# Annex: Background summary tables on case studies for R&I partnerships

## 1. PARTNERSHIP FOR RESEARCH AND INNOVATION IN THE MEDITERRANEAN AREA (PRIMA)

| Partnership for Research and Innovation in the Mediterranean Area (PRIMA) | |
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| Partnership format | ■ Public-public, institutionalised European Partnership (Article 185) between the EU and participating states.<br><br>■ Website: PRIMA MED |
| Focus and timeline | ■ Builds R&I capacities and develops knowledge and common innovative solutions in 3 areas: water management, sustainable agriculture, and food systems in the Mediterranean.<br><br>■ Launched in 2017 for 10 years, following a proposal from 9 Mediterranean EU Member States (Croatia, Cyprus, France, Greece, Italy, Malta, Portugal, Slovenia, and Spain). |
| Funding mechanism | ■ Mixed: EU funding via Horizon + national contributions.<br><br>■ PRIMA has 3 strands of project financing, each differing in administration and origin.<br><br>■ €325 m from the EU and €384 m from participating countries by 2031. |
| Governance and partners | ■ Implemented by the PRIMA Foundation (Barcelona).<br><br>■ Involves the EU and 20 Mediterranean countries: Algeria, Bulgaria, Croatia, Cyprus, Egypt, France, Germany, Greece, Israel, Italy, Jordan, Lebanon, Luxembourg, Malta, Morocco, Portugal, Slovenia, Spain, Tunisia and Türkiye.<br><br>■ Its Strategic Research and Innovation Agenda has been shaped by ministry representatives from Tunisia, Italy, Morocco, France, and Spain.<br><br>■ Operates on co-decision, co-financing, and co-management principles, ensuring equitable governance. |
| Key achievements | ■ 237 R&I projects; a majority are still to be completed but PRIMA reports promising progress based on mid-term reviews.<br><br>■ Fosters cross-border collaborations, scientific integration, and early outputs in climate adaptation and sustainable agriculture.<br><br>■ Represents a successful tool of science diplomacy and helps to build mutual trust between the EU and Mediterranean countries. |

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| **Lessons learnt** | The European Commission's <u>interim evaluation</u> highlights the following points:<br><br>■ PRIMA is strategically relevant (e.g. EU Green Deal objectives).<br><br>■ The partnership has substantially boosted EU-South cooperation and science diplomacy.<br><br>■ Good progress has been made in resource mobilisation and collaboration (e.g. 38% of project beneficiaries were southern Mediterranean countries, which received 28% of funding – exceeding the 25% target), along with capacity building and research excellence.<br><br>Areas to improve:<br><br>■ PRIMA's administrative complexity, especially the varying processes for funding in 20 countries, could be streamlined to shorten grant approval times.<br><br>■ Its attractiveness has ultimately reduced the success rate of proposals (currently less than 5% for section 1, which may discourage high-quality applicants).<br><br>■ EU dominance in technological innovation is evident, even though each proposed partnership must include at least one participant from a Mediterranean partner country. Participants from non-EU countries make up less than 40% of section 1 and 2 grant recipients, with Italy and Spain ranking first among beneficiaries.<br><br>■ Further measures are needed for more South-South and non-EU participation to encourage contributions and foster scientific integration across participating states.<br><br>■ Communication gaps persist. Despite strong external communication, internal communication within consortia needs improvement. |

## 2. CLEAN ENERGY TRANSITION PARTNERSHIP

| Clean Energy Transition Partnership | |
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| **Partnership format** | <ul><li>Co-funded European Partnership through Horizon Europe Pillar II, under climate, energy and mobility.</li><li>Website: CETP</li></ul> |
| **Focus and timeline** | <ul><li>Accelerates clean energy technologies by aligning priorities, pooling resources, and fostering transnational ecosystems for innovation.</li><li>Builds on the previous work of 9 climate and energy-related ERA Networks and Joint Programme Initiatives.</li><li>Launched in 2022, it runs to 2028.</li></ul> |
| **Funding mechanism** | <ul><li>Co-funded by the EU (Horizon Europe) and national agencies.</li><li>€791.2 m total budget, with €210 m from the EU and the rest from CETP partner countries.</li></ul> |
| **Governance and partners** | <ul><li>Led by Austria, it has 65 members from 31 countries, including 9 non-EU countries (Canada, India, Israel, Norway, South Korea, Switzerland, Tunisia, Türkiye, and the UK).</li><li>Drafted by the partner countries, its Strategic Research and Innovation Agenda was endorsed in 2020.</li><li>Works on specific thematic challenges through its 7 Transition Initiatives (TRIs), the main operating bodies of the CETP (configurations of members).</li></ul> |
| **Key achievements** | <ul><li>109 projects stem from 2 calls; yet limited data are available to evaluate its success (the first call was in 2022 and work began in Q3 2023).</li><li>Succeeds in pooling diverse funding sources (national and regional programmes) from participating countries towards a shared vision for the clean energy transition.</li><li>Fills a funding gap for researchers and innovators, offering mid-size project budgets that sit between large European projects and smaller nationally funded ones.</li><li>Enhances knowledge sharing through its Knowledge Community and Impact Network, and promotes technology upscaling.</li></ul> |

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| | ■ Takes a strategic approach to international cooperation, as shown in a joint call in September 2023 with Mission Innovation's Green Powered Future Mission. |
| Lessons learnt | CETP's <u>Partnership evaluation report</u> (2024) notes:<br><br>■ The CETP successfully promotes extensive collaboration and strategic alignment between partners from 32 countries. Many EU countries (e.g. Austria and Lithuania) align their national R&I priorities (e.g. Smart Specialisation Strategies) with CETP objectives.<br>■ It strengthens global collaboration, attracting partners from countries like Canada, India, Switzerland and Tunisia.<br><br>Areas to improve:<br><br>■ A fragmented structure, with 7 largely siloed TRIs originating from 9 predecessor initiatives, limits cross-initiative collaboration and internal coherence.<br><br>■ Improvements to coordination and synergies are needed with overlapping partnerships like Driving Urban Transition (DUT), Clean Hydrogen, and Clean Steel, achieving full integration and strategic alignment.<br><br>■ Links should be fostered with the EU Innovation Fund, EIB, and private investors to support scale-up and commercialisation.<br><br>■ Complex procedures for proposals, with a modular call process, complicate participation and risk losing synergies, potentially discouraging researchers from applying.<br><br>■ Different procedures among funding partners (e.g. national application/evaluation procedures) lead to a lengthy implementation period for calls.<br><br>■ Opportunities remain to increase visibility and outreach (e.g. funding in 2022 was underutilised, with only 60% of the available budget spent).<br><br>■ It is important to monitor implementation progress and prepare to assess the impact of funded projects. |

### 3. GLOBAL HEALTH EUROPEAN AND DEVELOPING COUNTRIES CLINICAL TRIALS PARTNERSHIP 3 (EDCTP3) JOINT UNDERTAKING

| Global Health European and Developing Countries Clinical Trials Partnership 3 (EDCTP3) Joint Undertaking | |
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| **Partnership format** | ■ Joint Undertaking, public-private institutionalised partnership (Article 187 TFEU).<br><br>■ Website: Global Health EDCTP3 Joint Undertaking |
| **Focus and timeline** | ■ Tackles infectious diseases in sub-Saharan Africa.<br><br>■ Builds on EDCTP2 and advances late-stage clinical research on poverty-related and neglected diseases. It has expanded to include emerging infectious threats, antimicrobial resistance, and climate-related health issues. It also strengthens research capacity, infrastructure, and health emergency preparedness in sub-Saharan Africa.<br><br>■ 2021–2027, with operations through 2031. |
| **Funding mechanism** | ■ Mixed: EU + the EDCTP Association and other contributing partners. Third parties such as the Gates Foundation and CEPI have supported the work programme, demonstrating the attractiveness of EDCTP3 to global funders.<br><br>■ €910 m from the EU + €950 m from the EDCTP Association and other contributing partners. |
| **Governance and partners** | ■ Joint undertaking with the EDCTP Association; 15 EU and 30 African countries<br><br>■ Includes international partners such as the WHO, Africa CDC, Gates Foundation, Gavi, Global Fund, and USAID.<br><br>■ Involves a governing board, a scientific committee, and a stakeholder forum in its governing structure, ensuring strategic oversight and multi-stakeholder engagement. The EDCTP Africa Office enhances regional involvement and support. |
| **Key achievements** | ■ Has developed the world's second malaria vaccine (R21), endorsed by the WHO in 2023. R21 shows 77% efficacy in young children and is projected to save over 4 million lives by 2040 (for more, see the Impact Global Health Case study).<br><br>■ Launched new treatments such as those for cryptococcal meningitis, schistosomiasis, and paediatric HIV. |

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| | ■ Embarked on over 371 clinical studies under EDCTP2. Global Health EDCTP3 has initiated several strategic calls.<br><br>■ Rapidly responded to the 2024 Mpox outbreak in the DRC with an emergency funding call.<br><br>■ Established Networks of Excellence across 21 African countries.<br><br>■ Trained 362 African fellows and provided short-term training to over 53 000 individuals.<br><br>■ Builds long-term local research infrastructure and leadership in sub-Saharan Africa. |
| Lessons learnt | The 2024 evaluation support study and 2025 interim evaluation of EDCPT3 highlight the following aspects:<br><br>■ EDCPT3 is recognised as a valuable multi-stakeholder partnership attracting global interest and featuring structured dialogue with industry and philanthropic groups.<br><br>■ It engages in strategic partnerships with major players like Africa CDC and global health stakeholders.<br><br>■ Coherence and resource mobilisation are promoted through public-private and in-kind contributions.<br><br>■ Inclusivity, transparency, and open data are emphasised, and it is aligned with global health priorities.<br><br>■ The initiative demonstrates the importance of sustained public investment in advancing health innovation and equity.<br><br>■ This unique example of Horizon Europe synergies with the NDICI-Global Europe programme has supported TEI MAV+ to increase local production of pharmaceuticals, building scientific and regulatory capacity and linking to industry (see the Interim evaluation of Horizon Europe).<br><br>Areas to improve:<br><br>■ African co-leadership is limited by legal constraints that prevent project coordination by many African institutions. While attempts have been made to mitigate this, such as by appointing African partners as scientific leads, it has been seen as a regression from EDCTP2's more inclusive approach.<br><br>■ Expansion of European membership has been slow. There is also low engagement from non-African/non-European partners as well as weak SME participation in funded activities. |

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| | ■ Delays in setup and grant processes have been caused by under-resourcing, Brexit, and legal complexities.<br><br>■ A narrow disease focus (on primarily infectious diseases) excludes broader global health issues and regions (e.g. Latin America).<br><br>■ Unclear funding priorities and uncertainty about financial sustainability beyond EU support persist. While a 2024 phasing-out plan proposes that the EDCTP Association continue core activities, it acknowledges that ongoing public funding is essential due to limited commercial interest in the targeted diseases.<br><br>■ Some projects may remain unfinished by 2031, requiring continued oversight or follow-up funding. |

## 4. TEAM EUROPE INITIATIVE ON MANUFACTURING AND ACCESS TO VACCINES, MEDICINES AND HEALTH TECHNOLOGIES (TEI MAV+)

| Team Europe Initiative on Manufacturing and Access to Vaccines, Medicines and Health Technologies | |
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| Partnership format | ■ TEI MAV+ is a flagship initiative under the EU's Global Gateway Strategy.<br><br>■ Website: TEI MAV+ (see also the 2025 Factsheet). |
| Focus and timeline | ■ Strengthens local manufacturing capacities and pharmaceutical systems in Africa through a '360 degree' approach.<br><br>■ Launched in 2021 at a G20 Global Health Summit in Rome, as a response to a call by African leaders to produce 60% of vaccines in Africa by 2040. |
| Funding mechanism | ■ Mixed: EU, Member States, EDFIs, the EIB, and others, in the form of grants, loans, budget support, blended finance, and technical twinning.<br><br>■ €1.9 bn currently (from €1 bn initially), including €590 m for Gavi to support the African Vaccines Manufacturing Accelerator. |
| Governance and partners | ■ Governed jointly by the EU and African partners through a mix of continental-level cooperation and country-level engagement (local ownership) in Rwanda, Ghana, Senegal, Egypt, Nigeria, and South Africa. |

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| | ■ Involves EU institutions, 16 EU Member States (both funders and supporters), the AU, WHO, Gates Foundation, and national agencies.<br><br>■ Coordinated by the Team Europe Support Structure (TESS MAV+), and managed by Enabel, Expertise France, and GIZ, which provide technical, operational, and strategic support.<br><br>■ Features high-level political coordination, with active involvement from multiple EU institutions and strong shared ownership by Team Europe members.<br><br>■ Goes beyond the usual TEI actors (EU institutions, Member States, the EIB and EDFIs) to involve top-ranking universities and research centres, along with private-sector members, including biotech and pharma companies. This makes TEI MAV+ a truly multi-stakeholder partnership. |
| Key achievements | ■ Has a continental impact through funding and technical support for regulatory strengthening, capacity building, the African Medicines Agency, and the African Vaccines Manufacturing Accelerator.<br><br>■ Conducts country-level activities to boost vaccine production with production facilities in Egypt, Ghana, Nigeria, Rwanda, Senegal, and South Africa.<br><br>■ Encompasses R&I activities across Africa, such as strengthening pharmaceutical research in Nigeria and enabling technology transfer partnerships in Ghana. It has supported local R&D and the creation of Rwanda's first Biosciences Park, as well as promoted pre-clinical vaccine research in South Africa.<br><br>■ Provides a unique example of Horizon Europe synergies with the NDICI-Global Europe programme (the EDCPT3 Joint Undertaking supporting TEI MAV+), according to Horizon Europe's interim evaluation. |
| Lessons learnt | TEI MAV+ has not yet been evaluated; however, external assessments (by ECDPM and Real Instituto Elcano) point to it as having a clear geopolitical dimension supporting the EU-AU partnership. Its performance makes TEI MAV+ a good example of the long-term and broad-based nature of R&I cooperation agendas that can be pursued by TEIs.<br><br>■ TEI MAV+ demonstrates the value of a holistic 360° approach, covering the full R&I cycle, regulatory frameworks, and capacity building.<br><br>■ It has improved European coordination through the Team Europe Support Structure. |

- Multi-stakeholder collaboration is a core strength, involving EU institutions, Member States, African governments, financial institutions, research bodies, foundations, and the private sector.

- TEI MAV+ maintains dialogue with key civil society organisations (such as MSF and the Global Health Forum) and engages with interested private-sector actors.

Areas to improve:

- Lasting impact calls for co-ownership. African actors must be involved in both design and implementation. TEIs are often seen as 'Brussels-led' in their design, seeking to define an 'EU offer' before extensive partner country input.

- Strong local ownership is key. Rwanda is a successful example where government leadership has aligned the initiative with national priorities, helping to attract private-sector investment.

- Not all African partners have been equally included, highlighting the need for broader engagement.

- Greater inclusion of non-state actors (the private sector and civil society) could further enhance innovation and effectiveness.

- TEI MAV+ is a promising and evolving model, but its full impact will require more time and continual monitoring.

## 5. Innovative Health Initiative Joint Undertaking

| Innovative Health Initiative (IHI) Joint Undertaking | |
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| Partnership format | - Public-private institutionalised partnership (Article 187 TFEU) between the EU and European life science industries.<br>- Website: Innovative Health Initiative |
| Focus and timeline | - Translates R&I efforts into applications for patients to improve individual and societal health while contributing to EU competitiveness.<br>- Launched in 2021, it built on the Innovative Medicines Initiative (IMI) and IMI2, which began in 2005. |
| Funding mechanism | - Mixed: the funding model combines resources from the EU (European Commission) and the life science industries. |

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| | ■ €2.4 bn for 2021–2027 (50% from the EU and 50% from industry, including COCIR, EFPIA, EuropaBio, MedTech Europe, and Vaccines Europe). |
| **Governance and partners** | ■ Governs through a board of EU and industry members to guide, monitor, and approve calls for proposals. <br><br> ■ Makes decisions aligned with the IHI Strategic Research and Innovation Agenda. |
| **Key achievements** | ■ Includes the IMI2 legacy of contributions to Covid-19 and Ebola responses. A final evaluation affirmed IMI2's relevance in driving innovation in emerging research areas, with significant potential to improve patient care and quality of life. <br><br> ■ Supports 16 active IHI projects, all with healthcare stakeholders. <br><br> ■ Features cross-sector partnerships in 90%+ of IHI projects, involving private companies, contributing members, and technology actors. <br><br> ■ Expanded private-sector collaboration in IHI to include diagnostic imaging, medtech, biotechnology, IT, and vaccines – filling gaps identified in IMI2. <br><br> ■ Involves non-EU partners in around 15% of IHI projects, reflecting slight international expansion. <br><br> ■ Introduced a dedicated patient pool under IHI, addressing a major gap in stakeholder inclusion identified under IMI2. <br><br> ■ Demonstrates global relevance and collaboration, even though projects remain largely EU-based. <br><br> ■ Fostered the creation of long-term collaborative structures, such as non-profits (e.g. EHDEN, INNODIA, EUPATI, and c4c Stichting). <br><br> ■ Contributed to research outcomes that include tools and treatments for Alzheimer's, TB (UNITE4TB), RSV (RESCEU), and paediatric clinical trials (conect4children). <br><br> ■ Released a compound library through EUbOPEN Gateway to accelerate global research. <br><br> ■ Strengthened the European ecosystem for research by support for innovation, regulation, and system-level health improvement. |

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| **Lessons learnt** | It is currently too early to definitively assess the full effectiveness of IHI, as its first projects only started in October 2024. Still, the interim evaluation of IHI has the following observations:<br><br>■ The public-private investment model of IMI2 proved effective and continues under IHI, supporting multisectoral innovation.<br><br>■ IHI fosters cross-sectoral collaboration across EU and global partners in 94% of projects, bringing together partners from two or more technology sectors (e.g. pharmaceutical, medical technologies or biotechnologies).<br><br>■ It has addressed past shortcomings in professional engagement in patient and healthcare by institutionalising inclusive governance structures (e.g. the Science and Innovation Panel and patient pool).<br><br>■ Innovative mechanisms, like the Ideas Incubator, have been introduced to widen stakeholder engagement and encourage collaboration.<br><br>■ The shift in focus beyond medicine development is seen as a strength, enabling more disease-agnostic and cross-cutting innovation. IHI is expected to influence broader research and innovation, while strengthening Europe's global competitiveness.<br><br>■ The initiative has built stronger synergies with relevant policies and programmes at the regional, national, and EU levels, supporting alignment and coordination across the health research landscape.<br><br>■ Strong SME involvement is evident in the initial 16 signed grant agreements, with SMEs accounting for 22% of participants (exceeding the 20% target).<br><br>Areas to improve:<br><br>■ Administrative and legal barriers (e.g. restrictions on third-country industry participation) continue to hinder broader international collaboration.<br><br>■ There is a need for more flexible participation frameworks to overcome access limitations and enhance global engagement in EU-funded health initiatives.<br><br>■ This links to improving mechanisms to engage patients, healthcare professionals, civil society, and SMEs in governance and project design. |

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|  | ■ Ensuring financial and strategic sustainability beyond 2027 is recommended. This could be done by using the phasing-out strategy not only to exit Horizon Europe, but also to diversify funding models, e.g. with philanthropic or regional partners. |

## 6. GAVI, THE VACCINE ALLIANCE

| Gavi, the Vaccine Alliance | |
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| Partnership format | ■ Public-private partnership bringing together international organisations, governments, industry, civil society, academia, and other partners. <br><br> ■ Website: Gavi |
| Focus and timeline | ■ Works towards global vaccine equity in low-income countries. <br><br> ■ Launched in 2000 following an initiative by the Gates Foundation and other founding partners. |
| Funding mechanism | ■ Funding cycle: Gavi operates on a 5-year funding cycle, which currently (Gavi 5.0) runs from 2021 to 2025. <br><br> ■ Co-financing model: recipient countries are required to gradually contribute more to immunisation costs as their economies grow, with the aim of eventually transitioning out of Gavi support. <br><br> ■ Team Europe (EU + Member States) is Gavi's largest contributor, totalling more than €6.5 bn between 2021 and 2025. <br><br> ■ $30 bn in total estimated funding since its launch, excluding money raised for COVAX, through direct contributions by governments, foundations, and private donors (77%) and innovative financing mechanisms (23%). |
| Governance and partners | ■ Sets strategic direction and monitors implementation through the Gavi Board (28 members: partners, stakeholders, and experts). The Gavi Secretariat manages day-to-day operations. <br><br> ■ Headquartered in Switzerland (with international institution status) and registered as a public charity in the US. <br><br> ■ Partners with key organisations such as the WHO, UNICEF, World Bank, and Gates Foundation. It is supported by governments, civil society, academia, industry, and philanthropists. |

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| | ■ Applies a multi-stakeholder model to ensure that technical, policy, and industry perspectives are considered. |
| **Key achievements** | ■ Vaccinated 1.1 billion children across 78 countries, as of 2023 (i.e. averting 18.8 million deaths, plus 2.7 million more through COVAX.) <br><br> ■ Helped prevent outbreaks of Ebola and yellow fever through vaccine stockpiles. <br><br> ■ Generated over $250 bn in economic benefits in lower-income countries. <br><br> ■ Returned an estimated $54 in societal benefits for every $1 invested. <br><br> ■ Enables the development of innovative models to streamline vaccine deployment through collaboration with the private sector and research institutions. This includes Gavi's partnership with DataKind to explore potential uses of AI and data science to enhance vaccine coverage. <br><br> ■ Supports R&I through its market-shaping strategy, by negotiating with vaccine manufacturers to scale up and bring new vaccines to the market faster. |
| **Lessons learnt** | ■ A multi-stakeholder approach is effective in expanding immunisation in LMICs. <br><br> ■ Public-private partnerships, particularly with vaccine manufacturers, are key to overcoming market failures. <br><br> ■ Equal board representation and co-financing requirements promote local ownership and context-specific solutions. <br><br> ■ A collaborative model is encouraged, where both donors and recipients shape implementation strategy. <br><br> ■ A 2025 WHO statement on Gavi strongly endorses Gavi's impact and underscores the critical importance of sustained funding for global immunisation efforts. <br><br> In addition, a Mid-Term Evaluation of Gavi's 2021–2025 Strategy and the MOPAN 2024 assessment point to the following lessons: <br><br> ■ Gavi achieved notable progress during a period of exceptional disruption, including delivering nearly 2 billion Covid-19 vaccine doses. |

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■ Some, but not all, strategic goal indicators are expected to be met by 2025.

Areas to improve:

■ There are concerns about transition and sustainability, especially as some countries may backslide due to global fragility.
■ Barriers such as conflict, climate change, vaccine hesitancy, and weak health systems remain significant.
■ Although key performance indicators are satisfactory and there has been progress on risk management, improvements are needed on gender inclusion, environmental aspects, and accountability.

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## 7. THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA

| The Global Fund to fight AIDS, Tuberculosis and Malaria | |
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| **Partnership format** | ■ Global partnership of civil society, governments, private-sector partners, philanthropists, technical partners, and communities affected by the diseases in more than 100 countries.<br><br>■ Website: The Global Fund |
| **Focus and timeline** | ■ Seeks to eradicate HIV, TB, and malaria through global investment.<br><br>■ Launched in 2002, following G8 summit discussions. |
| **Funding mechanism** | ■ Funded primarily through 3-year replenishment cycles, currently on the $7^{th}$ replenishment cycle (2023–2025).<br><br>■ 94% of funding comes from donor governments; top contributors include the US, France, and the UK<br><br>■ The European Commission ranks $7^{th}$ , and Team Europe collectively is a major contributor.<br><br>■ Also uses Debt2Health swaps and other mechanisms to diversify funding sources.<br><br>■ Over $65 bn has been allocated since inception to support HIV, TB, and malaria efforts in 155 countries. |
| **Governance and partners** | ■ Governed by a 28-member board, of which 20 have voting rights (including EU governments) and 8 are observers. |

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| | ■ Takes a strong multi-stakeholder approach involving governments, civil society, NGOs, the private sector, and academic institutions.<br><br>■ Drives country-level governance and funding proposals through Country Coordinating Mechanisms.<br><br>■ Enables different partners to play varied roles, from implementation (governments) and technical assistance (multilaterals) to funding and advocacy (the private sector and donors). |
| **Key achievements** | ■ Saved 65 million lives and reduced 61% of deaths from AIDS, TB, and malaria.<br><br>■ Provided 25 million people with antiretroviral treatment (for HIV) in 2024 (Results report), treated 7.1 million for TB, and distributed over 220 million bed nets.<br><br>■ Invested $17.3 bn in the latest grant cycle (2024–2026), including on UHC and health systems strengthening.<br><br>■ Increased support for antimicrobial resistance and climate-related health threats.<br><br>■ Supports R&I activities such as implementation research, market shaping, and research on models to strengthen health systems. It plays a catalytic role in bringing R&D outcomes to scale, working with organisations like UNITAID and DNDi.<br><br>■ Spurs R&D efforts in providing incentives for the adoption of innovations such as next-generation medications for HIV and TB.<br><br>■ Achieved, through such efforts, a 20% reduction in the procurement of antiretroviral treatment. It has also increased access to innovations like the dapivirine vaginal ring and injectable, long-acting pre-exposure prophylaxis across supported countries. |
| **Lessons learnt** | The Global Fund's evaluations and reports highlight remarkable successes while candidly identifying continuing challenges in coverage, equity, and health systems resilience.<br><br>■ Despite pressures, the Global Fund has delivered strong returns on investment: $63 bn invested (2002–2023) yielded $1.2 tn in health gains and $400 bn in productivity gains. |

| | Areas to improve: |
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| | ■ It is crucial to maintain donor commitment. The upcoming 8th replenishment cycle (2028) comes amid declining global health funding (particularly from the US).<br>■ Communities must be engaged in the design and implementation of programmes to ensure contextualised design.<br>■ Enhanced partnerships, including with the private sector, can improve resource mobilisation and increase the effectiveness and reach of programmes and innovation.<br>■ An evidence-driven rationale must underpin programming priorities.<br>■ Synergies should be identified and leveraged between disease-specific responses (such as to Covid-19 and TB) through intentional operational and implementation research. |

## 8. GLOBAL RESEARCH COLLABORATION FOR INFECTIOUS DISEASE PREPAREDNESS (GLOPID-R)

| Global Research Collaboration for Infectious Disease Preparedness (GloPID-R) | |
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| Partnership format | ■ Multistakeholder, international platform for research coordination<br><br>■ Website: GloPID-R |
| Focus and timeline | ■ Coordinates research of new or emerging infectious diseases with the aim of increasing preparedness for future health threats.<br><br>■ Launched in 2013. |
| Funding mechanism | ■ GloPID-R receives funding from different sources. The secretariat is financially supported by the EU's Horizon Europe R&I programme.<br><br>■ Other funders that support work streams include EDCTP, UKRI, and ZonMW. |
| Governance and partners | ■ Overseen by a governance structure in the form of a central secretariat that coordinates research activities and supports the executive board (7 members) and GloPID-R members.<br><br>■ Involves 35 organisations, including national research agencies, academic institutions, and philanthropic foundations (e.g. European Commission, EDCTP3, ICMR India, Rwanda NCST, and Science for Africa Foundation). |

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|  | ■ Includes observers, notably the WHO, CEPI, Gavi, EDCTP, GOARN, ERINHA, and ESSENCE. |
| **Key achievements** | ■ Developed tools and platforms for pandemic research coordination such as COVID CIRCLE, Pandemic PACT, the Living Roadmap for Clinical Trial Coordination, and clinical trial coordination.<br><br>■ Established regional hubs with the aim of increasing regional cooperation on research, such as Africa Hubs.<br><br>■ Set up the COVID-19 Research Project Tracker – a notable success of the GloPID-R initiative during the Covid-19 pandemic. |
| **Lessons learnt** | ■ GloPID-R has been valuable in establishing coherent and effective collaboration in responding to pandemics and health threats.<br><br>■ This has been shown in its capacity to respond to Ebola, Zika, and Covid-19.<br><br>■ As both the only alliance of its kind and an EU-funded network, GloPID-R sets an example for the future of R&I partnerships.<br><br>Areas to improve:<br><br>■ For better coordination and collaboration between funders and researchers, GloPID-R could improve data sharing on funding flows during outbreaks.<br><br>■ Recommendations have included strengthening networks for potential clinical trial work with researchers in LMICs and expanding the partnership to include experts in social sciences.<br><br>■ GloPID-R's coordination could have benefited from greater engagement of its members. |

## 9.  WHO UNIVERSAL HEALTH COVERAGE (UHC) PARTNERSHIP

| WHO Universal Health Coverage (UHC) Partnership | |
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| Partnership format | ■ One of the WHO's largest platforms for international cooperation on UHC and primary health care. <br><br> ■ Website: UHC Partnership |
| Focus and timeline | ■ Strengthens health systems for UHC. <br><br> ■ Launched in 2011, following a World Health Assembly resolution to build more robust national health policies, strategies, and plans towards advancing UHC. |
| Funding mechanism | ■ Funded by multiple stakeholders including the EU, Japan, UK, France, Canada, Germany. <br><br> ■ Over $530 m was committed (2012–2016), with the EU contributing €200 m (2011–2022) and pledging an additional €125 m (2023–2027). |
| Governance and partners | ■ Led by the WHO, with multilateral donors and Joint Working Teams, it incorporates strong real-time monitoring. <br><br> ■ Includes governance by its Multi-donor Coordination Committee (linking the WHO and donors), the WHO High-level Steering Committee (ensuring leadership alignment), and Joint Working Team (coordinating operations, resource allocation, and monitoring). <br><br> ■ Uses live monitoring and bi-monthly meetings to adapt and share best practices across countries. <br><br> ■ Involves governments, donors, UN agencies (e.g. UNICEF, ILO, and Gavi), the World Bank, and other multilaterals. Partners contribute technical support, host policy dialogues, and strengthen country health systems. |
| Key achievements | ■ Engages important realist research that evaluates interventions, innovations, and approaches in real world settings. This seeks to understand what works, for whom, under what circumstances, and through which mechanisms. |

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| | ■ Conducts inclusive and country-led policy dialogue around national health strategies, tailored to each country's specific needs, goals, and capacities.<br><br>■ Enhances stakeholder engagement and ownership in health planning processes by fostering stronger alignment between national and international actors.<br><br>■ Has deployed 150 health policy advisers in 125+ countries. It has also supported policy dialogues on antimicrobial resistance, sexual and reproductive health and rights (SRHR), and Ebola.<br><br>■ Tackles public health challenges (e.g. antimicrobial resistance plans in Namibia). |
| Lessons learnt | ■ The UHC Partnership proves that sustained, multisectoral partnerships are essential for universal health coverage. Beyond technical health interventions, it requires strong relationships across sectors, levels of government, and communities to address the complex social determinants of health that transcend sectors.<br><br>Areas to improve:<br><br>■ The UHC Partnership Annual Report 2023 recommends further strengthening policy dialogue for health planning and financing, to foster mutual understanding between experts and policymakers.<br><br>■ Along with maintaining political commitment, it is important to tie accountability mechanisms to SDG 3. The global advisory network for cross-country learning and innovation should be leveraged. |