



**GOVERNING BOARD OF THE GLOBAL EDCTP3 JOINT UNDERTAKING
DECISION N°
GB 16/2022**

THE GOVERNING BOARD OF THE GLOBAL HEALTH JOINT UNDERTAKING,

Having regard to Council Regulation (EU) No 2021/2085 of 19 November 2021 establishing the Joint Undertakings under Horizon Europe¹ (hereinafter "the Regulation"), in particular Article 21;

Having regard to Governing Board Decision N° GB 05/2022 on the selection process and criteria for the composition of the Scientific Committee;

Having regard to the outcome of the selection process presented by the chairperson of the Governing Board on 28 February (ARES(2022)1471840);

By written procedure, has adopted the following decision:

Article

The experts proposed as members of the Scientific Committee are appointed. The reserve list is approved.

Done at Brussels, 3 March 2022,

Irene Norstedt
Chairperson of the Global Health EDCTP3
Joint Undertaking Governing Board

¹ OJ L 427, 30.11.2021, p. 17.

Selection of the Global Health EDCTP3 Joint Undertaking Scientific Committee Members –

Work of the evaluation panel

24 February 2022

A total of 92 candidatures were received following the call for Expression of Interest to select the members of the Global Health EDCTP3 Joint Undertaking Scientific Committee. All were assessed by the interim Executive Director to be admissible (consisting of a cover letter/e-mail, containing a CV, sent by the deadline).

The candidatures were made available to the evaluators through a secure Commission web-sharing platform (Circa) and the confidentiality of the proceedings was recalled. The evaluators had access to all 92 candidatures. In view of the considerable number of candidatures and the workload, it was decided that each candidature would be looked at by two evaluators, assigned to the candidatures in an overlapping pattern. Thus, each evaluator was asked to go through 46 candidatures and score them for:

1. Proven competence and expertise in at least one of the fields listed in the Call for Expressions of Interest;
2. Very good command of written and spoken English;
3. A record of previous participation in other scientific and/or technological advisory bodies.

The criteria were scored on a scale of 0-5 (not addressed/poor/weak/good/very good/excellent) and the score for criteria 1 was given triple weight.

Eligibility (university degree in a relevant scientific area, preferably at post-graduate level and at least five years of professional experience after having obtained the degree) was assessed and one candidature was considered ineligible.

After having carried out their individual evaluations, the evaluators met in a web-conference on 23 and 24 February 2022. They decided on the following approach:

1. The candidatures of members of the EDCTP2 SAC would be looked at in view of the wish to have a certain level of continuity;
2. The expertise of the members of the EDCTP2 SAC would be noted to identify potentially missing expertise;
3. All other candidatures would be individually assessed, discussed and decided, whether the candidature is to be further considered or not. The classification in/possibly in/out was to be made;
4. A special note would be made to identify mid-career experts;
5. Industry experience would be identified;
6. Gender and geographical balance would also be taken into consideration.

This process allowed fulfilling the overarching criteria to be considered in the selection:

1. Scientific competencies and expertise necessary to make science-based recommendations to the Global Health EDCTP3 Joint Undertaking;
2. The need to reflect a balanced stakeholder representation;
3. The need to ensure geographical and gender balance.

Outcome

Overall the received candidatures were considered of very high to excellent quality. One candidature was ineligible. Based on the summed-up individual scores, more than half of the candidatures were scored 40 or above and more than a quarter were scored 45 and above (maximum score 50).

Of the 92 candidatures, 11 came from current EDCTP2 SAC members. The evaluators decided to propose re-appointment of 10 of the experts, in view of continuity between EDCTP2 and Global Health EDCTP3. It was decided not to propose for re-selection one of the current SAC members who applied, to leave one more spot open for bringing in new experts to the Global Health EDCTP3 Scientific Committee.

Looking at the expertise amongst the experts proposed for appointment, the following areas were noted: malaria, neglected tropical diseases, clinical trials, paediatrics, implementation research – mostly in malaria, some expertise on schistosomiasis, vaccines research – particularly in children, clinical research, public health policy, women's health and implementation research, health systems, capacity building, epidemiology, HIV, Covid-19, and medical ethics.

It was thus considered that out of the up to eight further experts, the following areas should be addressed: tuberculosis; haemorrhagic fevers; parasitic non-malaria diseases; neglected tropical diseases; AMR; industry expertise; strong experience in clinical trials; data science; diagnostics.

When going through the 80 eligible candidatures from experts not current members of the EDCTP2 SAC, the evaluators classified 34 as meriting further consideration, 18 possibly meriting further consideration and 28 not to be considered further. This underlines the excellent quality of the candidatures. In going through, mid-career experts were also identified.

In view of the large number of candidatures considered to merit further consideration, the applications assessed in the 'intermediate category' were not further assessed.

To ensure representation of mid-career experts, it was decided to first look at the candidatures classified as such. Two experts were selected. They bring expertise in clinical sciences, safety assessment, neglected tropical diseases and malaria vaccines.

There were not many candidates with industry experience. The ones applying were of excellent quality and two are proposed as experts for the Scientific Committee. In addition to working in industry, they bring expertise in programme management, clinical trials, vaccine development.

Subsequently, experts covering TB, haemorrhagic fevers, HIV, Covid-19, host-directed therapies, data science, diagnostics, and clinical trials were selected.

The composition of the resulting Scientific Committee is in **Annex 1**. It represents the competences and expertise required in the fields listed in the call for Expressions of Interest. It is gender balanced. From the geographical perspective, in the proposed group eight experts work in sub-Saharan Africa, nine in the global North and one has appointments in sub-Saharan Africa and in the Global North. Two experts work in Germany and South Africa and all other experts proposed work in a different country. African countries of residence of the proposed experts are spread across the continent, with lusophone and francophone Africa represented.

As a final step, the panel selected the candidatures to be proposed for the reserve list. Two mid-career and one industry expert as well as candidates who were individually scored above 41 (out of 50) were

selected. No experts working in Germany or South Africa are proposed for the reserve list, in view of the two experts each proposed for the committee working in these countries. For countries with a relatively large number of candidates fulfilling the mentioned criteria (Spain, Switzerland, UK), a further selection was made, in view of gender balance and avoiding more than two candidates working at the same institution.

The reserve list in **Annex 2** and the whole list of applicants is in the Excel file as **Annex 3**.

Agreed by the evaluation panel on 24 February 2022

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