What CDT-Africa is doing in supporting the COVID control?

1. *Guideline for Clinical Trials in emergency context*: Led by the Advisory Committee on Clinical Trials, we are developing recommendations for the conduct of clinical trials in emergency context.
   a. Currently no known treatment for COVID-19 exists. We are relying heavily on new treatments to be developed. There are over 500 clinical trials proposed or started with little involvement of Africa. Patient and context tested medical products are very important for Africa. Facilitating ethical review and approval processes and the safe conduct of clinical trials is a top priority at this stage. The recommendation will assist in this effort.
   b. The advisory committee was established by CDT-Africa and has now become a national entity housed within CDT-Africa. The members include key ethics review board chairs and secretaries, Ethiopian Food and Drug Authority, and institutions affiliated to the Federal Ministry of Health.

2. *Traditional medicine*: We are developing recommendations to the ethics committees and regulatory authorities for evaluation and approval of clinical trials on traditional medicines.

3. *Engagement in clinical Trials*: Working on 2 clinical trial protocols (1 related to a promising treatment and 1 related to health system improvement relevant to the COVID-19 pandemic).

4. *Evidence on the use of herbal medicines*: We are conducting a systematic review of the literature on herbal/traditional products that may be used for COVID-19.

5. *Natural antiseptic*: We have developed natural products-based antiseptic and we are working to scale up the production to assist with the control effort given the global shortage of hand sanitisers.

6. *Knowledge synthesis*: Recognising the overwhelming amount of information in the online space, we have established a knowledge translation team under our knowledge management unit to collate the key facts about COVID-19. The team has completed the initial review and will share this with the federal ministry of health either today or tomorrow. Once this initial work is submitted, the translation team will update the information on a daily basis and provide data to the ministry on a daily basis. We aim to upload this information on the Addis Ababa University and the CDT-Africa websites.

7. *Personal Protection Equipment (PPE)*: Although this is not the speciality of CDT-Africa, because of the dire need and the large number of partners we have, we are working to develop PPE. We hope the initial prototype will be completed by the end of this week or early next week.

8. *Diagnostics development*: There is a clear need for expanding the diagnostic capacity. This is essential for the control effort. We are working to procure the required laboratory equipment for this, and we will start the work as soon as the equipment are procured.

9. *Assessment of public preparedness*: In partnership with the Global One Health initiative (Ohio State University), we have completed an initial study on public preparedness and broader KAP.
10. *Expanding partnership:* We have become part of a global coalition to control COVID-19 and through this we anticipate opportunities for clinical trials and other collaborations.

11. *Publications:* Two papers are drafted for submission this week to the Lancet and the Lancet Global Health. A third submission was rejected by the Lancet Global Health. We hope to resubmit to a suitable journal.

12. *Education platforms:* This also given us opportunity to work on online delivery platforms. We are working with an Ireland based partner to explore what could be done. We are working on an online (2 weeks) course for clinical trials coordinators with this partner. An initial agreement is reached, and we are conducting a gap analysis and we are working on mobilising the needed funds.

We are working in full consultation and guidance of Addis Ababa University. The university has already dedicated 10 million Birr to support the research effort of its staff.

I thank the university and the president for the ongoing support and encouragement.

I would also like to note gratefully the eagerness of our research funders, particularly the National Institute for Health Research and the Medical Research Council (UK) and partners (Brighton and Sussex Medical School/University of Sussex, King’s College London, Georgia Tech, Emory University and Ohio State University) to assist in this effort. Some of the above work is being supported actively by these partners.