1. **Welcome and introduction**

   Linda Kupfer, Co-Chair, ESSENCE SC (NIH/FIC) welcomed the participants to the meeting and briefly explained the purpose of the gathering. At her request, individual introductions were given with respective roles. The proposed agenda items were reviewed and she gave an explanation of the goals for each topic.

2. **Review of minutes of the 6 April 2017 face-to-face meeting in Washington, DC**

   - Garry updated the members on the meeting held at Washington, DC and went on to explain in some detail the reason behind the face-to-face business specific meetings usually held twice a year at the side of major events and conferences that the majority of ESSENCE members are attending.
   - The interaction of members through these meetings makes it possible for the group to define concerted methods of collaboration to get the best impact at country level; and to increase the value of resources and actions for health research.
   - The newly elected Steering Committee (SC) consisting of seven members - Sida, EDCTP, USAID, HRP, TDR, Wellcome Trust, and Institut Pasteur, at the 6 April meeting, discussed around the mission and goal of ESSENCE - how to best shape the new mission, new goals, and what kind of updates needed to be done to the *Essentials of ESSENCE* document.
   - The SC was tasked at the meeting to:
     a. Revise the 2017-2018 Workplan and the *Essentials of ESSENCE* document that gives an outline of the agreed upon principles by which the group is guided;
     b. Look at addendum of revision of some of the current good practises documents that touches upon Research Management and possible opportunities for ESSENCE side meeting for fall/autumn 2017; and
     c. Discuss around the areas shortlisted in the workplan, in terms of what types of “research areas” should be prioritized for the rest of the year, who can lead on what, and members interest in being involved in a particular area/activity.
   - These actions were taken up by the SC including the two priority research areas – Research Management (RM) and Implementation Research (IR), and the specific working groups that have been set up based on expressed interest.
   - The 2017 Workplan has been revised and finalized in line with the revised *Essentials of ESSENCE* document, available on the website - [http://www.who.int/tdr/partnerships/essence/about/en/](http://www.who.int/tdr/partnerships/essence/about/en/).
   - The SC meets every month through teleconference with a defined agenda and at the side of major health research meetings to discuss issues and updates members on progress. In terms of the attendance at the side of major events, the most dedicated ESSENCE members attend while the bigger group either connects through WebEx or is not able to attend.
3. Review of ESSENCE Workplan and Plans/Progress

- ESSENCE 2017 Workplan
  - Overview of the workplan was presented by Annica to orientate and introduce ESSENCE to the participants especially those who were at the meeting for the first time.
  - One of the important aspect of the workplan revision and the big discussion that the members had at the 6 April meeting was around the “expected outcomes” that needed to be revised to express clearly what ESSENCE is trying to achieve, in terms of policy dialogue between funders of research, providing a mechanism for funders to share, identifying and sharing good practices, and communicating successes, lessons learned and good practices in low-and middle-income countries (LMIC).
  - Annica mentioned that the face-to-face meetings with an informal gathering at the side of major health research-related meetings are very important to achieving these outcomes, including involving and engaging LMIC scientists in the initiative.
  - After further reviewed highlights of the workplan, the members were reminded of the need to increase active participation and presence at health research gatherings to better engage new funders especially the LMIC funding Councils who have already established their granting councils.

- Plans/Progress
  The following action plans were emphasized on by Annica:
  - Revision of some of the good practices documents and development of new ones around the funding areas that are been explored or the ones that have been prioritized – RM & IR. Most of these documents have helped to summarize good practices from various collection of funders such as bilateral development agencies, research councils, universities, and science agencies.
  - Identifying new funding opportunities for collaboration, harmonization and alignment based on each institution’s strategy, including the involvement of LMIC scientists and institutions.
  - Exploring other ways to engage and invite the LMIC granting/funding councils to become part of ESSENCE. At the last SARIMA annual conference, there was a policy dialogue between some of the funders like the northern and the emerging funders in Africa. The summary of the discussion will be shared with ESSENCE members.
  - Better communication of funding opportunities (i.e. through WorldReport) and initiatives proposed by ESSENCE with key stakeholders especially in LMIC; and dissemination of the good practices documents through presentation and presence at health research meetings to ensure substantial increase in their use. WorldReport is one of the global databases currently being visualize as part of the WHO global observatory on health R&D - [http://www.who.int/research-observatory/monitoring/inputs/world_report/en/](http://www.who.int/research-observatory/monitoring/inputs/world_report/en/)

  **Action: Garry to share the summary of the policy dialogue at the SARIMA meeting with ESSENCE members.**

4. Updates on the priority research areas - Research Management (RM) and Implementation Research (IR)

- Research Management (RM) - Report given by Garry and Linda
  - There was a brief presentation and discussion on what Wellcome Trust had done in terms of the study they did this year on RM, the plans they have come up with and the questions on how to coordinate their plans with what other funders are doing, including questions on how to get institutional commitment and still be able to do the focus on research managers and the administrators.
  - It was emphasized that although there has been much enthusiasm from members, the one pager proposal providing background on RM with goals and activities for ESSENCE as a group is yet to be finalized. There is a list of potential ESSENCE members that expressed interest in joining the RM working group. As soon as the one pager is developed, a teleconference of this group will be scheduled.
- Implementation Research (IR)
  - Linda updated the group on the progress made so far by the IR working group. She informed the group that she has a date for the first call and a list of 13 participants in the group with diverse interests.
  - The first call will feature focussed discussion on what is being proposed, future practical next steps and what can be done to move the IR field forward. The group remain open to explore co-funding opportunities for some of the areas that have been identified in the IR one pager proposal including producing a good practices document or some other products, meeting of experts, consultation and landscape analysis.
  - Linda encouraged other participants to join any of the two working groups and thanked FIOCRUZ for expressing interest in joining the IR working group.

**Action:** Simon to further develop the one pager overview outlining how ESSENCE members can work together in the area of research management. Secretariat to convene/call the RM working group call.

5. Updates from agencies and opportunities for face-to-face meetings in 2018

- See attached annex with updates.

- Side meeting for fall/autumn 2018 - IDRC offered to host the face-to-face meeting in 2018. Garry to follow up to explore dates and options. Additional potential meetings at the side of other events include:

  - Ninth EDCTP Forum, Lisbon, Portugal
  - 5th Global Symposium Health System Research, Liverpool, UK
ESSENCE Members and Programs Updates

- **EDCTP - European and Developing Countries Clinical Trials Partnership (Anne-Laure Knellwolf)**
  - EDCTP is currently developing open source in data sharing and supporting the WHO WorldReport project. Aside that which is not relatively new, we are also supporting training in project management - relating to projects of clinical research reforms, as well supporting and organizing workshops on international ethical scientific and practical research standards.
  - Two of our main masterpiece documents, the “Annual Work Plan for 2017” and the “Annual Report of 2016” that both gives a very broad review of the activities funded so far since 2014 and the current programs that we are supporting are now available on our website - [Edctp Annual Report 2016](#) and [Edctp2 Annual Work Plan 2017](#). The workplan also includes all the activities that are connected to clinical data sharing - big project and has to be implemented in 2017.
  - We recently signed a commitment to collaborate with WHO on the Global Observatory on Health R&D initiative. The implementation will start in-house with our data to ensure that they are visible and accessible at all times. Soon we will be to collaborate with external stakeholders and other funders.
  - Our ninth biennial forum is happening next year and will be held in Lisbon, Portugal between 17-21 September 2018. Partners and Funders’ welcome! [Ninth Edctp Forum](#)

- **FIOCRUZ - Oswaldo Cruz Foundation (Fabio Zicker)**
  - FIOCRUZ presently has participation in training and research collaboration with 7 Portuguese speaking countries in Africa and more than 18 programs for post-graduate studies in several areas. We have an office in Maputo, capital of Mozambique, Africa, and an international office at the back of WHO in Geneva.
  - The institution runs regular courses at the Masters level, in Public Health and training programs. We also have collaboration in nutrition and maternal health in several projects specific collaboration with African countries especially in Mozambique.
  - We are making concerted efforts to engage in implementation research and research management, perhaps it will be with Portuguese trainers in these fields especially with the collaboration in Africa Portuguese speaking countries.
  - The organization is a very complex institution but it is also very huge. It has one of the largest public pharmaceutical laboratories in the country and the largest public laboratories for vaccine production called the Immunobiological Technology Institute (Biomanguinhos) – the world’s largest manufacturer of the vaccine against yellow fever and the only Latin American laboratory certified by WHO for this purpose.

- **News from Brazil**
  - We have a new foundation in Brazil to support scientific research called [Serrapilheira](#). It is being established to promote science and science outreach in the country. It is completely private but parallel to the government – with a French-Belgium Director taking the lead.
  - The organization supports both basic and applied research, and they have made their first call for proposals for interdisciplinary projects. The call is still very open and not just in health but also in science. However, this is mainly for Brazilian PIs who are promoting collaboration.
• They will in the first round fund up to 70 young researchers who are seeking to establish or consolidate their own independent research agendas, especially those with PhDs received after 1 January 2007.
• The support will continue after 3 years of the first selection, but the main idea behind the initiative is to build a new generation of strong and active scientists in Brazil.
• Submission is required in English and it is still very open!

For more information on Serrapilheira and partnership opportunities visit the link above or contact fzicker@cdts.fiocruz.br.

• NIH/FIC - National Institutes of Health / Fogarty International Center (Linda Kupfer)
  • FIC is working on initiatives in emergency medicine in LMICs and humanitarian crises in LMICs
  • The next dissemination and implementation conference will be held in DC, December 4-6. If enough ESSENCE members attend we will hold a side meeting to discuss the ESSENCE IS Initiative
  • FIC has an active Stigma RFA, mHealth RFA, Global Brain RFA, Global NCD RFA

• SAMRC – The South African Medical Research Council (Thabi Maitin)
  - MD PhD Development
    • The council restructured 4 years ago to realign how it uses its funding so that it is responsive to what the government of South Africa (SA) wants to see. We are currently in that inadequate level where there are just certain pockets of PhD holders in strategic areas in SA.
    • We have a big project of training MD PhDs, which we believe is a gold standard for PhD development but without the traditional scholarship value - training professions within the health sector so the country can have many people in certain strata of allied health. Estimated cost for a candidate with basic qualification is 1.2 Million ZAR, we hope and expects that more people would apply in view of the high cost.
  - Local and International Collaborations
    • We have a very robust in-house capacity development initiative for Masters program up to Post Doctoral level, and we have collaborated with the other Science Granting Councils in the country who also have good projects/initiatives to contribute to health.
    • A big chunk of our portfolio is in international collaborations especially for those fields that are critical for SA but mainly where we do not have the resource to train people to build capacity in such fields – i.e. the Vaccinology Program with the University of Lausanne, Switzerland. Our main objective is to grow that part of our capacity building portfolio while partnering with other international organizations.
    • The Council also fund top Universities in SA to help the country grow knowledge in specific areas – such as in MD PhD. It is about 4 years old and the program is housed in University of Cape Town.
    • We are developing collaborative partnership with Belgium but the legal aspect is yet to be finalized. This will however focus on a much wider spectrum of our agenda compared to the Swiss partnership with a focus on vaccinology. We hope to create big entities like Research Chairs (Biostatistics and Epidemiology) and funding of Masters Programs.

This is the direction in which the council is taking for capacity building. For more information and partnership opportunities contact thabi.maitin@mrc.ac.za.

• Sida - Swedish International Development Cooperation Agency (Maria Teresa Bejarano)
  • We support research in low-and middle-income countries and we have a new strategy that gives us the right to innovation. Sida has been supporting projects in the area of innovation but now we are exploring more opportunities with other funders like USAID.
  • We have had support from the Bill & Melinda Gates Foundation on one of their initiatives called Global Health Investment Fund (GHIF) - Global Health Investment Fund - Presentation. This was a $108 million
social impact investment fund designed to provide financing to advance the development of drugs against diseases that burden low- and middle-income countries unduly.

- The Government’s of Sweden and Canada both partnered with the Gates Foundation via GCC and Sida during the first phase. The fund had an active investment pipeline of transactions totalling over $160m in demand and targeted drugs, vaccines, diagnostics and devices in infectious global health diseases which disproportionately impact populations living in the poorest countries in the world. Its main objective was to provide capital to late stage projects to support final clinical trials and possibly early stage commercialization.

- There is an ongoing discussion on whether to open a second phase as this is very important for Sida. So far, GHIF’s portfolio has been very American bias because of the experts that made the analysis of the portfolio. We are trying to consider things that comes from all over the world during the next round of discussion, but will keep the group informed.

- **USAID - United States Agency for International Development (Annica Wayman)**

  Our main areas of core activities to date include:

  1. **Partnerships for Enhanced Engagement in Research (PEER)**
     - This was initiated in 2011 and to-date, the initiative has held six calls for research. The program is being managed at USAID’s Center for Development Research (CDR) and implemented by National Academics of Sciences (NAS). Through this program, a total of 250 projects have been supported in more than 50 countries worldwide through USAID’s Global Development Lab (LAB) core and buy-in funding between 2011 and 2016.
     - The program supports research relevant to USAID’s development objectives and aims to establish long-lasting research relationships globally, build capacity of local scientist and engineers to conduct high-calibre research, and enable scientist to generate critical evidence to address development challenges.
     - The new cycle of grantee will be announced in the last week of September for up to 26 new more grantees.
     - We are developing new mechanisms that will integrate PEER as well as other activities that we’ve done within USAID as the program is expected to be rounded up by year 2021.
     - The Global Development Lab focus broadly on Science and Technology and it is separate from the Global Health Bureau that focus specifically on, not just Science and Technology but broadly on health, and not just the traditional development work but also on research.
     - The unit would be launching its Global Health Research report on most of the research that they have funded in a couple of weeks and it is expected to be sent to Congress. It will be more basic with no big formatting and will be available on their website. We will share this with the group once released!

  2. **New Solicitation**
     - There will be an open call in October 2017 for new solicitation and probably this would be the last solicitation for regular grants in any technical area from any country on our eligible country list.
     - We are in the middle of doing a special review for a special call (The PEER Liberia) which is a little different than our traditional PEER. The focus is specifically on rebuilding the clinical researchers especially those who can practice in areas that need rebuilding through the University of Liberia (the only trainer of medical professional in the country). The awardees of PEER Liberia call will be announced in the next two months, but the collaboration will be extended to a University in the US.
     - We have a program for funding research in technical health and development but mostly the program is focused on US Universities. We will be launching solicitations for those early in March 2018 and hoping we get more applicants from low- and middle-income institutions.

*For the full evaluation on the PEER program, please contact PEER M&E specialist Karen Fowle at kfowle@usaid.gov or Dr. Annica Wayman at awayman@usaid.gov.*
- **WHO/HQ/REK - Research, Ethics and Knowledge Management (Vasee Moorthy)**

Over many years ago at the World Health Assembly, one of the concrete outcome of one of the discussion was the call to develop WHO global observatory that is now in existence but there is still a lot of discussion going on about the standardization of data format between agencies to visualize.

Our approach has been not to repeat what others are doing but to make a really concerted attempt to identify the most relevant, most comprehensive existing global data bases in different functional areas that are relevant to those making health R&D investments decisions. Our core activities to date include:

1. **Global Observatory on Health R&D**
   - This observatory for mapping of relevant information now exist for those who wish to make rational evidence based decisions about R&D investments in health.
   - One of the few sources for the observatory is the WHO clinical trial database through which the organization receives over 2000 clinical trials notifications every month. We have a network that includes all of the clinical trials records – from all of the EU, Brazilian, the Pan Africa Registrars and the National Registrar which is hosted in South Africa, the Pan Africa Clinical Registrar (PACTR).
   - Another global database being visualize as part of the R&D observatory is the WorldReport, to encourage increased harmonization of the way that data is provided and to know to what extent data is coming in between different sources. The idea is not to prioritise between diseases but to go through disease by disease and perform a number of integrated R&D gap analysis starting with malaria, TB and then into a number of areas.
   - For the first time we have visualizations, and all of the visualizations are interactive – anyone can look at what they are interested in by topic, disease area, by region and by countries. Currently, WHO is working with Global Funders to visualize their information. Here is the link to the WorldReport visualization - [http://www.who.int/research-observatory/monitoring/inputs/world_report/en/](http://www.who.int/research-observatory/monitoring/inputs/world_report/en/).

2. **WHO Joint Statement on Public Disclosure of Results from Clinical Trials**
   - WHO recently on 26 May 2017, issued a joint statement which any funder of clinical trial is highly welcome to sign. We have policies on public disclosure of results from clinical trials which we see as complex but not as complex as individual participation data sharing. There is no global consensus on how to proceed with the actual data sharing for clinical trials but there has been sufficient consensus around disclosing the headline results from clinical trials because there are major problems with the extent of clinical trial results that do not get disclosed.
   - Nineteen (19) agencies have already signed including DFID, Wellcome Trust, the Bill and Melinda Gates Foundation, and a no of others, to follow the WHO position, that there should be some policy that any clinical trials that are being funded should be registered in one of the clinical trial registries; and there should be some time frame that each funder specifies for how long after the trial, headlines results should be made available.
   - NIH essentially is fully in compliance with this position, and any public funding entity that funds clinical trials is highly also welcome to join as a signatory. Here is the link to the WHO Joint Statement on Public Disclosure of Results from Clinical Trials - [http://www.who.int/ictrp/results/jointstatement/en/](http://www.who.int/ictrp/results/jointstatement/en/).

*We are considering having a network of the relevant R&D Research Funders. The ESSENCE group and any other group that would like to be aware and to project their views on how the global R&D setting should proceed, are welcome to join! For more information contact moorthyv@who.int.*

- **WHO/TDR – The Special Programme for Research and Training in Tropical Diseases (John Reeder)**

TDR has a [new strategy](http://www.who.int) for 2018-23 which was approved in June 2017. The main areas of activities will include research capacity building, research for implementation and global engagement. TDR will continue to provide support to the ESSENCE Secretariat and work with all members involved. The ESSENCE work will be part of TDR’s global engagement function.
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