

African Network for Drugs and Diagnostics Innovation

Draft Summary Minutes and Recommendations ANDI Launch Meeting October 6 - 8, Abuja 2008

DAY 1: Monday, 6 October 2008

Opening Ceremonies. The inaugural meeting of ANDI was attended by over 200 participants including scientists, policy makers, donors, business leaders from over 21 countries around the world. The meeting was opened by the Vice-President of the Federal Republic of Nigeria, Dr Goodluck Jonathan, who was represented by the Minister of State of the Federal Capital Territory of Nigeria Dist. Senator J. J. Akpan Uduodehe. The Minister of Health, and also the Minister of Labour and Productivity of Nigeria, Dr Mohammed Hassan Lawal, chaired the ceremony. Other dignitaries present include: the representative of the Minister of Science and Technology, Mrs Grace Ekpiwhre; the Senate Committee Chairperson for Health, Dr Iyabo Obasanjo Bello; the WHO representative in Nigeria, Dr Peter Eriki; and the Chair of the Independent National Electoral Commission of Nigeria, Prof Maurice Iwu.

Dr Uford Inyang, Director General of the National Institute for Pharmaceutical Research and Development (NIPRD) and also Chair of the local organizing committee, welcomed the participants and other invitees to Nigeria, and presented a goodwill message. Dr Alicia Greenidge, Director-General of the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) in Geneva, expressed the Federation's support for ANDI and stated the willingness of members of her federation to collaborate with ANDI.



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To demonstrate WHO's high level support for the creation of the ANDI, the following were present: Dr Robert Ridley, WHO/TDR Director, Dr Elil Renganathan; Executive Secretary of WHO's Secretariat on Public Health, Innovation and Intellectual Property (IGWG); and Dr Solomon Nwaka, Leader of Drug Discovery for Infectious Tropical Diseases at WHO/TDR, Geneva.

Dr Nwaka presented the concept and rationale for the African Network for Drugs and Diagnostics Innovation (ANDI) with the goal to promote and sustain an Africa-led innovation through the discovery, development and delivery of affordable new tools to fight diseases in Africa, including those based on natural products and traditional medicines. He emphasized the need for Africans to participate in discovering and developing the products that are needed most in Africa. ANDI is envisaged also to: support capacity and infrastructural development, to leverage existing activities in Africa for the establishment and management of a robust product R&D portfolio, have elements of public-private partnerships, manage IP and explore creative ways to stimulate product innovation in Africa. The mapping document on the product R&D landscape that was developed to support ANDI was presented and applauded as an excellent initial outcome of ANDI. The ANDI concept was welcomed and recognized by the delegates as the way forward with product innovation in Africa. Dr. Ridley talked about TDR's work and the relevance of ANDI. Dr Renganathan drew the link between the Global Strategy developed by the Intergovernmental working group and the creation of ANDI.

The Vice President, on-behalf of the Government and people of the Federal Republic of Nigeria expressed delight about the establishment of ANDI. He pledged to host and provide infrastructure for ANDI in Abuja Nigeria.



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Plenary Session: Short presentations and case studies relevant to the R&D landscape in Africa.

The plenary session started with short presentations made by Dr Robert Ridley, Dr Elil Renganathan and Dr Solomon Nwaka (see Annex 1: Presentations 1-3). These were followed by presentations on several case studies based on going activities in Africa (see Annex 1: Presentations 4-13). The case studies included drug discovery based on synthetic compounds, ongoing projects based on traditional medicines and natural products, and diagnostics registered in Africa. The ensuing discussions centered on funding mechanisms for ANDI, concerns about cost of drug development and its implications, and the molecular/western approach to drug development versus the traditional/holistic approach. Intellectual property management including issues relevant to natural products and traditional medicine were also discussed. The case presentations demonstrated that capacity in Africa for product R&D does exist and that ANDI may help provide the necessary framework that will link stakeholders for a unified agenda on product R&D innovation in the continent. From the discussions, several suggestions/recommendations on how ANDI can contribute arose. They are summarized below under the following headings (R&D Coordination and management, Funding and Advocacy):

R&D Coordination and Management:

- Provide a framework for coordination among African scientists for an integrated and unified R&D agenda
- Establish a searchable interactive database of scientists, centres and services to facilitate information sharing and communications among partners
- Identify centres with capacities to scale up available resources, exchange expertise



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- Mobilize African academia/scientists with complementary disciplines to work together in priority R&D areas; may also attract better funding opportunities through ANDI
- Establish SOPs and accredit laboratories/centres of excellence
- Evaluation of Traditional Medicine compounds should be limited to accredited laboratories and subject to WHO/ANDI audit
- Develop All-African Clinical NCE candidates
- Build an effective pre-clinical development platform in the context of an African initiative
- Facilitate contacts with regional and Western pharmaceutical industries
- Promote establishment of centres of excellence and encourage formal and informal networks among African scientists
- Use convening power of ANDI to link investors to entrepreneurs, provide expertise in entrepreneurship, set up African-based investment fund and guide companies through regulatory acceptance
- Provide the opportunity for bringing together African scientists and traditional health practitioners to work for a common goal
- Promote a balance in the management of multiple relationships and fair dealings in conflicts

Funding:

- Promote and facilitate sustainable investments through governments and other funding institutions
- ANDI should help with funding advice and the development of local human resources and facilities
- Provide the platform for funding and investment in product R&D in Africa
- ANDI should be the focal point for funding and investment for R&D in Africa



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- Encourage African governments to invest/support R&D
- Promote establishment of venture capitalists that focus on health innovations
- Set the stage for financial sustainability of product R&D activities in Africa

Advocacy:

- Establish links with industry and other commercial institutions to facilitate transition from research to product and policy
- Take African Traditional based herbal medicines and remedies to international market
- Seek recognition of diagnostics/drugs registration licenses among member states in Africa
- Advocate for increased investment in product R&D to African governments and international agencies

Poster Session

There were 93 posters accepted for presentation at the meeting. The poster session complemented the Case Studies earlier presented during the Plenary Session with specific examples of product R&D capacity in Africa. Areas covered by the posters included natural products, early phase discovery, medicinal chemistry, strategic issues for research and networking, diagnostics and modern drug discovery. The poster session was conducted throughout the meeting with participants vying for the recognition of Best Poster Award which was announced on the last day of the meeting.



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Day 2: Tuesday, 7 October 2008

Panel discussions. Plenary panel discussions were held to address questions on the following topics:

- A. Can products be discovered, developed and registered in Africa? Are there examples?

Chair: *Simon Efangé*, University of Buea, Cameroon

Panel members:

David Orfori-Adjei, Centre for Tropical Clinical Pharmacology,

University of Ghana Medical School, Ghana

Sanaa Botros, Theodor Bilharz Research Institute, Imbaba, Egypt

Charles Wambebe, International Biomedical Research in Africa, Nigeria

Alex Ochem, International Centre for Genetic Engineering and

Biotechnology, South Africa

Philippe Rasoanaivo, Institut Malgache de Recherches Appliquees,

Madagascar

- B. What are the needs and opportunities for ANDI? What are the challenges (including IP management)?

Chair: *Anastasia Guantai*, Department of Pharmacology and Pharmacognosy,

School of Pharmacy, University of Nairobi, Kenya

Panel members:

Anja von der Ropp, World Intellectual Property Organization, Geneva,

Switzerland

Simon Efangé, University of Buea, Cameroon

Youssoupha Ndiaye, Ministry of Health, Senegal

Yemisi Kunle, National Institute for Pharmaceutical Research and

Development, Nigeria



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C. How can Africans in Diaspora support ANDI

Chair: *Alexander Ochem*, International Center for Genetic Engineering and Biotechnology, Cape Town South Africa

Panel Members:

Peter Atadja, Novartis Institute for Biomedical Research, Massachusetts, USA

Eliane Ubalijoro, McGill University, Quebec, Canada

Echeazu Ogu, Bon Science Pharma and Biotech Consulting and Training, Delaware, USA

Solomon Nwaka, WHO-TDR, Geneva, Switzerland

D. How can other African institutions and governments support ANDI?

Chair: *Barthelemy Nyasse*, University of Yaounde, Cameroon

Panel members:

Uford Inyang, National Institute for Pharmaceutical Research and Development, Nigeria

T. J. Okujagu, Nigeria Natural Medicine Development Agency NNMDA

Bonginkosi Gumede, CSIR Biosciences, South Africa

John Amuasi, Komfo Anokye Teaching Hospital, Ghana

Fidelis Cho-Ngwa, University of Buea, Cameroon



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E. How can ANDI synergize with other product R&D initiatives?

Chair: *Simon Efange*, University of Buea, Cameroon

Panel members:

Robert Ridley, WHO-TDR, Geneva, Switzerland

Shing Chang, Drugs for Neglected Diseases Initiative, Geneva,
Switzerland

Christo van Niekerk, TB Alliance, South Africa

Elil Renganathan, WHO HQ, Geneva, Switzerland

Report on Panel Discussion A:

Question addressed: Can products be discovered, developed and registered in Africa?

The answer to this question through the panel discussion and open discussions that followed was a resounding yes. Other points raised include:

1. Emphasis on the need for ANDI to establish product R&D, innovation and commercialization mechanisms
2. ANDI should not limit drug discovery and development using pure molecules but also consider potent natural bioactive combinations
3. Underscore the need for ANDI to develop training programmes/facilities following agreed R& D protocols and procedures



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Report on Panel Discussion B:

Questions addressed: What are the needs and opportunities for ANDI? What are the challenges (including IP management)?

The needs and opportunities identified were:

- Strong leadership: There is need for ANDI to develop strong leadership in its management and operation. It should help guide other already existing networks in the attainment of innovation goals.
- Ethical principles and IP: There may be challenges in these areas for ANDI, and other areas like how to ensure sustainability, retention staff and reversing brain drain, mobilization of resources and creation of political interest.
- IP Management: ANDI should establish a framework for IP and knowledge management in Africa. This will depend on the organizational and operational structure adopted by ANDI to address exchange of ideas, R&D results or new innovation or about production, manufacture and distribution of goods or products.

Some of the challenges of IP management are in the acquisition of technology (i.e., whether IP management could stand in the way of access to technologies and medicines or provide an enabling environment). Other issues arising from IP management include:

- How do we license the innovation /product/s?
- How will profit (if any) be shared?
- There has to be training to get better understanding of IP systems and this should be part of the training scheme in ANDI. There is also a need to understand and define the IP issues around traditional medicines and remedies systems. Training on benefits-sharing arrangements, material documentation and dissemination are required.





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- There has to be IP audit to see what is available in the continent and what is needed. There has to be training and development of concrete skills in writing and transcription and translation of ideas and systems, etc. These should be part of the work of ANDI.

Other challenges that ANDI may have to deal with include;

- How do we bridge the gaps of getting product R&D results to those who actually needs them (the users)?
- How do we ensure that African scientists have unhindered access to technologies and R&D equipment that would otherwise be underutilized if restricted for use only to the country or Institute of domicile
- How much of traditional knowledge do we have documented? And how do we document all the traditional knowledge available
- The challenge of over expectation- Africans may expect too much from ANDI especially at this developmental stage. African must be ready to take ownership of the initiative and be ready to drive it.
- The challenge of coordinating several centers could be very tasking
- Do we really have the industry that could take up these R&D results for commercialization
- We need to draw up standards and practices like GMP, CMP, GLP, etc, that will be universally applicable in Africa
- What is the value addition with the creation of ANDI? This includes ANDI's unique focus on product R&D in Africa as well as bringing people together and harnessing individual institutional efforts. However, there is need for caution on the structure and power that will be given to ANDI. This will help to ensure real African ownerships and representation.



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- There is need for a very clear strategic plan for ANDI and the establishment of a database or databank
- ANDI should focus on Institutions that already have capacity up to reasonable levels that could be built upon
- Membership capacity: In what capacity can people belong to ANDI? Should it be based individuals or institutions or national agencies?
- How do we improve on communications for easy information flow and dissemination among members or partners?
- What strategy will be involved in the identification and mapping of flora and fauna – is it going to be based on level of concentration of active ingredients? There would be need for good agricultural practice (GGP)
- The issue of regulation and registration in various countries - how will ANDI register its products?

Comments from open discussions:

- The area of diagnostics in ANDI should be reinforced, as it appears to be less discussed in various presentations.
- ANDI should have something like endowment fund that could fund product R&D and innovation around Africa. It should also consider R&D Chair at African institutions to promote research and innovation.
- There is need to continually update the R&D activities/technology areas presented at ANDI meeting and use it for advocacy for fund raising purpose and to inform various stakeholders including government on available capacities, needs and opportunities within Africa.
- ANDI should immediately create a website for registration of more members and be able to network with the identified industries and individuals.



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- The inclusion of natural products and traditional medicine is a welcome idea. ANDI should ensure that collaboration between scientists and traditional healers be based on mutual trust, transparency and respect
- ANDI needs to identify its stakeholders and bring them together to sensitize them on what ANDI expect from them or what they could do for ANDI and what ANDI intends to achieve in return.
- On the challenges of registration, product R&D and innovation could be registered in their country of discovery or development but allowed for sale and use in other African country through ANDI certification or promotion.
- African Scientist needs to form pressure groups that could compel their various governments to put more money in product R&D/innovation. The modality for this should be considered by ANDI.

Report on Panel Discussion C:

Question addressed: How can Africans in Diaspora support ANDI?

In order to define ways in which Africans in Diaspora can support ANDI there is the need to rapidly develop the operational framework for ANDI and identify Africans in Diaspora who are willing to contribute to ANDI. With this in view, some of the ways include;

- Establishment of a functional market system that will support African product R&D/innovation. Africans in Diaspora could assist in providing markets for the various process, stages and achievement in product R&D.
- Technical support - This may include donation of equipment and technology transfer





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- Non-technical support - This may be in form of training on project management, policy formulation, proposal writing and development, etc.
- Suggest a Visiting Scientist programme to encourage Africans in Diaspora to visit specific regions and/or institutions under ANDI
- The Africans in Diaspora could also help to identify prospects for funding and serve as liaisons between local African scientists and other overseas collaborators,
- They can host training fellowships in their respective institutions for local African scientists on drug discovery and product R&D
- Africans in Diaspora can be strong advocates for encouraging African policy makers and governments to put science and technology as well as product R&D in as priority areas for support.

Comments from open discussions:

- ANDI will not solve all African product R&D problems. Rather, it is a concept that will create a very competitive networking system.
- ANDI needs advocacy abroad.
- Suggestion to establish an African Innovation Fund (ANF)
- How can Africans in Diaspora organize themselves to support ANDI initiative?
Several Africans in Diaspora are interested in helping Africa and some groups already exist. These groups need to be identified and be informed about ANDI so they can be mobilized for further support and advocacy.
- The Africans in Diaspora should also assist in organizing and actively participate in ANDI activities.





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Report on Panel Discussion D:

Question addressed: How can other African institutions and governments support ANDI?

- There is need for advocacy at the various levels of government in Africa (within countries, regional bodies and the continental body like the AU or NEPAD, etc.). Efforts should be made to get government commitment and funding.
- How do we get African governments to fund ANDI? There is the need to make a serious case for health product R&D as a tool for development in Africa and to break the cycle of poverty and underdevelopment (use examples from China, India and Singapore).
- ANDI needs a credible board, and will probably need to publish a scientific journal.
- ANDI can establish regional offices or centers and have a powerful slogan for entrenching the culture of R&D in Africa. ANDI should proceed in a business-like manner and create a good brand. ANDI should set processes for evaluating business or activity plan, observance of due diligence and cost effectiveness in the management of its projects.
- The structural model of having regional centres could encourage government support for ANDI

ANDI should managed and coordinated well to earn its credibility. Governments need to support ANDI and have ownership of its vision.

Civil society groups can serve as strong advocacy groups for ANDI to convince African governments to prioritize product R&D.

Comments from open discussions:

- Partnering with other well-known private organizations may help ANDI build credibility. Hence PPP may be a model that may work for ANDI.



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- ANDI must seek the assistance of the media especially scientific media to get government support. It also needs to reach out to the grass roots level especially the district heads.
- ANDI should target shared priorities among the various nations to get government support.
- National institutions should align ANDI's mission with governments' agenda, UN millennium declaration and the global strategy in order to get support and attention.

Report on Panel Discussion E:

Question addressed: How can ANDI synergize with other product R&D initiatives?

- DNDI and GATB model can be adapted to ANDI
- ANDI needs to partner with Ministries of Finance and Planning aside from Ministries of Health and Science & Technology
- We need to build on existing landscape document to identify other networks and partners and bring them to work together
- We need to bring people together from interdisciplinary groups
- We have to define the framework needed to work with other partners
- Other questions to keep in mind. What is the comparative advantage of ANDI over other networks? What are the outcomes/deliverables that can be achieved in the next 5 years? Who are passionate about ANDI and how can they help?
- TDR is needed particularly in the early stages of ANDI to assist in:
 - Operations
 - Working with the African governments
 - Providing experience with setting up MMV, GATB, DNDi, FIND, etc.



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- Identifying and working with key stakeholders, like WHO-HQ, Development Banks, various government levels e.g AU, ECOWAS and governments of individual countries

Comments from open discussions:

- ANDI also needs to promote forest conservation.
- Success depends getting political support

Break Out Sessions. Three breakout sessions provided the venue for participants to engage in lively discussions, debates and brainstorming on the following:

1. Is ANDI needed? Will it fill a gap? What are the challenges? What is needed to make it successful?

Chair: *Alex Ochem* International Centre for Genetic Engineering and Biotechnology, South Africa

Rapporteur: *John Amuasi*, Komfo Anokye Teaching Hospital, Ghana

2. What should be the scope (diseases and products)? Is capacity available to initiate and implement agreed activities? What are the low hanging fruits?

Chair: *Karniyus Gamaniel*, National Institute for Pharmaceutical Research and Development, Nigeria

Rapporteur: *Barthelemy Nyasse*, University of Yaounde I, Cameroon

3. Who are the key stakeholders? Who will fund? What are the important organizational and funding issues, and options that need to be addressed?

Chair: *Simon Efangé*, University of Buea, Cameroon

Rapporteur: *Kelly Chibale*, University of Cape Town, South Africa





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DAY 3: Wednesday, 8 October 2008

During the plenary session, the rapporteurs of the respective break-out session groups, presented their summary reports on the assigned topics for discussion. The main points are summarized below:

Break-out Session 1: Is ANDI needed? Will it fill a gap? What are the challenges? What is needed to make it successful?

Is ANDI Needed?

- Yes. Presently we are suffering from a Poverty of knowledge and an inability to utilize what we already know to benefit our own people. There is an over-reliance on the West. We need to harness the use of our traditional systems for our benefit. ANDI offers such an opportunity.
- Yes, because we need to depart from creating a divide between herbal/traditional medicine and western medicine. ANDI has the potential to provide great public health benefit in Africa.
- Many other networks already exist, even for very specific diseases, however their impact remains to be seen/validated. ANDI, therefore, must have defined goals and a mechanism to achieve them.
- **ANDI must be "owned" by Africans. WHO and other partners are welcome to provide support to help ensure future success**

Will ANDI fill a gap?

- Gaps do exist and need to be addressed
- Are we going to be funders, virtual organizations etc.



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- Training is a major gap, including the redistribution of expertise.
- There is a gap in identifying centres that already exist in the different African countries
- A gap in material development
- A management/coordination gap that ANDI can fill.
- ANDI can fill the gap in the development of both “herbal compounds” and “pure compounds” possibly simultaneously and synergistically.

What are the challenges?

- The need to structure ANDI and the role we choose - as funders, virtual network, or organization with lean structure
- Creation of a system that can make an impact on the global market and health system (e.g., Niprisan was on the shelf for a very long time before an Indian company came by to purchase and market it. It is now filed with the USA FDA for orphan drug status)
- Developing the spirit of entrepreneurship and willingness to take calculated risks.
- Establish a database (to be updated regularly) in order to facilitate networking and discourage fragmentation of R&D efforts
- Advocate government support for ANDI
- Standardization of methods across Africa for effective exchange of ideas and global recognition.
- Institutional and political commitment





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What do we need to do?

- Create an interactive website and database for effective communication
- Secure funding from African governments and other appropriate sources. We might have to rely on goodwill funds to start with
- Seek sound legislative policies in Africa as well as health information policies that will promote ANDI's objectives
- Make use of in-country and expatriate experts, as well as African scientists and other experts in Diaspora to move ANDI forward
- Make truth in every form; including honesty and integrity our sunum bonum.

Break-out Session 2: What should be the scope (diseases and products)? Is capacity available to initiate and implement agreed activities? What are the low-hanging fruits?

What should be the scope (disease and products)?

ANDI activities should be centered on the development of traditional, natural, synthetic medicines and diagnostics for the management of communicable and non-communicable diseases in Africa, giving priority attention to prevalent and neglected diseases.

Is capacity available to initiate and implement agreed activities?

Some levels of capacity already exist in certain areas of product development, but there is need for a scientific audit to determine precisely the levels adequacy.

What are the low hanging fruits (examples)?

- In the area of product development, successes have already been recorded e.g.:



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- Drugs: TDR15087 UCT: South Africa, NICOSAN & NIPRD AM1 - NIPRD Nigeria and Antischistosomiasis medicine –Egypt, Balembo cough mixture and Malarial-5 from Mali
- Diagnostics: Immunodiagnostic kits, Molecular assay of Viral hepatitis, Recombinant therapeutic proteins - Egypt

Break-out Session 3: Who are the key stakeholders? Who will fund? What are the important organizational and funding issues and options that need to be addressed?

Key stakeholders:

- African-wide groups
 - Local pharmaceutical manufacturers
 - Traditional medicine practitioners
 - Academic institutions, research institutes
 - Drug regulators/associations
 - Regional groupings: ECOWAS, SADC, East African
 - Continental: African Union, NEPAD
 - NGOs
- Existing/related initiatives
 - GIBEX, SAMI etc
 - Strategic partners: existing multinationals (e.g. big pharma)
 - Potential consumers/consumer bodies
 - IP organizations: ARIPO, OAPI, WIPO, National IP offices
- Government Ministries/advocates for policy making/funding
 - Health
 - Science & Technology





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- Finance
- Planning
- International (those interested in empowering Africa)
 - WHO, Gates etc

Organizational Structure:

- Hub/clearing house
 - Project umbrella
 - Programme umbrella (distributes funds via scientific advisory committee e.g. SAMI model)
 - Diaspora as a hub organized along lines of programme (research, diagnostics, drug discovery etc.)
- Client-server network model
 - ANDI as server, labs of members as clients
 - ANDI as catalyst towards product delivery etc and promote/facilitate collaboration
- Centres of Excellence
- Initial Incubation within WHO/TDR (e.g. MMV etc)

Who will fund ANDI?

- There is a need to define who ANDI wants to be
- PPP Model
- All funders of PPPs like MMV
- Project funding based on projects or products or patents brought to ANDI by members for development using ANDI consortium expertise
- Commercial Investment strategy
- Industry corporate social responsibility e.g. mining companies
- Governments





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- National/regional/continental
- Angel Investors (wealthy individuals give money in exchange for tax breaks etc)
- Wealthy individuals creating scholarships to build capacity by training African students locally and abroad

Plenary session on Next Steps (including structure and governance, development of a strategy and business plan, future process for determination and location of a permanent Secretariat and future meetings of ANDI): **Chaired by Ambassador Dr Tom Mboya.**

Summary of discussions and recommendations:

- A small working committee (task force) should be urgently established with proper representation of African stakeholders and other partners to collate suggestions and recommendations from all ANDI documentations and Abuja meeting. The task force will be tasked with specific terms of reference and responsibilities related to providing the draft strategic blueprint for ANDI (policy, strategy, business plan including governance), funding, appropriate R&D model considering existing virtual R&D models.
- The draft strategic blueprint will be shared with the community as it is developed and will be presented for review at a subsequent meeting of ANDI, with a target date of 4Q 2009.
- Additional mandate for such committee include:
 - Consideration for a definitive Africa based Secretariat. The idea of a rotational Secretariat to be explored.
- Suggest an interim secretariat that will be hosted by TDR until ANDI agenda is mature



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- Others suggested that the blueprint for ANDI be finalized first prior to the selection of the centre to host the Secretariat
- Consideration for different languages used in Africa.
- ANDI to urge government support for R&D of defined priorities and promising deliverables
- ANDI to urge government to invest counterpart funding to match external funding
- ANDI to engage in advocacy for product R&D at all levels
- Establish website and interactive Community of Practice for ANDI

Best Poster Awards. The meeting ended with "***Best Poster Awards***" presented to the following posters:

1. **Chibale K, Ayeni A, Raskin P, Lila M and Dushenkov S.** GIBEX-Africa: A unique model for collaborative research in African natural products (Department of Chemistry and Institute of Infectious Disease and Molecular Medicine, University of Cape Town, SOUTH AFRICA).
2. **Ademowo OG, Okeola V, Nneji CM, Falade CO and Farombi OE.** Evaluation of the antimalarial and antioxidant effects of methanolic extract of *Nigella sativa* in mice infected with *Plasmodium yoelii nigeriensis*. (Institute for Advance Medical Research and Training, University of Ibadan, NIGERIA).
3. **Tijani Ao, Okhale SE, Oga E, Tags SZ, Salawu OA and Chindo BA.** Anti-emetic activity of *Grewia lasiodiscus* root extract and fractions. (Department of Pharmacology and Toxicology, National Institute for Pharmaceutical Research and Development, Idu, Abuja, NIGERIA).
4. **Akanji O.** Building capacity for drug discovery, development and manufacturing under cGMP in West Africa. (LaGray Chemical Company, GHANA).

