introduce a new IT platform to replace the existing HRT system, SYSPER.

The JUs will further strengthen this collaboration in 2026.

BOA Procurement in 2025

In 2025, the BOA Procurement continues to create tangible benefits and added value for all participating Joint Undertakings. The larger budgetary volume and economies of scale increased the interest of economic operators in the open tender procedure for communication services launched by CAJU on behalf of nine JUs. This may explain the exceptionally high number of tenders received in response to this open call.

At the same time, the *ad hoc* deployment of legal/procurement resources made available by other JUs to CAJU demonstrated the effectiveness of the solidarity and synergy concept.

The 2025 activities of BOA Procurement were not limited to the execution of the tender procedures. They also included a feasibility analysis of how the corporate E-Procurement tools provided by DIGIT could support JUs current operational and implementation model in relation to joint specific contracts.

BOA Facility Management in 2025

In the previous years, the activities related to the White Atrium building facility management were carried out through informal arrangements by a single JU (Clean Hydrogen JU until 2024 and Chips JU afterwards).

During 2025, in order to regularise the situation and in line with Article 13 of the Council Regulation (EU) 2021/2085 establishing the Joint Undertakings under Horizon Europe, a BOA Facility Management (to be led by the Chips JU for the first term) has been proposed. The BOA Facility Management concept note was shared, at the end of 2025, with the Executive Directors of the JUs having their seat at the White Atrium building in Brussels. The note is expected to be adopted in the first half of 2026, and the signature of the SLA with the specific services provided by this BOA will follow.

2.9. Data Protection and Access to Documents

2.9.1. Data protection

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

Since its establishment, Global Health EDCTP3 has been working on setting up the data protection framework. During 2025, it has made significant steps towards ensuring its compliance with the legal framework of Regulation (EU) 2018/1725. This progress has been also presented in the Data Protection Officer's yearly report to the Governing Board in its meeting of 2 December 2025. In particular:

The Global Health EDCTP3 Registry of Processing Activities was finalised, updated, and migrated to an online tool used also by other JUs for registries of personal data processing activities. Publication of the Registry online will finalise during 2026.

All personal data protection aspects relating to the 12th EDCTP Forum in Rwanda as well as other communication activities of Global Health EDCTP3 JU were addressed in compliance with Regulation (EU) 2018/1725, including the implementation of appropriate safeguards.

At the level of BOA, Global Health EDCTP3 coordinated and led the Joint Undertakings' collective effort to complete a Data Protection Impact Assessment (DPIA) for the use of Microsoft 365 by the JUs, following the EDPS decision against the Commission's use of M365. The DPIA updates the previous 2020 version, adding new functionalities and reflecting changes introduced since then. This new DPIA includes also a DPIA on the use of Microsoft Copilot and AI-related data protection considerations.

Finally, Global Health EDCTP3, represented by its Data Protection Officer, participated for the second year in the EDPS-DPO working group responsible for the organisation of two annual events on data protection.

2.9.2. Access to documents

Regulation (EC) No 1049/2001 applies to Global Health EDCTP3 JU. Therefore, Global Health EDCTP3 JU applies the provision of the Regulation to handle any relevant request.

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

3. GOVERNANCE

3.1. Major developments

The Global Health EDCTP3 Joint Undertaking is a partnership between the European Union, represented by the European Commission, and the EDCTP Association, representing European and sub-Saharan African member countries participating in the partnership. On 31 December 2025, 15 European and 31 African countries were members of the EDCTP Association. The list of member countries of EDCTP Association can be found here: [Members of the General Assembly - EDCTP](#).

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

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

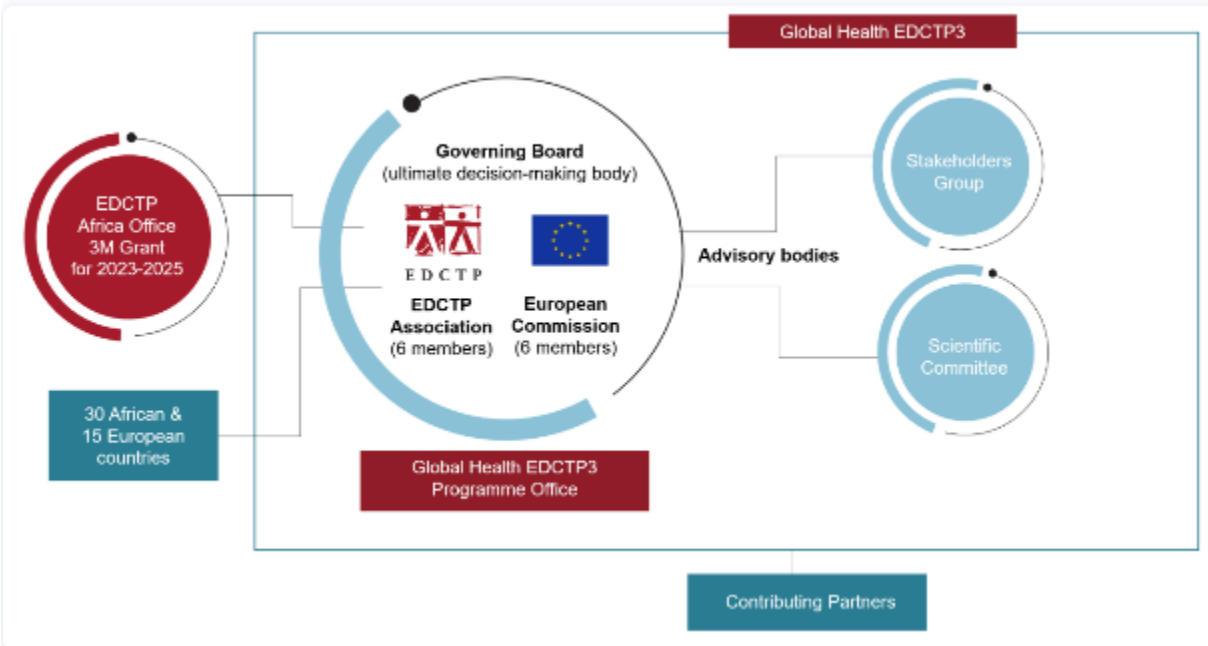
The [governance](#) structure of Global Health EDCTP3 has been established in accordance with the Council Regulation where according to the relevant provisions, the bodies of the JU are:

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

In addition, an ad-hoc advisory group was created in 2025: The Advisory Group on Climate and Health Strategy (AGCHS).

Following its financial autonomy obtained in November 2023, 2025 marked the second full year in which Global Health EDCTP3 operated as a fully autonomous European Union body, independently implementing its work programme and budget.

FIGURE 29 - GLOBAL HEALTH EDCTP3 JOINT UNDERTAKING GOVERNANCE STRUCTURE



3.2. Phasing-out plan monitoring

The first version of the phasing-out plan based on the template provided by the European Commission to all Joint Undertakings was adopted by the Global Health EDCTP Governing Board on 24 January 2024 by written procedure. A second version of the phasing-out plan was adopted by the Governing Board on 20 May 2025 by written procedure. Finally, on 19 December 2025, the Governing Board adopted by written procedure the third version of the phasing-out plan (GB decision 32/2025).

3.3. Governing Board

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

Shortly after the establishment of Global Health EDCTP3, the GB held its first meeting in January 2022 where its Rules of Procedure were adopted. It is composed of six representatives of the European Commission on behalf of the European Union and six representatives of the EDCTP Association. During 2025, the Chairperson was Dr Henning Gädeke (EDCTP Association). Until 31 August 2025, the Vice-Chairperson was Ms Irene Norstedt (European Commission, DG RTD) and following Ms Norstedt’s retirement, Ms Maria Pilar Aguar Fernandez took over the role of the Vice-Chairperson as of 1 September 2025.

In 2025 the GB was composed of:

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

- Henning GÄDEKE, *Chairperson of the GB, Chairperson of the General Assembly and of the Board of the EDCTP Association, Division “Global and Public Health Research”, Federal Ministry of Research, Technology and Space, Germany*
- Alemseged Abdissa, *Vice-Chairperson of the General Assembly and of the Board of the*

EDCTP Association, Armauer Hansen Research Institute, Ethiopia

- Eric D'ORTENZIO, *Head of Strategy and Partnerships Department, ANRS, France*
- Glaudina LOOTS, *Director for Health Innovation, Vice-Chair of the General Assembly and of the Board of the EDCTP Association, Department of Science and Innovation in South Africa*
- Marta NORTON, *Foundation for Science and Technology, Portugal*
- Samuel OKWARE, *Director-General, Uganda National Health Research Organisation (UNHRO).*

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

- Irene NORSTEDT, *Vice-Chairperson of the GB, Director, Directorate People: Health & Society, Directorate-General for Research and Innovation (DG RTD) - (until 31 August 2025 and replaced by Maria Pilar AGUAR FERNANDEZ)*
- Maria Pilar AGUAR FERNANDEZ, *Vice-Chairperson of the GB, Director, Directorate People: Health & Society, Directorate-General for Research and Innovation (DG RTD) - (as of 1 September 2025)*
- Signe RATSO, *Deputy Director-General: Innovation, Prosperity and International Cooperation, Directorate-General for Research and Innovation (DG RTD)*
- Laurent MUSCHEL, *Director, Deputy Head of the Health Emergency Preparedness and Response Authority (HERA)*
- Martin SEYCHELL, *Deputy Director-General, Directorate-General for International Partnerships (DG INTPA)*
- Kristin SCHREIBER, *Director, Directorate Ecosystems I: Chemicals, Food, Retail, Directorate-General for Internal Market, Industry, Entrepreneurship and SMEs (DG GROW)*
- Isabel DE LA MATA BARRANCO, *Principal Adviser - Health and crisis management, Directorate-General for Health and Food Safety (DG SANTE) - (until 31 August 2025 and replaced by Lorena BOIX ALONSO)*
- Lorena BOIX ALONSO, *Deputy Director-General, Directorate-General for Health and Food Safety (DG SANTE) – (as of 1 September 2025).*

Alternate members of the GB:

- Kasia JURCZAK, *Head of Unit RTD.D1 – Combatting Diseases, Directorate-General for Research and Innovation (DG RTD)*
- Nienke BUISMAN, *Head of Unit RTD.F2 - International Cooperation Policy, Directorate-General for Research and Innovation (DG RTD)*
- Wolfgang PHILIPP, *Principal Adviser - Chief Science Officer, Health Emergency Preparedness and Response Authority (HERA) – (until 30 November 2025).*
- Cecile BILLAUX, *Head of Unit INTPA.G4 - Social Inclusion and Protection, Health and Demography, Directorate-General for International Partnerships (DG INTPA)*
- Giulia DEL BRENNNA, *Head of Unit GROW.F3 - Food, Retail, Health, Directorate-General for Internal Market, Industry, Entrepreneurship and SMEs (DG GROW)*
- Wojciech KALAMARZ, *Adviser on International Relations, Directorate-General for Health and Food Safety (DG SANTE) – (until 30 September 2025 and replaced by Ingrid KELLER)*
- Ingrid KELLER, *Head of Unit SANTE.B2 – Health Security, Directorate-General for Health and Food Safety (DG SANTE) – (as of 1 October 2025).*

During 2025, the GB held three meetings:

- on 15 June where the main agenda point was the first draft of the Work Programme 2026,
- on 8 October where the main agenda point was the Work Programme 2026,
- on 2 December where the main agenda points were the adoption of the Work Programme 2026 and preliminary discussions for the Work Programme 2027.

In addition to the above, in 2025 the GB adopted during its meetings or by written procedure several other important decisions related to *inter alia* the:

- Approval of contributing partners applications
- New members to the Scientific Committee
- Applications selected for funding from the 2025 EDCTP Prizes
- Actions selected for funding from the 2025 calls for proposals
- Amendments to the Work Programme 2025
- Updates to the phasing-out plan of the JU.

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

3.4. Executive Director

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

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

During 2025, the Executive Director took several key decisions, in complement to GB Decisions. These included decisions related to the recruitment procedures launched during the year, such as appointments of selection committees and reserve lists and the management of human resources. Additionally, the Executive Director took decisions related to the administrative management of the Programme Office.

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

As foreseen in the Council Regulation, throughout 2025 the Executive Director supported by the JU Programme Office, acted as the secretariat of the bodies of Global Health EDCTP3 and provided organisational and administrative support to all three of them. Summary of these activities were published in the 2025 end of year message of the Executive Director: [2025: A milestone year for the EDCTP movement](#).

3.5. Scientific Committee

Established in 2022, the Scientific Committee serves as the scientific advisory body for Global Health EDCTP3 JU, drawing its members from Europe and Africa.

The committee underwent significant renewal between 2025 and 2026. In June 2025, five new members were appointed to fill vacant positions, followed by seven additional experts in July 2026 to replace members whose mandates had concluded in June 2024. By the end of December 2025, the final group of five original members – who had been serving a six-month extension – completed their terms, and these are to be replaced in 2026.

Leadership also transitioned smoothly during this period. At its 8th meeting in Kigali, Rwanda, in June 2025, Professor Harleen Grewal was elected as the new Chairperson. To ensure business continuity, former Chairperson Professor John Gyapong agreed to serve as Vice-Chair through the end of 2025.

Since its inception, the Committee has guided and assisted Global Health EDCTP JU in designing strategic and scientific initiatives, including setting priorities for annual calls for proposals.

In 2025, the Scientific Committee Members met three times: on 12 March 2025, 13 June 2025 and 1 October 2025.

CONTRIBUTION TO THE WORK PROGRAMME 2026

Competitive Call Topics

In March 2025, the 7th SC meeting was held online, and the main agenda point was to discuss research priorities to be addressed by the Work Programme 2026.

During the 12th EDCTP Forum, which took place in June 2025 in Kigali, Rwanda, the 8th SC meeting was held as a hybrid meeting, the SC members discussed six proposed topics of the Work Programme 2026.

In June 2025, the SC Chair attended the Governing Board meeting and informed GB members on the work of the SC, including their in-depth discussions on draft topics for the 2026 Work Programme.

In the period August-September 2025, SC members were consulted and provided important written input into the draft 2026 work programme. The summary input from the SC was an important reference for the GB meeting which took place on October 2025.

At their October 2025 online meeting, SC members reviewed and provided feedback to the draft work programme with final edits.

Other actions

During SC meetings held in 2025, other topics requiring SC endorsement were discussed:

Expansion and consolidation of the EDCTP Knowledge Hub

The SC members discussed which actions of the Global Action Plan would be supported by the consolidation of the EDCTP Knowledge Hub and it was clarified that TGHN, which was hosted by the University of Oxford, is currently in a transitional phase towards a UN action. Following the discussion, clarifications provided and input received, the call topic was endorsed by the SC.

Mobilisation of research funds in case of Public Health Emergencies

The SC members provided comments and feedback on the success of the MPox action and its results. Following a discussion on the mobilisation of research funds of Public Health Emergencies, the SC endorsed the call topic.

CONTRIBUTION TO THE 12TH EDCTP FORUM

The Scientific Committee was involved in the preparation of the 12th EDCTP Forum and has mandated two SC members to be part of the Forum Programme Committee. Furthermore, the SC members reviewed the abstracts for the presentations at the Forum.

The EDCTP Forum took place from June 15 to June 20, 2025, in Kigali, Rwanda, during which the SC members discussed the Work Programme 2026. Furthermore, the WHO global action plan for Clinical Trials Ecosystem strengthening and EDCTP3's contribution to this activity was endorsed, paving the way for an Identified beneficiary Action to support and consolidate the EDCTP Knowledge Hub.

Professor Harleen Grewal was elected as the new Chair. The SC members decided to have the previous chair Professor John Gyapong as a co-chair for the coming 6 months, to support the newly elected Chairperson.

At this meeting, the remainder of the new SC members were welcomed, and the leaving SC members were given a farewell by the Executive Director.

RELATIONS WITH OTHER GOVERNANCE BODIES

In 2025, the SC Chair has participated as an observer in the meetings of the Stakeholders Group (SG) and the Governing Board (GB). The SC Chair has regularly updated the GB, by submitting the SC meeting reports and giving presentations during GB deliberations, especially on draft work programmes.

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

MONITORING AND EVALUATION FRAMEWORK

At its 7th Meeting in March 2025, the SC was updated on the Programme Logic and Key Performance Indicators and gave written feedback on the Monitoring and Evaluation Framework.

CONSULTATION ON IKAA plans 2026

Discussing the draft 2026 Work Programme, Members of the Scientific Committee were consulted on the In-Kind Additional Activities Plans submitted by the EDCTP Association and included as Annex in the final version the 2026 Work Programme.

2025 ANNUAL ACTIVITY REPORT

In the first half of 2025, Members of the Scientific Committee provided input to the draft 2025 Consolidated Annual Activity Report.

3.6. Stakeholders Group

Since its establishment, the Stakeholders Group (SG) has grown to 38 members representing diverse regions and disciplines. It developed rules of procedure and terms of reference and maintained consistent engagement despite the challenges of hybrid meetings and global disruptions, enhancing SG visibility and influence in Global Health EDCTP3 decision-making and reinforcing African leadership in global health. Key activities in 2025 include:

- Shaping the scope of calls in 2026, including contributing to the discussions around health-climate priorities.
- Review of the SRIA, including recommendations to emphasise commitments to affordable access, patient safety, community engagement, and alignment the Lusaka Agenda; expand the use of flexible funding approaches, including portfolio modalities; and integrate cross-cutting themes and diverse actions into global collaboration, engaging adjacent sectors and stakeholders to address disease burdens and the social determinants of health.
- Ensuring community engagement and ethics were fully integrated into Global Health EDCTP3's priorities and projects.

- Strengthening regional ownership and aligning EU priorities with African needs through advocacy and communication.
- Contributing to the preparation of the 12th EDCTP Forum in Kigali and actively participating in it.

Following the 2025 call for expressions of interest to renew the SG, 70 applications were received. An evaluation panel, composed of representatives from the European Commission and the EDCTP Association selected 30 organisations to join the SG and placed 16 on the reserve list. At the end of the selection process, after Governing Board Decision, the total number of organisations selected was 33, leaving 13 on reserve list. Of the selected members, 37% are based in Africa, 33% in Europe, and 30% elsewhere. The majority (31%) are research organisations, followed by public bodies (17%), civil society (14%) and industry organisations (10%).

3.7. Advisory Group on Climate and Health Strategy (AGCHS)

Global Health EDCTP3 focuses on reducing the socioeconomic impact of infectious diseases and increasing health security in SSA, with an emphasis on mitigating the effects of climate-driven, climate-sensitive infectious diseases. At this time of implementation of the programme, optimally addressing these challenges required specific expertise beyond the single expert already included in the Scientific Committee. Consequently, in 2025, the Governing Board appointed an Advisory Group on Climate and Health Strategy (AGCHS) by Decision 13/2025, in application of Article 17(2)(x) of the Council Regulation 2021/2085.

The AGCHS was initially appointed until 31 December 2025 and its mandate was extended for an additional period of one year (up to 31 December 2026) by Decision of the Executive Director. The AGCHS provided recommendations to the Executive Director in the form of reports in order to: (a) identify important and realistic short and medium-term priorities that will inform the formulation of a call for proposals and (b) identify the medium- and long-term research needs in SSA, which may be integrated into the remit of a successor to the Global Health EDCTP3 programme. The Executive Director may request from the AGCHS to provide recommendations on any other subject in the field of climate and health or other types of deliverables if appropriate.

The AGCHS worked under the supervision and instructions of the Executive Director and held one meeting in 2025.

4. FINANCIAL MANAGEMENT AND INTERNAL CONTROL

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

4.1. Control results

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

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

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

4.1.1.1. Legality and regularity of the financial transactions

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

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

In preparation for the migration to SUMMA, the manual of financial procedures relating to the JU budget implementation was adapted (Decision of the Executive Director ED/02/2026). The financial circuits concern all financial operations considering the structure of the JU, any risk associated with the management environment and the nature of such financial operations. The financial circuits are established to standardise the mandatory steps of the processing of financial transactions and to clarify who the different actors are and their responsibilities (administrative and operational expenditure).

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

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

For administrative costs, Global Health EDCTP3 uses exclusively the European Commission's

accounting system ABAC/SUMMA to perform financial operations. Within operational costs, among which for the grant life cycle operations, Global Health EDCTP3 uses the corporate tool suite COMPASS/SYGMA to perform standard financial operations. The tool traces all operations and interfaces directly with ABAC/SUMMA for proper recording into the accounting system. While describing the different financial procedures, a clear distinction is made to highlight – where relevant – differences in the processing of operations in ABAC/SUMMA and in COMPASS. As far as the functions of the Accounting Officer are concerned, Global Health EDCTP3 has delegated – by decision of the Global Health EDCTP3 Governing Board taken on 3 August 2023³²– the principal accounting tasks by way of a back-office arrangement for accounting and appointed Mr Hretu from Europe’s Rail Joint Undertaking as the Accounting Officer, as foreseen by the Council Regulation 2085/2021. The Accounting Officer is responsible for, *inter alia*, the proper implementation of payments, collection of revenue, recovery of amounts, maintaining the accounts, year-end closure and the preparation of the annual financial statements and central budgetary framework, in cooperation and in coordination with the Global Health EDCTP3 financial staff.

The purpose of **ex ante controls** is to ascertain that the expenditure is in order and complies with the provisions applicable and the principle of sound financial management has been applied.

As part of the Horizon Europe family (or “research family”), Global Health EDCTP3 Joint Undertaking follows the main principles of the Horizon Europe (HE) grant vademecum and the HE ex-ante controls strategy.

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

During 2025, the Global Health EDCTP3 ex-ante strategy was prepared with the overall objective of implementing cost-effective, efficient, rapid and harmonised ex-ante controls, which avoid unnecessarily burdening beneficiaries but help reduce the overall error risk in control system. The ex-ante strategy summarises the risk-based ex-ante control measures that the JU has defined in addition to the standard ex-ante control measures for actual costs grants running under the Horizon Europe programmes. In this area, the JU continued the development of harmonisation of internal processes and documentation in line with the Financial Regulation, financial circuits and Horizon Europe guidance. In particular, related to Grant Agreement Preparation (GAP) procedure and check lists, Reporting and Payment (REPA) procedure.

Consequently, Global Health EDCTP3 performs the standard ex-ante checks controls and the additional risk-based controls as described in the HE Ex ante controls guidance but also uses for its Horizon Europe projects additional checks that are triggered only exceptionally and based on a risk analysis.

In particular, the Global Health EDCTP3 ex-ante strategy is focusing on specific monitoring of the JU’s beneficiaries in the following main areas:

- Implementation of lump sum grant agreements;
- Risk strategy for Contributing Partners;
- Actions per beneficiaries and/or per countries;
- Trainings and Workshops;
- On-the-spot visits.

The year 2026 will be important for implementing and piloting these different objectives.

Ex post controls are an important tool to support management's assurance on the

³² Decision GB/09/2023 of the Governing Board of the Global Health EDCTP3 Joint Undertaking.

achievement of the financial management and internal control objectives.

Ex post controls of operational expenditure are implemented in line with the Audit Strategy of Horizon Europe which is an integral part of the overall Horizon Europe Control Framework. The audit strategy is carried out in close collaboration with the implementing services following the Horizon Europe governance working arrangements.

Ex-post audits on beneficiaries of the Global Health EDCTP3 are carried out by the Common Audit Service (CAS) of DG Research and Innovation. CAS is responsible for implementing the audit strategy and carries out all audits for Horizon Europe (internally or outsourced to external firms).

At the end of 2025, the cumulative residual error rate reported by DG Research and Innovation based on the results of ex-post controls for the Horizon Europe Framework Programme for Research and Innovation is above the 2% materiality threshold for the multi-annual period. Therefore, DG Research and Innovation is issuing a reservation in their Annual Activity report.

In 2025, Global Health EDCTP3 paid EUR 21.303.237, which represents 18% of its operational expenditure. The common audit campaign for the HE Programme was launched in the second half of 2024. In 2024, no participation in Global Health EDCTP3 population was sampled as the first interim operational payment only took place in December 2024. The JU performed its first risk-based selection for ex-post audits in 2025, for which results are expected in 2026.

Although there are no completed ex-post audits for Global Health EDCTP3 HE funded actions at this stage of the programme implementation providing objective and reliable audit results data, Global Health EDCTP3 considers that its level of residual error rate remains within the materiality threshold of 2 % for the following reasons:

- 1) The level of payments is low limiting the population considered at risk;
- 2) The HE programme introduced a number of simplifications, in particular in the rules addressing budget categories usually prone to error (e.g. personal costs). Complementary to this, Global Health EDCTP3 rolled out lump sums in its Work Programme 2025 and will continue in future Work Programmes. At this level, lump sums are expected to lower the error rate;
- 3) Global Health EDCTP3 significantly reinforced its internal control framework by implementing a sound risk-based control framework for its beneficiaries. Specifically, this means:
 - Adopted common implementation approach to Horizon Europe Control Strategy that covers mainly: enhanced risk-based ex ante controls, risk-based ex post audits and the feedback loop between the different building blocks of the internal control;
 - Global Health EDCTP3 ex-ante strategy, with the overall objective of implementing cost-effective, efficient, rapid and harmonised ex-ante controls, which avoid unnecessarily burdening beneficiaries but help reduce the overall error risk in control system.

4.1.1.2. Fraud prevention, detection, and correction

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

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

Global Health EDCTP3 has nominated a European Anti-Fraud Office (OLAF) correspondent for all activities related to reporting fraud, supporting OLAF on investigative matters, following up on OLAF's recommendations and cooperating on fraud prevention. During 2025, no OLAF investigations have been notified to Global Health EDCTP3.

During 2025, the Global Health EDCTP3 continued to focus on the following measures:

- Awareness raising amongst staff on anti-fraud measures. Global Health EDCTP3 staff are invited to participate in anti-fraud trainings. The anti-fraud training is a compulsory training for all JU staff and is included in the JU's Welcome Package for newcomers.
- Participation to the FAIR meetings organised by DG R&I.
- Participation to the Anti-Fraud Working Group within the framework of the Performance and Development Network (PDN) of the EU Agencies Network (EUAN).

4.1.1.3 Assets and information, reliability of reporting

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

The assets reported by the Global Health EDCTP3 in the balance sheet 2025 mainly concern short term and long-term pre-financing.

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

On 31 December 2025, the JU had no intangible assets and the tangible assets comprised mainly the value of refurbishment works for the JU new premises (still in the same White Atrium building) and the new IT and communication equipment purchased before and after the financial autonomy.

As indicated above, the JU will be migrating its physical and fixed assets inventory to the new accounting System SUMMA during 2026.

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

The Accounting Officer carried out the 2025 annual evaluation of the local financial systems set up in Global Health EDCTP3 as provided for in Article 25.1 (d) of the Financial Rules of the JU. Based on the available evidence and the scope of the work conducted, the evaluation did not identify any internal control weakness which would have a material impact on the accuracy, completeness and timeliness of the information required to draft the annual accounts and produce reliable reporting. Follow up actions were taken after the results of the 2024 evaluation. Further to the 2025 evaluation, the JU will continue the current efforts to improve as required.

4.1.2. Efficiency of controls (“Time to”)

The three efficiency indicators required by the Financial Regulation (FR) are time-to-pay (Article 116(1) FR and Article 31 HE regulation), time-to-inform and time-to-grant (Article 194.2 FR). Respectively, these indicators represent:

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

The summary of these indicators is presented in **Table 16** below.

TABLE 16 - TIME-TO-PAY, TIME-TO-INFORM AND TIME-TO-GRANT EFFICIENCY INDICATORS IN 2025

Indicator	Target	2025
Average Time to Inform (TTI)	153 days	79 days
Average Time to Grant (TTG)	245 days	248 days
Average Time to Pay (TTP) for pre-financing (Horizon Europe)	30 days	8 days
Average Time to Pay (TTP) for cost claims (Horizon Europe)	90 days	77 days

As shown in the table above, in 2025 the target for Time To Grant for main list grants was not reached, as the Programme Office required additional time in order to complete further due diligence in three grants and in one grant there were technical issues experienced with the IT tool.

The Programme Office has been working towards reaching the Time To Grant Target during 2025. As reported in the 2024 Annual Activity report, several actions were being implemented and during 2025 they have been finalised, being: appointment of a Grant Agreement Preparation coordinator to support an effective grant implementation; development of internal procedures for GAP complementing the Horizon Europe guidelines improving interactions between units, and monitoring of progress during the Unit meetings with timely issue resolution and finalisation of recruitment to fill in the relevant positions as per establishment plan.

For 2025, the Time To Pay compliance rate for cost claims was 84%. This was due to delays in four out of 25 interim payments, which missed the target because of the complexity of large, multi-country studies. Additional review steps were required to address financial clarifications from multiple beneficiaries, as well as deliverable and milestone updates. Moving forward, the programme office has implemented measures to strengthen operational efficiency through earlier beneficiary engagement and streamlined review planning.

As a result of the actions taken by the programme office, we can see a slight positive trend in 2025 in the TTG indicators. With regards to the TTP indicators, the justification for the increase in the KPIs values lies in the significant increase of the number of transactions executed within the same timeframe.

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

4.1.3. Economy of controls

This section provides information about the JU's cost of the controls put in place in Global Health EDCTP3.

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

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

TABLE 17 - EX-ANTE COST OF CONTROLS IN GRANTS

Stage of the control	Year: 2025	
	EUR	FTE
Stage 1 - Programming, evaluation and selection	152 100	1.5
Stage 2 – Contracting including financial (commitments, guarantees,...) and legal checks	93 400	0.9
Stage 3 – Monitoring the execution and ex-ante financial management	410 300	4.1
Total ex-ante	655 900	6.4

TABLE 18 - EX-POST COST OF CONTROLS IN GRANTS

Stage of the control	Year: 2025	
	EUR	FTE
Stage 4 – Ex-post controls and recoveries	37 300	0.3
Total ex-post	37 300	0.3

The internal JU's overall cost of controls (both ex-ante and ex-post) related to grants represented approximately 0.57% of the Global Health EDCTP3 total expenditure in 2025.

TABLE 19 - EX-ANTE COST OF CONTROLS IN PROCUREMENT

Stage of the control	Year: 2025	
	EUR	FTE
Stage 1 – Planning the procurement procedures, including legal checks	95 400	0.9
Stage 2 – Contracting, including financial (commitments, guarantees,...) and legal checks	63 600	0.6
Stage 3 – Monitoring the execution and Financial operations (ex-ante), controls on the	134 600	1.4

acceptance of goods and services		
Total ex-ante	293 600	2.85

TABLE 20 - EX-POST COST OF CONTROLS IN PROCUREMENT

Stage of the control	Year: 2025	
	EUR	FTE
Stage 4 – Supervisory checks(ex-post), audit, ex-post technical controls if relevant	32 300	0.4
Total ex-post	32 300	0.4

The internal JU's overall cost of controls (both ex-ante and ex-post) related to procurements represented approximately 0.27% of the Global Health EDCTP3 total expenditure in 2025.

The ratios of **combined internal cost** related to both grants and procurements to the overall 2025 JU's costs are included in the following table.

TABLE 21 - RATIOS OF COMBINED INTERNAL COST OF GRANTS AND PROCUREMENTS TO THE TOTAL 2025 JU'S COSTS

JU expenditure in 2025 in EUR		Estimated overall costs of <u>ex-ante controls</u> in 2025 in EUR	Overall costs of <u>ex-ante controls</u> in relation to expenditures in %
Operational	116 037 369	949 500	0.82%
Total	122 397 473		0.78%
JU expenditure in 2025 in EUR		Estimated overall costs of <u>ex-post controls</u> in 2025 in EUR	Overall costs of <u>ex-post controls</u> in relation to expenditures in %
Operational	116 037 369	69 600	0.06%
Total	122 397 473		0.06%

The total estimated cost of internal controls (ex-ante and ex-post) related to grant management and procurement in 2025 are EUR 1 019 100.

4.1.4. Conclusion on the cost-effectiveness of controls

Based on the most relevant key indicators and control results, Global Health EDCTP3 has assessed the effectiveness, efficiency and economy of its control system and reached a positive conclusion on the cost-effectiveness of the controls for which it is responsible.

4.2. Audit observations and recommendations

This section sets out the state of play for all audit observations and recommendations reported by auditors related to internal control and financial management of Global Health EDCTP3.

4.2.1. Internal Audit

The internal audit functions of Global Health EDCTP3 are carried out by the Internal Audit Service (IAS) of the Commission and by the Internal Audit Capability of Global Health EDCTP3, according to article 28 and article 30 of the Financial Rules (Decision GH-EDCTP3-GB/22/2022).

In 2025, the IAS carried out an in-depth risk assessment that covered all of the JU auditable entities. This exercise constituted the basis for preparing the 2026-2028 Internal Audit Service (IAS) strategic internal audit plan for Global Health EDCTP3. The final strategic internal audit plan established by the IAS for the period 2026-2028 dated 7 August 2025 includes a shortlist of audit topics that have been identified.

The Strategic internal audit plan aims to support the planning of the IAS audits during the next three years (2026-2028). The strategic internal audit plan will be subject to an annual review and the topics may be adjusted or new topics may be added to reflect the results of our annual risk assessment updates, any new and emerging risks as well as significant changes in Global Health EDCTP3 processes.

The prospective IAS audit topics (2026-2028) are:

- Horizon Europe grant management – project monitoring (including non-financial obligations) and ex ante controls on payments;
- Management of in-kind contributions (planning, monitoring and reporting).

Based on the Council Regulation 2021/2085 establishing Global Health EDCTP3, and pursuant to Chapter 5 of the Global Health EDCTP3 Financial Rules, the JU established an Internal Audit Capability (IAC) adopted by the GB decision (GH-EDCTP3-GB/25/2023 of 28 September 2023), which provides independent, objective assurance and consulting services designed to add value and improve the operations of the JU. Within Global Health EDCTP3, the Internal Audit Capability is performed by the Internal Control and Audit Manager (ICAM). The objective established for the Internal Audit Capability is to provide the Executive Director and the Governing Board with assurance as to the effectiveness and efficiency of risk management, control and governance process in the JU.

During 2025, the main activities covered by the ICAM in the area of internal controls and risk assessment include the ICF self-assessment and the coordination of the annual risk assessment exercise in the JU. Further, the ICAM organised several raising awareness sessions on internal controls and audits to the staff in the JU. To complement, the guidance on exception and non-compliances was updated in May. Further activities in the area of audit management focused on coordinating the follow-up of the risk assessment carried out by IAS, the implementation and follow-up of the audits carried out by the European Court of Auditors (ECA) and follow-up on the discharge procedure regarding the 2023 and 2024 Global Health EDCTP3 accounts.

4.2.2. Audit of the European Court of Auditors

The European Court of Auditors (ECA), within their mandate, carries out an examination of the annual accounts and the underlying transactions for EU Joint Undertakings.

As required by Article 287 of the Treaty on the Functioning of the European Union (TFEU), ECA

audits the annual accounts of Global Health EDCTP3 and the legality and regularity of the payments and revenue underlying the annual accounts. Based on the results of the audit, ECA provides to the European Parliament and the Council with a statement of assurance on the reliability of the JU's accounts and the legality and regularity of the underlying transactions.

In line with Articles 70(6) and 71 of the EU Financial Regulation³³, the audit of the reliability of the accounts of the JUs is outsourced to independent audit firms and ECA reviews the quality of the work done by these external firms and obtains sufficient assurance so that they can rely on their work in formulating ECA audit opinions on the reliability of the JUs annual accounts for the specific year. In this regard, the annual accounts are audited by an external audit company (contracted through Europe's Rail Joint Undertaking framework contract on statutory audit services).

Audit on annual accounts for the financial year 2024

2024 marked the second year in which the European Court of Auditors audited the Global Health EDCTP3 Joint Undertaking following the Joint Undertaking's attainment of financial autonomy on 23 November 2023.

The European Court of Auditors (ECA) published its report on Global Health EDCTP3's annual audit for the 2024 financial year on 31 October 2025. The ECA issued an unqualified ("clean") audit opinion on the accounts of the JU and on the legality and regularity of the payments and revenue underlying the 2024 annual accounts.

Without calling into question the European Court of Auditors' unqualified opinion, ECA made observations on the current level of contributing partners' contribution, on the budget planning and implementation for administrative expenditure and on the selection of a senior member of staff. Further, the first ECA audit covering Horizon Europe transactions of Global Health EDCTP3 at the level of final beneficiaries took place as part of the 2024 financial year and the transaction was free of error.

During 2025, the Global Health EDCTP3 Joint Undertaking undertook follow-up actions on the observations noted above, as well as on remaining open observations from prior European Court of Auditors reports. One observation from previous years remained open for the Global Health EDCTP3 Joint Undertaking, concerning the business continuity plan (BCP) and disaster recovery plan (DCP). By the end of 2025, the action was completed following successful testing of both components. The action was implemented under the Common Annual Work Plan 2025 for the established Back Office Arrangements for Information and Communication Technology (BOA ICT), in accordance with Article 13 of the Single Basic Act.

Audit on annual accounts for the financial year 2025



The European Court of Auditors introduced a revised audit approach for Joint Undertakings starting with the 2025 financial year. At the time of drafting this report, the audit work for the 2025 financial year is ongoing.

The European Court of Auditors has planned five audits covering Horizon Europe transactions of Global Health EDCTP3 at the level of final beneficiaries for 2025 financial year, with the objective of assessing the effectiveness of the Joint Undertaking's management and control systems in ensuring the legality and regularity of operational expenditure. At the time of reporting, the Global Health EDCTP3 Joint Undertaking has received three Clearing Letters, of which one reported no errors, while two included findings primarily related to personnel costs. The Programme Office has identified and put in place several ex-ante measures to reduce these errors from occurring in the future.

³³ Regulation (EU, Euratom) 2024/2509 of the European Parliament and of the Council of 23 September 2024 on the financial rules applicable to the general budget of the Union (recast).

Follow up of recommendations

TABLE 22 - FOLLOW UP OF ECA RECOMMENDATIONS

Reported	Audit Title	Recommendation	State of play in 2025	Impact on the assurance for 2025
2024	Annual report on EU joint undertakings for the 2024 financial year	3/2024 (Global Health EDCTP3)		<input checked="" type="checkbox"/>
2023	Annual report on EU joint undertakings for the 2023 financial year	6/2023 (Global Health EDCTP3/SNS)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2022	Annual report on EU joint undertakings for the 2022 financial year	7/2022 (some JUs incl. Global Health EDCTP3)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2021	Annual report on EU joint undertakings for the 2021 financial year	6/2021 (all JUs)		<input checked="" type="checkbox"/>

Action plan implemented/ No impact on the assurance

 Action plan implementation is ongoing

The full annual report on EU JUs for the financial year 2024, including the reply of Global Health EDCTP3 can be found here: [Annual report on EU joint undertakings for the 2024 financial year](#).

4.2.3. Overall conclusions

Internal and external audit work contributes significantly to continuous improvements in Global Health EDCTP3 systems and operations. The IAS delivered the final Internal Audit Service (IAS) strategic internal audit plan for Global Health EDCTP3 in August 2025, which includes a shortlist of audit topics that have been identified for the period 2026-2028. In 2025, Global Health EDCTP3 followed up open observations and recommendations from ECA audits carried out in the year and from previous years.

4.3. Assessment of the effectiveness of internal control (IC) systems

According to Article 36(2) of the EU Financial Regulation, Global Health EDCTP3, an entrusted body implementing EU budget, shall have a proper management and control mechanism in place. According to Article 36(2) of the EU Financial Regulation and Article 14 of the Global Health EDCTP3 Financial Rules, there is a need to implement and maintain an effective internal control system.

The internal control framework is designed to provide reasonable assurance regarding the

achievement of the following five objectives: (1) effectiveness, efficiency and economy of operations, (2) reliability of reporting, (3) safeguarding of assets and information, (4) prevention, detection, correction and follow-up of fraud and irregularities, and (5) adequate management of the risks relating to the legality and regularity of the underlying transactions, taking into account the multiannual character of programmes as well as the nature of the payments concerned.

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

4.3.1. Prevention of Conflict of Interest

The Programme Office has developed a set of rules and procedures that are effectively implemented across its entire structure as follows:

For staff members:

- Rules for the prevention and management of conflicts of interest of the Global Health EDCTP3 staff members (GH-EDCTP3-GB/03/2024). In application of the GB decision, when joining the JU or after unpaid leave, each staff member signs a declaration of honour on the management of conflicts of interest;
- Based on the same GB decision, for each recruitment procedure, both Selection Committee Members and candidates are required to declare any possible conflicts of interest by signing a declaration so that conflict of interests can be declared and potential adjustments made accordingly;
- Global Health EDCTP3 applies by analogy the 'Code of Good Administrative Behaviour' for staff of the European Commission in their relations with the public (GH-EDCTP3-GB/25/2024).

For experts:

- The prevention and management of conflicts of interest of experts in charge of the evaluation of grant applications and of the review of projects is based on the Expert Code of Conduct to which the experts abide by signing the contract.

For members of the JU bodies:

- Conflicts of interest rules for the members of the GB and advisory bodies were renewed in January 2024 (GH-EDCTP3-GB/04/2024). This GB Decision, which repealed Decision GH-EDCTP3-GB/24/2022, addresses GB members, members of the SC and the SG and, where applicable, persons appointed to represent such members or their alternates; members of advisory or working groups set up by the GB in accordance with Article 17(2)(x) of the Regulation; persons invited to attend meetings of the GB or of any of the other bodies of the JU including observers; and other persons serving the GB or the other bodies in whichever capacity.

Every person concerned must sign a declaration of conflict of interest and a declaration of interest. The information contained in these declarations must be reviewed once a year.

- A GB decision on the Code of Conduct applicable to the participants in the meetings of the GB of Global Health EDCTP3 was adopted in May 2022 (GH-EDCTP3-GB/23/2022). It

requires participants to ensure the absence of conflict of interest.

- Declarations of interests of GB members are submitted every year based on the GB's rules of procedure (GH-EDCTP3-GB/02/2022). These declarations as well as their declaration on confidentiality and conflict of interests are published on the JUs website.

4.3.2. Assessment of the effectiveness of internal control systems

The Governing Board of Global Health EDCTP3 adopted the Global Health EDCTP3 Internal Control Framework (ICF) on 3 August 2023 (Decision GH-EDCTP3-GB/11/2023).

Based on the European Commission's framework of Internal Control, following the COSO 2013 Internal Control-Integrated Framework, Global Health EDCTP3 has identified a set of 17 Internal Control Principles (ICPs) adapted to the environment of Global Health EDCTP3. These ICPs are based on the same principles as applied by the Commission. It provides generic management principles and sets out the minimum requirements for the Global Health EDCTP3 control activities.

The internal control framework for Global Health EDCTP3 is built on:

- The implementation of the Internal Control Framework (ICF) offering at least equivalent guarantees to those of the Commission.
- Procedures for selecting the best projects through independent peer review evaluation, and for translating them into legal instruments.
- Project and contract management throughout the lifetime of every project.
- Ex-ante checks on 100% of claims.
- Ex-post audits on a sample of claims as part of the Horizon Europe ex-post audits.
- Scientific evaluation of project results.

Global Health EDCTP3 assesses annually all internal control components and 17 related principles to ensure that all internal control principles are present and functioning.

For 2025, the JU has assessed the effectiveness of its internal control systems based on the ICF framework. The overall objective of the self-assessment exercise was to understand if all principles were present and functioning.

The self-assessment of the effectiveness of the ICF in 2025 was based on the following sources:

- **Internal control and monitoring indicators set out in the Internal Control Framework of the JU**

These indicators were collected from January to February 2026 as part of the self-assessment exercise performed for 2025.

- **Annual risk assessment exercise, including the risk register**

The annual risk assessment exercise took place between September and November 2025. The most significant risks were included in the Risk Register of Global Health EDCTP3 which provides for an evaluation of the risk level and description of the mitigating activities. An action plan was put in place to address the identified risks and staff assigned to implement those actions.

- **Register on exceptions and non-compliance events**

Global Health EDCTP3 has established a register of exceptions and non-compliance events to manage and monitor deviations from established processes and procedures. All deviations reported are recorded in the register and analysed to identify any control failures.

- **Outcome of activities related to fraud prevention measures**
- **The registers of security and data breaches**

- **Objective examination of available reports and assessments carried out by internal (IAS) and external auditors** (independent auditors of the annual accounts and the ECA).
- **Accounting Officer annual evaluation of the local financial systems**

The 2025 annual evaluation did not identify any internal control weakness which would have a material impact on the accuracy, completeness and timeliness of the information required to draft the annual accounts and produce reliable reporting.

- **Discussions with management on the activities and objectives of the JU.**

The JU has assessed the internal control system during the reporting year and has concluded that it is effective and that the components and principles are present and functioning well overall and areas for improvement have been identified, for which actions will be implemented during 2026.

4.4. Conclusion on the assurance

This information in this section presents the conclusion on the assurance of the assessments made in sections 4.1, 4.2 and 4.3 and results from a systematic analysis of the evidence available. This approach gives a true and fair view and provides sufficient guarantees as to the completeness and reliability of the information reported, covering the budget of the Joint Undertaking implemented by the Executive Director. The completeness and reliability of the information reported is supported by the statement of the managers for the completeness and reliability of management reporting provided in section 4.5.3. The audit results, the internal control assessment and the control indicators do not reveal any significant weaknesses and do not fulfil any of the materiality criteria laid down in Annex 5.12 of this report. The resources assigned in 2025 to the activities described in this report are used for the intended purpose following sound financial management and the control system in place provides the necessary guarantees concerning the legality and regularity of the transactions.

In conclusion, based on the elements reported above, management has reasonable assurance that, overall, all necessary control procedures are in place and working as intended, risks are being appropriately monitored and mitigated, and necessary improvements are being implemented. The Executive Director, in his capacity as Authorising Officer has signed the Declaration of Assurance.

4.5. Statement of Assurance

4.5.1. Assessment of the Annual Activity Report by the Governing Board

INTRODUCTION

The Governing Board has assessed the 2025 Consolidated Annual Activity Report (CAAR) for the Global Health EDCTP3 Joint Undertaking. This report details the implementation of the 2025 Work Programme, highlighting key achievements alongside financial and operational outcomes. This assessment marks the conclusion of Global Health EDCTP3's second full year as an autonomous EU body under Horizon Europe.

ANALYSIS

The Governing Board of Global Health EDCTP3 Joint Undertaking has taken note of the Consolidated Annual Activity Report 2025 which was submitted to the Board for adoption by written procedure on 28 May 2025.

The Governing Board is of the opinion that the Consolidated Annual Activity Report 2025 presents a true and fair view of the main activities of the Joint Undertaking (JU) in 2025, identifies the risks associated with the JU operations, duly reports on the use made of the JU resources provided and indicates the efficiency and effectiveness of the Global Health EDCTP3 Joint Undertaking's internal control system.

1. Implementation of the Annual Work Programme 2025

The Board acknowledges the progress made in delivering on the objectives of the 2025 Work Programme:

1. A total investment reaching EUR 196 million JU contribution in 33 newly signed projects in 2025 to advance development and use of new or improved health technologies for tackling infectious diseases in sub-Saharan Africa through clinical trials, implementation research and product-focused studies.
2. Continued expansion of the directly managed portfolio to 107 active research and innovation projects funded under Work Programmes 2022–2024, representing a cumulative JU contribution of EUR 430 million.
3. Continued strengthening of research and innovation capacity in sub-Saharan Africa through investments in Strategic Training Hubs, Regional Networks of Excellence, Epidemic Preparedness Consortia, and support to the EDCTP Africa Office.
4. A total pledged value of EUR 160 million in In-Kind Additional Activities (IKAAs) from EDCTP Association Member Countries in 2025 supporting clinical development, implementation research, regulatory strengthening, vaccine deployment and health research systems strengthening.
5. A strong increase in contributions and commitments from Contributing Partners, reaching EUR 148 million cumulatively by the end of 2025, including over EUR 101 million committed at project level.
6. Significant investments in preparedness and outbreak response through genomic surveillance networks, adaptive platform trials, vector surveillance systems, and rapid-response actions addressing Ebola and Mpox outbreaks.

7. Continued promotion of productive and sustainable partnerships through strengthened collaboration with international stakeholders and contributing partners, including reinforced collaboration with and growing participation across Africa and Europe.

Specifically, key achievements include:

- **Launch and implementation of calls for proposals:** The Board welcomes the successful launch and implementation of four competitive calls for proposals covering seven topics under the 2025 Work Programme, representing the largest annual call package launched so far under Global Health EDCTP3. The Board notes the strong international interest generated by the calls, with 287 applications submitted at first stage involving 854 organisations from 82 countries, and 104 full proposals submitted at second stage.
- **Evaluation of proposals:** The Board acknowledges the successful implementation of the two-stage evaluation process involving 230 external experts from 61 countries, ensuring robust scientific, operational and ethics assessment procedures in line with Horizon Europe standards and the objectives of the Europe–Africa partnership.
- **Expansion of the funded project portfolio:** The Board welcomes the continued expansion of the Global Health EDCTP3 portfolio, reaching 107 active projects funded under Work Programmes 2022–2024, with 33 newly signed projects in 2025 representing a JU contribution of EUR 196 million.
- **Late-stage clinical trials and promoting access:** The Board acknowledges the continued acceleration of Phase III and IV clinical trials supporting access, implementation and public health uptake of interventions targeting priority infectious diseases. The Board further notes the increasing focus on implementation research, adaptive platform trials and locally tailored interventions addressing the epidemiological realities of sub-Saharan Africa.
- **Preparedness and surveillance systems:** The Board welcomes the significant investments in preparedness and surveillance systems, including genomic surveillance networks, vector surveillance initiatives and adaptive clinical trial platforms strengthening epidemic preparedness and rapid response capacities across sub-Saharan Africa.
- **Response to epidemic threats:** The Board commends the effective implementation of outbreak-response research actions addressing Ebola and Mpox outbreaks, including coordination with other global and regional actors, and rapid mobilisation of emergency funding and deployment of research projects in affected countries.
- **Partnerships and contributing partners:** The Board welcomes the strong increase in contributions and commitments from Contributing Partners, reaching EUR 148 million cumulatively by the end of 2025, including strengthened collaboration with and other global health stakeholders.
- **Expansion of the partnership base:** The Board acknowledges the continued expansion of the EDCTP Association, reaching 46 member countries, including 31 African countries by the end of 2025, further strengthening the Africa–Europe partnership dimension of the programme.
- **African scientific leadership and capacity strengthening:** The Board welcomes the continued strengthening of African scientific leadership, with 81% of funded projects including either Africa-based coordination or Africa-based scientific leadership. The Board further notes the continued expansion of capacity development activities involving 2 419 individuals across JU-funded projects, including 709 fellows, trainees and post-doctoral researchers, 72% of whom were based in Africa.

- **Scientific excellence and dissemination:** The Board acknowledges the increasing scientific visibility of JU-funded research, with 58 peer-reviewed publications reported by funded projects by the end of 2025, including publications in leading international scientific journals addressing priority infectious diseases and global health challenges.
- **International visibility and outreach:** The Board welcomes the increased international visibility of Global Health EDCTP3 through participation in 45 international scientific and policy events, strengthened stakeholder engagement activities and expanded digital communication and outreach efforts.
- **Monitoring and Evaluation Framework:** The Board acknowledges the implementation of the Monitoring and Evaluation Framework and the continued strengthening of programme management systems, including enhanced HR, finance, IT and risk management capacities supporting effective programme delivery and oversight.
- **Work Programme flexibility and future planning:** The Board welcomes the amendment of the 2025 Work Programme increasing the indicative call budget from EUR 214 million to EUR 237.2 million, enabling additional support to high-quality proposals and strategic reallocations. The Board further acknowledges the successful preparation and adoption of the 2026 Work Programme ensuring continuity of operations and alignment with updated strategic priorities.

2. Support to Operations

The Board acknowledges the progress made in supporting the operational objectives of the Global Health EDCTP3 Joint Undertaking in 2025.

Specifically, key achievements include:

- **Twelfth EDCTP Forum:** The Board commends the successful organisation of the Twelfth EDCTP Forum in Kigali, Rwanda, which was the largest EDCTP Forum organised to date, bringing together 1 258 participants, of whom 71% were from Africa and 65% attended for the first time. The Board acknowledges the Forum's important contribution to scientific exchange, networking, partnership-building and policy dialogue through plenary sessions, scientific symposia, workshops and bilateral meetings, as well as its strong digital outreach with approximately 36 000 website visits and over 206 000 LinkedIn impressions.
- **Stakeholder outreach and visibility:** The Board acknowledges the continued strengthening of stakeholder engagement and programme visibility through targeted outreach and participation in major international events. The Board notes with appreciation that the online Info Day attracted more than 1 100 registrations and that JU representatives participated in 45 international conferences, policy fora and scientific events, further reinforcing Africa–Europe and global health policy discussions.
- **Digital communication:** The Board welcomes the significant expansion of the JU's digital communication presence during 2025. The Board notes the strong growth of the Global Health EDCTP3 website, which attracted over 53 000 visitors and generated more than 180 000 page views, as well as the increased visibility achieved through LinkedIn and newsletter activities, strengthening direct engagement with stakeholders and the global health community.
- **Media engagement and communication materials:** The Board acknowledges the efforts undertaken to strengthen media engagement and enhance the visibility of Global Health EDCTP3 in European and international health policy discussions. The Board welcomes the

development of new corporate communication materials, multimedia products and strategic media engagement activities aimed at improving accessibility and outreach of the programme's mission and achievements.

- **Legal and governance framework:** The Board welcomes the continued strengthening of the JU's governance and legal framework through the adoption of key Governing Board and Executive Director decisions. The Board particularly notes the adoption of the updated Strategic Research and Innovation Agenda, the Monitoring and Evaluation Framework, climate and health advisory structures, cybersecurity governance measures and traineeship policies.
- **Budgetary and financial management:** The Board acknowledges the effective budgetary and financial management of the JU in 2025, including the achievement of full implementation of active commitment and payment appropriations under Titles 1, 2 and 3. The Board further notes the adoption of two budget amendments to integrate additional financial contributions, optimise implementation and reinforce operational priorities.
- **Financial and in-kind contributions from Members other than the Union:** The Board welcomes the continued commitment of the EDCTP Association and its constituent members to the objectives of the JU through substantial financial and in-kind contributions. The Board notes that the estimated value of additional activities initiated by the EDCTP Association reached EUR 767.8 million by the end of 2025, including a further EUR 53.2 million of activities planned for initiation in 2026. It further acknowledges the progress in the certification and reporting of incurred costs and welcomes the significant scaling up of engagement with Contributing Partners. In particular, the Board notes the Funding Agreement signed with CEPI in December 2025 for a financial contribution of EUR 11.1 million, as well as Letters of Endorsement supporting an estimated EUR 102 million in additional contributions linked to the 2025 calls for proposals. These developments reinforce the Programme's leverage effect and support the achievement of the contribution commitments established under the Single Basic Act.
- **Administrative Procurement and contracts:** The Board acknowledges the streamlined procurement and administrative processes achieved in 2025. By leveraging framework contracts and strategic inter-institutional agreements, the JU enhanced its service delivery efficiency and reduced processing times, while maintaining high standards of transparency and cost-efficiency.
- **IT and logistics:** The Board notes that the Joint Undertaking achieved full IT autonomy in 2025 by migrating to its own cloud infrastructure and Microsoft tenant. Furthermore, it commends the JU's active role in cross-JU synergies, specifically the development of a joint IT cybersecurity plan and the revised Data Protection Impact Assessment for AI and cloud services.
- **Human Resources:** The Board commends the successful completion of the staff establishment plan, reaching 100% recruitment by year-end. It recognises the implementation of the staff survey action plan, the introduction of a new traineeship policy, and the emphasis on staff development through management coaching and ethics training, which have collectively strengthened organisational capacity and cohesion.
- **Efficiency gains and synergies:** The Board acknowledges the effective implementation of the Back Office Arrangements (BOA) in 2025. It highlights the successful delivery of accounting services with high audit assurance, the full execution of the ICT cybersecurity action plan, and the significant economies of scale achieved through joint HR initiatives and

procurement procedures. These cross-JU synergies continue to reduce administrative burdens and enhance operational resilience across the organisation.

- **Data protection and Access to Documents:** The Board welcomes the progress made in strengthening compliance with Regulation (EU) 2018/1725 on data protection and in reinforcing the JU's internal data protection framework. The Board notes the finalisation of the Registry of Processing Activities and the completion of updated Data Protection Impact Assessments for Microsoft 365 and AI-related tools with Global Health EDCTP3 coordinating and leading the effort, alongside continued implementation of transparency and public access to documents obligations.

3. Governance

The Board acknowledges the governance framework's continued strong performance in 2025, characterised by seamless coordination between the Governing Board and advisory bodies. Key achievements include:

- **Executive Director:** The Board commends the Executive Director's leadership and effective management of the Joint Undertaking's operations in 2025. It particularly recognises his role in finalising key recruitment and administrative decisions for the Programme Office, as well as ensuring a high level of coordination and transparent communication across the programme office and all JU governing and advisory bodies.
- **Scientific Committee:** The Board recognises the Scientific Committee's vital contribution to the Work Programme 2026 and its strategic endorsement of actions related to the EDCTP Knowledge Hub and emergency research mobilisation. It commends the Committee for ensuring business continuity during its leadership transition and acknowledges the members' significant role in the technical success of the Twelfth EDCTP Forum in Kigali.
- **Stakeholders Group:** The Board acknowledges the Stakeholders Group's growth to 38 members and its vital role in shaping the 2026 call scopes and the SRIA review, with a strong focus on the Lusaka Agenda and health-climate priorities. It further recognises the successful renewal of the Group's membership and commends its active contribution to the preparation and success of the Twelfth EDCTP Forum in Kigali.
- **Advisory Group on Climate and Health Strategy:** The Board welcomes the establishment of the AGCHS in 2025 to address the growing impact of climate-sensitive infectious diseases in sub-Saharan Africa. It notes the group's key role in providing strategic recommendations to the Executive Director for the 2026 call priorities and long-term research needs, as well as the extension of its mandate through 2026 to ensure continued specialised expertise.
- **Work Programme 2026 Preparation:** The Board commends the systematic development of the 2026 Work Programme, which ensured strong alignment with strategic research priorities and stakeholder input. It acknowledges the successful oversight process, from the initial presentation in June 2025 to its final adoption in December 2025.
- **Phasing-out Plan Monitoring:** The Board notes the timely updates to the phasing-out plan in 2025. These revisions ensure continued alignment with the European Commission's requirements.

4. Financial Management and Internal Control

The Board notes the following key aspects:

- **Control results:** The Board expresses satisfaction with the Joint Undertaking's robust control environment and its successful transition toward the SUMMA accounting system.
 - **Effectiveness:** The Board commends the JU's robust financial oversight, specifically the alignment of procedures for the SUMMA migration and the launch of the 2025 Ex-ante Strategy. By focusing on risk-based monitoring for lump sum grants and contributing partners, the JU ensures efficiency without increasing beneficiary burden. The Board notes that while the Horizon Europe residual error rate exceeds 2% and therefore DG RTD is issuing a reservation in their Annual Activity Report, this does not impact the JU's specific level of assurance. The Board welcomes the adoption of the Common Anti-Fraud Strategy and the JU's active role in the FAIR Committee. It notes with satisfaction that there were no OLAF investigations in 2025 and supports the ongoing mandatory anti-fraud training for all staff to maintain a strong culture of integrity. Further, it acknowledges the reliable management of assets and the planned transition to SUMMA in 2026. Importantly, the Accounting Officer's 2025 evaluation confirmed the local financial systems are effective, providing reasonable assurance that the annual accounts are accurate, complete, and compliant.
 - **Efficiency:** The Board commends the Joint Undertaking's performance across key efficiency indicators. It particularly notes that the Time to Inform (79 days) and Time to Pay (8 days for pre-financing) outperformed their respective targets. While the Time to Grant (248 days) narrowly missed the target due to complex due diligence and IT technicalities, the Board acknowledges the corrective actions taken, including the appointment of a GAP coordinator and streamlined procedures, which have already established a positive trend for 2026. While the Time to Pay for cost claims was 77 days, with an 84% success rate in meeting the target, the Board notes that the four instances where interim payments exceeded the target were due to the inherent complexity of large multi-country studies, which required extensive financial clarifications from multiple beneficiaries and updates to deliverables.
 - **Economy:** The total cost of internal controls remained lean at approximately 0.84% of total expenditure. The Board concludes that the control systems are cost-effective, providing a high level of protection for the JU's assets and the reliability of its financial reporting.
- **Audit observations and recommendations:** The Board acknowledges the finalisation of the IAS Strategic Internal Audit Plan for 2026–2028 and commends the Internal Audit Capability for its proactive focus on risk management and staff awareness. It welcomes the European Court of Auditors' unqualified opinion on the 2024 annual accounts and notes the successful completion of the Business Continuity and Disaster Recovery plans via the BOA ICT. Furthermore, the Board recognises the JU's ongoing cooperation on the 2025 audits and its commitment to implementing ex-ante measures to address preliminary findings related to personnel cost reporting.
- **Assessment of the effectiveness of internal control systems:** The Board acknowledges the high level of maturity in the JU's internal control environment. Key highlights include:
 - **Conflict of Interest:** The successful implementation of updated rules for staff, experts, and members of the JU bodies, ensuring transparency through annual declarations and adherence to the Code of Good Administrative Behaviour.

- **Effectiveness:** The 2025 self-assessment confirms that all 17 Internal Control Principles are present and functioning. This conclusion is supported by a systematic risk assessment, a clean evaluation of local financial systems by the Accounting Officer, and the effective management of the register of exceptions.
- **Continuous improvement:** While the system is deemed effective overall, the Board notes the proactive identification of areas for further refinement in 2026 to ensure the continued sound financial management of the JU.

ASSESSMENT AND CONCLUSION

The Board welcomes the Executive Director's Declaration of Assurance, noting that the 2025 budget implementation adhered to the principles of sound financial management. With no significant weaknesses identified through internal controls or audits, the Board is confident that the reported information is reliable and that the control systems effectively ensure the legality and regularity of all transactions.

The declaration of the Executive Director and the Consolidated Annual Activity Report for 2025 give a clear assessment of the operational and financial management in relation to the achievement of objectives, and the legality and regularity of the financial operations of the JU in the year 2025.

The Governing Board notes that the management of Global Health EDCTP3 JU has reasonable assurance that, overall, all necessary control procedures are in place and working as intended, risks are being appropriately monitored and mitigated, and necessary improvements are being implemented.

The Governing Board notes that the Executive Director, in his capacity as Authorising Officer has signed the Declaration of Assurance without any reservation.

Based on the review of the Annual Activity Report 2025, the Governing Board concludes that Global Health EDCTP3 has made substantial progress in achieving its strategic and operational objectives. The implementation of the Work Programme 2025 has been effective, with significant research outputs, enhanced stakeholder engagement, and efficient financial execution.

The Board recognises Global Health EDCTP3's role as a critical driver of global health research, particularly in fostering African-European partnerships and responding to global health emergencies.

The Governing Board notes the implementation of the Global Health EDCTP3 Programme in alignment with the priorities set in the Strategic Research Agenda priorities, promoting the partnership among the research, innovation and global health stakeholders and the progress on the establishment of the JU as a global health funder.

The Board commends the programme office for its achievements in 2025 and supports its strategic direction for the coming years. The Annual Activity Report 2025 is endorsed as a reflection of Global Health EDCTP3's commitment to excellence in global health research and innovation.

Therefore, the Governing Board of Global Health EDCTP3 hereby adopts this analysis and assessment of the Consolidated Annual Activity Report 2025 of the Authorising Officer. This analysis and assessment will be included in the Consolidated Annual Activity Report 2025.

4.5.2. Declaration of assurance

I, the undersigned, Michael Makanga, Executive Director of Global Health EDCTP3 JU

In my capacity as authorising officer by delegation

Declare that the information contained in this report gives a true and fair view.

State that I have reasonable assurance that the resources assigned to the activities described in this report have been used for their intended purpose and in accordance with the principles of sound financial management, and that the control procedures put in place give the necessary guarantees concerning the legality and regularity of the underlying transactions.

This reasonable assurance is based on my own judgement and on the information at my disposal, such as the results of the self-assessment, ex-post controls, the work of the internal audit capability, the observations of the Internal Audit Service and the lessons learnt from the reports of the Court of Auditors for years prior to the year of this declaration.

Confirm that I am not aware of anything not reported here which could harm the interests of the Joint Undertaking.

Brussels, 26 June 2026

(signed)

Michael Makanga

Executive Director

Global Health EDCTP3 Joint Undertaking

4.5.3. Statement of the managers for the completeness and reliability of management reporting

I hereby certify that the information provided in the present Annual Activity Report and in its annexes is, to the best of my knowledge, accurate and complete.

Brussels, 26 June 2026

(signed)

Vincent Declerfayt

Head of Unit Administration and Finance

I hereby certify that the information provided in the present Annual Activity Report and in its annexes is, to the best of my knowledge, accurate and complete.

Brussels, 26 June 2026

(signed)

Jean Marie Vianney Habarugira

Head of Unit Scientific Operations a.i.

I hereby certify that the information provided in the present Annual Activity Report and in its annexes is, to the best of my knowledge, accurate and complete.

Brussels, 26 June 2026

(signed)

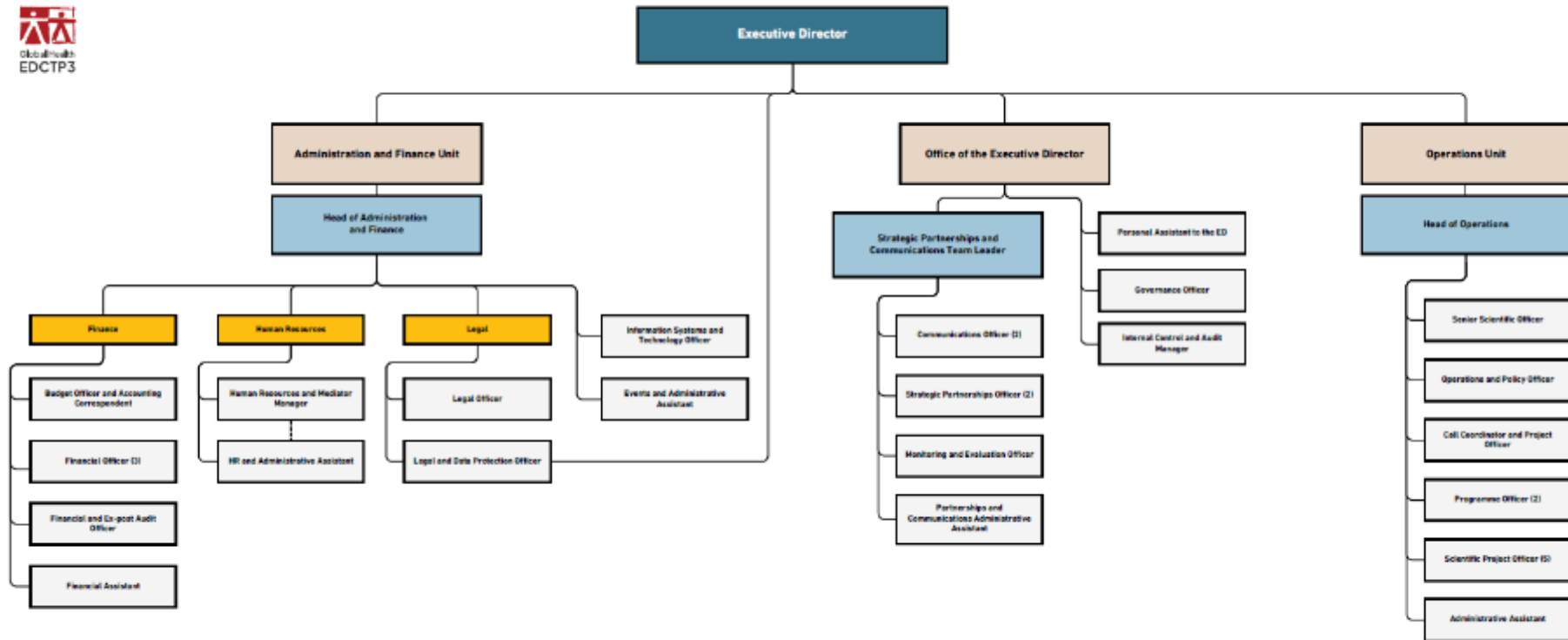
Lara Pandya

Team Leader, Strategic Partnerships and Communications

5. ANNEXES

5.1. Organisational chart

The organigram reflects the organisational structure as of 31 December 2025, incorporating all recruitments completed by that date.



5.2. Establishment plan and additional information on HR management

Function Group and Grade	2024				2025			
	Authorised Budget		Actually Filled as of 31/12/2024		Authorised Budget		Actually Filled as of 31/12/2025	
	Permanent Posts	Temporary Posts	Permanent Posts	Temporary Posts	Permanent Posts	Temporary Posts	Permanent Posts	Temporary Posts
AD 16								
AD 15								
AD 14		1		1		1		1
AD 13								
AD 12		2		2		2		2
AD 11		1		1		1		1
AD 10								
AD 9								
AD 8		7		3		7		7
AD 7		4		4		4		4
AD 6		7		5		7		7
AD 5		1		1		1		1
TOTAL AD	0	23	0	17	0	23	0	23
AST 11								
AST 10								
AST 9								
AST 8								
AST 7								
AST 6								
AST 5		1		1		1		1
AST 4		1		1		1		1
AST 3		1		1				
AST 2								
AST 1								
TOTAL AST	0	3	0	3	0	2	0	2
AST/S C 6								
AST/S C 5								
AST/S C 4								
AST/S								

Function Group and Grade	2024				2025			
	Authorised Budget		Actually Filled as of 31/12/2024		Authorised Budget		Actually Filled as of 31/12/2025	
	Permanent Posts	Temporary Posts	Permanent Posts	Temporary Posts	Permanent Posts	Temporary Posts	Permanent Posts	Temporary Posts
C 3								
AST/S C 2								
AST/S C 1								
TOTAL AST/S C	0	0	0	0	0	0	0	0
TOTAL		26		20		25		25
GRAND TOTAL	26		20		25		25	

Contract Agents	Authorised Budget 2024	Actually filled as of 31/12/2024	Authorised Budget 2025	Actually filled as of 31/12/2025
Function Group IV	4	4	7	6
Function Group III	4	2	4	3
Function Group II				
Function Group I				
TOTAL	8	6	11 ³⁴	9

³⁴ Three (3) contract staff are financed from third countries contribution.

5.3. List of Global Health EDCTP3 projects

Call topic	Number	Acronym	Title	Requested JU contribution (EUR)	Total costs (EUR)
HORIZON-JU-GH-EDCTP3-2024-01-03-two-stage	101190685	3SI-CONTROL	Integrated Anthelmintic-Based control of Taenia solium cysticercosis/taeniasis, Soil-transmitted Helminthiasis and Schistosomiasis: safety, effectiveness and implementation strategies	5 500 000.00	5 500 000.00
HORIZON-JU-GH-EDCTP3-2023-01-02	101145817	4-CAGE-TB	Fortifying the automated smartphone-based Cough Audio classification for rapid triAGE testing for tuberculosis project	981 469.25	981 469.25
HORIZON-JU-GH-EDCTP3-2022-CALL1-01-05	101103296	ACCESSAFRICA 2	Strengthening Clinical Trial Regulatory and Ethical review Oversight in East Africa	600 000.00	600 000.00
HORIZON-JU-GH-EDCTP3-2023-02-02-two-stage	101158797	ACROBAT Newborns	Appraising the Critical Role of prognostic Biomarkers in the Assessment and Triage of sick African newborns: Advancing a point-of-care device based on sTREM-1 towards CE marking and implementation	4 808 065.00	4 808 065.00
HORIZON-JU-GH-EDCTP3-2024-01-06-two-stage	101190731	AFRICAI-RI	A Pan-African Research Infrastructure for Collaborative Biomedical Imaging and Artificial Intelligence in Respiratory Care	4 999 075.00	4 999 075.00
HORIZON-JU-GH-EDCTP3-2023-01-02	101145769	ASAAP-plus	Clinical evaluation of AntimalarialS tri-therapy with Atovaquone-Proguanil for treatment of uncomplicated malaria in African children	1 499 996.25	1 499 996.25
HORIZON-JU-GH-EDCTP3-2024-01-04-two-stage	101190733	ASPIRE	Antimicrobial Stewardship, Prevention of Infection and Resistance in Africa	2 840 208.25	2 840 208.75
HORIZON-JU-GH-EDCTP3-2022-CALL1-01-05	101103217	BREEDIME	Building resilient research ethics, Diagnostics and medicines regulatory capacity during routine and public health emergency periods	599 637.50	599 637.50
HORIZON-JU-GH-EDCTP3-2023-01-01	101145734	BRIDGE NETWORK	Scaling Up Research in SSA Countries in Infectious Diseases: African-European Training Network in Integrated Health Informatics and Data Sciences	4 999 200.00	4 999 200.00
HORIZON-JU-GH-EDCTP3-2024-01-06-two-stage	101190662	CAD LUS4TB	Computer assisted diagnosis with lung ultrasound for community based pulmonary tuberculosis triage in Benin, Mali and South-Africa	6 809 786.25	7 072 368.25
HORIZON-JU-GH-EDCTP3-2023-01-05	101145599	CAPACITY 2023	CONSORTIUM FOR DEVELOPING REGULATORY CAPACITY FOR CLINICAL TRIALS USING GENE THERAPY PRODUCTS AND STRENGTHENING PHARMACOVIGILANCE IN THE CONDUCT OF CLINICAL TRIALS IN EAST AFRICA	999 315.35	999 315.35
HORIZON-JU-GH-EDCTP3-2023-01-01	101145698	CATCR	Central Africa Training Platform for Clinical Research on infectious diseases	4 846 237.68	4 846 237.68

HORIZON-JU-GH-EDCTP3-2023-01-05	101145732	CECABI II	Côte d'Ivoire Ethics Capacity Building Initiative (CECaBI II)	1 000 000.00	1 000 000.00
HORIZON-JU-GH-EDCTP3-2024-01-01-two-stage	101190645	CHAPAS-5	CHAPAS-5: An Adaptive Platform Trial for Evaluation of Novel Treatment Regimens in ART-naive and Treatment-experienced Viraemic Children and Adolescents Living with HIV in Africa	6 587 149.00	6 587 149.00
HORIZON-JU-GH-EDCTP3-2024-01-04-two-stage	101190791	ComBac-Africa	Combating Multidrug-Resistant Gram-Negative Bacteria in Africa through Diagnostic and Antimicrobial Stewardship	5 869 998.75	5 869 998.75
HORIZON-JU-GH-EDCTP3-2023-02-02-two-stage	101159438	CryptoT&T	A CRYPTOSPORIDIOSIS POINT-OF-CARE TEST-AND-TREAT STRATEGY IN CHILDREN WITH DIARRHOEA	4 700 000.00	4 700 000.00
HORIZON-JU-GH-EDCTP3-2022-CALL1-01-04	101103299	CTCAN	Clinical Trials Community Africa Network	1 155 462.50	2 544 887.38
HORIZON-JU-GH-EDCTP3-2023-01-05	101145790	CT-Luso	Ethics and Regulatory Capacity Building Partnership for Clinical Trials in Portuguese-speaking African Countries	997 513.75	997 513.75
HORIZON-JU-GH-EDCTP3-2022-CALL1-01-01	101103283	Decide-TB	Validation of treatment decision algorithms for childhood tuberculosis at low levels of healthcare in high burden countries - effectiveness, implementation, and integration into policy and practices	5 299 965.00	5 299 965.00
HORIZON-JU-GH-EDCTP3-2024-Mpox	101194676	DECIPHER-MPOX	Deciphering host genetics and viral determinants of MPOX epidemiology in the Democratic Republic of Congo	1 260 000.00	1 260 000.00
HORIZON-JU-GH-EDCTP3-2024-01-05-two-stage	101190813	DEFEND	Delftia TsuruhatensTC1 Based-Intervention For Interrupting Malaria Transmission In Mosquitoes: A Novel Trial For Evaluating Alternative Tools For Control Of Vector-Borne Diseases	5 952 881.75	5 952 881.75
HORIZON-JU-GH-EDCTP3-2023-01-03	101145722	DOLPHIN-3	Drug Optimisation in LMICs of Pregnant HIV women and their Infants: temporary switch to CAB/RPV long acting injections	3 205 161.25	3 205 161.25
HORIZON-JU-GH-EDCTP3-2023-01-04	101145709	Ebola PREP-TBOX	Development of a toolbox to improve preparedness strategies on surveillance in human-animal interface and countermeasures to reduce recurrent Ebola impacts	2 999 868.67	2 999 868.67
HORIZON-JU-GH-EDCTP3-2023-01-04	101145675	EBO-PEP	The EBO-PEP project : EBOLA Zaire Post-Exposure Prophylaxis, preparedness and efficacy evaluation during outbreak in Central and West-Africa	3 435 775.00	3 435 775.00
HORIZON-JU-GH-EDCTP3-2022-CALL1-01-05	101103241	ECOWAS-RegECs	Practical strengthening of regulatory and ethics oversight on clinical trials in West Africa using Lassa Fever vaccine development projects and increase regulatory maturity level in targeted countries	514 961.25	514 961.25
HORIZON-JU-EDCTP3-2022-GH-Africa-IBA	101103640	EDCTP Africa Office	Strengthening global cooperation and institutional capacities in sub-Saharan Africa to facilitate implementation of the GH EDCTP3 programme	2 953 000.00	3 691 250.00
HORIZON-JU-GH-EDCTP3-2024-01-01-two-stage	101190925	ELDORADO	Toxicity of dolutegravir and evaluation of doravirine for alternative 1st line antiretroviral treatment in people living with HIV	5 164 865.00	5 164 865.00
HORIZON-JU-GH-EDCTP3-2024-01-03-two-stage	101190878	EMINENCE	Eliminating onchocerciasis with Moxidectin in endemic hotspots of Central Africa	4 986 011.25	5 205 730.25

HORIZON-JU-GH-EDCTP3-2024-01-01-two-stage	101190620	ENABLE	EARLY NEUTRALIZING ANTIBODIES IN INFANTS LIVING WITH HIV TO ENHANCE THEIR LIFE	6 161 157.50	6 161 157.50
HORIZON-JU-GH-EDCTP3-2022-CALL1-01-03	101103188	EpiGen Ethiopia	BUILDING SCALABLE PATHOGEN GENOMIC EPIDEMIOLOGY FOR ETHIOPIA	5 499 097.50	5 499 097.50
HORIZON-JU-GH-EDCTP3-2022-CALL1-01-01	101103281	EPiTB	EPiTB: Addressing an unmet need: same day diagnosis of extra-pulmonary TB in a high burden setting	3 989 909.25	3 989 909.25
HORIZON-JU-GH-EDCTP3-2023-01-04	101145795	EPoCA	Empowering Africa's Point of Care with Cutting-edge Graphene Biosensing for Rapid Detection and Interconnected Surveillance of Novel Ebola Virus Outbreaks	2 920 255.00	2 926 130.00
HORIZON-JU-GH-EDCTP3-2022-CALL1-01-02	101103053	eWHORM	Enabling the WHO-Roadmap 2030	7 967 127.50	7 967 127.50
HORIZON-JU-GH-EDCTP3-2024-01-04-two-stage	101190913	EX-DR TB	EX-DR TB: Elimination of Extensive Drug Resistance Through better Regimens for TB	7 098 991.26	7 098 992.01
HORIZON-JU-GH-EDCTP3-2024-01-03-two-stage	101190778	FAME	REPURPOSING FUSIDIC ACID AS A SHORT-COURSE ONCHOCERCA VOLVULUS MACROFILARICIDE: A RANDOMIZED CONTROLLED OPEN-LABEL PARALLEL GROUP INTERVENTION PHASE IIA/B PILOT TRIAL	5 121 718.75	5 121 718.75
HORIZON-JU-GH-EDCTP3-2022-CALL1-01-03	101103171	GenPath Africa	GENOMIC SURVEILLANCE TO CONTROL PATHOGEN INFECTIONS IN AFRICA	4 999 170.25	4 999 170.25
HORIZON-JU-GH-EDCTP3-2022-CALL1-01-03	101103059	GREAT-LIFE	Linking Infectious disease Front-liners' control Efforts with central public health authorities in The African Great Lakes Region	5 207 500.00	5 207 500.00
HORIZON-JU-GH-EDCTP3-2023-01-03	101145822	IMCI-PLUS	POINT OF CARE ULTRASOUND FOR PEDIATRIC LOWER RESPIRATORY TRACT INFECTIONS IN SUB-SAHARAN AFRICA	4 371 990.00	4 371 990.00
HORIZON-JU-GH-EDCTP3-2024-01-05-two-stage	101190730	IMPACTING	Integrated Multi-vector-borne diseases Platform to Assess how global Change impacts Transmission using Innovative systems modeling, Novel monitoring tools, and transmission blockinG micro-organisms	6 113 862.50	6 153 640.63
HORIZON-JU-GH-EDCTP3-2022-CALL1-01-01	101103213	IMPRIMA	Implementing Primaquine Single Low Dose in Africa	3 967 406.25	3 969 906.25
HORIZON-JU-GH-EDCTP3-2023-02-01-two-stage	101159996	IMPROVE-HPV	Understanding vaccination hesitancy and evaluating single dose and gender-neutral vaccination for improving uptake of HPV vaccines in West and East Africa	3 613 287.50	4 130 342.50
HORIZON-JU-GH-EDCTP3-2023-02-01-two-stage	101160339	IMVACS	Building multidisciplinary evidence to support Integrating Malaria VACcine with Seasonal malaria chemoprevention in West Africa	5 736 729.64	5 736 729.64
HORIZON-JU-GH-EDCTP3-2022-CALL1-01-02	101103204	INTEGRATE	The Integrate study : An adaptive platform trial for the development of a new intervention to combat Lassa fever in Africa	8 000 000.00	8 800 000.00
HORIZON-JU-GH-EDCTP3-2023-01-02	101145712	INTENSE-TBM-2	Intensified tuberculosis treatment to reduce the high mortality of tuberculous meningitis in HIV-infected and uninfected patients	2 497 565.00	2 497 565.00

HORIZON-JU-GH-EDCTP3-2024-01-03-two-stage	101190732	IVM-KIDS	Accelerating a paediatric formulation of ivermectin for the control of Neglected Tropical Diseases	5 498 750.00	5 498 750.00
HORIZON-JU-GH-EDCTP3-2024-Mpox	101195116	JUA KIVU	Joint Understanding and Analysis of clade I monkeypox epidemiology, evolution and immunology in South Kivu	1 250 000.00	1 250 000.00
HORIZON-JU-GH-EDCTP3-2024-01-05-two-stage	101190818	LASR	Effect of long-acting spatial repellents (LASR) vs indoor residual spraying (IRS) on malaria burden in western Kenya: a cluster-randomised trial	6 032 060.92	6 032 060.92
HORIZON-JU-GH-EDCTP3-2024-01-06-two-stage	101190669	LINDA-FAMILIA	Implementation of an Integrated Digital Health System for Infectious Diseases in Maternal and Child Health In East Africa	4 998 562.50	4 998 562.50
HORIZON-JU-GH-EDCTP3-2023-02-02-two-stage	101159665	MAGFA	Innovative Point of Care for combined screening of Infectious diseases: application to Prevention of Mother to Child Transmission	5 078 815.50	5 078 875.50
HORIZON-JU-GH-EDCTP3-2024-01-03-two-stage	101190803	MAMS4CL	A multi-arm, multi-stage trial for cutaneous leishmaniasis - MAMS4CL	5 499 999.25	5 499 999.25
HORIZON-JU-GH-EDCTP3-2022-CALL1-01-01	101103076	MARC SE-Africa	Mitigating Antimalarial Resistance Consortium in South-East Africa	4 170 631.25	4 170 631.25
HORIZON-JU-GH-EDCTP3-2024-Mpox	101195465	MBOTE-SK	Tackling and investigating the South-Kivu mpox outbreak	1 263 076.25	2 066 281.25
HORIZON-JU-GH-EDCTP3-2022-CALL1-01-01	101103140	MOBILE MEN	Implementing oral and long acting Pre-exposure prophylaxis in mobile men in Sub-Saharan Africa [MOBILE MEN]	4 665 192.50	4 665 192.50
HORIZON-JU-GH-EDCTP3-2024-Mpox	101195270	MOVIE-TRACE	Addressing Critical Gaps in mpox epidemiology in DRC - The MOVIE and TRACE studies	1 430 875.00	1 431 182.50
HORIZON-JU-GH-EDCTP3-2024-Mpox	101195102	MPOX-PROBE	Strengthening epidemiological, genomic and community surveillance of Mpox virus (MPXV) at the Congo River border for DRC and RoC	1 299 993.75	1 301 868.75
HORIZON-JU-GH-EDCTP3-2024-Mpox	101195540	MpoxVax AFRIVAC	Expanding a prospective, clinical trial examining the immune response of participants receiving Modified Vaccinia Ankara vaccine to Africa	1 371 783.75	1 377 183.75
HORIZON-JU-GH-EDCTP3-2024-01-06-two-stage	101190741	MultiplexAI	The Intelligent Autonomous Microscope: An AI platform for multiplex parasite diagnosis at the point of care	4 999 266.25	4 999 266.25
HORIZON-JU-GH-EDCTP3-2024-01-02-two-stage	101190695	MVC-2G	Optimising a Deployable High Efficacy Multi-Stage Vaccine for Plasmodium falciparum Malaria: 2nd Generation Malaria Vaccine Consortium	14 999 800.00	14 999 800.00
HORIZON-JU-GH-EDCTP3-2022-CALL1-01-01	101103306	NeuroSolve	Implementation of superior treatment regimen and improved patient pathway for neurocysticercosis in Sub-Saharan Africa	4 234 052.00	4 234 052.00
HORIZON-JU-EDCTP3-2022-GH-Epidemiology-IBA	101104504	NGS4PublicHealth	LEVERAGING AFRICAN GENOMIC SEQUENCING PLATFORMS FOR PUBLIC HEALTH IMPACT	50 000.00	19 507 092.65
HORIZON-JU-GH-EDCTP3-2022-CALL1-01-03	101103253	ODIN	Strengthening Environmental Surveillance to Advance Public Health Action	5 185 037.50	5 210 037.50
HORIZON-JU-GH-EDCTP3-2024-Mpox	101195186	ODIN-MPox	Implementing wastewater and environmental surveillance for Mpox in Sub-Saharan Africa	1 378 272.50	1 378 272.50

HORIZON-JU-GH-EDCTP3-2023-01-03	101145797	OPT-bCPAP	Oxygen Optimization Therapy through BCPAP for management of childhood pneumonia in general hospitals of LMICs	4 641 691.25	4 641 691.25
HORIZON-JU-GH-EDCTP3-2023-01-03	101145735	OPTIC-TB	OPTIMIZING THE IMPLEMENTATION AND SCALE-UP OF THE WHO TB TREATMENT DECISION ALGORITHMS FOR CHILDREN WITH PULMONARY TUBERCULOSIS IN SUB-SAHARAN AFRICA	3 999 998.25	3 999 998.25
HORIZON-JU-GH-EDCTP3-2023-02-01-two-stage	101160139	OPT-MVAC	Optimizing the delivery and uptake of malaria vaccines in countries with areas of highly seasonal transmission in West and Central Africa	5 297 181.25	5 297 181.25
HORIZON-JU-GH-EDCTP3-2022-CALL1-01-03	101103174	PANGenS	Pan-Africa network for genomic surveillance of poverty related diseases and emerging pathogens	4 998 433.25	4 998 433.75
HORIZON-JU-GH-EDCTP3-2022-CALL1-01-01	101103078	PDMC Saves Lives	Post-discharge malaria chemoprevention in children with severe anaemia in Benin, Kenya, Malawi and Uganda: Formative and implementation research for policy decision making and implementation	4 531 137.00	4 531 137.01
HORIZON-JU-GH-EDCTP3-2024-01-04-two-stage	101190839	PediSEP1	Risk stratified care to reduce antibiotic use and AMR transmission in African hospitals	5 998 992.50	5 998 992.50
HORIZON-JU-GH-EDCTP3-2023-01-02	101145677	PEP4LEP 2 0	PEP4LEP 2 0 - Chemoprophylaxis for leprosy: comparing the effectiveness and feasibility of a community-based intervention to a health centre-based intervention in Ethiopia, Mozambique, and Tanzania	1 780 303.75	1 780 303.75
HORIZON-JU-GH-EDCTP3-2024-01-02-two-stage	101190747	PfVIMT	A Multi-stage Malaria Vaccine for Control and Elimination	14 996 172.50	15 028 272.50
HORIZON-JU-GH-EDCTP3-2024-01-01-two-stage	101190884	POA	Pragmatic use of long-acting Oral Antiretrovirals in Africa	5 499 083.03	5 499 083.03
HORIZON-JU-GH-EDCTP3-2023-01-02	101145768	PREGART	Safety and efficacy of Dolutegravir and EFV400 for pregnant and breastfeeding women - a randomized non-inferiority clinical trial	1 800 000.00	1 800 000.00
HORIZON-JU-GH-EDCTP3-2024-Mpox	101195533	PregInPoxVac	MATERNAL AND INFANT SAFETY AND IMMUNOGENICITY IN A PHASE 3, OPEN-LABEL, RANDOMISED, VACCINE TRIAL OF A TWO-DOSE MPOX VACCINE	1 599 327.50	1 599 327.50
HORIZON-JU-GH-EDCTP3-2024-Mpox	101195146	PREGMPOX	Impact of MPXV infection on pregnancy outcome and newborn health	1 250 000.00	1 250 000.00
HORIZON-JU-GH-EDCTP3-2022-CALL1-01-01	101103295	PROMISE-ZERO	Implementation of an upgraded strategy to reach zero HIV transmission by breastfeeding in rural and urban settings in Zambia – the PROMISE-ZERO study	3 995 300.00	3 995 300.00
HORIZON-JU-GH-EDCTP3-2023-01-03	101145724	PROTECT	PREparing for Optimal Phase III/IV maTernal Group B StreptococCal vaccine Trials in Africa (PROTECT)	3 271 990.50	3 271 990.50
HORIZON-JU-GH-EDCTP3-2023-01-02	101145612	PROTID	Randomised Controlled Trial of Preventive Treatment of Latent Tuberculosis Infection in Patients with Diabetes Mellitus	2 337 586.25	2 337 586.25
HORIZON-JU-GH-EDCTP3-2023-02-02-two-stage	101159220	PvSeroRDT	A point-of-care serological rapid diagnostic test for risk of Plasmodium vivax hypnozoite infection (PvSeroRDT)	4 062 396.23	4 062 396.23

HORIZON-JU-GH-EDCTP3-2023-01-02	101145638	PYRAPREG-extended	Efficacy and Safety of a newly registered Artemisinin-Based Combination (Pyronaridine-Artesunate -PYRAMAX®) for the treatment of uncomplicated malaria in African pregnant women - Extended	1 539 644.56	1 539 644.56
HORIZON-JU-GH-EDCTP3-2024-01-02-two-stage	101190602	R21-PD	R21/M-Malaria vaccine to extend the protection of Post-Discharge Malaria Chemoprevention in children recovering from severe anaemia: a randomised-controlled trial in Malawi, Kenya and Uganda	5 325 102.49	5 325 102.49
HORIZON-JU-GH-EDCTP3-2023-02-01-two-stage	101159477	REACH-OUT	Closing the immunization gap by reaching zero-dose children through improved equitable and cost-effective vaccine delivery strategies	5 214 140.50	5 214 140.50
HORIZON-JU-GH-EDCTP3-2023-01-05	101145815	RER-CTO	Reinforce the Ethical and Regulatory Ecosystem for the Transformation of Clinical Trials Oversight in Ethiopia, Tanzania and beyond	926 152.50	926 152.50
HORIZON-JU-GH-EDCTP3-2024-01-05-two-stage	101190792	ResTick	Resilience Enhancement for Ticks and Tick-Borne Diseases in Sub-Saharan Africa	6 130 555.00	6 130 555.00
HORIZON-JU-GH-EDCTP3-2023-01-03	101145740	SAFIRE	SAFETY OF ANTIMALARIALS IN THE FIRST TRIMESTER: AN ADAPTIVE PLATFORM TRIAL	5 191 431.44	5 191 431.44
HORIZON-JU-GH-EDCTP3-2024-02-01-two-stage	101190800	SAHRI-Fellowship	sub-Saharan Africa Health Research and Innovation Fellowship Program (SAHRI Fellowship Program)	3 499 947.45	4 471 197.45
HORIZON-JU-GH-EDCTP3-2022-CALL1-01-05	101103332	SCALE-IT	SCALING UP CAPACITY TO SUPPORT CONDUCT OF CLINICAL TRIALS IN THE EAST AFRICAN COMMUNITY	600 000.00	600 312.50
HORIZON-JU-GH-EDCTP3-2024-01-06-two-stage	101190779	SDx	REConneCteD: Risk-Enhanced Community Care After Discharge	4 999 688.50	5 003 298.75
HORIZON-JU-GH-EDCTP3-2022-CALL1-01-05	101103195	SEARCH II	Strengthening Regulatory Capacities for Clinical Trials Oversight in Southern Africa: South-South and South-North Collaboration Initiative for Regulatory Bodies	599 947.50	599 947.50
HORIZON-JU-GH-EDCTP3-2023-01-05	101145783	SECRET	Supporting Research Ethics Committees for efficient functionality and national accreditation to REview clinical Trials in Uganda and Ethiopia	1 148 180.00	1 148 180.00
HORIZON-JU-GH-EDCTP3-2022-CALL1-01-01	101103191	SEMA ReACT	SEvere MAlaria treatment with Rectal artesunate and Artemisinin-based Combination Therapy [in remote settings]	3 984 316.25	3 984 316.25
HORIZON-JU-GH-EDCTP3-2022-CALL1-01-05	101103307	SERCEA	Strengthening Ethics and Responsible conduct of Clinical Trials in East and Sub-Saharan Africa	599 000.00	599 000.00
HORIZON-JU-GH-EDCTP3-2024-01-06-two-stage	101190743	SkincAlr	Early detection and management of SKIN-related neglected tropical diseases using Artificial Intelligence in sub-saharan africa (SkincAlr)	4 926 027.20	4 926 027.20
HORIZON-JU-GH-EDCTP3-2023-02-01-two-stage	101160299	SMV delivery	Determining optimal approach to deliver malaria vaccine in seasonal transmission areas through Phase 4 implementation research	4 352 355.00	4 352 355.00
HORIZON-JU-GH-EDCTP3-2022-CALL1-01-02	101103201	SNIP-AFRICA	Severe neonatal infection adaptive platform trials in Africa	7 168 901.00	7 168 901.00

HORIZON-JU-GH-EDCTP3-2023-01-01	101145636	SOFAR	SOuthern aFrica research cApacity netwoRk	4 370 387.50	4 370 387.88
HORIZON-JU-GH-EDCTP3-2023-01-02	101145812	STOOL4TB	Evaluating a new stool based qPCR for diagnosis of tuberculosis in children and people living with HIV	348 247.50	348 247.50
HORIZON-JU-GH-EDCTP3-2022-CALL1-01-01	101103089	STOP2030	STOP 2030: TOWARDS THE INTERRUPTION OF TRANSMISSION OF SOIL-TRANSMITTED HELMINTHS: PROMOTING IMPLEMENTATION OF RESEARCH RESULTS OF A FIXED-DOSE COMBINATION OF CO-FORMULATED IVERMECTIN AND ALBENDAZOLE	3 553 502.25	5 046 435.75
HORIZON-JU-GH-EDCTP3-2023-01-05	101145644	STRATEGIC	Sustainable eThics Reviews of digital heAlth Technology dEsiGn In sub saharan afriCa	769 496.25	769 496.25
HORIZON-JU-GH-EDCTP3-2022-CALL1-01-01	101103189	STROGHAT	Stop transmission of gambiense human African trypanosomiasis	4 001 936.25	4 001 936.25
HORIZON-JU-GH-EDCTP3-2023-01-01	101145811	SUPPORT	Supporting the next generation of African experts on preventing mortality among children living with HIV through a translational training	5 081 593.75	5 081 593.75
HORIZON-JU-GH-EDCTP3-2024-01-04-two-stage	101190782	TASP	Tuberculosis Antimicrobial Stewardship Program (TASP): tackling Bedaquiline-resistant tuberculosis	5 999 990.75	6 299 756.05
HORIZON-JU-GH-EDCTP3-2024-01-03-two-stage	101190742	TEBULA	Telacebec to Control Buruli Ulcer and Leprosy in Africa (TEBULA)	5 768 415.00	6 069 390.00
HORIZON-JU-GH-EDCTP3-2023-01-02	101145764	The META Trial	PREVENTING AND DELAYING THE DEVELOPMENT OF DIABETES IN AFRICA: A RANDOMISED PLACEBO - CONTROLLED DOUBLE-BLIND PHASE III TRIAL OF METFORMIN IN HIV-INFECTED PERSONS WITH PRE-DIABETES	1 811 067.50	1 811 067.50
HORIZON-JU-GH-EDCTP3-2024-01-03-two-stage	101190861	TreatPreg	Enhanced preventive antiparasitic treatment for better health of African pregnant and their babies	4 783 193.75	4 783 240.00
HORIZON-JU-GH-EDCTP3-2023-02-02-two-stage	101159345	UTI-Diag	Diagnostic and Antibiotic Stewardship for Urinary Tract Infections Using Fit-for-Purpose Diagnostic Tools	3 944 941.38	3 944 941.38
HORIZON-JU-GH-EDCTP3-2024-01-05-two-stage	101190696	VectorGrid-Africa	Establishing a Network of Permanent Observatories for Mosquitoes and Mosquito-Borne Diseases in East and Southern Africa (VectorGrid-Africa)	6 144 095.73	6 144 373.98
HORIZON-JU-GH-EDCTP3-2024-01-03-two-stage	101190584	WINGS-4-FGS	(W)Initiative for womeN and GirlS affected by Female Genital Schistosomiasis	5 036 364.69	5 036 364.69

5.4. Publications from activities linked to JU objectives

Publications from JU-funded projects

#	Publisher/ journal name	Publication title / hyperlink to publication	Author(s)	Publication year	DOI (publication type)
Project: 4-CAGE-TB					
1	American Society for Microbiology/ Antimicrobial Agents and Chemotherapy	Xpert MTB/RIF Ultra-resistant and MTBDRplus-susceptible rifampicin results in people with tuberculosis: utility of FluoroType MTBDR and deep sequencing Antimicrobial Agents and Chemotherapy	Ghebrekristos Y, Ahmed A, Beylis N, Singh S, Opperman C, Naufal F, et al.	2025	10.1128/AAC.01671-24 (peer-reviewed article)
2	American Society for Microbiology/ Journal of Clinical Microbiology	Waste to worth: diagnostic accuracy of Xpert MTB/XDR on contaminated liquid cultures to salvage the detection of drug-resistant tuberculosis	Ghebrekristos Y, Auma E, Mahlobo Z, Venter R, Beylis N, Achar J, et al.	2025	10.1128/JCM.00580-25 (peer-reviewed article)
3	Elsevier BV/ Clinical Microbiology and Infection	Diagnostic accuracy of Truenat MTB Ultima on sputum for pulmonary tuberculosis diagnosis in an HIV-endemic setting	Abdulgader SM, Chiwaya AM, Nwamba WV, Reeve BWP, Palmer Z, Mishra H, et al.	2025	10.1016/J.CMI.2025.04.013 (peer-reviewed article)
4	Elsevier BV/ eClinicalMedicine	Diagnostic accuracy of point-of-care triage tests for pulmonary tuberculosis using host blood protein biomarkers: a systematic review and meta-analysis	Komakech K, Derrick Semugenze D, Joloba M, Cobelens F, Ssengooba W	2025	10.1016/J.ECLINM.2025.103257 (peer-reviewed article)

5	Oxford University Press (OUP)/ Clinical Infectious Diseases	Diagnostic Accuracy of LiquidArray MTB-XDR VER 1.0 for the Detection of Mycobacterium tuberculosis Complex, Fluoroquinolone, Amikacin, Ethambutol, and Linezolid Susceptibility	Auma E, Alberts R, Derendinger B, Venter R, Streicher EM, Pillay S, et al.	2025	10.1093/CID/CIAE 614 (peer-reviewed article)
6	Oxford University Press (OUP)/ Open Forum Infectious Diseases	Detection of Aerosolized Mycobacterium tuberculosis DNA From Adults Being Investigated for Pulmonary Tuberculosis via an Electrostatic Sampler in a South African Primary Care Setting	Achar J, Venter R, van Schalkwyk J, Boozi Z, Mahlobo Z, Palmer Z, et al.	2025	10.1093/OFID/OF AF593 (peer-reviewed article)
7	Elsevier BV/ The Lancet Microbe	Blood RNA biomarkers and C-reactive protein for triage of adult patients with tuberculosis lymphadenitis and pericarditis in South Africa: a single-centre, prospective, observational, diagnostic accuracy study	Mann T, Minnies S, Gupta RK, Reeve BWP, Nyawo G, Palmer Z, et al.	2025	10.1016/J.LANMI C.2025.101153 (peer-reviewed article)
Project: CAPACITY 2023					
8	Elsevier Ltd/ The Lancet Regional Health - Europe	Progression of biological markers in spinocerebellar ataxia type 3: longitudinal analysis of prospective data from the ESMI cohort	Berger M, Garcia-Moreno H, Ferreira M, Hubener-Schmid J, Schaprian T; Philipp Wegner P, et al.	2025	10.1016/J.LANEP E.2025.101339 (peer-reviewed article)
9	Oxford University Press (OUP)/ Brain	Circadian rhythms are disrupted in patients and preclinical models of Machado-Joseph disease	Ribeiro RFN, Pereira D, Lopes SM, Reis T, Silva P, Lobo DD, et al.	2025	10.1093/BRAIN/A WAF199 (peer-reviewed article)
Project: DECIPHER-MPOX					

10	Elsevier BV/ The Lancet Global Health	How should mpox vaccines be used in DRC and its neighbouring countries?	Misaki Wayengera	2024	10.1016/S2214-109X(24)00417-0 (peer-reviewed article)
Project: EBO-PEP					
11	Elsevier BV/ The Lancet Global Health	Improving Ebola virus disease outbreak control through targeted post-exposure prophylaxis	Hoffmann Dahl E, Mbala P, Juchet S, Touré A, Montoyo A, Serra B, et al.	2024	10.1016/S2214-109X(24)00255-9 (peer-reviewed article)
Project: EPoCA					
12	Elsevier BV/ Food Packaging and Shelf Life	Design and characterization of a multifunctional Ag/Ag(I)-coated olive stone material for enhanced preservation and antibacterial protection	Forte-Castro A, Pérez JM, Domene MA, Ovejero-Paredes K, Filice M, Fernández I.	2025	10.1016/J.FPSL.2025.101526 (peer-reviewed article)
Project: eWHORM					
13	Elsevier BV/ Trends in Parasitology	The long and winding road towards new treatments against lymphatic filariasis and onchocerciasis	Risch F, Kazakov A, Specht S, Pfarr K, Fischer PU, Hoerauf A, Hübner MP.	2024	10.1016/J.PT.2024.07.005 (peer-reviewed article)
Project: GenPath Africa					
14	American Association for the Advanceme nt of Science/ Science	The third era of genomics is at risk of being dismantled across the global south	Tulio de Oliveira	2024	10.1126/SCIENCE.ADT484 (peer-reviewed article)
15	Elsevier BV/ IJID Regions	Targeted deep sequencing of mycobacteria species from extrapulmonary sites not identified by routine line probe assays: a retrospective laboratory analysis of stored clinical cultures	Opperman C, Steyn J, Matthews MC, Singh S, Ghebrekristos Y, Kerr TJ, et al.	2024	10.1016/J.IJREGI.2024.100464 (peer-reviewed article)
16	Frontiers	Detection of Mycobacterium bovis in nasal swabs from	Cooke DM, Clarke C, Kerr TJ, Warren RM; Witte C,	2024	10,3389/fmicb,202

	Media S.A. / Frontiers in Microbiology	<u>communal goats (Capra hircus) in rural KwaZulu-Natal, South Africa</u>	Miller MA, et al.		4,1349163 (peer-reviewed article)
17	MDPI AG/ International Journal of Molecular Sciences	<u>An Oxford Nanopore Technology-Based Hepatitis B Virus Sequencing Protocol Suitable for Genomic Surveillance Within Clinical Diagnostic Settings</u>	Tshiabuila D, Choga W, San JE, Maponga T, Gert Van Zyl G, Giandhari J, et al.	2024	10,3390/ijms252111702 (peer-reviewed article)
18	Elsevier BV/ One Health	<u>Identification and molecular characterization of Mycobacterium bovis DNA in GeneXpert® MTB/RIF ultra-positive, culture-negative sputum from a rural community in South Africa</u>	Wynand J, Goosen WJ, Moodley S, Ghielmetti G, Moosa Y; Zulu T, et al.	2024	10,1016/j.onehlt,2024,100702 (peer-reviewed article)
19	Nature Publishing Group/ Scientific Reports	<u>Insights into mycobacteriome composition in Mycobacterium bovis-infected African buffalo (Syncerus caffer) tissue samples</u>	Ghielmetti G, Kerr TJ, Bernit N, Mhlophe SK, Streicher E, Loxton AG, et al.	2024	10,1038/s41598-024-68189-x (peer-reviewed article)
20	Multidisciplinary Digital Publishing Institute (MDPI)/ Viruses	<u>Genomic Epidemiology of Rift Valley Fever Virus Involved in the 2018 and 2022 Outbreaks in Livestock in Rwanda</u>	Nsengimana I, Juma J, Roesel K, Gasana MN, Ndayisenga F, Muvunyi CM, et al.	2024	10,3390/v16071148 (peer-reviewed article)
21	Microbiological Society/ Microbial Genomics	<u>Mycobacterium tuberculosis cultured in MGIT media for whole-genome sequencing application: a systematic literature review and meta-analysis</u>	Conceição EC, Wells F, Sharma A, Haffejee M, Mann B, Ngom JT, et al.	2025	10.1099/MGEN.0.001565 (peer-reviewed article)
22	Centers for Disease Control and Prevention (CDC)/	<u>Genomic Characterization of Circulating Dengue Virus, Ethiopia, 2022–2023</u>	Abera A, Tegally H, Tasew G, Wilkinson E, Ali A, Regasa F, et al.	2025	10.3201/EID3103.240996 (peer-reviewed article)

	Emerging Infectious Diseases				article)
23	Frontiers Media SA/ Frontiers in Veterinary Science	<u>Evidence of Mycobacterium bovis DNA in shared water sources at livestock–wildlife–human interfaces in KwaZulu-Natal, South Africa</u>	Megan C. Matthews MC, Deborah M. Cooke DM, Tanya J. Kerr TJ, Andre G. Loxton AG, Robin M. Warren RM, Giovanni Ghielmetti G, et al.	2025	10.3389/FVETS.2025.1483162 (peer-reviewed article)
24	Elsevier BV/ Travel Medicine and Infectious Disease	<u>A decade of dengue disease burden in Africa (2013–2023): a systematic review</u>	Mwanyika GO, Moir M, Musa AO, Poongavanan J, Dor G, Eduan Wilkinson E, et al.	2025	10.1016/J.TMAID.2025.102897 (peer-reviewed article)
Project: GREAT-LIFE					
25	Frontiers/ Frontiers in Public Health	<u>Rift Valley Fever outbreaks in the East African Community: insights from ProMed data (2010–2024)</u>	Ndishimye P, Umuhoza T, Umutoni B, Zakham F, Ndayambaje M, Hewins B, et al.	2024	10.3389/FPUBH.2024.1298594 (peer-reviewed article)
26	European Centre for Disease Control and Prevention (ECDC)/ Eurosurveillance	<u>Real-time PCR assay to detect the novel Clade Ib monkeypox virus, September 2023 to May 2024</u>	Schuele L, Masirika LM, Udahemuka JC, Siangoli FB, Mbiribindi JB, Ndishimye P, et al.	2024	10.2807/1560-7917.ES.2024.29.32.2400486 (peer-reviewed article)
27	Science and Education Publishing Co., Ltd./ American Journal of Epidemiology and Infectious Disease	<u>Prevalence, Etiology, and Treatment of Diarrheal Diseases in Kenya: A Scoping Review</u>	Ogumbo F, Benta L, Kimutai B, Mugah J, Johnson E, Onyonyi V, et al.	2024	10.12691/AJEID-12-4-1 (peer-reviewed article)
28	European Centre for Disease Control and Prevention (ECDC)/ Eurosurveillance	<u>Ongoing mpox outbreak in Kamituga, South Kivu province, associated with monkeypox virus of a novel Clade I sub-lineage, Democratic Republic of the Congo, 2024</u>	Masirika LM, Udahemuka JC, Schuele L, Ndishimye P, Otani S, Mbiribindi JB, et al.	2024	10.2807/1560-7917.ES.2024.29.11.2400106 (peer-reviewed article)
29	European Centre for	<u>Monkeypox Clade Ib virus introduction into</u>	Nzoyikorera N, Nduwimana C, Schuele L, Nieuwenhuijse	2024	10.2807/1560-7917.ES.2024.29.

	Disease Control and Prevention (ECDC)/ Eurosurveillance	<u>Burundi: first findings, July to mid-August 2024</u>	DF, Koopmans M, Otani S, et al.		42.2400666 (peer-reviewed article)
30	Elsevier BV/ International Journal of Medical Microbiology	<u>Improved ability to utilize lactose and grow in milk as a potential explanation for emergence of the novel bovine Staphylococcus aureus ST5477</u>	Aarestrup FM, Hansen EB, Kumburu HH, Mzee T, Otani S.	2024	10.1016/J.IJMM.2024.151637 (peer-reviewed article)
31	Science Direct/ IJID Regions	<u>Trends and seasonal variation in gastrointestinal infections in Tanzania: Analysis of 5-year DHIS2 data toward implementing the sampling cycles and metagenomic analyses</u>	Mwing'a GP, Kimu PA, Beti M, Shayo M, Kuchaka D, Mchome Z, et al.	2025	10.1016/J.IJREGI.2025.100661 (Other)
32	Spring Nature/ Nature Communications	<u>Nature Communications</u>	Masirika LM, Zaack LM, Ndishimye P, Udahemuka JC, Otani S, Aarestrup FM, et al.	2025	10.1038/S41467-025-62064-7 (peer-reviewed article)
33*	Springer Science and Business Media LLC/ Nature Medicine	<u>Epidemiological and genomic evolution of the ongoing outbreak of clade Ib mpox virus in the eastern Democratic Republic of the Congo</u>	Masirika LM, Udahemuka JC, Schuele L, Nieuwenhuijse DF, Ndishimye P, Boter M, et al.	2025	10.1038/S41591-025-03582-1 (peer-reviewed article)
34*	ASM Journals/ Microbiology Spectrum	<u>Metagenomic sequencing of mpox virus clade Ib lesions identifies possible bacterial and viral co-infections in hospitalized patients in eastern DRC</u>	Schuele L, Masirika LM, Cassidy H, Clausen PTLC, Zaack LM, Boter M, et al.	2025	10.1128/SPECTRUM.00512-25 (peer-reviewed article)
Project: IMPRIMA					
35	BMJ Publishing Group/ BMJ Global Health	<u>Single low-dose primaquine for malaria control in Africa: a systematic review of safety, efficacy and implementation barriers</u>	Ye T, Caspar E, Niyomwungere D, Ouedraogo A, Thiebaut L, Strubel P-E, et al.	2025	10.1136/BMJGH-2025-020264 (peer-reviewed article)
Project: JUA KIVU					

36	Springer Science and Business Media LLC/ Nature Communications	<u>Serological evidence of clade Ib Mpox transmission by sex workers and within household in South Kivu, DRC</u>	Masirika LM, Zaeck LM, Ndishimye P, Udahemuka JC, Otani S, Frank M. et al.	2025	10.1038/S41467-025-62064-7 (peer-reviewed article)
33*	Springer Science and Business Media LLC/ Nature Medicine	<u>Epidemiological and genomic evolution of the ongoing outbreak of clade Ib mpox virus in the eastern Democratic Republic of the Congo</u>	Masirika LM, Udahemuka JC, Schuele L, Nieuwenhuijse DF, Ndishimye P, Boter M, et al.	2025	10.1038/S41591-025-03582-1 (peer-reviewed article)
34*	ASM Journals/ Microbiology Spectrum	<u>Metagenomic sequencing of mpox virus clade Ib lesions identifies possible bacterial and viral co-infections in hospitalized patients in eastern DRC</u>	Schuele L, Masirika LM, Cassidy H, Clausen PTLC, Zaeck LM, Boter M, et al.	2025	10.1128/SPECTRUM.00512-25 (peer-reviewed article)
Project: MARC SE-AFRICA					
37	Elsevier BV/ The Lancet Infectious Diseases	<u>Resistant malaria parasites gaining momentum in Africa</u>	Mlugu EM, Dondorp AM, Barnes KI.	2024	10.1016/S1473-3099(24)00413-4 (peer-reviewed article)
Project: MBOTE-SK					
38	Springer Science and Business Media LLC/ Nature Medicine	<u>Sustained human outbreak of a new MPXV clade I lineage in eastern Democratic Republic of the Congo</u>	Vakaniaki EH, Kacita C, Kinganda-Lusamaki E, O'Toole A, Wawina-Bokalanga T, Mukadi-Bamuleka D, et al.	2024	10.1038/S41591-024-03130-3 (peer-reviewed article)
39	European Centre for Disease Prevention and Control (ECDC)/ Eurosurveillance	<u>Epidemiological analysis of confirmed mpox cases, Burundi, 3 July to 9 September 2024</u>	Nizigiyimana A, Ndikumwenayo F, Houben S, Manirakiza M, van Lettow M, Liesenborghs, L, et al.	2024	10.2807/1560 (peer-reviewed article)
40	European Centre for Disease Prevention	<u>Co-circulation of monkeypox virus subclades Ia and Ib in Kinshasa Province.</u>	Wawina-Bokalanga T, Akil-Bandali P, Kinganda-Lusamaki E, Lokilo E, Jansen D, Amuri-Aziza A, et	2024	10.48620/36455 (peer-reviewed article)

	and Control (ECDC)/ Eurosurveillance	<u>Democratic Republic of the Congo, July to August 2024</u>	al.		
41*	Massachusetts Medical Society/ New England Journal of Medicine	<u>Three Cases of Vertical Transmission of Clade Ib Mpox Virus</u>	Vakaniaki EH, Kuispond N-RS, Hirata Y, Bangwen E, Brosius I, Kinganda-Lusamak E, et al.	2025	10.1056/NEJMC2503347 (peer-reviewed article)
42	The Lancet/ The Lancet	<u>Mpox in the Democratic Republic of Congo: Analysis of National Epidemiological and Laboratory Surveillance Data, 2010 - 2023</u>	Bangwen E, Diavita R, De Vos E, Vakaniaki EH, Nundu SS, Annie Mutombo A, et al.	2025	10.1016/S0140 (peer-reviewed article)
43	The Lancet/ The Lancet	<u>Epidemiology and phylogenomic characterisation of two distinct mpox outbreaks in Kinshasa, DR Congo, involving a new subclade Ia lineage: a retrospective, observational study</u>	Wawina-Bokalanga T, Merritt S, Kinganda-Lusamaki E, Jansen D, Halbrook M, O'Toole A, et al.	2025	10.1016/S0140-6736(25)00294-6 (peer-reviewed article)
44	Elsevier BV/ The Lancet	<u>Epidemiological and clinical features of mpox during the clade Ib outbreak in South Kivu, Democratic Republic of the Congo: a prospective cohort study</u>	Brosius I, Vakaniaki EH, Mukari G, Munganga P, Tshomba JC, De Vos E, et al.	2025	10.1016/S0140-6736(25)00047-9 (peer-reviewed article)
45	Centers for Disease Control and Prevention (CDC)/ Emerging Infectious Diseases	<u>Clade Ia Monkeypox Virus Linked to Sexual Transmission, Democratic Republic of the Congo, August 2024</u>	Makangara-Cigolo J-C, Kenye K-M, Lunyanga L, Jansen D, Kinganda-Lusamaki E, Kavira S, et al.	2025	10.3201/EID3105.241690 (peer-reviewed article)
46	Nature Medicine/ Nature Medicine	<u>A systematic nomenclature for mpox viruses causing outbreaks with sustained human-to-human transmission</u>	Ruis C, Lusamaki E, O'Toole A, Otieno JR, Colquhoun R, Roemer C, et al.	2025	10.1038/S41591-025-03820-6 (peer-reviewed article)
Project: PANGenS					
47	Oxford University Press	<u>Enterobase in 2025: exploring the genomic epidemiology of</u>	Dyer NP, Päuker B, Baxter L, Gupta A, Bunk B,	2025	10.1093/NAR/GKAE902

	(OUP)/ Nucleic Acids Research	<u>bacterial pathogens</u>	Overmann J, et al.		(peer-reviewed article)
Project: PDMC Saves Lives					
48	Springer Science and Business Media LLC/ Malaria Journal	<u>Implementation of post- discharge malaria chemoprevention (PDMC) in Benin, Kenya, Malawi, and Uganda: stakeholder engagement meeting report</u>	Hill J, Accrombessi M, Briand V, Dhabangi A, Hoyt J, Idro R, et al.	2024	10.1186/S12936- 023-04810-0 (peer-reviewed article)
49	BioMed Central/ Malaria Journal	<u>Assessing stakeholder perceptions and contextual factors in implementing post- discharge malaria chemoprevention in children with severe anaemia in Malawi</u>	Hill J, Null N , Accrombessi M, Briand V, Aggrey Dhabangi A, Hoyt J, et al.	2024	10.1186/S12913- 025-13577-W (peer-reviewed article)
50	Springer Science and Business Media LLC/ Scientific Reports	<u>Prevalence and clinical impact of severe anaemia in referral hospitals in southern Benin</u>	Assongba L, Boukari O, Alao JM, Nouwakpo N, Vincent JP, Luty AJF, et al.	2025	10.1038/S41598- 025-04298-5 (peer-reviewed article)
Project: PREGMPOX					
41*	Massachuse tts Medical Society/ New England Journal of Medicine	<u>Three Cases of Vertical Transmission of Clade Ib Mpox Virus</u>	Vakaniaki EH, Kuispond N- RS, Hirata Y, Bangwen E, Brosius I, Kinganda- Lusamak E, et al.	2025	10.1056/NEJMC2 503347 (peer-reviewed article)
51	Elsevier BV/ The Lancet Infectious Diseases	<u>Public health priorities for mpox clade Ib in pregnant, breastfeeding, and paediatric populations in DR Congo</u>	Krasemann S, Fodjo JNS, Mohamed OAA, Barhishindi I, Tshongo C, Bisimwa AK, et al.	2025	10.1016/S1473- 3099(25)00152-5 (peer-reviewed article)
52	Elsevier BV/ The Lancet Infectious Diseases	<u>Mpox outbreak— tecovirimat resistance, management approaches, and challenges in HIV- endemic regions</u>	Bapolisi WA, Krasemann S, Wayengera M, Kirenga B, Bahizire E, Malembaka EB, et al.	2025	10.1016/S1473- 3099(24)00591-7 (peer-reviewed article)

Project: PYRAPREG-extended					
53	Springer Science and Business Media LLC/ Clinical Pharmacokinetics	<u>Importance of Lysosomal Trapping and Plasmodium Parasite Infection on the Pharmacokinetics of Pyronaridine: A Physiologically Based Pharmacokinetic Model-Based Study</u>	Chu W-Y, Schouten WN, Mavoko HM, Tshiongo JK, Yobi DM, et al.	2025	10.1007/S40262-025-01581-6 (peer-reviewed article)
54	Elsevier BV/ International Journal of Infectious Diseases	<u>Impact of malaria in pregnancy on infant neurodevelopment and malaria susceptibility during the first year of life in Kinshasa, the Democratic Republic of the Congo</u>	Tshiongo JK, Kuseke L, Kalonji T, Mitashi P, Mupuala A, Kayentao K, et al.	2025	10.1016/J.IJID.2025.107927 (peer-reviewed article)
55	Informa UK Limited/ Paediatrics and International Child Health	<u>Congenital malaria in newborns of mothers living in highly endemic parts of Kinshasa, Democratic Republic of Congo</u>	Tshiongo JK, Kuseke L, Tevuzula VM, Luzolo F, Kafala Y, Ngelesi E, et al.	2025	10.1080/20469047.2025.2459964 (peer-reviewed article)
Project: STRATEGIC					
56	Elsevier BV/ Patterns	<u>Why dignity is a troubling concept for AI ethics</u>	Rueda J, Ausin T, Coeckelbergh M, del Valle JI, Lara F, Liedo B, et al.	2025	10.1016/J.PATTE R.2025.101207 (peer-reviewed article)
57	Springer Science and Business Media LLC/ AI & SOCIETY	<u>Decoloniality impact assessment for AI</u>	Eke D, Chavarriaga R, Stahl B.	2025	10.1007/S00146-025-02649-4 (peer-reviewed article)
Project: STROGHART					
58	Open Research Europe/ Open Research Europe	<u>The STROGHART study protocol: An intervention study to evaluate safety, effectiveness and feasibility of treating gambiense HAT seropositive subjects with acoziborole.</u>	Nicco E, Lejon V, Miaka EM, Mumba D, Mpanya A, Kambo C, et al.	2025	10.12688/OPENR ESEUROPE.19077.1) (peer-reviewed article)

**Note: Publications declared by more than one project were listed under a single reference number to prevent duplication.*

Publications from IKAA activities

#	Journal name	Publication title / hyperlink to publication	Author(s)	Publication year	DOI (publication type)
1	PLOS Neglected Tropical Diseases	A standardised Phase III clinical trial framework to assess therapeutic interventions for Lassa fever	Olayinka AT, Bourner J, Akpede GO, Okoeguale J, Abejegah C, Ajayi NA, et al.	2022	10.1371/JOURNAL.PNTD.0010089 (peer-reviewed article)
2	Emerging Infectious Diseases	Lack of Evidence for Ribavirin Treatment of Lassa Fever in Systematic Review of Published and Unpublished Studies	Cheng HY, French CE, Salam AP, Dawson S, McAleenan A, McGuinness LA, et al.	2022	10.3201/eid2808.211787 (peer-reviewed article)
3	Emerging Infectious Diseases	Laboratory Diagnosis of Mpox, Central African Republic, 2016-2022.	Garba-Ouangole S, Bourner J, Mbrenge F, Gonofio E, Selekon B, Manirakiza A, et al.	2023	10.3201/eid2909.230514 (peer-reviewed article)
4	PLOS Global Public Health	Perceptions around COVID-19 among patients and community members in urban areas in Cameroon: A qualitative perspective.	Kwedi Nolna S, Mbang Massom D, Tchoteke LA, Bille Koffi A, Marchant M, Masumbe Netongo P, et al.	2024	10.1371/journal.pgph.0001760 (peer-reviewed article)
5	Lancet (London, England)	Epidemiological and clinical features of mpox during the clade Ib outbreak in South Kivu, Democratic Republic of the Congo: a prospective cohort study.	Brosius I, Vakaniaki EH, Mukari G, Munganga P, Tshomba JC, De Vos E, et al.	2025	10.1016/s0140-6736(25)00047-9 (peer-reviewed article)
6	Nature Communications	Epidemiological characteristics of monkeypox virus Clade Ib in the Democratic Republic of the Congo.	Kremer C, Nundu SS, Vakaniaki EH, Brosius I, Mukari G, Munganga P, et al.	2025	10.1038/s41467-025-66875-6 (peer-reviewed article)
7	Scientific Reports	Impact of epstein-barr virus reactivation on cytokine levels in pregnant women with malaria in the west region of cameroon.	Chatue IAD, Nyegue MA, Kamdem SD, Taya-Fokou JB, Djiyou ABD, Tchoupe EB, et al.	2025	10.1038/s41598-025-10846-w (peer-reviewed article)

#	Journal name	Publication title / hyperlink to publication	Author(s)	Publication year	DOI (publication type)
					article)
8	Frontiers in Immunology	Mutations in ace2 gene modulate cytokine levels and alter immune responses in Mycobacterium tuberculosis and SARS-CoV-2 co-infection: a Cameroonian cohort.	Kameni MN, Tchoupe EB, Kamdem SD, Bhalla N, Assam Assam JP, Tapa AN, et al.	2025	10.3389/fimmu.2025.1533213 (peer-reviewed article)
9	PLOS One	Stress-mediating inflammatory cytokine profiling reveals unique patterns in malaria and typhoid fever patients.	Bin Eric M, Netongo PM, Kamdem SD, Nzuno C, Tchoutang AM, Berenger TKE, et al.	2025	10.1371/journal.pone.0306585 (peer-reviewed article)
10	The Lancet (London, England)	Suspected and confirmed mpox cases in DR Congo: a retrospective analysis of national epidemiological and laboratory surveillance data, 2010-23.	Bangwen E, Diavita R, De Vos E, Vakaniaki EH, Nundu SS, Mutombo A, et al.	2025	10.1016/s0140-6736(24)02669-2 (peer-reviewed article)
11	Trials	Empirical treatment against cytomegalovirus and tuberculosis in HIV-infected infants with severe pneumonia: study protocol for a multicenter, open-label randomized controlled clinical trial.	Rojo P, Moraleda C, Tagarro A, Domínguez-Rodríguez S, Madrid LC, Prieto TLM, et al.	2022	10.1186/s13063-022-06203-1 (peer-reviewed article)
12	Journal of Acquired Immune Deficiency Syndrome	Brief Report: Suboptimal Lopinavir Exposure in Infants on Rifampicin Treatment Receiving Double-dosed or Semisuperboosted Lopinavir/Ritonavir: Time for a Change	Jacobs TG, Mumbiro V, Chitsamatanga M, Namuziyya N, Passanduca A, Domínguez-Rodríguez S, et al.	2023	10.1097/QAI.0000000003168 (peer-reviewed article)
13	Journal of the Pediatric Infectious Diseases Society	First-Line Antituberculosis Drug Concentrations in Infants With HIV and a History of Recent Admission With Severe Pneumonia.	Chabala C, Jacobs TG, Moraleda C, Ndaferankhande JM, Mumbiro V, Passanduca A, et al.	2023	10.1093/jpids/piad088 (peer-reviewed article)

#	Journal name	Publication title / hyperlink to publication	Author(s)	Publication year	DOI (publication type)
					article)
14	Clinical Infectious Diseases: an Official Publication of the Infectious Diseases Society of America	Twice-Daily Dosing of Dolutegravir in Infants on Rifampicin Treatment: A Pharmacokinetic Substudy of the EMPIRICAL Trial.	Jacobs TG, Mumbiro V, Cassia U, Zimba K, Nalwanga D, Ballesteros A, et al.	2024	10.1093/cid/ciad656 (peer-reviewed article)
15	Trials	Statistical analysis plan for the "empirical treatment against cytomegalovirus and tuberculosis in HIV-infected infants with severe pneumonia" clinical trial.	Domínguez-Rodríguez S, Lora D, Tagarro A, Moraleda C, Ballesteros Á, Madrid L, et al.	2025	10.1186/s13063-025-08841-7 (peer-reviewed article)
16	The Lancet Infectious Diseases	Efficacy and immunogenicity of R21/Matrix-M vaccine against clinical malaria after 2 years' follow-up in children in Burkina Faso: a phase 1/2b randomised controlled trial.	Dattoo MS, Natama HM, Somé A, Bellamy D, Traoré O, Rouamba T, et al.	2022	10.1016/S1473-3099(22)00442-X (peer-reviewed article)
17	Malaria Journal	Evaluation of the Pfs25-IMX313/Matrix-M malaria transmission-blocking candidate vaccine in endemic settings	Charles Mulamba, Williams CL, Kreppel K, Ouedraogo JB, Olotu AI, et al.	2022	10.1186/s12936-022-04173-y (peer-reviewed article)
18	Pan African Medical Journal	Understanding the role of serological and clinical data on assessing the dynamic of malaria transmission: a case study of Bagamoyo district, Tanzania.	Mwamlima TG, Mwakasungula SM, Mkindi CG, Tambwe MM, Mswata SS, Mbwambo SG, et al.	2022	10.11604/pamj.2022.43.60.35779 (peer-reviewed article)
19	Textila International Journal of Public	Unlocking the Future: Predicting Malaria Vaccine Uptake and Likely Barriers in	Odis AI, Ann O, Adesina AO, Ukamaka O, Nzedibe O.	2023	10.21522/TIJPH.2013.11.04.Art002

#	Journal name	Publication title / hyperlink to publication	Author(s)	Publication year	DOI (publication type)
	Health	Nigeria			(peer-reviewed article)
20	Frontiers in Immunology	Analyses of human vaccine-specific circulating and bone marrow-resident B cell populations reveal benefit of delayed vaccine booster dosing with blood-stage malaria antigens.	Barrett JR, Silk SE, Mkindi CG, Kwiatkowska KM, Hou MM, Lias AM, et al.	2024	10.3389/fimmu.2023.1193079 (peer-reviewed article)
21	The Lancet Infectious diseases	Blood-stage malaria vaccine candidate RH5.1/Matrix-M in healthy Tanzanian adults and children: an open-label, non-randomised, first-in-human, single-centre, phase 1b trial	Silk SE, Kalinga WF, Salkeld J, Mtaka IM, Ahmed S, Milando F, et al.	2024	10.1016/S1473-3099(24)00312-8 (peer-reviewed article)
22	The Lancet Infectious diseases	The public health impact and cost-effectiveness of the R21/Matrix-M malaria vaccine: a mathematical modelling study	Schmit N, Topazian HM, Natama HM, Bellamy D, Traoré O, Somé MA, et al.	2024	10.1016/S1473-3099(23)00816-2 (peer-reviewed article)
23	Malaria Journal	Plasmodium falciparum gametocyte burden in a Tanzanian heterogeneous transmission setting.	Mulamba C, Odufuwa OG, Kweyamba PA, Lazaro LO, Chabo MS, Kamage JJ, et al.	2025	10.1186/s12936-025-05270-4 (peer-reviewed article)
24	Frontiers in Immunology	R21/Matrix-M malaria vaccine drives diverse immune responses in pre-exposed adults: insights from a phase IIb controlled human malaria infection trial.	Kibwana E, Bundi C, Kimani D, Nyamako L, Keter K, Mutiso A, et al.	2025	10.3389/fimmu.2025.1620365 (peer-reviewed article)
25	Frontiers in Immunology	Seroprevalence of antibodies to Plasmodium falciparum transmission-blocking	Mulamba C, Kalinga WF, Mtaka IM, Lazaro LO, Kamage JJ, Nkumama I, et al.	2025	10.3389/fimmu.2025.1589061

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		target proteins Pfs230D1M and Pfs48/45 in Tanzanian populations of diverse malaria transmission intensity.			(peer-reviewed article)
26	Frontiers in Immunology	Vaccine-induced responses to R21/Matrix-M - an analysis of samples from a phase 1b age de-escalation, dose-escalation trial.	Bundi C, Bellamy D, Kibwana E, Nyamako L, Ogwang R, Keter K, et al.	2025	10.3389/fimmu.2025.1620366 (peer-reviewed article)
27	Developing World Bioethics	An ethics of anthropology-informed community engagement with COVID-19 clinical trials in Africa.	Edwards SJL, Silaigwana B, Asogun D, Mugwagwa J, Ntoumi F, Ansumana R, et al.	2022	10.1111/dewb.12367 (peer-reviewed article)
28	BMC infectious diseases	Assessment of neutralizing antibody responses after natural SARS-CoV-2 infection and vaccination in congolese individuals	Batchi-Bouyou AL, Djontu JC, Vouvongui JC, Mfoutou Mapanguy CC, Ingoba LL, Mougany JS, et al.	2022	10.1186/s12879-022-07593-y (peer-reviewed article)
29	PLOS Neglected Tropical Diseases	Clinical manifestations of Rift Valley fever in humans: Systematic review and meta-analysis.	Anywaine Z, Lule SA, Hansen C, Warimwe G, Elliott A, et al.	2022	10.1371/journal.pntd.0010233 (peer-reviewed article)
30	Vaccines	Designing a Multi-Epitope Vaccine against Toxoplasma gondii: An Immunoinformatics Approach	Ahmed N, Rani NA, Robin TB, Mashrur MN, Shovo MMI, Prome AA, et al.	2022	10.3390/vaccines10091389 (peer-reviewed article)
31	Viruses	Detection of Lassa Virus-Reactive IgG Antibodies in Wild Rodents: Validation of a Capture Enzyme-Linked Immunological Assay	Soubrier H, Bangura U, Hoffmann C, Olayemi A, Adesina AS, Günther S, et al.	2022	10.3390/v14050993 (peer-reviewed article)

#	Journal name	Publication title / hyperlink to publication	Author(s)	Publication year	DOI (publication type)
32	The New England Journal of medicine	Detection of Marburg Virus Disease in Guinea	Koundouno FR, Duraffour S, Magassouba N'Faly.	2022	10.1056/NEJMc2120183
33	Global Health Action	Improving disease surveillance data analysis interpretation and use at the district level in Tanzania	Mremi IR, Sindato C, Kishamawe C, Rumisha SF, Kimera SI, Mboera LEG, et al.	2022	10.1080/16549716.2022.2090100 (peer-reviewed article)
34	Pathogens	Luna Virus and Helminths in Wild Mastomys natalensis in Two Contrasting Habitats in Zambia: Risk Factors and Evidence of Virus Dissemination in Semen.	Munjita SM, Moonga G, Mukubesa AN, Nodebe J, Mubemba B, Vanaerschot M, et al.	2022	10.3390/pathogens11111345 (peer-reviewed article)
35	IJID Regions	Prognostic value of biochemical parameters among severe COVID-19 patients admitted to an intensive care unit of a tertiary hospital in South Africa.	Zemlin AE, Allwood B, Erasmus RT, Matsha TE, Chapanduka ZC, Jalavu TP, et al.	2022	10.1016/j.ijregi.2022.01.012 (peer-reviewed article)
36	BMJ Open	Psychiatric manifestations and associated risk factors among hospitalised patients with COVID-19 in Edo State, Noigeria: a cross-sectional study.	Okogbenin EO, Seb-Akahomen OJ, Edeawe O, Ehimigbai M, Eboeime H, Odike A, et al.	2022	10.1136/bmjopen-2021-058561 (peer-reviewed article)
37	Transboundary and emerging diseases	Rabies virus in slaughtered dogs for meat consumption in Ghana: A potential risk for rabies transmission	Koundouno FR, Duraffour S, Magassouba N.	2022	10.1111/tbed.14266 (peer-reviewed article)
38	International Journal of Infectious diseases	Rift Valley fever seropositivity in humans and domestic ruminants and associated risk factors in Sengerema, Ilala, and Rufiji districts.	Sindato C, Karimuribo ED, Vairo F, Misinzo G, Rweyemamu MM, Abdel Hamid MM, et al.	2022	10.1016/j.ijid.2022.07.012 (peer-reviewed article)

#	Journal name	Publication title / hyperlink to publication	Author(s)	Publication year	DOI (publication type)
		Tanzania			
39	Journal of Infection	Widespread exposure to Crimean-Congo haemorrhagic fever in Uganda might be driven by transmission from Rhipicephalus ticks: Evidence from cross-sectional and modelling studies.	Lule SA, Gibb R, Kizito D, Noakanjako G, Mutyaba J, Balinandi S, et al.	2022	10.1016/j.jinf.2022.09.016 (peer-reviewed article)
40	International Journal of Infectious diseases	Bangladesh's 2023 Dengue outbreak – age/gender-related disparity in morbidity and mortality and geographic variability of epidemic burdens	Haider N, Asaduzzaman M, Hasan MN, Rahman M.	2023	10.1016/j.ijid.2023.08.026 (peer-reviewed article)
41	European Shock Society	Biomarkers: Can they really guide our daily practice?	Tsangaris I, Antonakos N, Fantoni M, Kaplanski G, Kyriazopoulou E, Veas F, et al.	2023	10.1097/SHK.0000000000001957 (peer-reviewed article)
42	Journal of Neurovirology	Characterizing Epstein-Barr virus infection of the central nervous system in Zambian adults living with HIV.	Musukuma-Chifulo K, Ghebremichael M, Chilyabanyama ON, Bates M, Munsaka S, Simuyandi M, et al.	2023	10.1007/s13365-023-01178-4 (peer-reviewed article)
43	Global Public Health	Comparative assessment of the human and animal health surveillance systems in Tanzania: Opportunities for an integrated one health surveillance platform.	Mremi I, Rumisha SF, Sindato C, Kimera SI.	2023	10.1080/17441692.2022.2110921 (peer-reviewed article)
44	PLOS Global Public Health	Current sampling and sequencing biases of Lassa mammarenavirus limit inference from phylogeography and molecular epidemiology in Lassa fever endemic regions.	Arruda LB, Free HB, Simons D, Ansumana R, Elton L, Haider N, et al.	2023	10.1371/journal.pgph.0002159 (peer-reviewed article)

#	Journal name	Publication title / hyperlink to publication	Author(s)	Publication year	DOI (publication type)
45	Viruses	Ecological Niche Modeling of Aedes and Culex Mosquitoes: A Risk Map for Chikungunya and West Nile Viruses in Zambia.	Velu RM, Kwenda G, Bosomprah S, Chisola MN, Simunyandi M, Chisenga CC, et al.	2023	10.3390/v15091900 (peer-reviewed article)
46	International Journal of Infectious Diseases	End of the Bedaquiline patent - a crucial development for moving forward affordable drugs, diagnostics, and vaccines for infectious diseases in low- and middle-income countries.	Petersen E, Hui DS, Nachega JB, Ntoumi F, Goletti D, Aklillu E, et al.	2023	10.1016/j.ijid.2023.04.386 (peer-reviewed article)
47	The Lancet	Global, regional, and national burden of diabetes from 1990 to 2021, with projections of prevalence to 2050: a systematic analysis for the Global Burden of Disease Study 2021	Ong KL, Stafford LK, McLaughlin SA, Boyko EJ, Vollset SE, Smith AE, et al.	2023	10.1016/S0140-6736(23)01301-6 (peer-reviewed article)
48	Immunity, Inflammation and Disease	Mucosal response of inactivated and recombinant COVID-19 vaccines in Congolese individuals.	Mouzinga FH, Heinzl C, Lissom A, Kreidenweiss A, Batchi-Bouyou AL, Mbama Ntabi JD, et al.	2023	10.1002/iid3.1116 (peer-reviewed article)
49	Research Square	Neutralizing antibody responses assessment after vaccination in People Living with HIV in the Republic of the Congo	Batchi-Bouyou AL, Djontu JC, Ingoba LL, Mougany JS, Mouzinga FH, Ntabi JDM, et al.	2023	10.21203/rs.3.rs-3221798/v1 (peer-reviewed article)
50	Journal of Medical Entomology	The 2022 dengue outbreak in Bangladesh: hypotheses for the late resurgence of cases and fatalities.	Haider N, Hasan MN, Khalil I, Tonge D, Hegde S, Chowdhury MAB, et al.	2023	10.1093/jme/tjad057 (peer-reviewed article)
51	PLOS One	Clinical epidemiology, determinants, and outcomes of viral encephalitis in Ghana: a	Yeboah R, Gorman R, Acheampong HK, Nyarko-Afriyie E, Aryeetey S, Tetteh	2024	10.1371/journal.pone.0297277

#	Journal name	Publication title / hyperlink to publication	Author(s)	Publication year	DOI (publication type)
		cross-sectional study.	HD, et al.		(peer-reviewed article)
52	IJID Regions	C-reactive protein and association with disease severity in hospitalized adult patients with Lassa fever in Nigeria.	Dic-ljiewere EO, Asogun D, Okojie FO, Omono AP, Christopher OE, Zumla A, et al.	2024	10.1016/j.ijregi.2024.100506 (peer-reviewed article)
53	Epidemiology and Infection	Identifying risk factors for clinical Lassa fever in Sierra Leone, 2019-2021.	Sama DJ, Haider N, Guitian J, Osman AY, Ntoumi F, Zumla A, et al.	2024	10.1017/s095026882400164x (peer-reviewed article)
54	BMC Immunology	Neutralizing antibody responses assessment after vaccination in people living with HIV using a surrogate neutralization assay	Batchi-Bouyou AL, Djontu JC, Ingoba LL, Mougany JS, Mouzinga FH, Dollon Mbama NJ, et al.	2024	10.1186/s12865-024-00625-z (peer-reviewed article)
55	Parasitology	Rhipicephalus simus ticks: new hosts for phleboviruses.	Munjita SM, Mubemba B, Tembo J, Bates M, Munsaka S, et al.	2024	10.1017/s0031182024001033 (peer-reviewed article)
56	Emerging Microbes & Infections	Spatio-temporal spread of Lassa virus and a new rodent host in the Mano River Union area, West Africa.	Bangura U, Davis C, Lamin J, Bangura J, Soropogui B, Davison AJ, et al.	2024	10.1080/22221751.2023.2290834 (peer-reviewed article)
57	Journal of Medical Entomology	Two decades of endemic dengue in Bangladesh (2000–2022): trends, seasonality, and impact of temperature and rainfall patterns on transmission dynamics	Hasan MN, Khalil I, Chowdhury MAB, Rahman M, Asaduzzaman M, Billah M, et al.	2024	10.1093/jme/tjae001 (peer-reviewed article)

#	Journal name	Publication title / hyperlink to publication	Author(s)	Publication year	DOI (publication type)
58	Open Forum Infectious Diseases	Virus Load Kinetics in Lassa Fever Patients Treated With Ribavirin: A Retrospective Cohort Study From Southern Nigeria.	Ogbaini-Emovon E, Akpede G, Okogbenin S, Osagiede E, Tobin E, Asogun D, et al.	2024	10.1093/ofid/ofae575 (peer-reviewed article)
59	Infection Ecology & Epidemiology	Evidence of multiple bacterial, viral, and parasitic infectious disease agents in Mastomys natalensis rodents in riverine areas in selected parts of Zambia	Munjita SM, Kalonda A, Mubemba B, Vanaerschot M, Tato C, Mwakibete L, et al.	2024	10.1080/20008686.2024.2441537 (peer-reviewed article)
60	IJID Regions	Inequities underlie the alarming resurgence of Tuberculosis as the world's top cause of death from an Infectious Disease - Breaking the silence and addressing the underlying root causes.	Zumla A, Sahu S, Ditiu L, Singh U, Park YJ, Yeboah-Manu D, et al.	2025	10.1016/j.ijregi.2025.100587 (peer-reviewed article)
61	The Journal of Animal Ecology	Land use gradients drive spatial variation in Lassa fever host communities in the Eastern Province of Sierra Leone.	Simons D, Gibb R, Bangura U, Sondufu D, Lamin J, Koninga J, et al.	2025	10.1111/1365-2656.70187 (peer-reviewed article)
62	BMC Infectious Diseases	Next-generation sequencing reveals viral aetiologies of encephalitis in Ghana: a prospective cross-sectional study.	Yeboah R, Gorman R, El-Duah P, Osei-Mensa J, Acheampong HK, Nyarko-Afriyie E, et al.	2025	10.1186/s12879-025-11436-x (peer-reviewed article)
63	IJID Regions	Undiagnosed burden of latent tuberculosis, active tuberculosis and tuberculosis-HIV co-infections in Africa: status quo, needs, priorities, and opportunities.	Kapata N, Tembo J, Mwaba P, Nabyonga-Orem J, Ntoumi F, McHugh TD, et al.	2025	10.1016/j.ijregi.2025.100585 (peer-reviewed article)
64	Microbial Pathogenesis	Association of viral exposure with	Semugenze D, Kasule GW, Katamba A, Joloba ML,		10.1016/j.micpath.2025.107827

#	Journal name	Publication title / hyperlink to publication	Author(s)	Publication year	DOI (publication type)
	s	tuberculosis disease progression: A systematic review.	García-Basteiro A, Cobelens F, et al.	2025	(peer-reviewed article)
65	Journal of Infection	Clinical utility of C-reactive protein-based triage for presumptive pulmonary tuberculosis in South African adults.	Calderwood CJ, Reeve BWP, Mann T, Palmer Z, Nyawo G, Mishra H, et al.	2023	10.1016/j.jinf.2022.10.041 (peer-reviewed article)
66	Open Forum Infectious Diseases	Accelerating Cough-Based Algorithms for Pulmonary Tuberculosis Screening: Results From the CODA TB DREAM Challenge - PMC	Jaganath D, Sieberts SK, Raberahona M, Huddart S, Omberg L, Rakotoarivelo R, et al.	2025	10.1093/ofid/ofaf572 (peer-reviewed article)
67	PLOS One	Assessing acceptability of pre-exposure prophylaxis (PrEP) among participants in an HIV vaccine preparedness study in southwestern Uganda.	Nakamanya S, Kawuma R, Kibuuka D, Kusemererwa S, McCormack S, Ruzagira E, et al.	2022	10.1371/journal.pone.0271104 (peer-reviewed article)
68	BMC Health Serv Res	Examining oral pre-exposure prophylaxis (PrEP) literacy among participants in an HIV vaccine trial preparedness cohort study	Chimukuche RS, Kawuma R, Mahapa N, Mkhwanazi S, Singh N, Siva S, et al.	2022	10.1186/s12913-022-08730-8 (peer-reviewed article)
69	PLOS One	Optimization and validation of an ELISA assay for the determination of antibody responses to CN54gp140 and AIDSVAX BE for use in the Phase IIb PrEPVacc vaccine trial.	Gombe B, Streatfield C, Leal L, Opio S, Joseph S, Weber J, et al.	2022	10.1371/journal.pone.0275927 (peer-reviewed article)
70	Int J Environ Res Public Health	Predictors of Loss to Follow-Up in an HIV Vaccine Preparedness Study in Masaka, Uganda.	Kabarambi A, Kansime S, Kusemererwa S, Kitonsa J, Kaleebu P, Ruzagira E.	2022	10.3390/ijerph19116377 (peer-reviewed article)
71	J Acquir Immune	The Prevalence, Incidence,			

#	Journal name	Publication title / hyperlink to publication	Author(s)	Publication year	DOI (publication type)
	Defic Syndr	and Risk Factors for HIV Among Female Sex Workers-A Cohort Being Prepared for a Phase IIb HIV Vaccine Trial in Dar es Salaam, Tanzania.	Faini D, Msafiri F, Munseri P, Bakari M, Lyamuya E, Sandström E, et al.	2022	10.1097/QAI.0000000003097 (peer-reviewed article)
72	AIDS Behav	AwarenessWillingness and Use of HIV Pre-Exposure Prophylaxis Among Female Sex Workers Living in Dar-es-Salaam, Tanzania	Faini D, Munseri P, Sandstrom E, Hanson C, Bakari M.	2023	10.1007/s10461-022-03769-4 (peer-reviewed article)
73	Trop Med Int Health	Developing HIV risk prediction tools in four African settings	Kansiime S, Hansen CH, Hayes R, Ruzagira E.	2023	10.1111/tmi.13916 (peer-reviewed article)
74	Clinical Trials (London, England)	Challenges in estimating the counterfactual placebo HIV incidence rate from a registration cohort: The PrEPVacc trial.	Kansiime S, Hansen CH, Ruzagira E, McCormack S, Hayes R, Dunn D.	2024	10.1177/17407745241304721 (peer-reviewed article)
75	Reproductive Health	Contraceptive use, prevalence and incidence of pregnancy and associated factors among women participating in a vaccine preparedness cohort study in Masaka, Uganda, a retrospective secondary analysis.	Kusemererwa S, Kansiime S, Nakamanya S, Mbabazi E, Fox J, McCormack S, et al.	2024	10.1186/s12978-024-01942-7 (peer-reviewed article)
76	BMJ Open	HIV risk perception, trust and PrEP adherence among participants in an HIV prevention trial: a qualitative longitudinal study, South Africa.	Chimukuche RS, Shandu L, Zulu S, Khanyile P, Singh N, Gaffoor Z, et al.	2025	10.1136/bmjopen-2024-086742 (peer-reviewed article)
77	BMJ Open	Feasibility of implementing the advanced HIV disease care package as part of	Gils T, Lynen L, Muhairwe J, Mashaete K, Lejone TI, Joseph P, et al.	2022	10.1136/bmjopen-2021-057291

#	Journal name	Publication title / hyperlink to publication	Author(s)	Publication year	DOI (publication type)
		community-based HIV/TB activities: a mixed-methods study protocol			(peer-reviewed article)
78	Journal of Clinical Tuberculosis and Other Mycobacterial Diseases	Implications of covariate induced test dependence on the diagnostic accuracy of latent class analysis in pulmonary tuberculosis.	Keter AK, Lynen JM, Keter SS, Keter AK, Lynen L, Van Hee K, et al.	2022	10.1016/j.jctube.2022.100331 (peer-reviewed article)
79	Scientific Reports	COVID-19 screening in low resource settings using artificial intelligence for chest radiographs and point-of-care blood tests.	Murphy K, Muhairwe J, Schalekamp S, van Ginneken B, Ayakaka I, Mashaete K, et al.	2023	10.1038/s41598-023-46461-w (peer-reviewed article)
80	PLOS One	Evaluation of tuberculosis diagnostic test accuracy using Bayesian latent class analysis in the presence of conditional dependence between the diagnostic tests used in a community-based tuberculosis screening study.	Keter AK, Lynen L, Van Heerden A, Wong E, Reither K, Goetghebeur E, et al.	2023	10.1371/journal.pone.0282417 (peer-reviewed article)
81	PLOS One	Heerden A. Implementation of the advanced HIV disease care package with point-of-care CD4 testing during tuberculosis case finding: A mixed-methods evaluation	Gils T, Kamele M, Madonsela T, Bosman S, Ngubane T, Joseph P, et al.	2023	10.1371/journal.pone.0296197 (peer-reviewed article)
82	J Med Case Rep	Incidental radiological findings during clinical tuberculosis screening in Lesotho and South Africa: a case series.	Glaser N, Bosman S, Madonsela T, van Heerden A, Mashaete K, Katende B, et al.	2023	10.1186/s13256-023-04097-4 (peer-reviewed article)
83	ERJ Open Research	Computer-aided detection thresholds for digital chest radiography interpretation in	Gils T, Madonsela T, Kamele M, Ayakaka I, Van Heerden A, Vlieghe E, et al.	2024	10.1183/23120541.00508-2023

#	Journal name	Publication title / hyperlink to publication	Author(s)	Publication year	DOI (publication type)
		tuberculosis diagnostic algorithms			(peer-reviewed article)
84	ERJ Open Research	Low tuberculosis treatment initiation after positive tuberculosis lipoarabinomannan results.	Gils T, Madonsela T, Kamele M, Ayakaka I, Van Heerden A, Vlieghe E, et al.	2024	10.1183/23120541.00182-2024 (peer-reviewed article)
85	IEEE Transactions on Medical Imaging	Nodule detection and generation on chest X-rays: NODE21 Challenge.	Sogancioglu E, van Ginneken B, Behrendt F, Bengs M, Schlaefer A, Radu M.	2024	10.1109/tmi.2024.3382042 (peer-reviewed article)
86	PLOS One	Simultaneous alleviation of verification and reference standard biases in a community-based tuberculosis screening study using Bayesian latent class analysis	Keter AK, Vanobberghen F, Lynen L, Van Heerden A, Fehr J, Olivier S, et al.	2024	10.1371/journal.pone.0305126 (peer-reviewed article)
87	BMC Public Health	If your CD4 count lowers, that is when you are similar to a person that is non-existent" A qualitative exploration of perceptions around advanced HIV disease in South Africa.	Pita TP, Misra S, Madonsela T, Tshazi A, Bosman S, Ayakaka I, et al.	2025	10.1186/s12889-025-23588-1 (peer-reviewed article)
88	BMJ Open	Effectiveness and cost-effectiveness of community-based TB screening algorithms using computer-aided detection (CAD) technology alone compared with CAD combined with point-of-care C reactive protein testing in Lesotho and South Africa: protocol for a paired screen-positive trial.	Signorell A, van Heerden A, Ayakaka I, Jacobs BK, Antillon M, Tediosi F, et al.	2025	10.1136/bmjopen-2024-093989 (peer-reviewed article)
89	Journal of Clinical	Performance of CAD4TB artificial	Nzimande N, Murphy K, Reither K, Bosman S,		

#	Journal name	Publication title / hyperlink to publication	Author(s)	Publication year	DOI (publication type)
	Tuberculosis and Other Mycobacterial Diseases	intelligence technology in TB screening programmes among the adult population in South Africa and Lesotho	Ayakaka I, Glass TR, et al.	2025	10.1016/j.jctube.2025.100540 (peer-reviewed article)
90	Expert Opinion on Drug Metabolism & Toxicology	An update on pharmacogenetic factors influencing the metabolism and toxicity of artemisinin-based combination therapy in the treatment of malaria	Pernaute-Lau L, Camara I, Kouakou YI, Roukayatou O, Ibrahim BS, et al.	2022	10.1080/17425255.2022.2049235 (peer-reviewed article)
91	Malaria Journal	Pre-referral intranasal artesunate powder for cerebral malaria: a proof-of-concept study	Kouakou YI, Millet A, Fromentin E, Hauchard N, Farias G, Fieux M, et al.	2022	10.1186/s12936-022-04309-0 (peer-reviewed article)
92	Parasites & Vectors	Protocols for Plasmodium gametocyte production in vitro: an integrative review and analysis	Omorou R, Bin Sa'id I, Delves M, Severini C, Kouakou YI, Bienvenu AL, et al.	2022	10.1186/s13071-022-05566-3 (peer-reviewed article)
93	Communications Biology	Structural and molecular determinants of Candida glabrata metacaspase maturation and activation by calcium	Conchou L, Doumèche B, Galisson F, Violot S, Dugelay C, Diesis E, et al.	2022	10.1038/s42003-022-04091-4 (peer-reviewed article)
94	Parasites & Vectors	Systematic review of Plasmodium knowlesi in Indonesia a risk of emergence in the context of capital relocation to Borneo?	Bin Said I, Kouakou YI, Omorou R, Bienvenu AL, Ahmed K, Culleton R, et al.	2022	10.1186/s13071-022-05375-8 (peer-reviewed article)
95	The Lancet	Ganaplacide (KAF156) plus lumefantrine solid	Ogutu B, Yeka A, Kusemererwa S, Thompson		

#	Journal name	Publication title / hyperlink to publication	Author(s)	Publication year	DOI (publication type)
		dispersion formulation combination for uncomplicated Plasmodium falciparum malaria: an open-label, multicentre, parallel-group, randomised, controlled, phase 2 trial	R, Tinto H, Toure AO.	2023	10.1016/S1473-3099(23)00209-8 (peer-reviewed article)
96	Human Genomics	Meta-analysis of the global distribution of clinically relevant CYP2C8 alleles and their inferred functional consequences.	Camara MD, Zhou Y, De Sousa TN, Gil JP, Djimde AA, Lauschke VM.	2024	10.1186/s40246-024-00610-y (peer-reviewed article)
97	Acta Tropica	Nanoparticle tracking analysis of natural hemozoin from Plasmodium parasites	Omorou R, Delabie B, Lavoignat A, Chaker V, Bonnot G, Traore K, et al.	2024	10.1016/j.actatropica.2023.107105 (peer-reviewed article)
98	Antimicrobial Agents and Chemotherapy	Population-specific variations in KCNH2 predispose patients to delayed ventricular repolarization upon dihydroartemisinin-piperazine therapy.	Camara MD, Zhou Y, Dara A, Tékété MM, de Sousa TN, Sissoko S, et al.	2024	10.1128/aac.01390-23 (peer-reviewed article)
99	Nat Med	Urgent action is needed to confront artemisinin partial resistance in African malaria parasites	Ishengoma DS, Gosling R, Martinez-Vega R, Beshir KB, Bailey JA, Chimumbwa J, et al.	2024	10.1038/d41591-024-00028-y (peer-reviewed article)
100	Nature Communications	Decreased dihydroartemisinin-piperazine protection against recurrent malaria associated with Plasmodium falciparum plasmepsin 3 copy number variation in	Pernaute-Lau L, Recker M, Tékété M, de Sousa TN, Traore A, Fofana B, et al.	2025	10.1038/s41467-025-57726-5 (peer-reviewed article)

#	Journal name	Publication title / hyperlink to publication	Author(s)	Publication year	DOI (publication type)
		Africa.			
101	Therapeutic advances in infectious disease	Imidazolopiperazines as next-generation antimalarial agents: a scoping review of efficacy, mechanisms of action and resistance; prospects for future development.	Maiga FO, Dembele L, Maiga M, Djimde AA.	2025	10.1177/20499361251401771 (peer-reviewed article)
102	International Journal of Infectious Diseases (IJID)	Blue Skies research is essential for ending the Tuberculosis pandemic and advancing a personalized medicine approach for holistic management of Respiratory Tract infections.	Ntoumi F, Petersen E, Mwaba P, Aklillu E, Mfinanga S, Yeboah-Manu D, et al.	2022	10.1016/j.ijid.2022.03.012 (peer-reviewed article)
103	International Journal of Infectious Diseases (IJID)	The WHO Global Tuberculosis 2021 Report - not so good news and turning the tide back to End TB.	Chakaya J, Petersen E, Nantanda R, Mungai BN, Migliori GB, Amanullah F, et al.	2022	10.1016/j.ijid.2022.03.011 (peer-reviewed article)
104	Lancet	Advancing accurate metrics for future pandemic preparedness.	Ntoumi F, Zumla A.	2022	10.1016/s0140-6736(22)00425-1 (peer-reviewed article)
105	International Journal of Infectious Diseases (IJID)	Middle East Respiratory Syndrome Coronavirus (MERS-CoV) - a ten-year (2012-2022) global analysis of human and camel infections, genomic sequences, lineages, and geographical origins.	Azhar EI, Velavan TP, Rungsung I, Traore T, Hui DS, McCloskey B, et al.	2023	10.1016/j.ijid.2023.03.046 (peer-reviewed article)
106	GigaByte	A dataset of small-mammal detections in West Africa and their associated micro-	Simons D, Attfield LA, Jones KE, Watson-Jones D, Kock R.	2023	10.46471/gigabyte.100

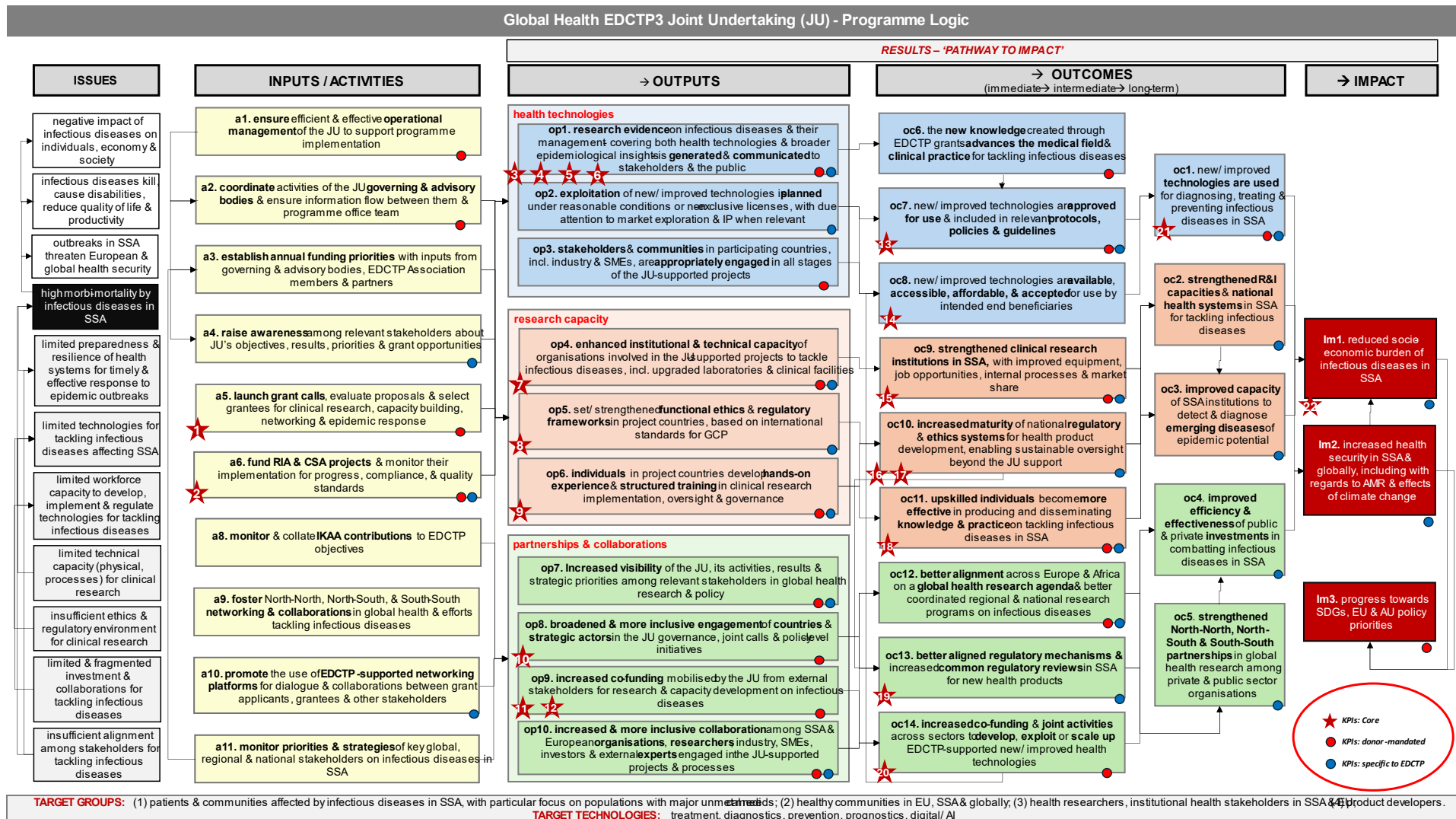
#	Journal name	Publication title / hyperlink to publication	Author(s)	Publication year	DOI (publication type)
		organisms			(peer-reviewed article)
107	PLOS Neglected Tropical Diseases	Rodent trapping studies as an overlooked information source for understanding endemic and novel zoonotic spillover.	Simons D, Attfield LA, Jones KE, Watson-Jones D, Kock R.	2023	10.1371/journal.pntd.0010772 (peer-reviewed article)
108	Microorganisms	A Perspective on the Strategy for Advancing ETVAX®, An Anti-ETEC Diarrheal Disease Vaccine, into a Field Efficacy Trial in Gambian Children: Rationale, Challenges, Lessons Learned, and Future Directions.	Hossain MJ, Svennerholm AM, Carlin N, D'Alessandro U, Wierzba TF.	2023	10.3390/microorganisms12010090 (peer-reviewed article)
109	Vaccine	Safety, tolerability, and immunogenicity of an oral inactivated ETEC vaccine (ETVAX®) with dmLT adjuvant in healthy adults and children in Zambia: An age descending randomised, placebo-controlled trial	Sukwa N, Mubanga C, Hatyoka LM, Chilyabanyama ON, Chibuye M, Mundia S, et al.	2023	10.1016/j.vaccine.2023.09.052 (peer-reviewed article)
110	The Lancet. Microbe	Xpert MTB/RIF Ultra on contaminated liquid cultures for tuberculosis and rifampicin-resistance detection: a diagnostic accuracy evaluation.	Ghebrekristos YT, Beylis N, Centner CM, Venter R, Derendinger B, Tshivhula H, et al.	2023	10.1016/s2666-5247(23)00169-6 (peer-reviewed article)
111	Scientific Reports	Polymorphisms in the Pfcrt, Pfmdr1, and Pfk13 genes of Plasmodium falciparum isolates from southern Brazzaville, Republic of Congo.	Baina MT, Djontu JC, Ntabi JDM, Mapanguy CCM, Lissom A, Vouvougui CJ, et al.	2024	10.1038/s41598-024-78670-2 (peer-reviewed article)
112	Heliyon	Gut microbiota in	Manouana GP, Kuk S, Linh		

#	Journal name	Publication title / hyperlink to publication	Author(s)	Publication year	DOI (publication type)
		vaccine naïve Gabonese children with rotavirus A gastroenteritis.	LTK, Pallerla SR, Niendorf S, Kremsner PG, et al.	2024	10.1016/j.heliyon.2024.e28727 (peer-reviewed article)
113	International Journal for parasitology. Drugs and Drug Resistance	Profile of molecular markers of Sulfadoxine-Pyrimethamine-resistant Plasmodium falciparum in individuals living in southern area of Brazzaville, Republic of Congo.	Djontu JC, Baina MT, Ntabi JDM, Lissom A, Umuhoza DM, Doulamou NVA, et al.	2024	10.1016/j.ijpddr.2024.100569 (peer-reviewed article)
114	The Lancet. Global Health	Point-of-care C-reactive protein and Xpert MTB/RIF Ultra for tuberculosis screening and diagnosis in unselected antiretroviral therapy initiators: a prospective, cross-sectional, diagnostic accuracy study.	Reeve BWP, Ndlangalavu G, Mishra H, Palmer Z, Tshivhula H, Rockman L, et al.	2024	10.1016/s2214-109x(24)00052-4 (peer-reviewed article)
115	International Journal of Infectious Diseases (IJID)	In-home TB Testing Using GeneXpert Edge is Acceptable, Feasible, and Improves the Proportion of Symptomatic Household Contacts Tested for TB: A Proof-of-Concept Study	Medina-Marino A, Bezuidenhout D, Bezuidenhout C, Facente SN, Fourie B, Shin SS, et al.	2024	10.1093/ofid/ofae279 (peer-reviewed article)

5.5. JU website articles promoting results and insights from supported projects

1. [Global Health EDCTP3 funds additional research projects to combat mpox - Global Health EDCTP3](#)
2. [New treatment against parasitic worm infections funded by EDCTP receives positive opinion by the European Medicines Agency - Global Health EDCTP3](#)
3. [Renewed momentum as Global Health EDCTP3 scales up investment in the fight against malaria - Global Health EDCTP3](#)
4. [Revolutionary HIV treatment for children introduced by EDCTP-funded CHAPAS - Global Health EDCTP3](#)
5. [Tale of potent anti-TB treatment highlights power of partnerships - Global Health EDCTP3](#)
6. [New projects target real-world solutions for HIV, malaria, neglected diseases and antimicrobial resistance - Global Health EDCTP3](#)
7. [Safer beginnings for every child - Global Health EDCTP3 - European Union](#)
8. [BioNTech partners with Global Health EDCTP3 to support African research - Global Health EDCTP3](#)
9. [When speed meets experience: emergency funding builds on past mpox research - Global Health EDCTP3](#)
10. [Fighting antimicrobial resistance: 32 projects leading the charge - Global Health EDCTP3](#)
11. [Two decades of Africa-Europe partnership delivering excellent science and life-saving innovations - Global Health EDCTP3](#)
12. [From labs to lives: EDCTP research drives next-generation HIV solutions in Africa - Global Health EDCTP3](#)

5.6. Programme Logic (as by end-December 2025)



5.7. Scoreboard of Horizon Europe common Key Impact Pathway Indicators (KIPs)³⁵

Key Impact Pathway ³⁶	Short-term	Medium-term	Longer-term	Data as of Dec 2025
Towards scientific impact				
1-Creating high-quality new knowledge	Publications -Number of peer-reviewed scientific publications resulting from the Programme	Citations -Field-Weighted Citation Index of peer-reviewed Publications resulting from the Programme	World-class science -Number and share of peer-reviewed publications resulting from the projects funded by the Programme that are core contribution to scientific fields	18
2-Strengthening human capital in R&I	Skills -Number of researchers involved in upskilling (training, mentoring/coaching, mobility and access to R&I infrastructures) activities in projects funded by the Programme	Careers -Number and share of upskilled researchers involved in the Programme with increased individual impact in their R&I field	Working conditions - Number and share of upskilled researchers involved in the Programme with improved working conditions, including researchers' salaries	1,091 researchers 53% women; 47% men
3-Fostering diffusion of knowledge and open science	Shared knowledge Share of research outputs (open data/publication/softw are etc) resulting from the Programme shared through open knowledge infrastructures	Knowledge diffusion -Share of open access research outputs resulting from the Programme actively used/cited	New collaborations - Share of Programme beneficiaries which have developed new transdisciplinary/trans-sectoral collaborations with users of their open access research outputs resulting from the Programme	97% 97% open access publications; 100% open access datasets
Towards societal impact				
4-Addressing Union policy priorities and global challenges through R&I	Results -Number and share of results aimed at addressing identified Union policy priorities and global challenges (including SDGs) (multidimensional: for each identified priority) Including: Number and share of climate-relevant results aimed at delivering on the	Solutions -Number and share of innovations and research outcomes addressing identified Union policy priorities and global challenges (including SDGs) (multidimensional: for each identified priority)Including: Number and share	Benefits -Aggregated estimated effects from use/exploitation of results funded by the Programme on tackling identified Union policy priorities and global challenges (including SDGs), including contribution to the policy and law-making cycle (such	n/a

³⁵ (based on Annex V to Regulation 2021/695/EU)

³⁶ NB: For some of those KIPs the data will not be available in the short or even medium term.

	Union's commitment under the Paris Agreement	of climate-relevant innovations and research outcomes delivering on Union's commitment under the Paris Agreement	as norms and standards) (multidimensional: for each identified priority) Including: Aggregated estimated effects from use/exploitation of climate-relevant results funded by the Programme on delivering on the Union's commitment under the Paris Agreement including contribution to the policy and law-making cycle (such as norms and standards)	
5-Delivering benefits and impact through R&I missions	R&I mission results - Results in specific R&I missions (multidimensional: for each identified mission)	R&I mission outcomes - Outcomes in specific R&I missions (multidimensional: for each identified mission)	R&I mission targets met -Targets achieved in specific R&I missions (multidimensional: for each identified mission)	Not applicable for the JUs
6-Strengthening the uptake of R&I in society	Co-creation -Number and share of projects funded by the Programme where Union citizens and end-users contribute to the co-creation of R&I content	Engagement - Number and share of participating legal entities which have citizen and end-users engagement mechanisms in place after the end of projects funded by the Programme	Societal R&I uptake - Uptake and outreach of co-created scientific results and innovative solutions generated under the Programme	20 projects (69%) Of which 11 projects (38%) with citizen engagement activities, and 20 projects (69%) with end-user engagement activities
Towards technological / economic impact				
7-Generating innovation-based growth	Innovative results - Number of innovative products, processes or methods resulting from the Programme (by type of innovation) & Intellectual Property Rights (IPR) applications	Innovations - Number of innovations resulting from the projects funded by the Programme (by type of innovation) including from awarded IPRs	Economic growth - Creation, growth & market shares of companies having developed innovations in the Programme	8 innovative products, of which 4 methods, 2 services, 2 products
8-Creating more and better jobs	Supported employment -Number of full time equivalent (FTE) jobs created, and jobs maintained in participating legal	Sustained employment - Increase of FTE jobs in participating legal entities following the	Total employment - Number of direct & indirect jobs created or maintained due to diffusion of results from the Programme	424,85 full-time equivalent employees

	entities for the project funded by the Programme (by type of job)	project funded by the Programme (by type of job)	(by type of job)	
9- Leveraging investments in R&I	Co-investment - Amount of public & private investment mobilised with the initial investment from the Programme	Scaling-up - Amount of public & private investment mobilised to exploit or scale-up results from the Programme (including foreign direct investments)	Contribution to '3 % target' - Union progress towards 3 % GDP target due to the Programme	EUR 27.37 Million in beneficiaries' own funds (6% from total project costs)

5.8. Horizon Europe Partnership common Key Performance Indicators³⁷

No	Criterion addressed	Proposed common indicators	Baseline ³⁸	Results for 2025	Target 2027
1	Additionality	Progress towards (financial and in-kind) contributions from partners other than the Union – i.e. committed vs. actual	By end-2024: Total amounts pledged by partners other than the Union: €607.3 million Attained leverage €1: €0.76	By end-2025: Total amounts pledged by partners other than the Union: €895.3 million Attained leverage €1: €1.08	€800 million , of which ➤ €400 million by contribution partners ➤ €400 million by EDCTP Association (SBA, art 102, art 103) Targeted leverage €1: €1
2	Additionality/ Synergies	Additional investments triggered by the EU contribution, including qualitative impacts related to additional activities	n/a	Not yet assessable in a consolidated way	n/a
3	Directionality	Overall (public and private, in-kind and cash) investments mobilised towards EU priorities	In 2021: Broad alignment primarily with global health / SDG 3, by programme design	By end-2025: Most mobilised investments aligned with global health (SDG 3) and partnership-building (SDG 17), with visible support to health security and epidemic preparedness, climate and health, and late-stage clinical research and product development	n/a
4	International visibility and positioning	International actors involved	n/a	International actors engaged through major external fora and through references by policy, advocacy and analytical organisations	n/a
5	Transparency and openness	Share & type of stakeholders and countries invited/engaged	n/a	By end-2025: Stakeholder engagement broadened through JU governance and advisory bodies: - 46 EDCTP Association member countries - 30 organisations selected to the	

³⁷ (based on an interim report published on 21 June 2021 (Commission Experts' report, Section 5 and Appendix 1 <https://op.europa.eu/en/publication-detail/-/publication/6b63295f-d305-11eb-ac72-01aa75ed71a1/language-en/format-PDF/source-215872593>)

³⁸ Where baseline data were not available, previous reporting-year values were used as a comparative reference where possible.

No	Criterion addressed	Proposed common indicators	Baseline ³⁸	Results for 2025	Target 2027
				renewed Stakeholders Group from Africa, Europe and other regions; Scientific Committee included expertise from both Europe and Africa	
6	Transparency and openness	No and types of newcomer members in partnerships and their countries of origin (geographical coverage)	In 2021: 32 countries in the EDCTP Association (18 Africa, 14 Europe)	By end-2025: Burundi joined the EDCTP Association in 2025, bringing EDCTP Association membership to 46 countries (31 Africa, 15 Europe)	n/a
7	Transparency and openness	No and types of newcomer beneficiaries in funded projects (in terms of types and countries of origin)	n/a	By end-2025: In the 2025 project cohort, newcomers to the JU were present in 85% of projects and represented 48% of participating organisations ; organisations new to the wider EDCTP Programme were present in 79% of projects and represented 37%	
8	Coherence and synergies	Number and type of coordinated and joint activities with other European Partnerships	0 (December 2021)	By end-2025: 4 back-office arrangements with other JUs remained operational in 2025 (ICT, Accounting, HR, Legal), with further implementation of common HR, accounting and ICT activities	n/a
9	Coherence and synergies	Number and type of coordinated and joint activities with other R&I Initiatives at EU /national/regional/sectorial level	n/a	By end-2025: Exchanges and cooperation took place with HERA, DG INTPA, DG RTD, DG ECHO and EMA ; further synergies also emerged with IHI JU, the Horizon 2020 SME Instrument / EIC accelerator , and the ERC-AAS partnership (see Section 1 6 1)	n/a
10	Coherence and synergies	Complementary and cumulative funding from other Union funds (Horizon Europe, ERDF, RRF, Other cohesion policy funds, CEF, DEP, LIFE, other) and national funding	n/a	By end-2025: Examples were evidenced in mpox response, complementarity with DG ECHO in the DRC , use of prior H2020/EIC-supported diagnostic innovation in a EDCTP-supported	n/a

No	Criterion addressed	Proposed common indicators	Baseline ³⁸	Results for 2025	Target 2027
				project, and complementarity between IMI2/IHI and EDCTP-supported TB product-development pathways (see Section 1.6.1)	
11	International visibility and positioning	Visibility of the partnership in national, European, international policy/industry cycles	In 2024: 12 known external mentions; 30 external events; 13k LinkedIn followers; 4.5k website visitors; 1.8k newsletter subscribers; 2 public platforms where data shared	In 2025: 44 known external mentions; 45 external events; 26.7k LinkedIn followers; 53.3k website visitors; 4.4k newsletter subscribers; 3 public platforms where data shared	n/a

5.9. Scoreboard of Key Performance Indicators specific to Global Health EDCTP3 (excerpts)

KPI: Calls for Proposals Launched <i>Number of calls and call topics for grant proposals launched by the JU</i>	
2022 → 2024	2022 → 2025
<p>Total: 8 calls, 22 topics</p> <ul style="list-style-type: none"> ✓ RIA: 16 topics ✓ CSA: 6 topics ✓ 1-stage calls: 4 ✓ 2-stage calls: 3 	<p>Total: 13 calls, 30 topics</p> <ul style="list-style-type: none"> ✓ RIA: 21 topics ✓ CSA: 9 topics ✓ 1-stage calls: 5 ✓ 2-stage calls: 7
KPI: Proposals submitted <i>Number of proposals submitted to JU calls, prior to admissibility and eligibility checks, including Stage 1 submissions*</i>	
2022 → 2024	2022 → 2025
<p>Numbers of Proposals</p> <p><i>Before admissibility & eligibility check: 539</i></p> <ul style="list-style-type: none"> ✓ RIA: 491 ✓ CSA: 48 <i>Only eligible: 469</i> ✓ RIA: 435 ✓ CSA: 34 	<p>Numbers of Proposals</p> <p><i>Before admissibility & eligibility check: 827</i></p> <ul style="list-style-type: none"> ✓ RIA: 705 ✓ CSA: 122 <i>Only eligible: 718</i> ✓ RIA: 625 ✓ CSA: 93
KPI: Proposals Selected for Funding <i>Number of proposals selected for funding with signed Grant Agreements</i>	
2022 → 2024	2022 → 2025
<p>Total: 74 projects</p> <ul style="list-style-type: none"> ✓ RIA: 59 (80%) ✓ CSA: 15 (20%) 	<p>Total: 107 projects</p> <ul style="list-style-type: none"> ✓ RIA: 91 (85%) ✓ CSA: 16 (15%)

KPI: Visibility in External Events	
<i>Number of events featuring presentations or agenda items on EDCTP activities or priorities</i>	
In 2024	In 2025
<p>Total: 30</p> <ul style="list-style-type: none"> ✓ organized by EDCTP: 2 ✓ organized by others: 28 ✓ in Africa: 7 ✓ in Europe: 15 ✓ in other regions: 2 ✓ online: 6 	<p>Total: 45</p> <ul style="list-style-type: none"> ✓ organized by EDCTP: 2 (incl EDCTP Forum) ✓ organized by others: 43 ✓ in Africa: 6 ✓ in Europe: 34 ✓ in other regions: 2 ✓ online: 3 <p>Notable examples include participation in major international policy and scientific fora:</p> <ul style="list-style-type: none"> • The UNGA80 Science Summit • The World Health Summit • The AU-EU High-Level Policy Dialogue on Science, Technology and Innovation • The Union World Conference on Lung Health • The WHO Global Clinical Trials Forum • The 14th European Congress on Tropical Medicine and International Health
KPI: Size of Global Health EDCTP3 digital audience	
<i>Combined reach across the JU's digital communication channels, including social media, website traffic, and newsletter subscribers</i>	
2022 → 2024	2022 → 2025
<ul style="list-style-type: none"> ✓ LinkedIn: 13k followers ✓ Website (new): 4.5k visitors ✓ Newsletter: 1.8k contacts ✓ X: 1.7k followers 	<ul style="list-style-type: none"> ✓ LinkedIn: 26.7k followers ✓ Website: 53.3k visitors ✓ Newsletter: 4.5k contacts ✓ X: 2.2K followers ✓ BlueSky (since Sept 2025): 120 followers
KPI: Contribution to Public Clinical Research Portals	
<i>Count of public platforms and trackers to which the JU has contributed its funding portfolio data</i>	
2022 → 2024	2022 → 2025
<p>Total: 2</p> <p><i>(GFinder, Kigali Declaration)</i></p>	<p>Total: 3</p> <p><i>(GFinder, Kigali Declaration, TB Treatment Action Group)</i></p>

KPI: Implementation Support Trainings Number of legal, financial, and project-management trainings organised for EDCTP project beneficiaries	
2022 → 2024	2022 → 2025
# trainings: 4 ✓ in Africa: 3 ✓ in Europe: 0 ✓ online: 1 ----- # trainings provided by: ✓ EDCTP Association/ Africa Office: 3 ✓ JU's office team: 1 ----- total training time: 52 hours ✓ in Africa: 48 ✓ in Europe: 0 ✓ online: 4	# trainings*: 8 ✓ in Africa: 6 ✓ in Europe (hybrid): 1 ✓ online: 1 ----- # trainings provided by: ✓ EDCTP Association/ Africa Office: 5 ✓ JU's office team: 3 ----- total training time: 103 hours ✓ in Africa: 91 ✓ in Europe (hybrid): 8 ✓ online: 4
* Includes the workshops provided in Kigali by the JU staff during the 2025 EDCTP Forum	
KPI: Participants in Beneficiary Implementation Trainings Number and distribution of individuals (unique counts ³⁹) attending legal, financial, and project-management trainings organised for EDCTP project beneficiaries	
2022 → 2024	2022 → 2025
Total: 315 ✓ from Africa: 238 (76%) ✓ from Europe: 55 (17%)	Total**: 879 ✓ from Africa: 612 (70%) ✓ from Europe: 231 (26%)
** Excludes attendees of workshops in Kigali during the 2025 EDCTP Forum – data not available	

KPI: Publications in Peer-Reviewed Journals Number of publications in peer-reviewed journals resulting from the JU-funded research, including in leading international medical journals ⁴⁰	
2022 → 2024	2022 → 2025
Total: 22 (from 8 JU-funded projects) ----- In leading scientific journals relevant to EDCTP's mandate: ✓ The Lancet Infectious Diseases: 1 (Malaria) ✓ The Lancet Global Health: 2 (Ebola, Mpox) ✓ Malaria Journal: 2 (Malaria)	Total: 58 (from 18 JU-funded projects) ----- In leading scientific journals relevant to EDCTP's mandate: ✓ The Lancet: 3 (all on Mpox) ✓ NEJM: 1 (Mpox) ✓ The Lancet Infectious Diseases: 3 (Mpox, Malaria) ✓ Clinical Infectious Diseases: 1 (TB) ✓ International Journal of Infectious Diseases: 1 (Malaria) ✓ The Lancet Global Health: 3 (Ebola, Mpox, Malaria) ✓ BMJ Global Health: 1 (Malaria) ✓ Malaria Journal: 2 (Malaria)

³⁹ Training participants who attended multiple trainings are counted only once

⁴⁰ These figures are based on publications reported by JU-funded project coordinators through the project's ongoing (i.e. 'continuous') reporting. Final totals are verified at formal reporting ('REPA') milestones and are therefore expected to be higher.

KPI: Participation of Individuals in JU-Funded Projects	
<i>Number and share of individuals involved in JU-funded grants, including distribution by nationality and representation in leading roles⁴¹</i>	
2022 → 2024	2022 → 2025
<p>Total: 1 425</p> <p>By main nationality:</p> <ul style="list-style-type: none"> ✓ Europe: 551 (39%) ✓ Africa: 810 (57%) ✓ Other regions: 64 (4%) <p style="text-align: right;">-----</p> <p>In leading roles: 439</p> <p>By main nationality:</p> <ul style="list-style-type: none"> ✓ Europe: 201 (46%) ✓ Africa: 223 (51%) ✓ Other regions: 15 (3%) 	<p>Total: 2 419</p> <p>By main nationality:</p> <ul style="list-style-type: none"> ✓ Europe: 836 (35%) ✓ Africa: 1 446 (60%) ✓ Other regions: 137 (5%) <p style="text-align: right;">-----</p> <p>In leading roles: 673</p> <p>By main nationality:</p> <ul style="list-style-type: none"> ✓ Europe: 290 (43%) ✓ Africa: 352 (52%) ✓ Other regions: 31 (5%)
KPI: Early-Career Talent Engagement	
<i>Number and proportion of fellows, trainees, and post-doctoral researchers participating in JU-funded grants</i>	
2022 → 2024	2022 → 2025
<p>Total: 306</p> <ul style="list-style-type: none"> ✓ Europe: 85 (28%) of 306 <ul style="list-style-type: none"> ○ PhD students: 5 ○ Post-doctoral: 10 ✓ Africa: 214 (70%) of 306 <ul style="list-style-type: none"> ○ PhD students: 1 ○ Post-doctoral: 1 	<p>Total: 709</p> <ul style="list-style-type: none"> ✓ Europe: 169 (24%) of 709 <ul style="list-style-type: none"> ○ PhD students: 23 ○ Post-doctoral: 28 ✓ Africa: 512 (72%) of 709 <ul style="list-style-type: none"> ○ PhD students: 78 ○ Post-doctoral: 37

KPI: External Mentions of EDCTP	
<i>Total number and selected examples of known references to EDCTP in media, research, and policy publications at global, regional, and national levels (excluding in outputs produced by an EU institution)</i>	
2022 → 2024	2022 → 2025
<p>Known mentions: 12</p> <p>Selected examples:</p> <ul style="list-style-type: none"> ✓ WHO, <u>Guidance for best practices for clinical trials</u> ✓ WHO & Africa CDC, <u>Mpox Continental Preparedness and Response Plan for Africa</u> ✓ Policy Cures Research, <u>The Impact of Global Health R&D</u> ✓ ECDPM, <u>A partnership in progress: Africa and the EU strive for global health and equitable access</u> 	<p>Known mentions: 24</p> <p>Selected examples:</p> <ul style="list-style-type: none"> ✓ CEPS, <u>Towards an Ambitious FP10: Shaping Europe's Role in the World through Research and Innovation</u> ✓ Impact Global Health, <u>Global health R&D makes a strong investment case for Team Europe</u> ✓ Impact Global Health, <u>Rethinking global health R&D: a system under pressure, time for reform</u> ✓ Impact Global Health, <u>The ripple effect: how global health R&D delivers for everyone</u> ✓ Global Health Advocates, <u>No eradication without innovation</u> ✓ Science Business, <u>Healthcare research: can it go truly</u>

⁴¹ Leading roles refer to project coordinators and work package leads, as indicated by project focal points in the Horizon Europe's reporting system

	<p><u>global?</u></p> <ul style="list-style-type: none"> ✓ <u>World Economic Forum, <i>Improving access to innovative medicines in Africa starts with clinical trials</i></u> ✓ <u>UK Parliament, <i>Written Evidence to Science, Innovation and Technology Committee</i></u> ✓ <u>WHO AFRO, <i>Cameroon National Health Development Plan 2021–2025 (updated 2025)</i></u> ✓ <u>Danish Alliance for Global Health, <i>European Global Health Leadership Amid Crises – A Strategic Investment for the EU and the World</i></u>
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KPI: Formalised Contributing Partner Collaborations	
<i>Number of Contributing Partners with established formal collaboration agreements with the JU</i>	
2022 → 2024	2022 → 2025
<p>Total at JU-level: 2</p> <ul style="list-style-type: none"> ✓ Gates Foundation (2022) ✓ BioNTech (2024) <p style="text-align: center;">-----</p> <p>Total at project level: n/a</p>	<p>Total at JU-level: 4</p> <ul style="list-style-type: none"> ✓ Gates Foundation (2022) ✓ BioNTech (2024) ✓ CEPI (2025) ✓ Leprosy Research Initiative (2005) <p style="text-align: center;">-----</p> <p>Total at project level: 44</p> <p><i>Top 5 (by planned EUR contributions under JU's Work Programme 2025):</i></p> <ol style="list-style-type: none"> 1. IAVI – South Africa (€40.3 M) 2. Novartis – Switzerland (€15.9 M) 3. GSK 3 Cantos – Spain (€14.3 M) 4. Biofabri – Spain (€9.2 M) 5. University of Global Health Equity – Rwanda (€4.1 M)

KPI: EDCTP Association members	
<i>Number and distribution of member countries by world region and language grouping</i>	
2022 → 2024	2022 → 2025
<p>Total: 45</p> <p><i>Of them, located in:</i></p> <ul style="list-style-type: none"> ✓ Europe: 15 (of which 13 EU countries; no Eastern Europe country) ✓ Africa: 30 <p><i>Among the 30 Africa-based countries:</i></p> <ul style="list-style-type: none"> ✓ Anglophone: 16 ✓ Francophone: 12 ✓ Lusophone: 2 	<p>Total: 46</p> <p><i>Of them, located in:</i></p> <ul style="list-style-type: none"> ✓ Europe: 15 (of which 13 EU countries; no Eastern Europe country) ✓ Africa: 31 (Burundi joined in 2025) <p><i>Among the 31 Africa-based countries:</i></p> <ul style="list-style-type: none"> ✓ Anglophone: 16 ✓ Francophone: 13 ✓ Lusophone: 2

KPI: Country participation in JU-funded grants <i>Distribution of countries where organisations participating in JU-funded projects are located, by region and language grouping</i>	
2022 → 2024	2022 → 2025
<p>Total: 56</p> <p><i>Of them, located in:</i></p> <ul style="list-style-type: none"> ✓ Europe: 18 (of which 15 EU countries; 1 Eastern Europe country) ✓ Africa: 34 ✓ Other world regions: 4 <p><i>Among the 34 Africa-based countries:</i></p> <ul style="list-style-type: none"> ✓ Anglophone: 15 ✓ Francophone: 13 ✓ Lusophone: 5 ✓ Other: 1 	<p>Total: 64</p> <p><i>Of them, located in:</i></p> <ul style="list-style-type: none"> ✓ Europe: 20 (of which 16 EU countries; 2 Eastern Europe countries) ✓ Africa: 36 ✓ Other world regions: 8 <p><i>Among the 36 Africa-based countries:</i></p> <ul style="list-style-type: none"> ✓ Anglophone: 16 ✓ Francophone: 14 ✓ Lusophone: 5 ✓ Other: 1

KPI: Leveraged external resources <i>Scale and composition of financial and in-kind contributions mobilised for programme implementation</i>	
2022 → 2024	2022 → 2025
<p>Leverage effect: €1 (EU) to €0.76 (non-EU)</p> <p style="text-align: center;">-----</p> <p>Amounts pledged - all:</p> <ul style="list-style-type: none"> ✓ EU (cash): €800 M ✓ EDCTP Association (cash): €20.3 M ✓ EDCTP Association (IKAAs): €552 M ✓ Contributing Partners (cash, in-kind): €35 M <ul style="list-style-type: none"> ○ JU level: €35 M ○ Project level: n/a <p style="text-align: center;">-----</p> <p>n/a</p>	<p>Leverage effect: €1 (EU) to €1.08 (non-EU)</p> <p style="text-align: center;">-----</p> <p>Amounts pledged - all:</p> <ul style="list-style-type: none"> ✓ EU (cash): €883 M⁴² ✓ EDCTP Association (cash): €35 M ✓ EDCTP Association (IKAAs): €767.8 M ✓ Contributing Partners (cash, in-kind): €148 M <ul style="list-style-type: none"> ○ JU level: €46.3 M ○ Project level⁴³: €101.8 M <p style="text-align: center;">-----</p> <p>Amounts pledged by Africa-based entities: €128.6 M, of which:</p> <ul style="list-style-type: none"> ✓ EDCTP Association (IKAAs): €74.3 M (10% of all IKAAs) ✓ Contributing Partners (cash & in-kind): €54.3 M <ul style="list-style-type: none"> ○ JU level: €0 ○ Project level: €54.3 M (53% of all project-level Contributing Partners' pledges)

⁴² EU's planned investments in Global Health EDCTP3, after cuts due to the 'MMF Mid Term Revision' & 'AI Giga Factories'; it includes EUR 773 M planned investments from European Commission, and EUR 110 M planned investments from the UK contribution to Horizon Europe (related to its association to Horizon Europe programme in Jan 2024)

⁴³ In 2025 calls, co-funding was encouraged via expectations to match JU funding with external financial or in-kind contributions, to be supported by formal endorsement letters. This was also reflected in evaluation criteria. Projects under respective calls will be signed in the course of 2026 calendar year.

KPI: Funding Structure of JU-Supported Projects⁴⁴ <i>Share of total project costs covered by JU grants (EU and non-EU funds) and by other external project resources, as specified in Grant Agreements⁴⁵</i>	
2022 → 2024	2022 → 2025 ⁴⁶
Costs for the 74 JU-funded projects: €257.7 M Of which, covered by: ✓ <i>JU grants with EU funds: €228.7 M (89%)</i> ✓ <i>JU grants with non-EU funds: €5.3 M (2%)</i> ✓ <i>other project resources: €23.7 M (9%)</i>	Costs for the 107 JU-funded projects: €457.5 M Of which, covered by: ✓ <i>JU grants with EU funds: €409.8 M (90%)</i> ✓ <i>JU grants with non-EU funds: €20.3 M (4%)</i> ✓ <i>other project resources: €27.4 M (6%)</i>

KPI: Sectoral Composition of Participating Organisations⁴⁷ <i>Distribution of project participants and allocated grant funding by organisation sector</i>	
2022 → 2024	2022 → 2025
Education establishments among all organisations in JU-funded projects: 111 (36%) of 308 JU grant amounts allocated to education establishments: €89.4 M (38%) of €234 M -----	Education establishments among all organisations in JU-funded projects: 151 (37%) of 406 JU grant amounts allocated to education establishments: €184 M (43%) of €430.1 M -----
Research organisations among all organisations in JU-funded projects: 83 (27%) of 308 JU grant amounts allocated to research organisations: €86 M (37%) of €234 M -----	Research organisations among all organisations in JU-funded projects: 110 (27%) of 406 JU grant amounts allocated to research organisations: €162 M (37%) of €430.1 M -----
Private for-profit among all organisations in JU-funded projects: 40 (13%) of 308 JU grant amounts allocated to private for-profit: €15.2 M (6%) of €234 M -----	Private for-profit among all organisations in JU-funded projects: 54 (13%) of 406 JU grant amounts allocated to private for-profit: €29.4 M (7%) of €430.1 M -----
Public bodies among all organisations in JU-funded projects: 41 (13%) of 308 JU grant amounts allocated to public bodies: €16.7 M (7%) of €234 M -----	Public bodies among all organisations in JU-funded projects: 49 (12%) of 406 JU grant amounts allocated to public bodies: €21.2 M (5%) of €430.1 M -----
Other types among all organisations in JU-funded projects: 33 (11%) of 308	Other types among all organisations in JU-funded projects: 42 (11%) of 406

⁴⁴ This is a KPI is partly tracked by Horizon Europe programme's short-term indicator for Key Impact Pathway 9: Leveraging Investments in R&I (see methodology of calculation in [Indicator Methodology and Metadata Handbook](#)), for which Horizon Europe tracks the ratio of project costs covered by other sources than EU funds

⁴⁵ Some of the additional project resources are already included in IKAA amounts or in Contributing Partners amounts.

⁴⁶ The ratio of funds from non-EU resources is expected to increase further during 2026, due to matching co-funding from Contributing Partners encouraged through 2025 calls for proposals and selection process.

⁴⁷ Data in this table present absolute numbers and percentage shares of organisations participating in JU-funded project consortia. Classifications are based on the organisation taxonomy applied by the European Commission for Horizon Europe reporting, which assigns each participating entity to a predefined category according to its institutional type. These categories include: higher or secondary education establishments; research organisations; private for-profit entities (including SMEs); public bodies (other than research and education); and other organisations.

JU grant amounts allocated to other types: €26.6 M (11%) of €234	JU grant amounts allocated to other types: €33.8 M (8%) of €430.1 M
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KPI: Participation of Innovation & Industry Partners (IPPs) <i>Extent and share of industry actors participating in JU-supported projects and receiving funding</i>	
2022 → 2024	2022 → 2025
<p>JU-funded projects with IPPs' participation: 39 (53%) of 74</p> <p><i>Among them:</i></p> <ul style="list-style-type: none"> ✓ SMEs: 20 (27%) ✓ PDPs: 8 (11%) ✓ Private for-profit: 31 (42%) <p style="text-align: center;">*****</p> <p>IPPs among all organisations in JU-funded projects: 53 (17%) of 308</p> <p><i>Among them:</i></p> <ul style="list-style-type: none"> ✓ SMEs: 24 (8%) ✓ PDPs: 6 (2%) ✓ Private for-profit: 40 (13%) <p style="text-align: center;">*****</p> <p>JU grant amounts allocated to PPIs: €16.9 M (7%) of €234 M</p> <p><i>Of which:</i></p> <ul style="list-style-type: none"> ✓ SMEs: €6.8 M (3%) ✓ PDPs: €0.3 M (0.1%) ✓ Private for-profit: €15.2 M (6%) 	<p>JU-funded projects with IPPs' participation: 62 (58%) of 107</p> <p><i>Among them:</i></p> <ul style="list-style-type: none"> ✓ SMEs: 32* (30%) ✓ PDPs: 18 (17%) ✓ Private for-profit: 47 (45%) <p style="text-align: center;">*****</p> <p>IPPs among all organisations in JU-funded projects: 71 (17%) of 406</p> <p><i>Among them:</i></p> <ul style="list-style-type: none"> ✓ SMEs: 33 (8%) ✓ PDPs: 10 (2%) ✓ Private for-profit: 54 (14%) <p style="text-align: center;">*****</p> <p>JU grant amounts allocated to PPIs: €36 M (8%) of €430.1 M</p> <p><i>Of which:</i></p> <ul style="list-style-type: none"> ✓ SMEs: €13.5 M (3%) ✓ PDPs: €3 M (0.7%) ✓ Private for-profit: €29 M (7%)
* Of the 32 projects with participating SMEs, 24 are on digital technology and/or diagnostics and/or genomic surveillance	

KPI: Inclusion of New Participating Organisations <i>Presence and share of organisations new to the JU or EDCTP across projects and funding⁴⁸</i>	
2022 → 2024	2022 → 2025
<p>JU-funded projects with participation of newcomers to the JU: 45 (98%) of 46</p> <p>JU-funded projects with participation of newcomers to EDCTP: 40 (87%) of 46</p> <p style="text-align: center;">*****</p> <p>Newcomers to the JU among participating organisations: 143 (64%) of 222</p> <p>Newcomers to EDCTP among participating organisations: 111 (50%) of 222</p> <p style="text-align: center;">*****</p> <p>Grant amounts allocated to newcomers to the JU: € 66M (51%) of €130.8 M</p> <p>Grant amounts allocated to newcomers to EDCTP: € 36M (27%) of €130.8 M</p>	<p>JU-funded projects with participation of newcomers to the JU: 28 (85%) of 33</p> <p>JU-funded projects with participation of newcomers to EDCTP: 26 (79%) of 33</p> <p style="text-align: center;">*****</p> <p>Newcomers to the JU among participating organisations: 99 (48%) of 206</p> <p>Newcomers to EDCTP among participating organisations: 76 (37%) of 206</p> <p style="text-align: center;">*****</p> <p>Grant amounts allocated to newcomers to the JU: € 52M (26%) of €196.1 M</p> <p>Grant amounts allocated to newcomers to EDCTP: € 39M (20%) of €196.1 M</p>

⁴⁸ Figures for JU: first-time participants in one or several JU-funded projects with grants signed in the reference year (2024 or 2025); figures for EDCTP: first time participants in one or several projects funded by EDCTP1, and/or EDCTP2, and/or Global Health EDCTP3 with grants signed in the reference year (2024 or 2025)

KPI: Women's Participation in JU-Supported Activities <i>Presence and share of women across project teams, functions, and participation levels</i>	
2022 → 2024	2022 → 2025
<p>Women among JU-funded project team members: 649 (46%) of 1 425</p> <ul style="list-style-type: none"> ✓ Women in Africa-based teams: 316 (39%) ✓ Women in Europe-based teams: 298 (54%) <p style="text-align: center;">-----</p> <p>Women among project team members in leading roles: 165 (38%) of 439</p> <ul style="list-style-type: none"> ✓ Africa-based women in leading roles: 72 (32%) ✓ Europe-based women in leading roles: 86 (43%) <p style="text-align: center;">-----</p> <p>Women among project team members in early career stages: 169 (55%) of 306</p> <ul style="list-style-type: none"> ✓ Africa-based women in early career stages: 105 (49%) ✓ Europe-based women in early career stages: 59 (69%) <p style="text-align: center;">-----</p> <p>n/a</p>	<p>Women among JU-funded project team members: 1 090 (45%) of 2 419</p> <ul style="list-style-type: none"> ✓ in Africa-based teams: 561 (39%) ✓ in Europe-based teams: 459 (55%) <p style="text-align: center;">-----</p> <p>Women among project team members in leading roles: 255 (38%) of 673</p> <ul style="list-style-type: none"> ✓ Africa-based women in leading roles: 109 (31%) ✓ Europe-based women in leading roles: 133 (46%) <p style="text-align: center;">-----</p> <p>Women among project team members in early career stages: 381 (54%) of 709</p> <ul style="list-style-type: none"> ✓ Africa-based women in early career stages: 246 (48%) ✓ Europe-based women in early career stages: 119 (70%) <p style="text-align: center;">-----</p> <p>Women among project team members in CSA projects: 158 (59%) of 270</p> <ul style="list-style-type: none"> ✓ Africa-based women in CSA projects: 101 (53%) ✓ Europe-based women in CSA projects: 56 (76%) <p>Women among project team members in RIA projects: 939 (43%) of 2 175</p> <ul style="list-style-type: none"> ✓ Africa-based women in RIA projects: 464 (36%) ✓ Europe-based women in RIA projects: 405 (53%)

KPI: Participation of Africa-Based Organisations <i>Presence and share of Africa-based organisations participating in JU-supported projects and receiving funding</i>	
2022 → 2024	2022 → 2025
<p>Africa-based organisations participating in JU-funded projects: 153 (50%) of 308</p> <p><i>Among them, based in:</i></p> <ul style="list-style-type: none"> ✓ Anglophone countries: 93 (61%) ✓ Francophone countries: 42 (27%) ✓ Lusophone countries: 17 (11%) ✓ Other countries: 1 (1%) <p style="text-align: center;">-----</p> <p>JU grant amounts allocated to Africa-based organisations: € 146.4M (63%) of €234 M</p> <p><i>Funds to organisations in:</i></p> <ul style="list-style-type: none"> ✓ Anglophone countries: €85.7 M (59%) ✓ Francophone countries: €53 M (36%) ✓ Lusophone countries: €7.9 M (5%) ✓ Other countries: €0 <p style="text-align: center;">-----</p> <p>Africa-based organisations coordinating JU-funded projects: 9 (17%) of the 53 organisations coordinating projects - all in</p>	<p>Africa-based organisations participating in JU-funded projects: 199 (50%) of 406</p> <p><i>Among them, based in:</i></p> <ul style="list-style-type: none"> ✓ Anglophone countries: 121 (61%) ✓ Francophone countries: 57 (29%) ✓ Lusophone countries: 20 (10%) ✓ Other countries: 1 (0.5%) <p style="text-align: center;">-----</p> <p>JU grant amounts allocated to Africa-based organisations: € 268.3M (62%) of €430.1 M</p> <p><i>Funds to organisations in:</i></p> <ul style="list-style-type: none"> ✓ Anglophone countries: €158.9 M (59%) ✓ Francophone countries: €93.6 M (35%) ✓ Lusophone countries: €15.8 M (6%) ✓ Other countries: €0 <p style="text-align: center;">-----</p> <p>Africa-based organisations coordinating JU-funded projects: 9 (14%) of the 68 organisations coordinating projects - all in</p>

<p>South Africa</p> <p style="text-align: center;">-----</p> <p>Africa-based organisations in scientific leadership role: 28 (100% of organisations in this role)</p> <p><i>Among them, based in:</i></p> <ul style="list-style-type: none"> ✓ <i>Anglophone: 12 (43%)</i> ✓ <i>Francophone countries: 14 (50%)</i> ✓ <i>Lusophone countries: 2 (7%)</i> ✓ <i>Other countries: 0</i> 	<p>South Africa</p> <p style="text-align: center;">-----</p> <p>Africa-based organisations in scientific leadership role: 49 (100% of organisations in this role)</p> <p><i>Among them, based in:</i></p> <ul style="list-style-type: none"> ✓ <i>Anglophone countries: 28 (57%)</i> ✓ <i>Francophone countries: 19 (39%)</i> ✓ <i>Lusophone countries: 2 (4%)</i> ✓ <i>Other countries: 0</i>
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5.10. IKAA Report

<i>AA Category and AA Scope</i>	<i>IKAA Related To Programme or Project</i>	<i>Reported Value 2022 - 2024</i>	<i>Reported Value 2025</i>	<i>Cumulative Reported Value</i>	<i>Certified Value</i>	<i>Reported Value not yet certified</i>	<i>Total Planned AA Value</i>
<i>Support to additional R&I</i>							
Activities implemented by sub-Saharan African governmental research organisations	PG	1 541 082.29	543 063.00	2 084 145.29	-	2 084 145.29	13 160 226.47
Activities of constituent or affiliated entities of the EDCTP Association aligned with similar activities from other constituent or affiliated entities of the EDCTP Association and independently managed in accordance with national funding rules	PG	1 719 838.00	484 779.50	2 204 617.50	867 149.06	1 337 468.44	122 795 950.90
Activities which promote networking and partnerships building relationships with multiple private and public-sector organisations	PG	-	15 636 277.00	15 636 277.00	-	15 636 277.00	71 416 913.00

Support for the development of research infrastructures such as clinical trial networks or cohorts related to the scope of the Global Health EDCTP3 Joint Undertaking, and support for strengthening health systems' preparedness for carrying out research activities within the scope of the Global Health EDCTP3 Joint Undertaking	PG	104 627 450.16	6 563 374.14	111 190 824.30	80 382 753.70	30 808 070.60	290 524 859.00
<i>Scale-up of technologies</i>							
Activities which promote networking and partnerships building relationships with multiple private and public-sector organisations	PG	17 966 636.50	21 125 193.00	39 091 829.50	1 585 819.50	37 506 010.00	47 000 000.00
Support for the development of research infrastructures such as clinical trial networks or cohorts related to the scope of the Global Health EDCTP3 Joint Undertaking, and support for strengthening health systems' preparedness for carrying out research activities within the scope of the Global Health EDCTP3 Joint Undertaking	PG	9 051 426.88	-	9 051 426.88	996 750.00	8 054 676.88	10 681 474.00
<i>Training and skills development</i>							
Activities implemented by sub-Saharan African governmental research organisations	PG	1 492 073.16	-	1 492 073.16	-	1 492 073.16	1 987 395.00

Activities of constituent or affiliated entities of the EDCTP Association aligned with similar activities from other constituent or affiliated entities of the EDCTP Association and independently managed in accordance with national funding rules	PG	780 796.84	327 549.26	1 108 346.10	275 690.50	832 655.60	5 068 045.40
Activities which promote networking and partnerships building relationships with multiple private and public-sector organisations	PG	6 041 561.53	4 200 000.00	10 241 561.53	-	10 241 561.53	12 789 321.00
Support for the development of research infrastructures such as clinical trial networks or cohorts related to the scope of the Global Health EDCTP3 Joint Undertaking, and support for strengthening health systems' preparedness for carrying out research activities within the scope of the Global Health EDCTP3 Joint Undertaking	PG	8 639 919.02	1 877 959.60	10 517 878.62	8 569 287.71	1 948 590.91	19 784 918.00
<i>Contribution to the development of new standards, regulations and policies</i>							
Activities implemented by sub-Saharan African governmental research organisations	PG	1 455 948.00	-	1 455 948.00	-	1 455 948.00	4 834 811.00
Activities of constituent or affiliated entities of the EDCTP Association aligned with similar activities from other constituent or affiliated entities of the EDCTP Association and independently managed in accordance with national funding rules	PG	259 016.70	170 666.00	429 682.70	259 016.70	170 666.00	743 831.00

Activities which promote networking and partnerships building relationships with multiple private and public-sector organisations	PG	1 982 300.00	-	1 982 300.00	-	1 982 300.00	1 808 000.00
<i>Supporting ecosystem development</i>							
Activities implemented by sub-Saharan African governmental research organisations	PG	-	-	-	-	-	6 275 000.00
Activities of constituent or affiliated entities of the EDCTP Association aligned with similar activities from other constituent or affiliated entities of the EDCTP Association and independently managed in accordance with national funding rules	PG	-	-	-	-	-	149 984.00
Activities which promote networking and partnerships building relationships with multiple private and public-sector organisations	PG	61 824 576.02	1 442 032.48	63 266 608.50	6 261 836.67	57 004 771.83	78 459 580.00
Support for the development of research infrastructures such as clinical trial networks or cohorts related to the scope of the Global Health EDCTP3 Joint Undertaking, and support for strengthening health systems' preparedness for carrying out research activities within the scope of the Global Health EDCTP3 Joint Undertaking	PG	42 761 282.62	31 871 411.98	74 632 694.60	43 676 929.24	30 955 765.36	76 527 700.00
<i>Communication, dissemination, awareness raising, citizen engagement</i>							

Activities implemented by sub-Saharan African governmental research organisations	PG	144 727.23	-	144 727.23	-	144 727.23	213 076.00
Activities which promote networking and partnerships building relationships with multiple private and public-sector organisations	PG	155 745.00	-	155 745.00	-	155 745.00	614 476.00
Support for the development of research infrastructures such as clinical trial networks or cohorts related to the scope of the Global Health EDCTP3 Joint Undertaking, and support for strengthening health systems' preparedness for carrying out research activities within the scope of the Global Health EDCTP3 Joint Undertaking	PG	16 679.00	-	16 679.00	-	16 679.00	20 811.00
<i>Other</i>							
Activities of constituent or affiliated entities of the EDCTP Association aligned with similar activities from other constituent or affiliated entities of the EDCTP Association and independently managed in accordance with national funding rules	PG	-	-	-	-	-	989 393.97
Activities which promote networking and partnerships building relationships with multiple private and public-sector organisations	PG	-	2 000 000.00	2 000 000.00	2 000 000.00	-	2 000 000.00
<i>Total</i>		<i>260 461 058.95</i>	<i>86 242 305.96</i>	<i>346 703 364.91</i>	<i>144 875 233.08</i>	<i>201 828 131.83</i>	<i>767 845 765.74</i>

<i>EDCTP Association Member Country</i>	<i>Cumulative IKAA Reported Value (EUR)</i>	<i>Cumulative IKAA Certified Value (EUR)</i>
Austria	-	-
Belgium	30 603 523.25	43 497 163.36
Denmark	3 353.094.00	-
Ethiopia	-	-
France	21 174 526.05	-
Germany	158 563 230.95	6 261 836.67
Guinea-Bissau	-	-
Malawi	-	-
Mali	118 370.00	-
Mozambique	316 679.00	-
Namibia	-	-
Netherlands	-	-
Niger	-	-
Nigeria	-	-
Norway	9 007 953.40	4 674 861.40
Portugal	2 607 490.80	-
Rwanda	-	-
South Africa	2 339 670.25	-
Spain	443 000.00	-
Sweden	26 603 050.00	24 180 750.00
Uganda	7 430 211.96	-
United Kingdom	84 142 565.25	66 260 621.66
Total	346 703 364.91	144 875 233.08

TOTAL IKAA 2021-2025 (Evolution - Value in EUR)		
Planned IKAA	Reported IKAA	Certified IKAA
767 845 765.74	346 703 364.91	144 875 233.08

5.11. Final annual accounts

Balance Sheet

	31 12 2025	31 12 2024
NON-CURRENT ASSETS		
<i>Intangible assets</i>	-	-
<i>Property, plant and equipment</i>	670 660,28	252 787,11
<i>Pre-financing</i>	123 593 535,93	78 026 233,53
	124 264 196,21	78 279 020,64
CURRENT ASSETS		
<i>Pre-financing</i>	49 652 456,83	33 231 569,87
<i>Exchange receivables and non-exchange recoverables</i>	5 238 686,58	4 012 365,51
	54 891 143,41	37 243 935,38
TOTAL ASSETS	179 155 339,62	115 522 956,02
CURRENT LIABILITIES		
<i>Payables and other liabilities</i>	9 036 660,75	8 635 542,82
<i>Accrued charges and deferred income</i>	61 894 829,71	31 496 907,13
	70 931 490,46	40 132 449,95
TOTAL LIABILITIES	70 931 490,46	40 132 449,95
<i>Contribution from Members</i>	248 608 048,18	126 211 025,50
<i>Accumulated deficit</i>	(50 820 519,43)	(17 338 471,66)
<i>Economic result of the year</i>	(89 563 679,59)	(33 482 047,77)
NET ASSETS	108 223 849,16	75 390 506,07
LIABILITIES AND NET ASSETS	179 155 339,62	115 522 956,02

Statement of financial performance

	2025	2024
REVENUE		
Revenue from non-exchange transactions		
<i>Recovery of expenses</i>	-	-
<i>Other</i>	-	-
Revenue from exchange transactions		
<i>Recovery of administrative expenses</i>	450,00	-
Total revenue	450,00	-
EXPENSES		
<i>Operating costs</i>	(83 698 283,26)	(29 606 801,03)
<i>Staff costs</i>	(3 983 086,66)	(2 817 784,77)
<i>Financial expenses</i>	(2 058,29)	-
<i>Other expenses</i>	(1 880 701,38)	(1 057 461,97)
Total expenses	(89 564 129,59)	(33 482 047,77)

ECONOMIC RESULT OF THE YEAR	(89 563 679,59)	(33 482 047,77)
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Cash flow statement⁴⁹

<i>Economic result of the year</i>	(89 563 679,59)	(33 482 047,77)
Operating activities	(32 336 500,57)	(43 639 435,11)
<i>Depreciation and amortization</i>	78 969,35	10 555,90
<i>(Increase)/decrease in pre-financing</i>	(61 988 189,36)	(63 648 131,80)
<i>(Increase)/decrease in exchange receivables and non-exchange recoverables</i>	(1 226 321,07)	(2 853 584,28)
<i>Increase/(decrease) in payables</i>	401 117,93	7 476 761,59
<i>Increase/(decrease) in accrued charges & deferred income</i>	30 397 922,58	15 374 963,48
Financing activities⁵⁰	122 397 022,68	77 358 810,31
<i>Increase/(decrease) in cash contributions</i>	122 397 022,68	77 358 810,31
Investing activities	(496 842,52)	(237 327,43)
<i>(Increase)/decrease in intangible assets and property, plant and equipment</i>	(496 842,52)	(237 327,43)
NET CASHFLOW	-	-
<i>Net increase/(decrease) in cash and cash equivalents</i>	-	-
<i>Cash and cash equivalents at the beginning of the year</i>	-	-
<i>Cash and cash equivalents at year-end</i>	-	-

Statement of changes in net assets

	Contribution from Members	Accumulated Surplus/(Deficit)	Economic result of the year	Net Assets
BALANCE AS AT 31 12 2023	48 852 215,19	-	(17 338 471,66)	31 513 743,53
<i>Allocation 2023 economic result</i>	-	(17 338 471,66)	17 338 471,66	-
<i>Cash contribution</i>	77 358 810,31	-	-	77 358 810,31
<i>Economic result of the year</i>	-	-	(33 482 047,77)	(33 482 047,77)
BALANCE AS AT 31 12 2024	126 211 025,50	(17 338 471,66)	(33 482 047,77)	75 390 506,07
<i>Allocation 2024 economic result</i>	-	(33 482 047,77)	33 482 047,77	-
<i>Cash contribution</i>	122 397 022,68	-	-	122 397 022,68
<i>Economic result of the year</i>	-	-	(89 563 679,59)	(89 563 679,59)
BALANCE AS AT 31 12 2025	248 608 048,18	(50 820 519,43)	(89 563 679,59)	108 223 849,16

⁴⁹ The treasury of Global Health EDCTP3 is integrated into the Commission's treasury system. Because of this, Global Health EDCTP3 does not have any bank accounts of its own. All payments and receipts are processed via the Commission's treasury system and registered on intercompany accounts, which are presented under the heading exchange receivables.

⁵⁰ The presentation of the increase / (decrease) in cash contributions was reclassified under the category of Financing activities while in the previous financial statements was shown as a separate heading under the category of Operating activities. The change is strictly a presentation change. The nature of the contributions presented under this heading did not change.

5.12. Materiality criteria

The 'materiality' concept provides the Executive Director with a basis for assessing the importance of the weaknesses/risks identified and thus whether those weaknesses should be subject to a formal reservation to his declaration. The materiality criteria is applicable to the Horizon Europe programme.

When deciding whether something is material, both qualitative and quantitative terms have to be considered.

In qualitative terms, when assessing the significance of any weakness, the following factors are considered:

- The nature and scope of the weakness;
- The duration of the weakness;
- The existence of compensatory measures (mitigating controls which reduce the impact of the weakness);
- The existence of effective corrective actions to correct the weaknesses (action plans and financial corrections) which have had a measurable impact.

In quantitative terms, to make a judgement on the significance of a weakness, the potential maximum (financial) impact is quantified.

Notwithstanding the multiannual nature of the Global Health EDCTP3 control strategy (i.e. the effectiveness of the JU's control strategy can only be assessed at the end of the programme, when the strategy has been fully implemented and the errors detected have been corrected), the Executive Director is required to sign a declaration of assurance for each financial year.

Furthermore, the analysis must also include an assessment of whether (1) the results of the audits carried out until the end of the reporting year were sufficient and adequate to meet the multi-annual control strategy goals; and (2) whether the preventive and remedial measures in place are deemed to be adequately effective in order lead to the expected reduction in the error rate by the end of the programme.

The control objective for the Global Health EDCTP3 is to ensure that the 'residual error rate', i.e., the level of errors which remain undetected and uncorrected, does not exceed 2 % by the end of the JU's programme. Progress towards this objective is to be (re)assessed annually, in view of the results of the implementation of the ex-post audit strategy. As long as the residual error rate is not (yet) below 2 % at the end of a reporting year within the programme's life cycle, a reservation would (still) be made. Nevertheless, apart from the residual error rate, the Executive Director may also consider other management information at his disposal to identify the overall impact of a weakness and determine whether it leads to a reservation.

If an adequate calculation of the residual error rate is not possible, for reasons not involving control deficiencies, the consequences are to be assessed quantitatively by estimating the likely exposure for the reporting year. The relative impact on the declaration of assurance would then be considered by analysing the available information on qualitative grounds and considering evidence from other sources and areas.

Effectiveness of controls

The main legality and regularity indicators for payments made to beneficiaries, are the representative and residual error rates detected by ex-post audits, measured with respect to the amounts accepted after ex-ante controls.

To take into account the impact of the ex-post controls, this error level is adjusted by subtracting:

- Errors detected and corrected as a result of the implementation of audit conclusions;
- Errors corrected as a result of the extension of audit results to non-audited contracts with the same beneficiary.

This results in a residual error rate which is calculated as follows:

$$\text{ResER}\% = \frac{(\text{RepER}\% * (P - A)) - (\text{RepERSys}\% * E)}{P}$$

where:

ResER% represents the residual error rate, expressed as a percentage;

RepER% represents the representative error rate, or error rate detected in the representative sample, in the form of a weighted average error rate (expressed as a percentage);

RepERSys% represents the portion of the RepER% representing negative systemic errors, (expressed as a percentage);

P represents the total accepted Global Health EDCTP3 contributions (€) in the auditable population (i.e. all paid financial statements);

A represents the total amount of the auditable population related to accepted Global Health EDCTP3 contributions (€);

E represents the total non-audited accepted Global Health EDCTP3 contribution (€) of all audited beneficiaries.

5.13. List of acronyms

Acronym/Abbreviation	Full title/Definition
AA	Additional Activities
AAP	Additional Activities Plan
Africa CDC	Africa Centres for Disease Control and Prevention
AMR	Antimicrobial Resistance
AMRH	African Medicines Regulatory Harmonisation
AAS	African Academy of Sciences
AU	African Union
AUDA-NEPAD	African Union Development Agency-New Partnership for Africa's Development
AVAREF	African Vaccine Regulatory Forum
BOA	Back-office arrangements
CA	Contractual Agent
CAAR	Consolidated Annual Activity Report
CEPI	Coalition for Epidemic Preparedness Innovations
COVID-19	Coronavirus disease 2019
CSA	Coordination and Support Action
DDs	Diarrhoeal Diseases
DG	Directorate-General
DG BUDG	Directorate-General for Budget
DG ECHO	Directorate-General for European Civil Protection and Humanitarian Aid Operations
DG INTPA	Directorate-General for International Partnerships
DG RTD	Directorate-General for Research and Innovation
DPO	Data Protection Officer
DRC	Democratic Republic of Congo
ECA	European Court of Auditors
ED	Executive Director

Acronym/Abbreviation	Full title/Definition
EDCTP	European & Developing Countries Clinical Trials Partnership
EDCTP AO	EDCTP Africa Office
EEIG	European Economic Interest Grouping
EFTA	European Free Trade Association
EIDs	Emerging/Re-Emerging Infectious Diseases
EMA	European Medicines Agency
ERC	European Research Council
EU	European Union
FAIR Committee	Fraud and Irregularities in Research Committee
FDC	Fixed-Dose Co-formulation
FO	Financial Officer
FR	Financial Regulation
FWC	Framework Contract
GA	Grant Agreement
GAP	Grant Agreement Preparation
GB	Governing Board
Global Health EDCTP3	Global Health EDCTP3 Joint Undertaking
GloPID-R	Global Research Collaboration for Infectious Disease Preparedness
HE	Horizon Europe
HERA	Health Emergency Preparedness and Response Authority
HIV/AIDS	Human immunodeficiency virus/acquired immunodeficiency syndrome
HR	Human resources
IHI	Innovative Health Initiative Joint Undertaking
JU	Joint Undertaking
IAC	Internal Audit Capability
IAS	Internal Audit Service
ICAM	Internal Control and Audit Manager

Acronym/Abbreviation	Full title/Definition
ICF	Internal Control Framework
ICP	Internal Control Principles
IER	Individual Evaluation Report
ICT	Information and communication technology
IKAA	In-kind contributions to additional activities
IKOP	In-kind contributions to operational activities
KIPs	Key Impact Pathways
KPIs	Key Performance Indicators
LMICs	Low and Middle Income Countries
LO	Legal Officer
MAV+	Manufacturing and Access to Vaccines, medicines and health products
M&E	Monitoring & Evaluation
MoU	Memorandum of Understanding
NIDs	Neglected Infectious Diseases
NTDs	Neglected Tropical Diseases
OJ	Official Journal of the European Union
PDP	Product Development Partnerships
PO	Project Officer
REA	Research Executive Agency
REPAs	Periodic reporting & payments – periodic reports
RIA	Research and Innovation Action
R&D	Research and Development
R&I	Research and Innovation
SBA	Single Basic Act
SC	Scientific Committee
SDGs	Sustainable Development Goals
SG	Stakeholders Group

Acronym/Abbreviation	Full title/Definition
SIRs	Staff Implementing Rules
SLA	Service-level agreement
SMEs	Small and medium-sized enterprises
SRIA	Strategic Research and Innovation Agenda
SSA	Sub-Saharan Africa
STIs	Sexually Transmitted Infections
TA	Temporary Agent
TB	Tuberculosis
TFEU	Treaty on the Functioning of the European Union
TTG	Time to Grant
TTI	Time to Inform
TTP	Time to Pay
UK	United Kingdom
UN	United Nations
UNGA	United Nations General Assembly
WHO	World Health Organization
WHO-AFRO	World Health Organization African Region Office
WP	Work Programme