ESSENCE Members Meeting at the Side of the EDCTP Forum
17 September 2018

Calouste Gulbenkian Foundation
Sala 4, Av. de Berna 45A, Lisboa, Portugal

MINUTES

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1. Welcome and Introduction by Hannah Akuffo, Co-Chair, ESSENCE SC, (Sida)

Participants introduced themselves. The Agenda and list of participants are annexed to these minutes.

2. Review of Action from the 17-18 April 2018 Face-to-Face Meeting in Ottawa, Canada

Garry reviewed the actions from the meeting in Ottawa, hosted by the international Development Research Centre (IDRC). He presented the key activities that the SC has followed

up and still tracking since the last meeting. These are specifically: (i) the inclusion of metrics in the 2018-19 workplan to help measure and track the group's achievements, (ii) the discussion on what the role of ESSENCE might be in data sharing and open access, (iii) engagement of new members with a focus on attracting African Science Granting Councils, (iv) the inclusion of updates from other partnership models in future ESSENCE meetings, (v) and finally, the decision to engage with the development of the mechanism for reviewing funding for clinical research in LMICs in support of CEPI[1] and IVTF[2]. The detailed discussion outline is annexed to the Agenda.

3. Update on Priority Activities of Research Management and Implementation Science

a. Implementation Science (IS) WG

- Garry presented the updates from the WG on behalf of Linda Kupfer, the chair of the WG, and introduced Ana Lucia (EDCTP), who is further working to support the next phase of the survey analysis that will help the WG get a better sense of how to structure the good practice document. His report focuses on the preliminary survey of membership on how implementation science (IS) is defined and funded, and the understanding of what needs to be communicated in the future good practice document. Additionally, the initial result presented to the members at Ottawa. He noted that NIH/FIC has secured funding for some stages of the production of the document.

- Ana Lucia informed that the information drawn from the preliminary survey has been used to draft an outline for the future good practice document. She then presented the outline in detail and invited comments and questions from the members. Considers it useful to get representation from other organizations outside of ESSENCE in order to have some common understanding that would be useful to the research community.

- Against this background, it was agreed that the group should ensure the final document is well publicized with some elements of peer review, and potentially, to have directors of organizations involved with the launch to further elevate the document within member organizations and the research community.

Action: Ana Lucia to conduct further analysis through in-depth interview of members to ensure the good practice document has some maximum impact after its launch.

b. Research Management (RM) WG

- Garry and Ole reported on the workings of the WG, focussing in the presentation the actions from the last members meeting in Ottawa, and specifically, the decision to update the good practice document on research costing as the first matter of business of the RM WG.

- During the discussion, Garry emphasized the usefulness of the document and considers it as the most cited ESSENCE document since it was first published in 2012, and later

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[1] CEPI – Coalition For Epidemic Preparedness Innovations
[2] IVTF - International Vaccine Task Force

translated into French and adopted to Spanish in 2017, with new cases derived from Latin America with institutions from Central and South America.

- Highlighted that a number of agencies have expressed interest to help with the update (i.e. IDRC, EDCTP and Wellcome), however further support from other members who have either the financial or human resource way to help in this area would be appreciated. The members consider it as something of value to update the document as part of the mix of other research management needs, and to include broader cases to make it more global.

Action: Garry to follow up with potential writers to update the document and the WG to continue working on developing an ESSENCE approach to research management.

4. Update from the Working Group on Developing a Mechanism for Reviewing Investments in Clinical Research Capacity Building (WGRI)

a. Background and Update

- Peter presented an overview of the preparatory work of the WG on responding to a Recommendation for ESSENCE to articulate a mechanism to coordinate investment in clinical research in low-and middle-income countries, and the decision reached by the members in Ottawa to have the lead role in articulating a mechanism View report here and the Recommendation directly linked to ESSENCE on pp.45-46
- Further clarified that a working group has been established, consisting of 13 member organizations including two co-chairs. Have further developed a workplan to better coordinate the activities of the WG, and shared with CEPI, World Bank (WB) and WHO, to identify synergies. Following the discussion, the members agreed it is a worthwhile activity for the ESSENCE group.
- Considers it useful to develop a budget and have background papers at the time of the consultation in the first quarter of 2019. Most urgently, identifying who the actual participants would be in the actual consultation, especially with regards to planning and coordinating preparations with key stakeholders, and securing funding from CEPI and WB, where appropriate.

b. Next steps

- On coordinating preparations with stakeholders for a consultation on reviewing investments in clinical research, Peter stated that the initial ideas for the background papers are still being developed, however the WG will circulate information and fix the date/venue of the first consultation happening in the first part of 2019.
- On sourcing for a consult/writer to work on some of the background papers and write the report with recommendations for the most efficient process, the members agreed to issue a call for external resource.
- On driving the task forward, the group agreed to ask for updates from WHO about the status of "Recommendation 5" and to go forward with defining the how of the consultation and the next major stage.

Action: Co-chairs and Secretariat to consider options for the first consultation in the first quarter of 2019, potentially at WHO, indicating this would be a good opportunity to engage Global Coordination Mechanism (GCM) and other key partners.

5. ESSENCE Steering Committee (SC) Elections and Composition for 2018-2020

Garry highlighted the process for the SC election and the number of nominations received for the SC term of 2018-2020. The members agreed to accept the nominations from Wellcome, NIH/FIC, Sida, EDCTP, WHO/HRP, IDRC and SAMRC to immediately constitute a new Steering Committee. The SC will have their teleconference on 26 September where it will also confirm current co-chairs for term of 2018-2020.

6. Preliminary discussion on what "salaries"/"allowances"/"subsistence allowances" in LMICs mean to different organizations

A call was made to move this forward to the next SC meeting/teleconference.

7. Options for Face-to-Face Meetings in 2019

- Steering Committee monthly teleconferences will continue.
- Options for face-to-face meeting in 2019 to include:
  - TBC but most likely during the first 2 weeks of April at Wellcome, UK
  - Possible side meeting in July - DELTAS[3] Africa Annual Meeting
  - Possible side meeting in October - World Health Summit in Berlin, Germany

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[3] DELTAS – The Developing Excellence in Leadership, Training and Science

Annex

AGENDA

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1.   09:00   **Welcome and introductions** – Hannah Akuffo, Co-Chair, ESSENCE SC, (Sida)

2.   09:05   **Review minutes of the 17-18 April 2018 face-to-face meeting in Ottawa, Canada –** Garry Aslanyan, Coordinator, ESSENCE Secretariat, (WHO/TDR)

3.   09:15   **Update on priority activities of Research Management (RM) and Implementation Science (IS) –** Garry, Hannah, Ole Olesen (EDCTP)

4.   09:45   **Photo de famille and short break**

5.   10:00   **Update from the Working Group on Developing a Mechanism for Reviewing Investments in Clinical Research Capacity Building (WGRI)** – Peter Kilmarx (NIH/FIC)/Thabi Maitin (MRC SA) – see *detailed discussion outline on page 2*

6.   11:00   **ESSENCE SC elections and composition for 2018-2020** – Garry

7.   11:15   **Preliminary discussion on what "salaries"/"allowances"/"subsistence allowances" in LMICs mean to different organizations** - all

8.   11:30   **Updates from agencies and options for face-to-face meetings in 2019** – all

Discussion outline for agenda item 5

Objectives:
1. Update ESSENCE members on the status of the WGRI and Work Plan.
2. Solicit input from ESSENCE members on the WGRI Work Plan.
3. Familiarize and solicit input from ESSENCE members on the proposed questions to be addressed by a background paper for a consultation.
4. Engage in preliminary discussion on the need for, user types, desired characteristics, and main options for a review mechanism.
5. Time permitting, engage in preliminary discussion on the current landscape of clinical research capacity and capacity building efforts.

Minutes	Topic
0-10	Presentation - overview of WGRI Work Plan (to be shared in advance)
10-20	Discussion - clarification and comments on WGRI Work Plan
20-30	Discussion of planned Background Paper topics (below, to be shared in advance). Overall, are these the right questions? If we can answer these, will we fulfill the Recommendation?
30-45	Discussion of need for, user types, desired characteristics, and main options for a review mechanism (#1, below)
45-55	Discussion of background paper questions on current landscape of clinical research capacity and capacity building efforts (time permitting - #2-3, below))
55-60	Summary, closing remarks, next steps

Discussion questions, organized by proposed background paper topic area:
1. A mechanism for reviewing investments in clinical research capacity building
   1.1. What is the case for developing a mechanism for reviewing investments? Why does the world need this? What would be the benefits?
   1.2. Who would be the main users? How might their needs differ?
   1.3. What are the main desired characteristics of a review mechanism?
   1.4. What are the main options for a review mechanism? What examples are there in other fields?
   1.5. What are the main pros and cons of the different options?
   1.6. What would the resource needs be for the different options? Where might these resources come from?

2. Current landscape of clinical research capacity
   2.1. How is clinical research capacity characterized or assessed?
      2.1.1. What are the relevant levels – institutional, sub-national, national, regional?
      2.1.2. What are the key components and metrics? For example, ethical review, regulatory, human resources, laboratory, data management, community participation. (Note, this is covered by Recommendation 5 to WHO of the Report.)
   2.2. What information resources or mechanisms are currently available to assess clinical research capacity?
   2.3. What is the current landscape of clinical research capacity?
   2.4. How do these metrics link to the review mechanism we suggest?

3. Current landscape of clinical research capacity building
    3.1. How are clinical research capacity building investments or activities characterized? How could we standardize and share information on who is doing what and where (Who, What, Where)?
        3.1.1. Is there any standardization currently in this area?
        3.1.2. Who – funders, implementers, beneficiaries, etc.
        3.1.3. What – training, construction, procurement, policy development, technical assistance, etc.
        3.1.4. Where – institution, country, region
        3.1.5. Should we and can we differentiate investment in research that includes capacity building as a collateral benefit from investment explicitly in capacity building?
    3.2. What information resources or mechanisms are currently available to assess clinical research capacity building?
    3.3. What is the current landscape of clinical research capacity building?

Annex

List of Participants

CEPI – Coalition for Epidemic Preparedness Innovations

- **Frederick Kristensen**
  Deputy CEO, CEPI
  Email: *Frederik.kristensen@cepi.net*

- **Imbault Nathalie**
  Global Development Programme Manager, CEPI
  Email: *nathalie.imbault@cepi.net*

DLR-PT – DLR, The Project Management Agency, Germany

- **Detlef Boecking**
  Coordinator Global Health, DLR-PT
  Email: *Detlef.Boecking@dlr.de*

- **Sabrina Voß**
  Scientific Officer, DLR-PT
  Email: *sabrina.voss@dlr.de*

EDCTP - European and Developing Countries Clinical Trials Partnership (The Netherlands and South Africa)

- **Ole Olesen**, Member, ESSENCE Steering Committee
  Director, North-North Partnerships, EDCTP
  Email: *olesen@edctp.org*

- **Ana Lucia Weinberg**
  Strategic partnership Officer, EDCTP
  Email: *weinberg@edctp.org*

MRC - Medical Research Council of the UK (UK)

- **Morven Roberts**
  Programme Manager, MRC
  Email: *morven.roberts@headoffice.mrc.ac.uk*

NIH/FIC – US National Institutes of Health

- **Peter Kilmarx**
  Deputy Director, FIC
  Email: peter.kilmarx@nih.gov

SAMRC - The South African Medical Research Council (South Africa)

- **Thabi Maitin**
  Division Manager, Research Capacity Development, SAMRC
  Email: thabi.maitin@mrc.ac.za

Sida - Swedish International Development Cooperation Agency (Sweden)

- **Hannah Akuffo,** Co-Chair, ESSENCE Steering Committee
  Senior Specialist, Methods in Research Cooperation, Sida
  Email: Hannah.Akuffo@sida.se

- **Zink Eren**
  Research Advisor, Sida
  Email: eren.zink@sida.se

UK DHSC – Department of Health and Social Care

- **Claire Bellia**
  Senior Programme Officer, UK DHSC
  Email: Claire.bellia@acu.ac.uk

WELLCOME (UK)

- **Simon Kay,** Member, ESSENCE Steering Committee
  Head of International Operations and Partnerships Science, Wellcome
  Email: s.kay@wellcome.ac.uk

WHO/TDR and ESSENCE Secretariat

- **Garry *ASLANYAN***
  Manager, Partnerships and Governance, WHO/TDR
  Email: aslanyang@who.int