



Summary Report on Hub and Spoke Guidance Workshop

27-29 August 2025
Noom Hotel Abidjan Plateau, Abidjan, Côte d'Ivoire

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2 ACRONYMS AND ABBREVIATIONS

Africa CDC	Africa Centres for Disease Control and Prevention
AI	Artificial Intelligence
CEPI	The Coalition for Epidemic Preparedness Innovations
IVI	International Vaccine Institute
M&E	Monitoring and Evaluation
MRCG at LSHTM	Medical Research Council Unit The Gambia at the London School of Hygiene and Tropical Medicine
R&D	Research and Development
TWG	Technical Working Group

3 BACKGROUND

Africa bears almost a quarter of the global disease burden but receives only a small share of global health research investment. This inequity in health research, often termed as the “90/10 gap”, has limited the continent’s ability to develop and implement solutions to its health problems. The few health research efforts on the continent are fragmented, driven by donor agendas, and not effectively translated into action.

To address these challenges, Africa CDC has outlined a continental research vision centered on coordinated action across the continent, harmonized ethics and regulatory frameworks, strengthened research capacity, and community engagement. At the center of this vision is the Hub-and-Spoke model, which aims to connect high-capacity well-resourced institutions (Hubs) with lower-capacity less resourced institutions (Spokes) that are often closer to communities, to strengthen their capacity through mentorship and partnerships. This model allows spokes to grow into hubs, and hubs to become regional centers of excellence while encouraging collaboration and sharing of resources.

Africa CDC, in partnership with CEPI, IVI and MRCG at LSHTM, hosted a Member States Stakeholders’ Consultation on the Hub-and-Spoke Model to further advance and validate the proposed model. The workshop brought together 112 representatives from Member States and partners to further improve the Hub-and-Spoke Guidance document through plenary discussions and breakout sessions.

The following sections of the report provide a summary of the background, objectives, and outcomes of the consultation as well as the agreed next steps.

4 AIMS AND OBJECTIVES

The objectives of the stakeholder consultation were:

1. To engage stakeholders from Member States for their input on Hub-and-Spoke Guidance document for implementation.
2. To review and agree on the core concepts, designation criteria, and strategic role of the Hub-and-Spoke model for strengthening health research capacity in Africa.
3. To examine approaches to network formation, transition pathways, and mechanisms for institutional growth.
4. To define governance, coordination, and M&E frameworks to support effective implementation of the model.

5. To identify priority areas, refinements, and actionable recommendations to ensure sustainability of the Hub-and-Spoke model.
6. To establish next steps and clarify ownership to support dissemination across Member States.

5 OVERVIEW OF THE WORKSHOP

The Member States Stakeholders' Consultation on the Hub-and-Spoke model for African Health Research Capacity Strengthening was held from 27 to 29 August 2025 at the Noom Hotel Abidjan Plateau, Abidjan, Côte d'Ivoire.

The three-day consultation was convened by representatives from Africa CDC, CEPI, IVI, MRCG at LSHTM, Ministries of Health, National Public Health Institutes, research institutions, and other partners involved in health research and capacity building. The agenda was designed to facilitate the consultation and refinement of the Hub-and-Spoke Guidance document- originally drafted by a technical working group comprising experts from Member States, CEPI, IVI, MRCG, and PATH, under the chairmanship of Africa CDC - through an interactive and participatory process that included presentations, participant-led breakout discussions, and plenary feedback sessions

Key sessions included:

- Introductory remarks from Africa CDC, CEPI, IVI, and MRCG.
- Presentations on Africa CDC's research vision, the rationale for research capacity strengthening, and mapping of health research capacity.
- Thematic breakout sessions on the Hub-and-Spoke model, including its designation criteria, network formation, and transition pathways.
- Consolidation of group discussions through plenary feedback and interactive exchanges.

The detailed agenda of the workshop is provided in Appendix 10.2.

6 WELCOME AND INTRODUCTION

The workshop opened with welcoming remarks emphasizing the need for greater collaboration and coordination among African nations to build a sustainable and resilient health research ecosystem, with a focus on optimizing resources and building on existing capacities. The speakers also stressed the importance of regional ownership and engagement in order to develop a concrete roadmap with clearly defined deliverables that could drive Africa's response to health threats and emergencies.

The introductory presentations highlighted the broader vision for Africa's research ecosystem, stressing the need for African-owned priorities, ethical oversight, and building resilience into systems in responding to health crises. Another key component was identifying a tool for mapping research capacity and potential collaborators across the continent, presented by Africa CDC. All the opening presentations set the scene for the more technical presentations that followed on the fundamental aspects of the Hub-and-Spoke model for advancing Africa's health research preparedness, including its conceptual framework, key components, and implementation strategies.

7 OVERVIEW OF THE HUB-AND-SPOKE GUIDANCE

Before the workshop, TWG created a draft version of the Hub-and-Spoke Guidance Document. The draft consisted of preparatory work and intended to be refined during the three days of the workshop.

The draft version of the Hub-and-Spoke Guide Document offers an approach to strengthen Africa's R&D ecosystem through the creation of a Hub-and-Spoke model to address challenges such as but not limited to high disease burden, low R&D output, and donor dependency.

The guidance document introduces the core concepts of the Hub-and-Spoke model, including definitions of hub, spokes, and mobile units. It also describes their roles within a flexible, regionally adaptable network.

- Hubs: Central nodes supporting 8-10 spokes, providing technical expertise and mentorship
- Spokes: Regional nodes focusing on training, regulatory coordination, etc.
- Mobile units: Flexible support units

In addition, the guidance document outlines general selection criteria for hubs and spokes, intended as guiding principles rather than rigid rules. It also introduces approaches to network formation, transition pathways for spokes to evolve into hubs, and mechanisms for performance monitoring and evaluation.

The key outputs of the workshop will be to review and strengthen the elements in the draft, ensuring that the Hub-and-Spoke model is practical and innovative in enhancing Africa's health research preparedness and emergency response capacity.

8 BREAKOUT DISCUSSION AND PLENARY FEEDBACK

8.1 Core Concepts of the Hub-and-Spoke Model

Discussion on the core concepts of the Hub-and-Spoke model emphasized the need for clarity and contextualization in applying the model to Africa's health research ecosystem. Member States consistently stressed the importance of clearly defining key terminology regarding the Hub-and-Spoke model such as but not limited to hubs, spokes, and mobile units to avoid confusion and ensure smooth implementation in the future.

From the discussion:

- Hubs were established as advanced institutions functioning as regional or sub-regional Centers of Excellence.
- Spokes were elaborated as affiliated institutions that benefit from mentorship and capacity-building support provided by hubs.
- Mobile units were placed as flexible extensions of hubs and spokes rather than as standalone entities, stationed strategically to extend to underserved or remote areas.

In reviewing the structure of the Hub-and-Spoke model, Member States underlined flexibility and inclusivity as essential guiding principles. They suggested tailoring the model to account for the continent's varied political, cultural, and infrastructural landscapes. Several recommend leveraging and strengthening pre-existing networks and infrastructure to enhance sustainability and avoid duplication of efforts. Additionally, political commitment and effective governance were noted as critical factors for ensuring successful implementation and the long-term impact of the model.

8.2 Site Selection and Designation Criteria

Major emphasis was given to the designating criteria of hubs and spokes. Member States discussed that both qualitative and quantitative indicators are essential for an objective and equitable process. While quantity matters, higher emphasis was given to output quality and recency, including:

- First authorship
- Evidence of policy impact

Laboratory facilities were the second major consideration. Hubs needed to demonstrate:

- Accredited facilities for laboratories
- Robust data management systems
- Integration of digital and AI-based technologies to facilitate innovative research

Human resources were viewed as a decisive factor. Instead of fixed numerical boundaries to personnel, Member States proposed emphasis on:

- Retention of skilled personnel
- Mentorship capacity within the institution
- Leadership development opportunities

Funding sustainability is greatly emphasized. Member States preferred:

- Domestic resource mobilization to secure long-term financial stability
- Complementary international co-funding partnerships to foster global collaboration

To ensure fairness, a scoring system was proposed to reduce the risk of politically motivated selection. Member States also warned against favoring particular institutions, which would defeat the purpose of equity. Instead, they recommended:

- Neutral governance frameworks
- Promotion of collaboration over competition between institutions

8.3 Transition Pathways and Supporting Mechanisms

The discussion on transition pathways revealed broad consensus that not every spoke should aspire to become a hub. Transitions should be strategic, evidence-based, and aligned with national health priorities. Member States suggested a standardized, stepwise approach, which involves several stages:

- Self-assessment by institutions and analysis of gaps to identify existing capabilities and further needs
- Capacity-building plans addressing the gaps and preparing institutions for development
- External review at key stages to maintain progress and alignment with objectives

National roadmaps, developed with ministries and other stakeholders, were recognized as key to guiding the process according to national research and health agendas. These roadmaps would provide a clear framework for ensuring that transitions are tailored to the needs of each nation.

Hubs were perceived to be central in enabling transitions. Their functions were seen to be multifaceted, such as:

- Mentoring spokes to foster knowledge sharing and capacity development
- Providing training programs to develop institutional capacities

- Facilitating collaborative research to connect hubs with spokes and other regional or global networks

Support mechanisms should be tailored to institutional needs, ensuring that resource-limited settings receive targeted assistance. Incentives for growth – particularly sustainable funding and human resource development programs – were viewed as indispensable. These measures would lay a strong groundwork for eventual sustainability.

Several participants also called for stronger integration of the One Health vision, emphasizing that human, animal, and environmental health are interrelated. It was suggested that these linkages be integrated in the criteria for transitions to ensure an integrated perspective on health problems.

However, some questions remained unresolved. Some of the primary concerns included:

- Whether universal transitions are possible for all institutions
- How equity may be ensured across contexts and settings
- Which institution – Africa CDC or others – would be responsible for overseeing and reclassifying institutions

8.4 Performance Monitoring and Evaluation

M&E was repeatedly identified as vital for ensuring accountability, transparency, and learning across the network. Member States called for the development of a standardized M&E framework anchored by clear and harmonized indicators but adaptable to local contexts. Digital dashboards linking hubs, spokes, and mobile units were proposed to allow for real-time monitoring, transparency, and data integration across the network.

Member States stressed that indicators for performance should capture a wider range of outcomes, including:

- Training outputs (PhD and Master’s graduates, mentorship programs, etc.).
- Research quality and impact on national and regional policy.
- Staff retention and progression into leadership roles.
- Evidence of collaborative projects and successful grant acquisition.
- Contributions to equity, particularly in supporting under-resourced institutions.

Periodic joint evaluations, suggested at intervals of two to three years, are predicted to allow for shared learning and accountability. Still, challenges remain, particularly in harmonizing tools across regions, ensuring data integrity, and capturing less tangible but equally important outcomes such as but not limited to leadership development, institutional resilience, and community engagement.

9 RECOMMENDATIONS AND NEXT STEPS

Participants emphasized that the Hub-and-Spoke Guidance Document should remain high-level, strategic and flexible, instead of being overly technical. It should be a continental framework to guide Member States and partners in the contextualization of implementation in line with national and regional health research priorities. In this regard, several recommendations were made:

- The Guidance Document should be high-level and principle-based, rather than containing operational or other technical details.
- Operational elements of interest for specific types of research (e.g., details on trial design, data-sharing modalities, publication outputs) should be articulated in a technical appendix or template(s).
- Criteria for the designation of hubs and spokes should be sufficiently general to be applicable to more than one area of health research in order to be inclusive and cross-cutting.
- The framework should allow for flexibility to accommodate and recognize the full range of institutional capacities, governance structures, and contexts across the continent.
- The Core Document would be the single source of guidance, with appendices/templates for operationalization in different areas of research.

Next Steps:

- Prepare a concise, high-level Core Document capturing the outcomes of the Abidjan consultation and articulating the advocacy position for the Hub-and-Spoke model.
- Circulate the Core Guidance Document and templates/appendices among Member States and partners for review, feedback, and endorsement.
- Pilot Implementation: Initiate the Hub-and-Spoke model with one type of research first, embedding it within Africa CDC structures to test, refine, and demonstrate feasibility before broader implementation. Expand gradually based on lessons learned.
- Position the finalized Core Guidance Document as a flagship Africa CDC framework to guide coordinated investment and strengthen continental research preparedness.

10 APPENDICES

10.1 List of participants

#	Title	Name (First, Last)	Affiliation	Job Title	Email
1	Mrs.	Gloria M Ross	National Public Health Institute of Liberia (NPHIL)/ National Research Ethics Board	Executive Director	gigimason961@gmail.com
2	Mr.	Kalilu S Donzo	National Public Health Institute of Liberia	Technical Adviser/Research Scientist-I	donzokalilu246@gmail.com
3	Dr.	Jean Medard Kankou	Ministère de la Santé et de la Population	Directeur de l'Epidémiologie et de la Lutte contre la Maladie	jkankou@yahoo.fr
4	Mr.	Sainey Sanneh	Ministry of Health	Director of Health Research	sainey_sanneh@ymail.com
5	Dr.	Ali Sie	Institut National de Santé Publique	Directeur Technique	sieali@yahoo.fr
6	Dr.	Mohammed Mohammed Aliye	Ministry of Health	Analyst, Policy, Strategy and Research	aliyemohammed@yahoo.com
7	Dr.	George Rouamba	University of Joseph Ki-Zerbo Comité d'éthique Institutionnel de l'Institut National de Santé Publique (Ministère de la Santé du Burkina Faso)	Lecturer (Research-Teacher)	georgerouamba@gmail.com
8	Prof	Diallo Yacouba L.	Malian National Ethics Committee	Member	yldialloml@gmail.com
9	Dr.	Evelyn Chitsa Banda	Public Health Institute of Malawi	Head of Research Division	chitsabandaeve@yahoo.com
10	Dr.	Abdoulaye Diallo	Ministère de la Santé et de l'Action sociale	Chef de la Division Recherche	allaye.diallo@gmail.com
11	Prof	Fatou Diawara	Institut National de Santé Publique	Directrice Générale Adjointe	diawarafatou@gmail.com
12	Dr.	Dionis Nizigiyimana	Institut National de Santé Publique	Directeur de la Recherche	nizigiyimana.dionis@gmail.com
13	Mr.	Iboyi Jacob Amanya	Ministry of Health, Juba, South Sudan	Director Research, Surveys and Ethics	amanyajazy@yahoo.com
14	Dr.	Mame Aissatou Toure	Comité National d'Ethique pour la Recherche en Santé (CNERS)	Présidente	atoure85@yahoo.fr
15	Prof	Sid Ahmed Soufiane	Ministère de la Santé	Representative of the Faculty of Medicine of Nouakchott on the Ethics Committee for Health Research of the Ministry of Health	ouldsouf@yahoo.fr
16	Dr.	Hampate Ba	Ministère de la Santé	Directeur de l'Institut National de Recherche en Santé Publique	hampateba@sante.gov.mr

17	Mr.	Makoe Mathaha	Ministry of Health	Senior Research Officer	mohrcu@gmail.com
18	Dr.	Jill Sanders	Ministry of Health, Government of Lesotho Lesotho-Boston Health Alliance	Pediatric Consultant Chair - National Health Research Ethics Committee Faculty, Director Pediatric Post- Graduate Program	jsanders@leboha.org.ls
19	Dr.	Liboire Ngirigi	Institut National de Santé Publique	Chef de Département des Sciences Cliniques	ngirigili@gmail.com
20	Prof	Ngiambudulu Francisco	Health Research Ethics Committee, Ministry of Health.	President	franciscongiamb@gmail.com
21	Mr.	Abdulai Alpha Jalloh	National Public Health Agency, Sierra Leone	Research Lead	jayjalloh33@gmail.com
22	Mrs.	Habou Sakina	Ministère De La Santé Et De L Hygiène Publique	CHEF DE LA DIVISION DES ETUDES	sakinahabou@yahoo.fr
23	Prof	Oumarou Amadou	Comité National d'Ethique pour Recherche en Santé CNERS Niger	Président	mobangoula@gmail.com
24	Dr.	Farhan Mohamed	National Institute of Health, FMOH	Acting Chair of Institutional Review Board, member of the Institutional Review Board, and Nutrition Technical Advisor	farhn.mm10@gmail.com
25	Dr.	Aschalew Worku Ashagre	Minster of Health, Ethiopia	Senior Advisor to the Minster	aschalew.worku@moh.gov.et
26	Mr.	Mukhtar Bulale	National Institute of Health, Ministry of Health, Federal Republic of Somalia	Director Research	mukhtar.bulale@nih.gov.so
27	Dr.	Sokoine Lesikari Kivuyo	National Institute for Medical Research (NIMR)	Senior Research Scientist	sokoinele@yahoo.co.uk
28	Dr.	Bachir Saleh Ramdane	Ministry of Health, Formation and Study Department	Director	bachirsaleh97@gmail.com
29	Ms.	Phaebby Rutendo Chaitezvi	Medicines Control Authority of Zimbabwe	Senior Regulatory Officer, Pharmacovigilance and Clinical Trials	rchaitezvi@mcaz.co.zw
30	Mr.	Ahmed Alien Mohammed Bachir	Ministry of Health	Member of ethic community	ahmedestudio@gmail.com
31	Dr.	Lalla Meryem Lemrani	Institut Pasteur of Morocco	Research Director, Head of Research and teaching Department	meryem.lemrani@pasteur.ma
32	Prof	Alex Riolexus Ario	Uganda National Institute of Public Health	Director	riolexus@uniph.go.ug
33	Dr.	Moses Ocan	Makerere University School of Biomedical Science Research Ethics Committee	Chair/Head	ocanmoses@gmail.com

34	Dr.	Sidónia Gomes Vieira	Ministério de Saúde Pública	Ponto Focal do Instituto Nacional de Saúde Pública para Pesquisa do Ministério de Saúde Pública	sidovieira40@gmail.com
35	Prof	Marc Christian Tahita	Clinical Research Unit of Nanoro / Ministry of High Education, Research and Innovation	Senior Scientist/Head of Clinical Laboratory	marctahita@yahoo.fr
36	Dr.	Mouhammed Ould Ahmed	CNEPS	Presidente Interino	djicoblama@gmail.com
37	Dr.	Effua Usuf	MRC Unit The Gambia	Asso Prof, Clinical Epidemiologist	Effua.Usuf@lshtm.ac.uk
38	Mrs.	Diana Ratsiambakaina	Ministere De La Sante Publique, INSPC	DIRECTEUR DE LA RECHERCHE ET DE LA FORMATION	dratsiambakaina@yahoo.fr
39	Mrs.	Samkelisiwe Ndzimandze	Ministry Of Health	Eswatini CDC Program Officer	samkelisiweshabangu@gmail.com
40	Dr.	Harijaona Andriantsilaizina	Ministère De La Santé Publique/Agence Du Médicament De Madagascar	Représentant du Comité d'Éthique de la Recherche Biomédicale de Madagascar	hrijaona007@gmail.com
41	Dr.	Hilma Nangombe	Ministry of Health and Social Services	Deputy Director- Head of the Research Ethics and Coordination Division	Hilma.Nangombe@mhss.gov.na
42	Prof	Nicholas Midzi	National Institute of Health Research (Ministry of Health and Child Care)	Director	nmidzi@mohcc.org.zw
43	Ms.	Babazile Shongwe	Ministry of Health- Eswatini Health and Human Research Review Board	Executive Secretary	babazileshongwe2@gmail.com
44	Prof	Hélio Rocha	National Institute of Public Health (NPHI), Cabo Verde	Board Member- CD NPHI	Helio.Rocha@insp.gov.cv
45	Ms.	Jolene Mondon	Ministry of Health	Research Officer	Jolene.Mondon@health.gov.sc
46	Dr.	Cynthia Noshir	Ministry of Health	Chief Allied Health Officer Chairperson of Health Research and Ethics Committee (HREC)	cynthia.noshir@health.gov.sc
47	Dr.	Mekonnen Teferi. Mekonnen	Armauer Hansen Research Institute of The Ministry of Health in Ethiopia	Researcher & Director, Clinical Trials Directorate	mekonnen.teferi@ahri.gov.et
48	Prof	Pierre Akilimali	National Public Health Institute (NPHI/DRC)	Director of Research at the National Institute of Public Health/DRC	pierretulanefp@gmail.com
49	Mr.	Adolf Haufiku	Ministry of Health and Social Services - Namibia	Surveillance Research and Evaluation Officer (Research Management and Ethics)	Adolf.Haufiku@mhss.gov.na
50	Prof	Joël Fleury Djoba Siawaya	Ministry of Health / National Public Health Laboratory	Director	joel.djoba@gmail.com

51	Prof	Alhaji Njai	Ministry of Health	Member, Sierra Leone Ethics and Scientific Review Committee	alhaji.njai@gmail.com
52	Prof	Edgard Brice Ngoungou	Université des Sciences de la Santé/Comité National d'Ethique pour la Recherche Scientifique (CNERS)	Conseil Membre	ngoungou2001@yahoo.fr
53	Dr.	Nouonan Gbamou	Agence Nationale de Sécurité Sanitaire	Chef Cellule Renforcement de Capacités et Coordonnateur FETP Guinée	gbamougb76@gmail.com
54	Ms.	Elisângela Jessica Vera Cruz Bonfim	Centro Nacional de Endemias - Ministerio da Saúde	Médica de Manejo de Caso do Programa Nacional de Tuberculose	elisbonfim24@gmail.com
55	Prof	Mahamat Fayiz Abakar	Institut National de Santé Publique du Tchad (INSAPT) et Comité National de Bioéthique du Tchad (CNBT)	Directeur des études (INSAPT) et Secrétaire Général (CNBT)	fayizalhilou@gmail.com
56	Dr.	Eula Carvalho Maquengo	Ministry Health	Chair of the Health Ethics Committee for Scientific Research	eulamaquengo@gmail.com
57	Prof	Fla Koueta	Comité d'Ethique pour la Recherche en Santé Burkina Faso	Président	kouetafla@yahoo.com
58	Prof	Darius Makindu	École de Santé Publique de l' Université de Kinshasa	Secrétaire Technique du Comité d'éthique de l'Ecole de santé publique de l'université de Kinshasa	dariusmakindu@gmail.com
59	Dr.	Heena Bhadain	Ministry of Health and Wellness	MD, MPH Community Physician, Communicable Disease Control Unit Ministry of Health and Wellness Mauritius	hbgokhool@gmail.com
60	Dr.	Shahd Osman	Federal Ministry of Health-Sudan	Director of Health Research	osman.shahd@gmail.com
61	Prof	Anne-Cécile Zoung-Kanyi Epouse Bissek	MINSANTE	Chef de Division de la Recherche Opérationnelle en Santé (DROS)	annezkbissek@gmail.com
62	Dr.	Salwa Musa	Federal Ministry of Health & Faculty of Medicine, Al-Neelain University, Sudan	Member of Sudan National Health Research and Ethics Committee and Coming on behalf of the Chair.	salwa.musa210@gmail.com
63	Mr.	Said Ahmed	Ministère de la Santé	Conseiller Technique du Ministre	wilwileh_heelo@hotmail.com
64	Dr.	Maounde Dionko	Ministère de l'Enseignement supérieur, de la Recherche Scientifique et de la Formation professionnelle	Vice-Président du Comité national de Bioéthique du Tchad	mdionkom@yahoo.fr
65	Prof	Sody Mweetwa Munsaka	University of Zambia	Dean, Associate Professor and Chair of Biomedical Research Ethics Committee	s.munsaka@unza.zm

66	Prof	Jean de Dieu Longo	Ministère de la Santé et de la population	Point focal INSP/RCA	jeandedieulongo@gmail.com
67	Prof	Oliver Ezechi	National Health Research Ethics Committee Federal Ministry of Health and Social Welfare / Nigerian Institute of Medical Research Lagos	Member, NHREC/Director of Research	oezechi@yahoo.co.uk
68	Prof	Alexandre Manirakiza	Institut Pasteur of Bangui	Membre du Comité d'Ethique	alexandre.manirakiza@pasteur-bangui.cf
69	Mr.	Angus Chizhim Ikpe	Ministry of Health	Head, Programs & Planning, DHPRS, FMOH	angusikpe@gmail.com
70	Mr.	Festus Korang	Ministry of Health, Ghana	Deputy Director African Union Health Desk Unit and Pharmaceutical Services	festus.korang@moh.gov.gh
71	Dr.	Alpha Ahmadou Diallo	Comité national Ethique pour la recherche en santé de Guinée - CNERS	Secrétaire Général du CNERS & Enseignant - chercheur	dalphahm@yahoo.fr
72	Dr.	Cephas Sialubanje	Zambia National Public Health	Director for Strategic Planning and Information	csialubanje@yahoo.com
73	Dr.	Amira Alhanafi	Ministry of Health & Population	Technical Officer at Protective Medicine & Public Health Sector	Amirae882@gmail.com
74	Dr.	Eman Ahmed Helmy	Supreme Council for Clinical Research Ethics	Head of Clinical Research Oversight Operations Department	eman.helmy1990@gmail.com
75	Dr.	Esperança Guimaraes	Instituto Nacional de Saúde - Mozambique	Investigator	esperanca.guimaraes@ins.gov.mz
76	Dr.	Nilsa de Deus	Instituto Nacional de Saúde , Mozambique	IRB Chair	nilsa.dedeus@ins.gov.mz
77	Mrs.	Nassorodine Mouzna	Ministère de la Santé	Conseillère Technique	mouznassur@gmail.com
78	Prof	Joseph Kamgno	Higher Institute for Scientific and Medical Research (ISM)	CEO	joseph.kamgno@ismcm.org
79	Dr.	Halidi Abdallah Chamsa	Ministry of Health	EPI Manager	chalidi.abdallah@gmail.com
80	Mr.	Benjamin Atanga	Comité National d'Ethique de la Recherche pour la Santé Humaine	Secrétaire Permanent Adjoint	benjaminatanga431@yahoo.com
81	Dr.	Clarisse Musanabaganwa	Rwanda Biomedical Center	Medical Research Analyst	clarisse.musanabaganwa@gmail.com
82	Prof	Mireille Prince David	Ministère de la Santé et de l'Hygiène Publique	Présidente du Comité Bioéthique et de Recherche en Santé	mireilleprincedavid@gmail.com
83	Prof	Officiant André Toure	Ministry of Health - Institute Pasteur Dr Cote d'Ivoire	Director of Scientific Research	andre_offianan@yahoo.fr
84	Prof	Yavo William	National Public Health Institute	Director General	yavowilliam@yahoo.fr

85	Prof	Mamadou Samba	Ministère de la Santé, de l'Hygiène Publique et de la Couverture Maladie Universelle	Director General of Health	samba.mamadou@gmail.com
86	Prof	Leyono née Mawandza Peggy Dahlia Gallou	Djiri General Hospital	Associate Professor of Anesthesia and Resuscitation, Director of Studies, Research, and Ethics	peggy_maw@yahoo.fr
87	Dr.	Elvis Temfack	Africa CDC	Head of R&D and Clinical Trials	TemfackE@afriacdc.org
88	Mr.	Moses Bamutura	Africa CDC	STO Digital Solutions	BamuturaM@afriacdc.org
89	Dr.	Olayinka Ilesanmi	Africa CDC	Regional Program Lead and Research Focal Point (Western Regional Coordinating Centre, Abuja)	olayinkas@afriacdc.org
90	Dr.	Liesse Iteka	Africa CDC	Senior Country Representative - National Coordinator	itekal@afriacdc.org
91	Dr.	Christof Vinnemeier	CEPI	Clinical Development Operations Lead	christof.vinnemeier@cepi.net
92	Ms.	Carla Botting	PATH	Director Strategic Alliances	cbotting@path.org
93	Dr.	Kristen Lewis	PATH	Director of Research Preparedness East/Central Africa; Head of Clinical Operations	klewis@path.org
94	Dr.	Fiona Pereira	IQVIA	Director Global Public Health	fiona.pereira@iqvia.com
95	Mr.	Ayub Mpoya	IQVIA	Associate Director of Site Networks	ayub.mpoya@iqvia.com
96	Prof	Edward Clarke	MRC Gambia	Director of the MRCG at LSHTM	Ed.Clarke@lshtm.ac.uk
97	Dr.	Ahmed Futa	MRC Gambia	Clinical Trial Coordinator	ahmed.futa@lshtm.ac.uk
98	Dr.	Lobga Galega	MRC Gambia	Trials Network Coordinator	lobga.galega@lshtm.ac.uk
99	Dr.	Farba Faye	MRC Gambia	Head of the Research Governance	farba.faye@lshtm.ac.uk
100	Dr.	Tharinee Sakhakorn	International Vaccine Institute	Program Director	tharinee.sakhakorn@ivi.int
101	Dr.	Asma Aziz	International Vaccine Institute	Research Scientist	asma.aziz@ivi.int
102	Ms.	Namgay Wangmo	International Vaccine Institute	Project Administrator	namgay.wangmo@ivi.int
103	Ms.	Yeju Ji	International Vaccine Institute	Project Administrator	yeju.ji@ivi.int
104	Prof	Birkneh Tadesse	International Vaccine Institute	Associate Director General, EPIC	birkneh.tadesse@ivi.int
105	Prof	Florian Marks	International Vaccine Institute	Deputy Director General, EPIC	florian.marks@ivi.int
106	Dr.	Solomon Mequanente Abay	International Vaccine Institute / Africa CDC	Research Scientist	Solomon.mequanente@ivi.int

107	Dr.	Betelhem Israel Tekle	International Vaccine Institute / Africa CDC	Researcher	betelhem.tekle@ivi.int
108	Ms.	Chae Yoon Kim	International Vaccine Institute	Research Assistant	chaeyoon.kim@ivi.int
109	Dr.	Mohamadou Siribie	International Vaccine Institute	Research Scientist	Mohamadou.siribie@ivi.int
110	Ms.	Ritu Poudyal	International Vaccine Institute	Project Administrator	ritu.poudyal@ivi.int
111	Dr.	Meseret Behute	International Vaccine Institute	Research Scientist	Meseret.behute@ivi.int
112	Mr.	Vidur Ravi	International Vaccine Institute	Intern, EPIC	vidur.ravi@ivi.int

10.2 Workshop Agenda

Day 1: August 27, 2025

Theme: Background, Core Concepts, and Designation Criteria

Time	Session	Presenter / Facilitator
08:30-08:45	Registration	
08:45-09:15	Welcome and Introduction <ul style="list-style-type: none"> Africa CDC CEPI IVI MRCG Opening remark, Director General of Health	Dr. Mosoka Fallah Dr. Christof Vinnemeier Dr. Florian Marks Dr. Ed Clarke Prof Mamadou Samba
09:15-09:45	Africa CDC Research Vision: Shaping the Future of Health in Africa	Dr. Elvis Temfack
09:45-10:15	Rationale Behind the Research Capacity Strengthening	Dr. Elvis Temfack
10:15-10:30	Group Photo	
10:30-10:45	Coffee / Tea Break	
10:45-11:15	Mapping Health Research Capacity: Scope and Insights	Mr. Moses Bamutura
11:15-12:15	Overview of the Hub-and-Spoke Guidance <ul style="list-style-type: none"> Core Concepts of the Hub-and-Spoke Model Site Selection: Designation Criteria for Hubs and Spokes Different Approaches to Network Formation Transition Pathways and Supporting Mechanisms Performance Monitoring and Evaluation 	Dr. Asma Aziz Dr. Solomon M. Abay
12:15-13:15	Lunch	
13:15-14:15	<i>Breakout Discussion (Setting the Scene by Facilitators)</i> Core Concepts of the Hub-and-Spoke Model <ul style="list-style-type: none"> Key Definitions 	<i>See Breakout Room Plan</i>

	<ul style="list-style-type: none"> Strategic Role of the Hub-and-Spoke Model 	
14:15-15:00	Plenary Feedback: Core Concepts of the Hub-and-Spoke Model	Group Representatives
15:00-15:15	Coffee / Tea Break	
15:15-16:45	<i>Breakout Discussion (Setting the Scene by Facilitators)</i> Site Selection and Designation Criteria <ul style="list-style-type: none"> Designation Criteria for Hubs and Spokes Mobile Health Research Unit 	See Breakout Room Plan
16:45-17:30	Plenary Feedback: Site Selection and Designation Criteria	Group Representatives
17:30-17:45	Day 1 Q&A	
18:00-21:00	Group Dinner	

Day 2: August 28, 2025

Theme: Network Formation, Transition Pathways, and Performance Monitoring and Evaluation

Time	Session	Presenter / Facilitator
09:00-09:15	Introduction to Day 2 Agenda	Ms. Tharinee Sakhakorn
09:15-10:45	<i>Breakout Discussion (Setting the Scene by Facilitators)</i> Different Approaches to Network Formation <ul style="list-style-type: none"> Hub-First Model Parallel Assessment Model 	See Breakout Room Plan
10:45-11:00	Coffee / Tea Break	
11:00-12:15	Plenary Feedback: Different Approaches to Network Formation	Group Representatives
12:15-13:30	Lunch	
13:30-14:30	<i>Breakout Discussion (Setting the Scene by Facilitators)</i> Transition Pathways and Supporting Mechanisms <ul style="list-style-type: none"> Transition Pathways from Spoke to Hub Supporting Institutional Growth 	See Breakout Room Plan
14:30-15:30	Plenary Feedback: Transition Pathways & Supporting Mechanisms	Group Representatives
15:30-15:45	Coffee / Tea Break	
15:45-17:00	<i>Breakout Discussion (Setting the Scene by Facilitators)</i> Performance Monitoring and Evaluation <ul style="list-style-type: none"> Core Metrics and Indicators Monitoring and Reporting Tools 	See Breakout Room Plan
17:00-17:45	Plenary Feedback: Performance Monitoring and Evaluation	Group Representatives
17:45-18:00	Day 2 Q&A	

18:00	Day 2 Closure	
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Day 3: August 29, 2025

Theme: Validating and Next Steps

Time	Session	Presenter / Facilitator
09:00-09:15	Introduction to Day 3 Agenda	Dr. Ahmed Futa
09:15-10:25	Next Steps and Ownership <ul style="list-style-type: none"> Timeline for Revisions, Reviews, and Finalization Champions Identification for Dissemination & Implementation 	Dr. Elvis Temfack Ms. Tharinee Sakhakorn
10:25-10:40	Participant Feedback Form	Ms. Tharinee Sakhakorn
10:40-11:15	Coffee / Tea Break	
11:15-11:45	Q&A Session <ul style="list-style-type: none"> Audience Questions Interactive Discussion 	Dr. Elvis Temfack Mr. Moses Bamutura
12:15-13:00	Wrap Up and Closing Reflections <ul style="list-style-type: none"> Africa CDC IVI 	Dr. Elvis Temfack Dr. Birkneh Tadesse
13:00-14:00	Lunch	