ADVANCING GLOBAL HEALTH INNOVATION THROUGH EUROPE-AFRICA COLLABORATION

A call from Product Development Partnerships for Sustained Funding to EDCTP under the Next Framework Programme for Research and Innovation (FP10)

JUNE 2026

Photo: *Ben Moldenhauer/MMV*

DNDi Best Science for the Most Neglected · European Vaccine Initiative · FIND Diagnosis for all · GARDP Global Antibiotic Research & Development Partnership · IAVI Translating science into global health impact · Medicines Development for Global Health The Not-For-Profit Pharmaceutical Company · MMV Medicines for Malaria Venture · TB Alliance

Europe & Developing Countries Clinical Trials Partnership (EDCTP): A strategic platform for a resilient and competitive Europe

Europe's health security and strategic autonomy depend on its ability to prevent, detect and respond to infectious disease threats emerging within or outside its borders. Climate change, antimicrobial resistance and geopolitical instability are intensifying these risks, with consequences for European public health, economic stability and competitiveness [1] [2] [3] [4]. As the 10th EU Framework Programme for Research and Innovation (FP10) and other funding frameworks take shape, sustained investment in instruments that strengthen Europe's and the world's preparedness, scientific leadership and international partnerships is essential [5].

The Europe & Developing Countries Clinical Trials Partnership (EDCTP)[1] is one of the European Union's most successful and enduring mechanisms to meet these objectives.

Currently operating as a Joint Undertaking under Horizon Europe and directly embedded within the EU's research and innovation architecture [6], EDCTP is a unique European and African partnership backed by the European Union and over 45 European and African countries, built over twenty years of investment [7]. Beyond its role as a research funding instrument, EDCTP functions as a strategic platform that underpins and connects Europe's global health, research and innovation agendas, ensuring that EU investments keep Europe at the forefront of discovery and prepared for emerging threats.

EDCTP supports clinical trials in the regions most affected by poverty-related infectious diseases, where tuberculosis [8], malaria [9], HIV/AIDS [10], neglected tropical diseases [11], antimicrobial resistance [12], diarrhoeal diseases [13], lower respiratory tract infections [14] and emerging and re-emerging infectious diseases [15] account for millions of deaths and substantial losses in disability-adjusted life years each year, impede economic progress, weaken health systems and limit opportunities for future generations. By accelerating the development of vaccines, diagnostics, and therapeutics, and enabling early detection of novel threats in conjunction with capacity strengthening, EDCTP delivers life-saving innovations, strengthens health systems and societies, while simultaneously functioning as a critical pillar of European biosecurity and pandemic preparedness.

Since 2003 and across its three programmes, EDCTP has delivered nine licensed medical interventions, supported over 600 clinical studies and produced over 2,000 peer-reviewed publications [16] [17] [18].[2] It has helped train more than 3,000 African scientists, strengthening research institutions and clinical

Since 2003, EDCTP has delivered:

- **9 licensed medical interventions**
- **600+ clinical studies**
- **2,000+ peer-reviewed publications**
- **3,000+ African scientists trained**

This paper was authored by eight Product Development Partnerships: Drugs for Neglected Diseases initiative (DNDi), the European Vaccine Initiative (EVI), FIND, the Global Antibiotic Research & Development Partnership (GARDP), the International AIDS Vaccine Initiative (IAVI), Medicines Development for Global Health, Medicines for Malaria Venture (MMV) and the TB Alliance.

[1]Throughout this paper, EDCTP refers collectively to EDCTP1 (2003–2015), EDCTP2 (2014–2024), and the Global Health EDCTP3 Joint Undertaking (2021-2027).

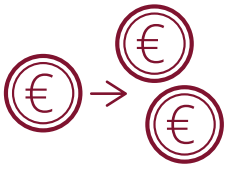
[2]These figures reflect cumulative achievements across the full EDCTP programme, including projects beyond those involving the PDPs contributing to this paper.

trial infrastructure across the continent and generating high-quality evidence to support preparedness for future infectious disease threats. EDCTP has strengthened research institutions and clinical trial infrastructure in Europe too, enabling European researchers to collaborate on high-impact clinical research and innovations, lead large-scale international studies, collaborate with world-class institutions and contribute to the training of the next generation of scientists.

Alongside these achievements, EDCTP has developed an effective co-investment and cross-sector partnership model. Each euro invested by the EU in Global Health EDCTP3 mobilizes more than one additional euro from public, private and philanthropic partners [16]. Nearly 60% of Global Health EDCTP3-funded projects include participation from private sector institutions and Product Development Partnerships (PDPs), bringing philanthropic co-funding and a direct pipeline to regulatory approval that no public programme alone could replicate [16].

EDCTP is thus a clear demonstration that Europe's competitiveness and commitment to addressing shared global challenges are not competing priorities, they are mutually reinforcing. In an era of intensifying geopolitical competition, EDCTP is a trusted partner and an enabler of collaboration between the European Union and the African Union [19]. The partnerships and infrastructure created under its framework over two decades cannot easily be rebuilt if lost.

Continued investment in EDCTP under FP10 and other EU funding frameworks is therefore essential: to safeguard Europe's health security; sustain its scientific and innovation leadership; and ensure that Europe and the European Union remain a credible and capable partner in global health.



Each euro invested by the EU in Global Health EDCTP3 mobilizes more than one additional euro from public, private and philanthropic partners.

EDCTP and Product Development Partnerships: Two decades of innovation and impact

Product Development Partnerships (PDPs) bring together pharmaceutical companies, research institutions, endemic-country partners, funders, governments and implementation organizations to share expertise, resources and risk. Their role is to develop and deliver affordable diagnostics, prevention tools, therapeutics, vaccines and other health technologies for poverty-related and neglected diseases with a focus on ensuring access and impact for underserved populations in low- and middle-income countries (LMICs). They step in where market dynamics are insufficient to incentivize private investment, bridging the gap from discovery to market while ensuring affordability and equitable access [20]. The relative lack of private sector investment in these disease areas means that PDPs are often the global product development leaders in these spaces, typically carrying out their research through partnerships, including those in high-burden LMICs.

Over more than two decades, PDPs have worked with partners under EDCTP to deliver advances in global health research and development [21]. The combination of EU funding through EDCTP with PDPs' technical expertise, product pipelines, global partner networks, and ability to mobilize additional funding has accelerated the development of health innovations for urgent and high-burden infectious diseases, multiplying the impact of the initial public investment [22]. This has supported progress in TB, malaria, HIV/AIDS, bacterial infections and neglected tropical diseases, helping move candidate medicines, vaccines and diagnostics towards regulatory approval and policy uptake.

The EDCTP-PDP collaboration has developed into a proven approach to translating sustained European research investment into lasting scientific and health security impact, and one that continued investment would sustain and scale.

EDCTP-PDP collaboration in action

Since 2014[3], under the EDCTP programme, the PDPs authoring this paper have:

Collaborated with **220 institutions from 50 countries** (31 African countries, 14 European countries, and 5 on other continents).

Mobilized substantial co-funding from external sources, thereby minimising risk and maximising the impact of EDCTP contributions. For example, for the PAMAfrica (RIA2018-2306) project, EDCTP accounted for 28% of total funding, while **72% was co-funded** by the consortium members.

Advanced a portfolio of medicines **(54%)**, diagnostics **(22%)**, and vaccines **(20%)**, networks **(4%)** across the clinical development pipeline.

Engaged a diverse community of scientists and practitioners across Europe and Africa, with a strong commitment to equity and inclusion. Under the current Global Health EDCTP 3 programme, **African female participation in projects exceeds 44%.**

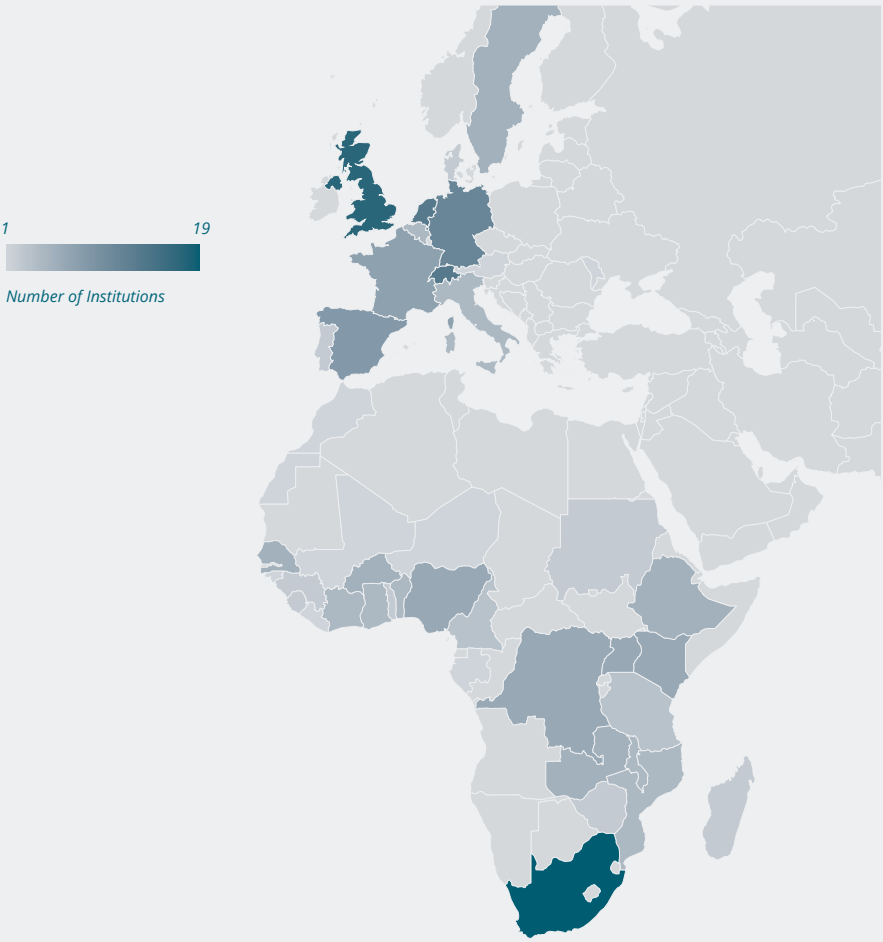


Figure 1: *Geographical coverage of institutions participating in EDCTP projects in collaboration with the 8 PDPs authoring this brief, since 2014.[3] Darker shades indicate countries with a higher number of participating institutions, and lighter shades represent countries with fewer institutions. Please note that, while the map focuses on Europe and Africa, institutions from other regions were also involved.*

[3]Data covering EDCTP2 and Global Health EDCTP3 Joint Undertaking.

2%

Diarrhoeal diseases

Burden: Estimated 188 million cases of Shigella and 164,000 deaths annually [13]

- Conducted epidemiological baseline studies to determine the Shigella burden in Burkina Faso and Zambia.
- Performed early-stage clinical testing of a Shigella vaccine to assess its safety and immune response in adults, in the Netherlands and Zambia.

2%

Other (COVID-19)

6%

Antimicrobial resistance

Burden: 1.14 million deaths in 2021 [12]

- Optimized antibiotic treatment regimens for neonatal sepsis in hospital settings with high levels of AMR and limited resources, using late-stage clinical evidence generated with African partners.
- Generated evidence to optimize antibiotic combinations for serious bacterial infections, supporting improved treatment strategies and stewardship in sub-Saharan Africa.

HIV/AIDS

Burden: 40.8 million people living with HIV and 630,000 AIDS-related deaths in 2024 [10]

- Advanced HIV vaccine and antibody research, generating key safety, immunogenicity, and efficacy data while strengthening clinical trial capacity across sub-Saharan Africa.
- Generated evidence to support HIV prevention and treatment, including insights on vaccines and PrEP, patterns of behaviour, and approaches to treating infants, helping to improve uptake, policy, and outcomes.
- Advanced an improved antifungal formulation to treat cryptococcal meningitis to be ready for first-in-human evaluation.

11%

22%

Tuberculosis

Burden: 10.7 million cases and 1.23 million deaths in 2024 [8]

- Helped build the research capacity that supported development and scale-up of child-friendly therapies and shorter regimens for drug-resistant tuberculosis (DR-TB). These advances reduced treatment length from 18+ months, cut the number of pills needed by 95%, and raised cure rates to ~90%.
- Established robust, community-engaged research and trial networks—particularly in Africa—that can run large-scale studies and support future TB innovation.

Neglected Tropical Diseases (NTDs)

Burden: 1.495 billion people requiring treatment and care for NTDs in 2023 and 119,000 estimated deaths in 2021 [11]

- Supported further studies on moxidectin, the first new treatment for river blindness in over three decades, leading to its inclusion in the WHO Essential Medicines List in 2025 and first registration in an endemic country (Ghana).
- Supported development and adoption of diagnostics and improved treatments for visceral leishmaniasis.
- Advanced clinical development of two revolutionary oral treatments for human African trypanosomiasis (HAT), helping support the World Health Organization's (WHO) goal of eliminating the disease by 2030.

31%

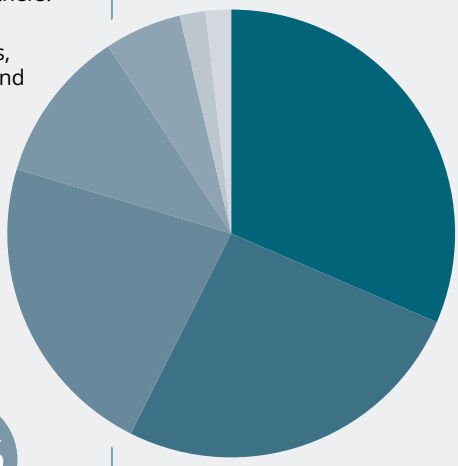


Figure 2: *Projects by disease area: Share of total projects involving the eight PDPs that authored this brief since 2014.*

26%

Malaria

Burden: 282 million cases and 610,000 deaths in 2024, with the vast majority being children under 5 in sub-Saharan Africa [9]

- Developed cutting-edge antimalarial innovations, including Gan/Lum-SDF to address drug resistance, and Coartem® Baby to treat newborns and infants (2 kg to < 5 kg).
- Conducting the first-ever Phase 3 adaptive platform trial evaluating the safety and efficacy of antimalarial drugs in the first trimester of pregnancy. This study will fill a major gap in evidence and help improve care for pregnant women.
- Advanced the development of malaria vaccines by generating safety and efficacy data for R21 and the first blood-stage vaccine (RH5.1).
- Established clinical and field platforms for testing malaria vaccines, and generated evidence that a four-dose vaccine schedule provides better protection in high-transmission settings.

[3]Data covering EDCTP2 and Global Health EDCTP3 Joint Undertaking.

The way forward: How the EU can advance on its priorities through sustained investment in EDCTP

Sustained investment in EDCTP under FP10 and in synergy with other EU instruments such as the European Competitiveness Fund (ECF) and Global Europe is essential not only to deliver on the Union's ambitions for competitiveness, innovation and global health security, but also to continue to realize the benefits of more than two decades of prior investment. Continued support from Europe will help protect the commercial pipelines, research jobs, and scientific infrastructure already created in Europe and in Africa under the partnership, enabling the continued development and introduction of key new global health innovations. Against this backdrop, the recommendations below identify targeted ways to strengthen EDCTP and maximize the return on European investment.

1. Reaffirm EDCTP as the EU's flagship, independent partnership for global health research and development

Member states should ensure EDCTP has a clear and stable mandate, supported by a dedicated and ring fenced FP10 budget, the ECF, and any additional EU R&D investments, upholding transparent funding allocation and inclusive, science led priority setting, and guiding investments by burden of disease, societal needs and preparedness for future health threats. Flexible, portfolio-based, funding mechanisms would allow for reprioritization of promising candidates and pipeline management according to emerging evidence and public health needs.

2. Maintain EDCTP's role in coordinating partnership based translational research to deliver licensed and affordable health products

EDCTP should be enabled to continue to support predictable, partnership led research that moves from discovery to quality-assured vaccines, diagnostics and therapeutics, bringing together sustainable financing and the necessary scientific, technical, clinical and regulatory expertise across public, private, non profit and philanthropic actors.

3. Further develop EDCTP's contribution to access, equity and unmet global health needs

Member states should continue to support EDCTP in prioritising research and development of tools that address poverty-related and neglected infectious diseases receiving limited market attention, as well as comorbidities, with a focus on supporting underserved populations. Equitable access considerations, including the affordability, availability and accessibility of health products, should continue to be built into R&D funding strategies, trial design and product development.

4. Continue to ensure the alignment of EDCTP within the EU's health security architecture to strengthen cross-continental preparedness and medical research

Member states should ensure that EDCTP's focus continues to include research on climate sensitive diseases, antimicrobial resistance and emerging pathogens, including the development of vaccines, diagnostics and medicines to strengthen pandemic preparedness and capacity to respond to cross border health threats across Europe and Africa, with the objective of advancing Europe's ambitions across initiatives and programmes aimed at global health security preparedness and response.

5. Strengthen long term scientific cooperation between Europe and Africa through sustained investment in research capacity and partnerships

EDCTP should receive the needed means to invest in jointly governed research partnerships, strengthening African scientific leadership, building sustainable research capacity, and accelerating the development of health innovations that address African priorities, contributing to delivering broader AU - EU political commitments on innovation, capacity strengthening, and global health equity.

6. Reduce administrative burden while strengthening accountability and impact

Member states should work towards reducing the administrative burden for both grantees and the EDCTP programme itself, where appropriate, enabling more time and resources to be directed to research delivery, fast implementation and maximum impact on global health outcomes.

Photo: *Ben Moldenhauer/MMV*

Case studies

Photo: *Brent Stirton/Getty Images*

Driving a treatment revolution in sleeping sickness

" Today, sleeping sickness can be treated with simple, safer oral medicines that reach people in remote communities. "

The development of new oral medicines by **DNDi** and partners has transformed the treatment of human African trypanosomiasis (sleeping sickness), bringing disease elimination within reach.

Barely twenty years ago, sleeping sickness was a deadly disease requiring hospitalisation with toxic drugs that killed one in twenty patients. Today, it can be treated with simple, safer oral medicines that reach people in remote communities.

This progress was made possible by four multi-year consortium projects that DNDi coordinated or contributed to since 2018, bringing together partners from Africa and Europe. EDCTP contributed to this success, along with other donors.

One breakthrough was fexinidazole, the first all-oral treatment for sleeping sickness, a 10-day outpatient regimen that replaced the invasive and complex procedures previously required for treatment. It received a positive opinion by the European Medicines Agency (EMA) in 2018 and is now included in World Health Organization treatment guidelines and is available in all endemic countries.

Most recently, acoziborole received a positive opinion from EMA in early 2026. This new drug achieved 95% efficacy as a single dose of three pills in clinical trials. Critically, because of its excellent safety profile, the treatment opens the door to simplified "screen-and-treat" strategies at the community level, which stand to revolutionize management of this disease.

These innovative tools, based on locally led clinical research and a broad investment from donors including EDCTP, bring life-saving care closer to affected populations and represent a major step toward the elimination of sleeping sickness.

Strengthening malaria prevention for children through real-world vaccine evidence

" The findings were reviewed by WHO advisory bodies, informing global policy and strategies that will help reduce malaria. "

With support from **EVI**, the Malaria Vaccine Pilot Evaluation-Case Control (MVPE-CC) consortium has generated vital evidence to guide malaria vaccination policy for children in endemic countries. The project was designed to ascertain the added health benefit of the fourth dose of RTS,S, compared to a three-dose regimen; provide additional estimates of the vaccine's effectiveness; and consolidate information about safety in children who received the malaria vaccine under routine immunization conditions in Ghana, Kenya and Malawi.

Prior to the project, it was unclear whether a three-dose vaccine schedule could provide sufficient and sustained protection against severe malaria compared to a four-dose schedule. MVPE-CC confirmed that the four-dose schedule provides higher protection against clinical and severe malaria than a three-dose schedule in moderate to high transmission settings and that a four-dose schedule should be retained. It also showed that there was no evidence of a rebound or increase in malaria among children who received only three doses of the malaria vaccine, making it a viable option for situations where the delivery of vaccines in the second year of life is not operationally feasible until the obstacles to the delivery of the fourth dose are resolved.

The findings were reviewed by WHO advisory bodies, informing global policy and strategies that will help reduce malaria, as well as related hospitalisations and child mortality.

Translating evidence into policy change and system strengthening for TB diagnosis

" TB-CAPT also validated rapid molecular testing for drug resistance, with this testing method dramatically cutting diagnostic turnaround times from around 15 days to under 24 hours."

As part of the TB-CAPT consortium, **FIND** worked with partners to evaluate new tuberculosis (TB) diagnostic technologies in real-world settings in Tanzania, Mozambique and South Africa. The project generated valuable evidence and actionable insights to strengthen TB diagnostic systems and policy.

TB-CAPT demonstrated that offering decentralised molecular testing at the primary healthcare level can dramatically accelerate diagnosis and the timely initiation of treatment for people with TB. In Mozambique and Tanzania, introducing the portable Truenat platform at peripheral clinics increased treatment initiation within seven days from 63% to nearly 97%, while also reducing patient out-of-pocket costs and improving access among poorer populations.

TB-CAPT also validated rapid molecular testing for drug resistance, with this testing method dramatically cutting diagnostic turnaround times from around 15 days to under 24 hours.

Findings from TB-CAPT were immediately actionable, as the studies were embedded within routine health system workflows and closely aligned with national TB programmes, rather than isolated research structures. This provided a clearer path for the adoption of the new diagnostic systems and stronger evidence for policy decisions.

Photo: TB-CAPT consortium

Generating critical evidence to optimize treatments and outcomes in neonatal sepsis

" SNIP-AFRICA enables African hospitals and investigators to participate as full partners in generating high-quality evidence that will directly inform treatment guidelines and improve survival outcomes for newborns in high-burden settings. "

SNIP-AFRICA is an EDCTP-funded project led by **GARDP**'s Italian partner PENTA. The project focuses on neonatal sepsis, a leading cause of death among newborns globally. Through the SNIP-AFRICA platform, GARDP, in collaboration with its partners, is implementing the sub-Saharan African component of the global NeoSep1 clinical trial - a late-stage adaptive trial for which GARDP is the sponsor. NeoSep1 evaluates optimized antibiotic combination regimens for neonatal sepsis.

Neonatal sepsis causes hundreds of thousands of deaths each year, with the highest burdens in sub-Saharan Africa and South-East Asia. Rising antimicrobial resistance has reduced the effectiveness of World Health Organization-recommended first-line antibiotic treatments for the condition. There is also a lack of clinical trial evidence from African settings to guide empiric and second-line therapy for suspected neonatal sepsis.

SNIP-AFRICA enables African hospitals and investigators to participate as full partners in generating high-quality evidence that will directly inform treatment guidelines and improve survival outcomes for newborns in high-burden settings. The project will generate robust, context-specific evidence on optimal antibiotic combinations for neonatal sepsis and establish a sustainable, African-led adaptive trial platform through SNIP-AFRICA.

Advancing the fight against tuberculosis through a new innovative vaccine

" These efforts are forging a path for the effective roll out of MTBVAC, which has the potential to prevent millions of TB cases and deaths around the world. "

The MTBVAC project, co-led by **IAVI**, is accelerating the development of a new vaccine for tuberculosis (TB), one of the first to be developed in over a century.

The vaccine is innovative, as it uses a weakened, harmless form of the human TB organism, rather than bovine TB organism. This allows to maximize the breadth of immune response, and to develop a more effective and potentially longer-lasting vaccine than the existing Bacillus Calmette-Guérin (BCG) vaccine for newborns, while also providing protection for adolescents and adults, who currently lack an effective TB vaccine.

Partners are working to ensure timely and equitable access to MTBVAC, by securing regional manufacturing capacity, ensuring affordability through partner access commitments, and rapidly translating evidence into regulatory approval, policy, and practice. Together, these efforts are forging a path for the effective roll out of MTBVAC, which has the potential to prevent millions of TB cases and deaths around the world.

In parallel, the programme has also helped build research infrastructure and clinical trials capacity in South Africa, Tanzania and Kenya, by upgrading laboratories and training local technicians, improving capacity to conduct clinical trials and helping to build resilience against future disease outbreaks.

Photo: *Medicines Development for Global Health*

The end of river blindness is in sight – moxidectin tablets as a new treatment option for river blindness

" These data supported the expansion of the US FDA registration label for moxidectin to include children as young as four, and, together with earlier data, resulted in marketing authorization by the Ghana Food and Drugs Authority. "

As part of a broader EDCTP-funded consortium, **Medicines Development for Global Health** generated critical evidence on moxidectin's safety, efficacy, and optimal use strategies to advance the World Health Organization's goal of eliminating transmission of river blindness (onchocerciasis), while addressing access barriers for children.

The programme combined large-scale clinical trials in endemic countries, including a large safety study and a repeat dose study in the Democratic Republic of Congo (DRC), a paediatric dose-finding study in Ghana, mathematical modelling of time to elimination and cost-effectiveness, and work towards the development of a paediatric formulation of moxidectin.

These data supported the expansion of the US FDA registration label for moxidectin to include children as young as four, and, together with earlier data, resulted in marketing authorization by the Ghana Food and Drugs Authority, the first approval of a new medicine for the disease by an African-based authority. The new evidence also supported inclusion of moxidectin as an alternate treatment to ivermectin in the WHO Essential Medicines List and Essential Medicines List for Children (2025).

In 2025, the Ghana Health Service, in partnership with MDGH, TDR and others, launched the Momentum Project, the first community-based mass drug administration of moxidectin, reaching 100,000 people at risk to river blindness by the end of the year.

Breakthrough malaria solutions to strengthen health systems and protect most-at-risk populations

" The project delivered major breakthroughs in malaria treatment and research capacity. It supported the development and launch of Coartem® (artemether–lumefantrine) Baby, the first antimalarial specifically designed for newborns and young infants weighing 2 kg to < 5 kg. "

PAMAfrica was EDCTP's first portfolio grant which enabled a consortium of ten partners coordinated by **MMV** - representing research institutions from Burkina Faso, Gabon, Mozambique, and Uganda, and institutes and industry partners from Spain, Germany, and Switzerland - to conduct three clinical trials simultaneously.

The project delivered major breakthroughs in malaria treatment and research capacity. It supported the development and launch of Coartem® (artemether–lumefantrine) Baby, the first antimalarial specifically designed for newborns and young infants weighing 2 kg to < 5 kg, developed in collaboration with Novartis. This new formulation addresses a critical treatment gap and improves outcomes for one of the most vulnerable patient populations. Swissmedic approved Coartem Baby in July 2025 through its Marketing Authorization for Global Health Products (MAGHP) procedure, following Ghana's approval in February 2025. Ghana officially launched the medicine in October 2025. In April 2026, the World Health Organization prequalified Coartem Baby, paving the way for greater accessibility in malaria-endemic countries. At present, Coartem Baby is registered in 13 African countries.

PAMAfrica also advanced a new candidate medicine for the treatment of uncomplicated malaria, led by Merck KGaA, Darmstadt, Germany, and a new candidate medicine for the treatment of severe malaria, led by Novartis. Both candidate medicines are critical to Africa and Europe as climate change intensifies transmission dynamics and the growing threat of resistance to current antimalarial drugs. In addition, PAMAfrica built extensive capacity, by training nearly 1,000 African scientists and staff across participating sites in multiple countries and supporting 11 students and postgraduate researchers through their studies.

Photo: *Toby Madden*

Photo: *Dr Godwin Dziwornu, H3D, South Africa*

Investment in tuberculosis (TB) research capacity is delivering transformative treatments for drug-resistant and paediatric TB

TB Alliance leads the global effort to transform TB treatment by developing faster, simpler, more effective cures and working to ensure access for those who need them. TB remains the world's deadliest infectious disease, and drug-resistant TB is a leading cause of death from antimicrobial resistance. TB Alliance's breakthroughs have helped improve treatment for some of the most historically neglected groups. These innovations include child-friendly TB treatments and an improved regimen for drug-resistant TB that has reduced treatment from 18+ months, cut pill burden by 95%, and raised cure rates from as low as 34% to about 90%. Together, these treatments have reached nearly 3 million children and adults.

EDCTP support of multiple TB Alliance late-stage research trials helped rebuild a once-dormant research landscape into a strong innovation ecosystem capable of delivering these advances. That investment also helped solidify Africa as a hub for TB innovation, with trial networks able to lead large, complex late-stage studies for new TB technologies, often alongside strong community engagement programmes.

" EDCTP support of multiple TB Alliance late-stage research trials helped rebuild a once-dormant research landscape into a strong innovation ecosystem capable of delivering these advances. "

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