

# Mapping out R&D Interventions to COVID-19 implementation strategy/actions

# Data collocation Clustering

- 1- Taskforce report:** This is a web based search.
- 2- Individual report :** This is a report based on Calls and surveys through out direct communications, with the target groups.
- 3- National institutional reports:** This reports to be submitted by the Member States National Universities/ Research institutions this is based on calls and surveys targeting the chairs of such institutions.
- 4- National reports :** This is a national report to be developed by the Member States Ministries in charge of S&T, this is through out direct communications requesting for national report.
- 5- Data to be collected and edited by ASRIC Secretariat:** This is the data to be collected from external sources, such as partner institutions

# 1- Taskforce reports

This is a web based search

## Non-Pharmaceutical Interventions Fiche card

Non-Pharmaceutical Interventions

	Type of the Non-Pharmaceutical Interventions:- < what is it e.g. Disinfectant Chamber, <b>Disinfectant chemicals</b> , Mobile / <b>Tracking App</b> , AI application kindly specify (type)>		
1	Name of the producer:		
2	Address		
3	Contact person:	Tel:	
4	Mobile :	Email:	Website (this is a mast info):
5	Product description <Kindly <b>describe</b> the product in not more than 300 words>		
6	<b>Has the product been tested and approved?</b> If yes cont. , if no go to 9		
7	Name of the <b>approving</b> authority (type if it is known or NA):		
8	Address of the <b>approving</b> authority(type if it is known or NA):		
9	Name of the person filling the Fiche card :		
10	Tel:	Mobile:	Email:
11	Attach Photos or Photo gallery of the product		

## Rapid testing & PCR Fiche card

Testing

	<b>Type of R&amp;D :- &lt; what is it ? Is it Rapid testing development or PCR development? kindly specify (type)&gt;</b>		
1	Name of the institutions participating in the development process: <kindly list all the names of the participating institutions>		
2	Address:		
3	Contact person:	Tel:	
4	Mobile:	Email:	Website (this is a mast info):
5	Product description <Kindly describe the product in not more than 300 words>		
6	Has the product passed clinical evaluation stage? If yes cont., if no go to 11		
7	Does the product have an approval by the relevant authority (such as FDA)? If yes go to 9, if no cont.		
8	Is the product in the stage of obtaining approval by the relevant authority (such as FDA)? If yes cont., if no go to 11	Expected date to receive the approval:	
9	Name of the approving authority:		
10	Address of the approving authority:		
11	Name of the person filling the Fiche card :		
12	Tel:	Mobile	Email
13	Attach Photos or Photo gallery of the product		

## Ventilators improvement/ development Fiche card

Ventilators

	<b>Type of R&amp;D :- &lt; what is it ? Is it Ventilator improvement or Ventilator development? kindly specify (type)&gt;</b>		
1	Name of the institutions participating in the development process: <kindly list all the names of the participating institutions>		
2	Address:		
3	Contact person:	Tel:	
4	Mobile:	Email:	Website (this is a mast info):
5	Product description <Kindly describe the product in not more than 300 words>		
6	What kind of technology used in development (i.e. is it a 3 <sup>rd</sup> printing technology, other pls typ)		
7	Has the product passed clinical evaluation stage? If yes cont., if no go to 12		
8	Does the product have an approval by the relevant authority (such as FDA)? If yes go to 10, if no cont.		
9	Is the product in the stage of obtaining approval from the relevant authority (such as FDA)? If yes cont., if no go to 12	Expected date to receive the approval:	
10	Name of the approving authority:		
11	Address of the approving authority:		
12	Name of the person filling the Fiche card :		
13	Tel:	Mobile	Email
14	Attach Photos or Photo gallery of the product		

# Vaccine Trials & Drugs/Treatment Trials Fiche card

Clinical Trials

	<b>Type of R&amp;D :- &lt; what is it ? Is it Vaccine Trials or Drugs/Treatment Trials specify (type)&gt;</b>		
1	Name of the institutions participating in the development process: <kindly list all the names of the participating institutions>		
2	Address:	Tel:	
3	Contact person:		
4	Mobile:	Email:	Website (this is a mast info):
5	Product description <Kindly describe the product in not more than 300 words>		
6	Has the product passed Phase 1_safety of a drug? If yes cont., if no go to 14		
7	Has the product passed Phase 2_safety of a drug? If yes cont., if no go to 14		
8	Has the product passed Phase 3_randomized large testing? If yes cont., if no go to 14		
9	Has the product passed clinical evaluation stage? if yes cont., if no go to 14		
10	Does the product have an approval by the relevant authority (such as FDA)? If yes go to 12, if no cont.		
11	Is the product in the stage of obtaining approval from the relevant authority (such as FDA)? If yes cont., if no go to 14	Expected date to receive the approval:	
12	Name of the approving authority:		
13	Address of the approving authority:		
14	Name of the person filling the Fiche card :		
15	Tel:	Mobile	Email
16	Attach Photos or Photo gallery of the product		

## **2- Individual reports**

This is a report based on Calls and surveys through out direct communications, with the target groups.



# Non-Pharmaceutical Interventions Fiche card

Non-Pharmaceutical Interventions

	Type of the Non-Pharmaceutical Interventions:- < what is it e.g. Disinfectant Chamber, <b>Disinfectant chemicals</b> , Mobile / <b>Tracking</b> App, AI application kindly specify (type)>		
1	Name of the producer:		
2	Address		
3	Contact person		
4	Tel:	Mobile	Email
5	Product description <Kindly <b>describe</b> the product in not more than 300 words>		
6	<b>Has the product been tested and approved?</b> If yes cont. , if no go to 12		
7	Name of the <b>approving</b> authority:		
8	Address of the <b>approving</b> authority:		
9	<b>Is the producer the holder of all</b> IP rights of the product? If yes go 10 if no go to 12		
10	Are you willing to <b>give away</b> the IP rights of your product to be used in Africa during the Pandemic? If no cont.	Yes I am willing to give away my IP rights, go to 12	
11	Licensing (limited time licenses, limited to geographic area or location); joint production and cost/ <b>profit sharing</b> ; and/or equity sharing among others: <what you propose>		
12	Name of the person filling the Fiche card :		
13	Tel:	Mobile	Email
14	Attach Photos or Photo gallery of the product		





# Vaccine Trials & Drugs/Treatment Trials Fiche card

Clinical Trials

	<b>Type of R&amp;D :- &lt; what is it ? Is it Vaccine Trials or Drugs/Treatment Trials specify (type)&gt;</b>		
1	Name of the institutions participating in the development process: <kindly list all the names of the participating institutions>		
2	Address:		
3	Contact person:		
4	Tel:	Mobile:	Email:
5	Product description <Kindly describe the product in not more than 300 words>		
6	Has the product passed Phase 1_safety of a drug? If yes cont., if no go to 17		
7	Has the product passed Phase 2_safety of a drug? If yes cont., if no go to 17		
8	Has the product passed Phase 3_randomized large testing? If yes cont., if no go to 17		
9	Has the product passed clinical evaluation stage? if yes cont., if no go to 17		
10	Does the product have an approval by the relevant authority (such as FDA)? If yes go to 11, if no cont.		
11	Is the product in the stage of obtaining approval from the relevant authority (such as FDA)? If yes cont., if no go to 17	Expected date to receive the approval:	
12	Name of the approving authority:		
13	Address of the approving authority:		
14	Is the producer the holder of all IP rights of the product? If yes cont. if no go to 17		
15	Are you willing to give away the IP rights of your product to be used in Africa during the pandemic? If no go to 16	Yes I am willing to give away my IP rights, go to 17	
16	Licensing (limited time licenses, limited to geographic area or location); joint production and cost/profit sharing; and/or equity sharing among others: <what you propose>		
17	Name of the person filling the Fiche card :		
18	Tel:	Mobile	Email
19	Attach Photos or Photo gallery of the product		

## **3- National institutional reports**

This reports to be submitted by the Member States National Universities/ Research institutions this is based on calls and surveys targeting the chairs of such institutions.

# Institutional Information Sheet

## institutional Information Sheet

Member State:	(country name)
Institution Name :	
Institution function:	Learning institute / Research institute
Institution type:	National/Private
Address:	
Website:	

## Reporting officer information

Name:		
Designation:		
Address:		
Tel:	Mobile:	Email:

## Contact officer for more information if the need to be

Name:		
Designation:		
Address:		
Tel:	Mobile:	Email:

## Non-Pharmaceutical Interventions Fiche card

Non-Pharmaceutical Interventions

Type of the Non-Pharmaceutical Interventions:- < what is it e.g. Disinfectant Chamber, <b>Disinfectant chemicals</b> , Mobile / <b>Tracking App</b> , AI application kindly specify (type)>		
1	Product description <Kindly <b>describe</b> the product in not more than 300 words>	
2	<b>Has the product been tested and approved?</b> If yes cont. , if no go to 8	
3	Name of the <b>approving</b> authority:	
4	Address of the <b>approving</b> authority:	
5	<b>Is your</b> institute <b>holder of</b> IP rights of the product? If yes go 6 if no go to 8	
6	Are your institute willing to <b>give away</b> the IP rights of your product to be used in Africa during the Pandemic? If no cont.	Yes we are willing to give away my IP rights, go to 8
7	Licensing (limited time licenses, limited to geographic area or location); joint production and cost/ <b>profit sharing</b> ; and/or equity sharing among others: <what you propose>	
8	Name of the person for further line of action & follow up:	
9	Designation:	
10	Address	
11	Tel:	Mobile
12	Attach Photos or Photo gallery of the product	

## Rapid testing & PCR Fiche card

Testing

Type of R&D :- < what is it ? Is it Rapid testing development or PCR development? kindly specify (type)>			
1	Product description <Kindly describe the product in not more than 300 words>		
2	Has the product passed clinical evaluation stage? If yes cont., if no go to 14		
3	Does the product have an approval by the relevant authority (such as FDA)? If yes go to 5, if no cont.		
4	Is the product in the stage of obtaining approval by the relevant authority (such as FDA)? If yes cont., if no go to 10	Expected date to receive the approval:	
5	Name of the approving authority:		
6	Address of the approving authority:		
7	Is your institute holder of IP rights of the product? If yes cont. if no go to 10		
8	Are you willing to give away the IP rights of your product to be used in Africa during the Pandemic? If no cont.	Yes we are willing to give away my IP rights? go to 10	
9	Licensing (limited time licenses, limited to geographic area or location); joint production and cost/profit sharing; and/or equity sharing among others: <what you propose>		
10	Name of the person for further line of action & follow up:		
11	Designation:		
12	Address		
13	Tel:	Mobile	Email
14	Attach Photos or Photo gallery of the product		



## Ventilators improvement/ development Fiche card

Ventilators

Type of R&D :- < what is it ? Is it Ventilator improvement or Ventilator development? kindly specify (type)>			
1	Product description <Kindly describe the product in not more than 300 words>		
2	Has the product passed clinical evaluation stage? If yes cont., if no go to 10		
3	Does the product have an approval by the relevant authority (such as FDA)? If yes go to 5, if no cont.		
4	Is the product in the stage of obtaining approval from the relevant authority (such as FDA)? If yes cont., if no go to 10	Expected date to receive the approval:	
5	Name of the approving authority:		
6	Address of the approving authority:		
7	Is your institute holder of IP rights of the product? If yes cont., if no go to 10		
8	Are you willing to give away the IP rights of your product to be used in Africa during the pandemic? If no cont.	Yes we are willing to give away my IP rights, go to 10	
9	Licensing (limited time licenses, limited to geographic area or location); joint production and cost/profit sharing; and/or equity sharing among others: <what you propose>		
10	Name of the person for further line of action & follow up:		
11	Designation:		
12	Address		
13	Tel:	Mobile	Email
14	Attach Photos or Photo gallery of the product		

# Vaccine Trials & Drugs/Treatment Trials Fiche card

Clinical Trials

	<b>Type of R&amp;D :- &lt; what is it ? Is it Vaccine Trials or Drugs/Treatment Trials specify (type)&gt;</b>		
1	Name of the institutions participating in the development process: <kindly list all the names of the participating institutions>		
2	Address:		
3	Contact person:		
4	Tel:	Mobile:	Email:
5	Product description <Kindly describe the product in not more than 300 words>		
6	Has the product passed Phase 1_safety of a drug? If yes cont., if no go to 17		
7	Has the product passed Phase 2_safety of a drug? If yes cont., if no go to 17		
8	Has the product passed Phase 3_randomized large testing? If yes cont., if no go to 17		
9	Has the product passed clinical evaluation stage? if yes cont., if no go to 17		
10	Does the product have an approval by the relevant authority (such as FDA)? If yes go to 11, if no cont.		
11	Is the product in the stage of obtaining approval from the relevant authority (such as FDA)? If yes cont., if no go to 17	Expected date to receive the approval:	
12	Name of the approving authority:		
13	Address of the approving authority:		
14	Is your institute holder of IP rights of the product? If yes cont. if no go to 17		
15	Are you willing to give away the IP rights of your product to be used in Africa during the pandemic? If no go to 16	Yes we are willing to give away my IP rights, go to 17	
16	Licensing (limited time licenses, limited to geographic area or location); joint production and cost/profit sharing; and/or equity sharing among others: <what you propose>		
17	Name of the person for further line of action & follow up:		
18	Designation:		
19	Address		
20	Tel:	Mobile	Email
21	Attach Photos or Photo gallery of the product		

## Publication Fiche card

	<b>Open access to your publication</b>			
1	Can your institution offer an open access to its digital library if yes cont. if no go to 3			
2	What is the link to your digital Library:			
3	Name of the Librarian /person for further line of action & follow up:			
4	Designation:			
5	Address			
6	Tel:	Mobile:	Email	

## BSL 3 laboratory Fiche card

	<b>BSL 3 laboratory</b>			
1	Is your institution has BSL 3 laboratory? If yes cont. if no go to next Fiche			
3	Lab description <Kindly describe the product in not more than 300 words>			
4	Is your institution willing to participate in COVID research clusters if yes or may be indicate and cont. if no go to next Fiche			
5	Name of the senior scientist for further line of action & follow up:			
6	Designation:			
7	Address			
8	Tel:	Mobile:	Email	

## 3D printing laboratory Fiche card

	<b>BSL 3 laboratory</b>			
1	Is your institution have 3d printing laboratory? If yes cont. if no go to next Fiche			
3	Lab description <Kindly describe the product in not more than 300 words>			
4	Is your institution willing to participate in COVID research clusters if yes or may be indicate and cont. if no go to next Fiche			
5	Name of the senior scientist for further line of action & follow up:			
6	Designation:			
7	Address			
8	Tel:	Mobile:	Email	

## **4- National reports**

This is a national report to be developed by the Member States Ministries in charge of S&T, this is through out direct communications requesting for national report.

# National Information Sheet

Information Sheet		
Member State:	(country name)	
Ministry Name		
Address:		
Website:		
Reporting officer information		
Name:		
Designation:		
Address:		
Tel:	Mobile:	Email:
Contact officer for more information if the need to be		
Name:		
Designation:		
Address:		
Tel:	Mobile:	Email:











## Publication Fiche card

	<b>Open access to your publication</b>			
1	Can you offer an open access to national digital library if yes cont. if no go to 3			
2	What is the link to your digital Library:			
3	Name of the Librarian /person for further line of action & follow up:			
4	Designation:			
5	Address			
6	Tel:	Mobile:	Email	

## BSL 3 laboratory Fiche card

	<b>BSL 3 laboratory</b>			
1	Is your country has BSL 3 laboratory?, what is the name of the lab? If yes cont. if no go to next Fiche			
3	Lab description <Kindly describe the product in not more than 300 words>			
4	Are they willing to participate in COVID research clusters if yes or may be indicate and cont. if no go to next Fiche			
5	Name of the senior scientist for further line of action & follow up:			
6	Designation:			
7	Address			
8	Tel:	Mobile:	Email	

## 3D printing laboratory Fiche card

	<b>BSL 3 laboratory</b>			
1	Is your country have 3d printing laboratory? , what is the name of the lab ? If yes cont. if no go to next Fiche			
3	Lab description <Kindly describe the product in not more than 300 words>			
4	Are they willing to participate in COVID research clusters if yes or may be indicate and cont. if no go to next Fiche			
5	Name of the senior scientist for further line of action & follow up:			
6	Designation:			
7	Address			
8	Tel:	Mobile:	Email	