

General Information	
Preliminary title of the European Partnerships	EU-Africa Global Health Partnership
Short description of the partnership	Increase health security in sub-Saharan Africa (SSA), and Europe, by accelerating the clinical development of effective, safe, accessible, suitable and affordable health technologies and health systems interventions for infectious diseases.
Services directly involved	RTD, SANTE, DEVCO, JRC, ECHO
Context and problem definition	<p>Despite the efforts of the global health community since the beginning of the millennium, the health and socio-economic burden imposed by infectious diseases on SSA is still large. More than 1 billion people, including 400 million children, suffer from one or more infectious diseases, which are responsible for more than three million deaths every year, in particular in Africa. To control these diseases we are still in need of quality, safe and effective interventions. The lack of effective interventions is due to three key problem drivers:</p> <ol style="list-style-type: none"> Fragmentation of public funding (EU and beyond), which impedes the funding of costly large late-stage clinical trials; Insufficient capacities for clinical research in developing countries; Insufficient purchasing power of most affected patients (market failure). <p>The European and Developing Countries Clinical Trials Partnership (EDCTP), launched in 2003 and renewed in 2014 (Article 185), addresses the problems outlined above. Since 2003, EDCTP has carried out pioneering work by supporting clinical trials carried out by collaborating groups in Europe and SSA, generating evidence that has had a significant impact on national and international policy and practice – and provided new and better technologies to cure people and keep them healthy. The interim evaluation of the second EDCTP programme in 2017 confirmed that the initiative is very relevant as some of the challenges addressed by EDCTP (e.g. the lack of an effective tuberculosis vaccine) still persist.</p>
Objectives and expected impacts	<p>As well as contributing to the objectives specified in the Health cluster of Horizon Europe, in particular in the areas of interventions 1.2.4 (Infectious diseases) and 1.2.6 (Health care systems), the partnerships has the following general objectives and expected impacts:</p> <p><u>General Objectives:</u></p> <ul style="list-style-type: none"> Reduced social and economic burden of infectious diseases in sub-Saharan Africa and by extension in Europe (e.g. tuberculosis and HIV/AIDS in Eastern Europe), and thereby contributing to SDG3, by accelerating the development of effective, safe, accessible, suitable and affordable health technologies as well as health systems interventions for infectious diseases, including antimicrobial resistance; Increased health security in SSA, and by extension both in Europe and worldwide, in particular in the context of climate change, through decreased threat of spread of outbreaks, pandemics or antimicrobial resistance. <p><u>Expected Impacts:</u></p> <ul style="list-style-type: none"> Increased number of new or improved interventions against infectious diseases in African and European countries as well as their uptake and implementation in SSA countries;

	<ul style="list-style-type: none"> • Better coordination, alignment and, where appropriate, integration of relevant national programmes to increase the cost-effectiveness of European public investments; • Strengthened African and European scientific knowledge and capacity, including retaining African scientists, as well as better and more integrated health research & health services in Africa, and addressing the chronic shortage of health workers in developing countries. <p>The partnership contributes to the implementation of the following EU initiatives and policy goals:</p> <ul style="list-style-type: none"> • Towards a Sustainable Europe by 2030 • 2030 Agenda for Sustainable Development in particular SDG 3 • Africa-Europe Alliance for Sustainable Investment and Jobs and • President Juncker's 2018 State of the Union Address regarding an EU-Africa partnership of equals. <p>Timeframe required to achieve the expected impacts: Duration of Horizon Europe and beyond, as experience has shown that in spite of progress achieved, infectious diseases are, and will continue to be, a threat to African and European citizens.</p>
Necessity test: rationale for a European Partnership	<p>Experience in this area since 2003 has shown that the involvement of MS (and other European countries) together with African countries and the Commission, offers the opportunity to bundle the otherwise fragmented efforts of these stakeholders. The partnership with African countries is essential and exemplary to build a true and equal North-South partnership and strengthen South-South connections but also to secure the political visibility and buy-in required to achieve impact and reduce the health burden on people in Africa. The close involvement of African countries aids in focusing the research priorities on the local community needs in Africa. The inclusion of additional private partners (pharmaceutical industry, global health charities/foundations) on an ad-hoc, call-by-call basis, and the opportunity to match these contributions with EU funds offers the opportunity to leverage further financial means and expertise and helps to increase the impact of the partnership also in view of SDG 3, SDG1, SDG10 and SDG17.</p> <p>The traditional Framework Programme calls are not an option for the following reasons:</p> <ol style="list-style-type: none"> 1. <u>Governance</u>: A partnership represents a stronger political commitment, joint action and full ownership, not only by EU and Member States, but also by the most affected countries, the African States, in which the clinical trials will be carried out. The full involvement of African states in the governance and agenda setting of such a partnership is a precondition for sustainable development, as only African countries can ensure the implementation and sustainability of the developed evidence-based policies and interventions. 2. <u>Delivery</u>: Combating infectious diseases needs long-term commitment, a joint research agenda and synergies with partner countries and additional funders to achieve ambitious objectives (very costly late-stage clinical trials) and impact.
Relevant for the following parts of Horizon Europe	<p>Pillar II 'Global Challenges and European Industrial Competitiveness'</p> <p><input checked="" type="checkbox"/> Cluster Health</p> <p><input type="checkbox"/> Cluster Culture, creativity and inclusive society</p> <p><input type="checkbox"/> Cluster Civil Security for Society</p> <p><input type="checkbox"/> Cluster Digital, Industry and Space</p>

	<input type="checkbox"/> Cluster Climate, Energy and Mobility <input type="checkbox"/> Cluster Food, Bioeconomy Natural Resources, Agriculture and Environment <input type="checkbox"/> Cross-cluster <input type="checkbox"/> Pillar III ‘Innovative Europe’
Currently identified links with other partnership candidates / Union programmes	<ul style="list-style-type: none"> • Innovative Health Initiative • Pre-clinical/Clinical Health Research Partnership • Animal Health Partnership • Neighbourhood, Development and International Cooperation Instrument (NDICI, 2021-2027) and External Investment Plan (EIP)
Does the proposed partnership build on currently active ones?	Second European and Developing Countries Clinical Trials Partnership programme (EDCTP2, Art. 185), which started in 2014 and is running until 2024. However, it will launch its last calls in Q3/Q4 2020.
Expected type and composition of partners	<p>Mainly MS, other European countries and SSA countries as the core group of partners in the EDCTP Association.</p> <p>Since Africa is the continent with the highest infectious diseases burden and these diseases are not contained by borders, broad geographic coverage is of utmost importance.</p> <p>European countries (including smaller and Eastern European countries) will further develop their research capacities and will be able to carry out clinical trials in large populations (that cannot be found in Europe alone), thus developing crucial evidence on infectious diseases that also constitute a burden in Europe (e.g. tuberculosis and HIV).</p> <p>Other partners (pharmaceutical industry, global health charities and foundations, other countries) will join the initiative with their own contributions.</p> <p>Civil society (e.g. NGOs, Product Development Partnerships PDPs) will be involved, via stakeholder consultations for the NGOs and, in the case of product development partnerships, as beneficiaries.</p>
Contributions and commitments expected from partners	<ul style="list-style-type: none"> ➤ Financial and in-kind contributions from MS, other European States and SSA countries. ➤ Financial and in-kind contributions from other partners (industry, charities, foundations, other countries) on an ad-hoc and call-specific basis. <p>Commitment by all partners to the joint agenda setting and coordination of national research activities – as a prerequisite to achieve scale as the uptake of results that is crucial to achieve impact.</p>
Currently envisaged implementation mode(s).	<input type="checkbox"/> Co-programmed European Partnership <input type="checkbox"/> Co-funded European Partnership <input checked="" type="checkbox"/> Institutionalised European Partnership <ul style="list-style-type: none"> <input type="checkbox"/> Article 185 <input checked="" type="checkbox"/> Article 187 <input type="checkbox"/> EIT-KIC
Justification of the implementation mode	<p><u>Preferred implementation mode:</u></p> <p>Institutionalised Art. 187</p> <p>Advantages:</p> <ul style="list-style-type: none"> • High level financial, long term and political commitment • Possibility to maintain the governance/equal partnership with Member States and African States in the EDCTP Association • Possibility to include third countries and private parties, including foundations, in the governance • Possibility to have third countries and private parties contributions counted to match the EU contribution

	<p><u>Disadvantages of other implementation modes:</u></p> <p>Institutionalised Art. 185 (Business as usual - it is the current form of EDCTP partnership)</p> <ul style="list-style-type: none"> • Requires 40% of Member States participation • Third countries and private parties, including foundations, can contribute BUT their contributions currently cannot count to match the EU contribution <p>Co-programmed and Co-funded Partnership</p> <ul style="list-style-type: none"> • Less political commitment • Difficulty to maintain the governance/equal partnership with Member States (MS) and with African States. The African member countries in the EDCTP Association could regard this as jeopardizing the genuine and equal partnership approach developed between EU and African countries
Proposed starting year	Year: 2021