AFRICAI-RI: A Pan-African Research Infrastructure for Collaborative Biomedical Imaging and Artificial Intelligence

Deliverable D9.2:

Project handbook including scientific coordination strategy

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Author(s)	Dr Dinis Nguenha, Katia Magul (CISM), Cecilia Kessler (UB)
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Version log

Issue Date	Version	Involved	Comments
14.05.2026	0.1	CISM	Initial version, first draft for review
22.05.2026	0.2	UB, CISM	Partners feedback and updates.
26.05.2026	0.3	CISM	Revisions and updates
27.05.2026	0.4	UB, CISM	Second review and revisions
29.05.2026	1.0	C. Kessler, L. Garrucho Moras & K. Lekadir (UB)	Revised and corrected final version.

Executive Summary

This Project Handbook (Deliverable D9.2) is a core resource developed under Work Package 9 (WP9 – Scientific Project Leadership & Outreach) to support the effective coordination, governance, and implementation of the AFRICAI-RI project. It provides a comprehensive operational framework covering project management structures, communication procedures, reporting requirements, quality assurance processes, and collaboration mechanisms across all consortium partners.

The Handbook is designed to complement the AFRICAI-RI Grant Agreement and Consortium Agreement, translating contractual obligations into practical guidance for day-to-day project execution. It serves as a single reference document for partners, including standardised templates, workflows, and procedures for meetings, deliverables, reporting, and administrative processes.

As a central reference document, it supports the effective execution of WP9 tasks, ensuring alignment of activities, compliance with obligations, and consistent project management across all partners.

The Handbook is a living document, maintained and updated throughout the project lifecycle to reflect operational needs and ensure efficient, transparent, and coordinated implementation of AFRICAI-RI.

Global Health EDCTP3

Co-funded by the European Union

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Acronyms

Name	Abbreviation
Artificial Intelligence	AI
Communication and Dissemination	C&D
Consortium Agreement	CA
Computer-Aided Detection for Tuberculosis	CAD4TB
Centre de Recherches Médicales de Lambaréné	CERMEL
Certificate on Financial Statements	CFS
Manhiça Health Research Centre	CISM
Chest Ultrasound	CUS
Data Management Plan	DMP
Description of the Action	DoA
European Commission	EC
External Advisory Board	EAB
European & Developing Countries Clinical Trials Partnership	EDCTP
Ethics, Legal and Social Issues	ELSI
Erasmus Medical Centre	EMC
European Union	EU
Findable, Accessible, Interoperable and Reusable	FAIR
Federated Learning	FL

Foundation for Research and Technology – Hellas	FORTH
Grant Agreement	GA
Governing Board	GB
General Data Protection Regulation	GDPR
European Health and Digital Executive Agency	HaDEA
Health Data Research West Africa	HDRWA
Infectious Diseases Research Collaboration	IDRC
Intellectual Property	IP
Intellectual Property Rights	IPR
Barcelona Institute for Global Health	ISGlobal
Jimma University	JU
Kamuzu University of Health Sciences	KUHES
Legal Officer	LO
Mutual Insurance Mechanism	MIM
Medical Research Council Unit The Gambia	MRCG
Nigerian Institute of Medical Research	NIMR
Observational Medical Outcomes Partnership Common Data Model	OMOP-CDM
Pneumonia	PNA
Project Officer	PO
Public	PU
Research Infrastructure	RI
Sensitive	SEN
Sub-Saharan Africa	SSA
Tuberculosis	TB
University of Barcelona	UB
Iba Der Thiam University	UIDT
University of Kinshasa	UNIKIN
Working Group	WG
Working Group Leaders Committee	WGLC
Work Package	WP
Project Management, Scientific Lead and Outreach	WP9

1 Introduction and Background

AFRICAI-RI aims to address critical gaps in access to medical imaging data and Artificial Intelligence (AI) driven diagnostic solutions in sub-Saharan Africa (SSA), with a focus on high-burden respiratory diseases, including tuberculosis (TB), pneumonia (PNA), and HIV-associated conditions. Despite rapid advances in AI for healthcare, most solutions have been developed using data and infrastructure from high-income settings, limiting their applicability in SSA contexts.

The project will establish the first federated, pan-African research infrastructure for biomedical imaging and AI, enabling secure, decentralized access to imaging and clinical data across multiple institutions. By implementing federated learning approaches, AFRICAI-RI ensures data sovereignty while supporting collaborative AI development and large-scale data utilization.

AFRICAI-RI directly addresses key structural challenges in SSA, including:

- Limited availability of large, curated imaging datasets.
- Shortage of trained radiology professionals.
- Lack of infrastructure for secure data sharing and AI development.

To overcome these barriers, the project will deploy a distributed network of data nodes across ten SSA countries, supported by harmonized data standards, data curation tools, and local computational resources. This infrastructure will enable the generation of large multi-centre datasets and support the development and validation of AI models tailored to diverse populations and clinical environments.

The project builds on existing European and African infrastructures and adapts proven technologies, such as federated learning platforms, imaging repositories, and trustworthy AI frameworks to SSA-specific contexts. It will deliver new datasets (e.g., CXR and CUS) and AI solutions across defined clinical use cases, including TB diagnosis in adults and children and pneumonia detection in paediatric populations.

A multi-stakeholder co-creation approach underpins the project, integrating technical development with implementation research. Stakeholders including clinicians, patients, policymakers, and data scientists will be engaged to ensure that solutions are technically robust, ethically compliant, and aligned with local healthcare needs. This approach supports adoption, usability, and long-term sustainability.

AFRICAI-RI is coordinated by the University of Barcelona (UB), with the Manhiça Health Research Centre (CISM) as Scientific Lead, and involves a multidisciplinary consortium across Africa and Europe. The consortium combines expertise in AI, medical imaging, infectious diseases, data governance, and implementation science.

Work Package 9 and 10 are responsible for overall scientific and administrative coordination. Their objectives are to:

- Oversee the effective execution of research activities (WP1-WP8), while ensuring adherence to established timelines, budgets, and quality standards, and actively monitoring risks and mitigation measures.

- Coordinate and manage all aspects related to project administration, finances, and contractual obligations.
- Continuously disseminate and communicate the project's progress and outcomes to clinical, research, and industrial stakeholders, as well as to authorities and the general public.
- Foster interactions and collaborations between related projects in SSA and internationally.
- Develop a comprehensive plan for IP management and exploitation of the project's key exploitable results.

The Project Handbook is a central operational tool supporting WP9 and WP10. It defines governance structures, coordination mechanisms, and standard procedures for project implementation, including meetings, reporting, communication, and quality assurance.

The alignment between the Handbook and WP9 tasks is summarized below:

Table 1: Overview of WP9 tasks

Task	Link to Handbook
9.1 – Scientific Coordination	Supported through the scientific coordination structure, consortium-wide collaboration procedures, quality assurance processes for deliverables, and monitoring mechanisms described in the Handbook
9.2 – Dissemination activities	Supported through dissemination procedures, publication and acknowledgement guidelines, visibility requirements, and dissemination responsibilities outlined in the Handbook
9.3 – Networking with relevant activities	Facilitated through stakeholder engagement approaches, consortium collaboration mechanisms, external interaction principles, and participation in scientific and strategic networks described in the Handbook

The Handbook will be a living document that is stored in the AFRICAI-RI Google Drive and it will be reviewed and updated as required throughout the life of the project.

2 Purpose

The purpose of the AFRICAI-RI Project Handbook is to provide consortium partners with a central reference document for all matters related to their responsibilities as beneficiaries and the operational management of the project.

The Handbook is based on the AFRICAI-RI Grant Agreement and its Annexes, as established under the Horizon Europe programme, and translates these requirements into practical guidance for project implementation.

This Handbook should be read in conjunction with the AFRICAI-RI GA and CA. For any questions or support related to project coordination, partners should contact:

- Karim Lekadir, karim.lekadir@ub.edu

- Cecilia Kessler, cecilia.kessler@ub.edu
- Lidia Garrucho Moras, lgarrucho@ub.edu
- Dinis Nguenha dinis.nguenha@manhica.net
- Katia Magul katia.magul@manhica.net

3 Grant Agreement

The AFRICAI-RI Grant Agreement is the contractual framework between the European Commission and the project beneficiaries. It defines the scope of the project, including activities, timelines, responsibilities, and financial provisions.

The Grant Agreement consists of the following key components:

- Annex 1 – Description of the Action (DoA): Part A (structured work plan) and Part B (narrative description)
- Annex 2 – Estimated Budget for the Action

Any modifications to the Grant Agreement must follow a formal amendment procedure with the European Commission.

3.1 Project Number

AFRICAI-RI is funded under the Horizon Europe call: HORIZON-JU-GH-EDCTP3-2024-01-06.

The project number is: 101190731.

3.2 Project Duration

AFRICAI-RI commenced 01 September 2025 and has a total duration of 48 months, concluding on 31 August 2029.

3.3 Consortium

The AFRICAI-RI Consortium consists of the following partners:

Table 2: Overview of Partners

No	Organisation Name	Acronym	Country
1	Universitat de Barcelona (Project Coordinator)	UB	Spain
2	Manhiça Health Research Centre (Scientific Lead)	CISM	Mozambique
3	Delft Imaging Ghana	DIG	Ghana
4	Jimma University	JU	Ethiopia
5	Centre of Medical Research Lambaréné	CERMEL	Gabon
6	Infectious Diseases Research Collaboration	IDRC	Uganda
7	University of Kinshasa	UNIKIN	D.R. Congo
8	Nigerian Institute of Medical Research	NIMR	Nigeria
9	Iba Der Thiam University	UIDT	Senegal
10	Kamuzu University of Health Sciences	KUHES	Malawi

11	Medical Research Council Unit The Gambia	MRCG	The Gambia
12	Erasmus Medical Centre	EMC	Netherlands
13	Foundation for Research & Technology	FORTH	Greece
14	Barcelona Institute for Global Health	ISGLOBAL	Spain

3.4 Beneficiary Obligations

Each AFRICAI-RI beneficiary is responsible for:

- Implementing the action in accordance with the Grant Agreement and its Annexes
- Keeping organisational information up to date in the EU Funding & Tenders Portal Participant Register
- Informing the European Commission and consortium partners without delay of any issues that may affect the implementation of the action (e.g. delays or deviations)
- Submitting all required technical and financial reports within the defined deadlines
- Ensuring that all project-related communication and dissemination activities comply with Horizon Europe requirements, including the use of the EU emblem and funding acknowledgement

3.5 Grant Amount

The total budget of the AFRICAI-RI project is €4,999,075, funded by the European Commission under the Horizon Europe programme (Project No. 101190731).

The project is funded at a 100% reimbursement rate of eligible costs, meaning that beneficiaries are not required to provide co-financing for the activities defined in the Grant Agreement.

Indirect costs (overheads) are calculated at a flat rate of 25% of eligible direct costs, excluding subcontracting, in accordance with Horizon Europe rules.

Eligible cost categories include:

- Personnel costs
- Subcontracting
- Purchase costs (including travel, equipment, and other goods and services)
- Indirect costs (overheads)

The budget is distributed across consortium partners according to their roles and responsibilities in the implementation of the action, as detailed in the Grant Agreement.

Table 3: Budget Summary

Participant	Net EU contribution
UNIVERSITAT DE BARCELONA (Barcelona)	€738 750,00
FUNDACAO MANHICA (Mozambique)	€ 580 740,00

DELFT IMAGING GHANA LTD (Ghana)	€ 130 000,00
JIMMA UNIVERSITY (Ethiopia)	€ 279 925,00
CENTRE DE RECHERCHES MEDICALES DE LAMBARÉNÉ (Gabon)	€ 318 860,00
INFECTIOUS DISEASES RESEARCH COLLABORATION LTD BY GUARANTEE (Uganda)	€ 286 277,50
UNIVERSITE DE KINSHASA (Democratic Republic of the Congo)	€ 262 050,00
NIGERIAN INSTITUTE OF MEDICAL RESEARCH (Nigeria)	€ 262 312,50
UNIVERSITE IBA DER THIAM DE THIES (Senegal)	€ 280 270,00
KAMUZU UNIVERSITY OF HEALTH SCIENCES (Malawi)	€ 241 157,50
LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE ROYAL CHARTER (United Kingdom)*	€ 433 750,00
ERASMUS UNIVERSITAIR MEDISCH CENTRUM ROTTERDAM (Netherlands)	€ 478 125,00
IDRYMA TECHNOLOGIAS KAI EREVNAS (Greece)	€ 468 750,00
FUNDACION PRIVADA INSTITUTO DE SALUD GLOBAL BARCELONA (Spain)	€ 238 107,50

*Represented in the Consortium by MRCG, The Gambia.

3.6 Work Packages

The AFRICAI-RI action is structured into a set of interrelated work packages (WPs), each contributing to the project's overall objectives. Each work package has a designated lead partner and defined scope, timeline, and responsibilities, as outlined in the Grant Agreement (Annex 1 – Description of the Action).

Work packages cover key areas including project coordination, infrastructure development, data management, AI development, clinical validation, stakeholder engagement, capacity building, and sustainability.

An overview of work packages, including leadership, timelines, and effort (person-months), is provided in the Grant Agreement and is available to partners through the AFRICAI-RI Google Drive.

Table 4: Work Package Summary

WP	Work Package Title	Lead Name	Lead Nº	PMs	Start	End

1	Multi-Stakeholder Mapping and Requirements Analysis	CISM	2	155	M1	M48
2	The AFRICAI-RI technical platform	EMC	12	129	M1	M48
3	Data operations on the AFRICAI-RI platform	EMC	12	277	M1	M48
4	Trustworthy AI toolkit and AI use cases	UB	1	121	M1	M48
5	Clinical Research Open Calls	FORTH	13	47	M6	M48
6	In-Silico Clinical Evaluations of the AI Tools	CERMEL	5	107	M12	M48
7	Capacity Building and Knowledge Exchange	UIDT	9	77	M1	M48
8	Project Legacy, Impact and Sustainability	KUHES	10	97	M24	M48
9	Project Management, Scientific Lead & Outreach	CISM	2	97	M1	M48
10	Project management and Coordination	UB	1	41	M1	M48
11	Ethics requirements	UB	1	0	M1	M48

3.7 Resource Allocation

To support the implementation of the action, resources (person-months) are allocated across work packages and beneficiaries according to their roles and responsibilities, as defined in the Grant Agreement. This allocation ensures appropriate distribution of effort across technical, clinical, coordination, and support activities, enabling effective delivery of project objectives.

A detailed breakdown of resource allocation by work package and beneficiary is available in the Grant Agreement and is accessible to consortium partners via the AFRICAI-RI Google Drive.

3.8 Deliverables and Milestones

A complete list of AFRICAI-RI deliverables and milestones, including due dates, is defined in the Grant Agreement (Annex 1 – Description of the Action) and is available to all partners via the AFRICAI-RI Google Drive.

UB is responsible for monitoring progress towards deliverables and milestones, ensuring adherence to timelines and coordination across partners. A standardized deliverable template, including guidance text, will be shared with partners in advance to support consistency and quality of submissions.

Quality assurance of deliverables follows a structured process:

- Draft deliverables are submitted to the relevant WP leader at least four weeks prior to the official submission deadline.
- Drafts are reviewed by the WP leader and, where appropriate, by an internal reviewer (a partner not directly involved in the work but with relevant expertise).
- Revised versions are submitted following the incorporation of feedback.
- Final formatting and consistency checks are conducted by CISM, as Scientific Coordinator, and UB, as Project Coordinator (two weeks before submission).
- Final approval is provided by the Project Coordinator (one week before submission).
- The Project Coordinator submits the deliverable to the European Commission via the Funding & Tenders Portal.

An overview of deliverables, timelines and lead beneficiary is maintained and regularly updated in the AFRICAI-RI Google Drive.

Table 5: List of Deliverables

WP	Nº	Deliverable Name	Lead	Type	Level	Date	Due
1	D1.1	Stakeholders mapping	CISM	R	PU	28-Feb-26	6
1	D1.2	Multi-stakeholder requirements – Version 1	CISM	R	PU	30-Nov-26	15
1	D1.3	Multi-stakeholder requirements – Version 2	ISGLOBAL	R	PU	30-Nov-27	27
1	D1.4	Study Initiation Package (Stakeholder and Community Engagement)	ISGLOBAL	R	PU	30-Nov-25	3
10	D10.1	Project Website	UB	DEC	PU	30-Nov-25	3
10	D10.2	Final exploitation plan	UB	R	PU	31-Aug-29	48
10	D10.3	Global access plan	UB	R	PU	31-Aug-29	48
11	D11.1	POPD - Requirement No. 1	UB	ETHICS	SEN	31-Oct-25	2
2	D2.1	Architectural design and Software Development Plan– Version 1	EMC	R	SEN	28-Feb-26	6
2	D2.2	Hybrid AFRICAI-RI data storage infrastructure	EMC	DEM	PU	31-May-27	21
2	D2.3	AFRICAI-RI federated learning platform	UB	DEM	PU	31-Aug-27	24
2	D2.4	Multi-lingual integrated AFRICAI-RI web-portal	FORTH	DEC	PU	28-Feb-29	42
2	D2.5	Study Initiation Package (Infrastructure Mapping)	EMC	R	PU	30-Nov-25	3
3	D3.1	Data Management Plan	EMC	DMP	SEN	28-Feb-26	6
3	D3.2	AFRICAI legal governance framework	MRCG	R	PU	28-Feb-27	18

3	D3.3	Updated Data Management Plan	MRCG	DMP	SEN	31-Aug-27	24
3	D3.4	Standardised protocols for new node onboarding	EMC	R	PU	31-May-29	45
4	D4.1	Trustworthy Artificial Intelligence toolkit	UB	DEM	PU	31-Aug-27	24
4	D4.2	Report on trustworthy Artificial Intelligence for Use Case 1	FORTH	R	PU	31-Aug-28	36
4	D4.3	Report on trustworthy Artificial Intelligence for Use Case 2	DIG	R	PU	31-Aug-28	36
4	D4.4	Report on trustworthy Artificial Intelligence for Use Case 3	UB	R	PU	31-May-29	45
4	D4.5	Report on trustworthy Artificial Intelligence for Use Case 4	UIDT	R	PU	31-Aug-29	48
5	D5.1	Open calls design and announcements	FORTH	R	PU	31-Aug-27	24
5	D5.2	Report on data open call and lessons learned	MRCG	R	PU	31-May-29	45
5	D5.3	Report on Artificial Intelligence open call and lessons learned	UIDT	R	PU	31-May-29	45
5	D5.4	Report on hacking challenge and lessons learned	FORTH	R	SEN	31-Aug-29	48
6	D6.1	Study initiation package (Healthcare)	CERMEL	R	PU	31-Aug-28	36
6	D6.2	Midterm recruitment report	CERMEL	R	PU	28-Feb-29	42
6	D6.3	Report on clinical validation, feasibility and acceptability	CISM	R	PU	31-Aug-29	48
6	D6.4	Report on the status of posting results	CERMEL	R	PU	31-Aug-29	48
7	D7.1	Training materials	UIDT	R	PU	31-Aug-28	36
7	D7.2	Report on in-person schools	UIDT	R	PU	31-May-29	45
7	D7.3	Recommendations for early career training and mentorship	UIDT	R	PU	31-Aug-29	48
8	D8.1	Ethics code of practice	KUHES	R	PU	31-May-29	45
8	D8.2	Data protection impact assessment	FORTH	R	PU	30-Jun-29	46
8	D8.3	AFRICAI-RI's sustainability plan	MRCG	R	PU	31-Jul-29	47
8	D8.4	Policy brief for healthcare implementation	KUHES	R	PU	31-Aug-29	48
9	D9.1	Plan for the exploitation and dissemination of results including communication activities	UB	R	PU	28-Feb-26	6
9	D9.2	Project handbook including scientific coordination strategy	CISM	R	PU	31-May-26	9
9	D9.3	Updated Plan for the exploitation and dissemination of results including communication activities	CISM	R	PU	31-Dec-27	28

9	D9.4	Stewardship plan	CISM	R	PU	29-Feb-28	30
9	D9.5	Final Stewardship plan	CISM	R	PU	31-Aug-29	48

Table 6: List of Milestones

Nº	Name	Lead	Means of Verification	WP	Due	Date
M1	Stakeholder mapping completed	CISM	Stakeholders contacted and engaged in WP1	1	2	31-Oct-25
M2	Qualitative study protocol finalised	ISGLOBAL	Master protocol shared with all SSA sites	1	3	30-Nov-25
M3	Training needs assessment completed	UIDT	Report on the identified skills gap available	7	6	28-Feb-26
M4	FAIR-compliant architecture design finalised	EMC	Implementation of AFRICAI-RI initiated	2	9	31-May-26
M5	First central node for data storage operational	MRCG	Central node successfully tested at MRCG	2	12	31-Aug-26
M6	Data preparation activities initiated	CISM	Data collection officially started in all sites	3	12	31-Aug-26
M7	First in-person school organised	UB	Successful completion of the training event	7	12	31-Aug-26
M8	Trustworthy AI evaluation criteria defined	UB	AI validation studies can be planned	4	18	28-Feb-27
M9	Open calls announced and promoted	FORTH	Participants can apply to the calls	5	18	28-Feb-27
M10	Legal framework for federated learning defined	MRCG	Data access agreements can be established	3	24	31-Aug-27
M11	First Artificial Intelligence model for Tuberculosis diagnosis in children trained	DIG	AI models can be deployed and test	4	24	31-Aug-27
M12	Open call applications reviewed	FORTH	Participant's selection can be carried out	5	27	30-Nov-27
M13	Ethical approvals obtained for in-silico trials	CERMEL	In-silico evaluations can be initiated	6	30	29-Feb-28
M14	Federated continuous learning pilot deployed	UB	Continuous learning protocol can be evaluated	6	36	31-Aug-28
M15	List of key exploitable results (KERs) finalised	UB	Exploitation plans can be drafted for all KERs	9	36	31-Aug-28
M16	First Artificial Intelligence tools deployed in SSA clinical sites	DIG	AI tools functioning at clinical sites	6	39	30-Nov-28
M17	Sustainability online workshops organised	MRCG	Feedback incorporated into sustainability plan	8	45	31-May-29

3.9 Risk Management

Initial risks were identified during the proposal phase and are reflected in the AFRICAI-RI Grant Agreement. These include scientific, technical, operational, and coordination-related risks.

All beneficiaries are responsible for promptly identifying and communicating any emerging risks that may affect the implementation of the action, including potential delays or deviations from the work plan.

Risk management is a continuous process coordinated under WP9. Risks will be regularly reviewed and discussed during All Partners meetings, and mitigation measures will be defined and monitored as needed. Early communication of risks is essential to ensure timely mitigation and minimize impact on project implementation.

Table 7: List of Risks

Description of risk	Likelihood	Severity	WPs	Proposed risk-mitigation measures
There are many ELSI requirements by local sites	High	Low	1	A dedicated ELSI WG will be created to reinforce and closely monitor the ethics requirements.
Local legal and ethical barriers to data sharing	Medium	High	1	Engage local legal and ethical experts in each country to define academic and financial incentives.
Ethical concerns conflict with technical requirements	Low	Medium	1	Use co-creation workshops to identify and resolve potential conflicts early.
Level of trust in the tools remains low	Low	High	1-6	Organise dedicated sessions to understand concerns at early stage and optimise the tools continuously.
Logistical challenges delay installations of equipment	Medium	High	2	Prepare contingency plans for hardware delays, including alternate suppliers.
The FL platform is more difficult to install.	Medium	High	2	The UB team will closely support the FL installation and executions, and deliver a user-friendly interface.
The decentralised nature of the platform results in security risks	Medium	High	2	Use the results of the hacking challenge to identify vulnerabilities and implement mitigation strategies.
Poor data quality or inconsistency across sites	High	High	3,7	Provide continuous training to local sites on data curation and enhancement.
AI models do not generalise well across populations	Medium	Medium	4	Implement methods such as transfer learning and bias

				correction techniques from the start.
The FUTURE-AI guidelines do not cover all the needs	Low	Medium	4	Assess adaptation from day one based on identified local contexts in WP1.
Open calls might not attract sufficient participation	Low	Medium	5	Extensive promotion of the open calls through diverse channels, networks and social media.
Difficulties in integrating AI tools in existing clinical systems	Low	Medium	6	Conduct thorough pre-assessments of each clinical at early stage.
Language barriers limiting accessibility to trainings.	Low	Medium	7	All training materials will be continuously translated from English into French and Portuguese.
Inconsistent quality of mentorships.	Low	Medium	7	Establish clear guidelines and expectations for both mentors and mentees from the start.
Resistance from local stakeholders to adopting the digital solutions	Low	Medium	8	Involve local experts and stakeholders in the development of these frameworks to increase acceptance and applicability.
Delays in project deliverables and milestones	Medium	High	9	Clearly defined roles, responsibilities, and timelines for each partner. Regular check-ins to track progress.
Partner (e.g. data site) withdraws from the project	Low	Medium	9	Find replacement with similar expertise from existing networks/projects (e.g. EDCTP trials).
Face-to-face encounters are not feasible (e.g. due to a new epidemic, Covid-19, Mpox)	Medium	Low	All	All partners will implement alternatives for remote implementation. Also, our clinical in-silico trial will be using already collected data.

4 Consortium Agreement

The AFRICAI-RI Consortium Agreement (CA) defines the internal rules governing collaboration between partners. It is based on the DESCA model for Horizon Europe projects and covers key aspects such as governance, roles and responsibilities, intellectual property management, data sharing, financial arrangements, and conflict resolution.

As per the CA, any unresolved issues in the WGs, are to be escalated to the Scientific Coordinator and the Project Coordinator. Depending on the severity and the nature of the issue, they will either take straight action or will convene with the Governing Body to resolve

it. Where appropriate, the European Commission will be informed and all necessary action will be taken.

The Consortium Agreement has been signed by all partners and is available to consortium members via the AFRICAI-RI Google Drive.

5 Project Governance and Communication

This section defines the governance structure and communication framework for AFRICAI-RI. It will be updated throughout the project lifecycle, including alongside the Updated Plan for the exploitation and dissemination of results, including communication activities (D9.3) at M28, led by CISM.

5.1 Governance Structure

AFRICAI-RI is governed through a structured framework to ensure effective coordination, decision-making, and implementation across the consortium.

Table 8: Governance Bodies

Body	Role and Responsibilities
Governing Board	The highest decision-making body of the consortium. Responsible for strategic direction, approval of major decisions, deliverables, and amendments. Composed of representatives from all beneficiaries.
Working Group Leaders Committee (WGLC)	Oversees the implementation of project activities, monitors progress across WGs, and ensures coordination and alignment with project objectives. Identifies implementation challenges and provides recommendations to the Governing Board when required.
Scientific and Project Coordination (WP9 and WP10)	Responsible for day-to-day scientific and operational coordination, cross-WP integration, monitoring of progress, and reporting.
External Advisory Board (EAB)	Provides independent external advice on scientific, technical, and strategic aspects of the project.

5.2 Consortium Roles and Responsibilities

The AFRICAI-RI consortium brings together leading institutions from Europe and sub-Saharan Africa with complementary expertise in infectious diseases, medical imaging, AI, data infrastructures, ethics, policy, capacity building, and implementation research. Together, the consortium covers the full value chain required to establish and sustain a federated African research infrastructure for medical imaging and trustworthy AI.

Each partner has clearly defined responsibilities that contribute to the successful implementation, sustainability, and impact of the project.

Table 9: Partner Roles and Responsibilities

Partner	Country	Main Role and Responsibilities
Universitat de Barcelona (UB)	Spain	Project Coordinator. Responsible for overall project management, financial and administrative coordination, technical integration, adaptation of the federated learning platform, and development of the trustworthy AI toolkit.
Centro de Investigação em Saúde de Manhiça (CISM)	Mozambique	Scientific Leader for sub-Saharan Africa. Leads scientific coordination, co-leads communication, dissemination and outreach activities, co-leads participatory research activities.
Medical Research Council Unit The Gambia (MRCG)	The Gambia	Hosts the central node of the AFRICAI-RI infrastructure through the HDRWA platform, leads adaptation of governance frameworks, and coordinates sustainability planning.
Erasmus Medical Center (EMC)	Netherlands	Co-leads development of the imaging infrastructure, including imaging data management, curation, quality control, and FAIR-compliant data management solutions.
Foundation for Research and Technology – Hellas (FORTH)	Greece	Co-leads development of the technical infrastructure, including imaging data storage, interoperability, image enhancement, federated learning technologies, and AI tools.
Delft Imaging Systems (DIG)	Netherlands	Leads development and extension of CAD4TB technologies, supports clinical deployment and validation, and contributes to intellectual property management and AI certification strategies.
Jimma University (JU)	Ethiopia	Contributes to clinical implementation, validation studies, infectious disease research activities, and deployment of AI tools.
Centre de Recherches Médicales de Lambaréné (CERMEL)	Gabon	Leads in-silico validation activities (WP6) and supports clinical validation and implementation research.
Infectious Diseases Research Collaboration (IDRC)	Uganda	Contributes to validation studies, infectious disease research, AI development, and implementation activities.
University of Kinshasa (UNIKIN)	Democratic Republic of the Congo	Supports clinical validation studies, infectious disease research, and implementation activities.
National Institute for Medical	Nigeria	Contributes to validation studies, implementation research, and infectious disease research activities.

Research (NIMR)		
Université Iba der Thiam DeThies (UIDT)	Senegal	Leads capacity building activities (WP7), including training programmes, mentorship schemes, online learning activities, and researcher development initiatives.
Kamuzu University of Health Sciences (KUHES)	Malawi	Co-leads participatory research activities and leads policy engagement activities involving ministries of health, public agencies, and regional stakeholders.
Institut de Salut Global Barcelona (ISGLOBAL)	Spain	Co-leads participatory research and stakeholder engagement activities, providing expertise in implementation science, social sciences, and medical anthropology.

5.3 Operational Roles

Table 10: Operational Roles Overview

Role	Responsibility	Lead
Project Coordinator	Overall project leadership, strategic oversight, financial and administrative management, and liaison with the European Commission.	UB
Scientific Coordination (WP9)	Scientific leadership, coordination of scientific activities, monitoring of progress, and integration across work packages.	CISM
Work Package Leaders	Responsible for implementation and delivery of work package objectives, milestones, deliverables, and reporting requirements	Assigned per WP
Working Group Leaders	Coordinate thematic WG, facilitate collaboration among partners, monitor progress, and provide technical and scientific recommendations to the WGLC.	Assigned per Working Group
Site Principal Investigators (PIs)	Lead local implementation, participant recruitment, data collection, quality assurance, and compliance with ethical and regulatory requirements at participating sites.	Participating sites

5.4 Working Group Leadership Structure

The technical and scientific activities of AFRICAI-RI are organised through thematic Working Groups that support collaboration across institutions and work packages. Each WG is led by designated institutions with recognised expertise in the corresponding area and reports progress through the Working Group Leaders Committee.

Table 11: Overview of Working Groups

Working Group	Lead Institution(s)	Main Responsibilities

Infrastructure	EMC / MRCG	Infrastructure development, interoperability, data platforms, security, and technical systems integration.
Artificial Intelligence (AI)	UB / UIDT	AI development, validation, trustworthy AI implementation, and federated learning activities.
Ethics, Legal and Social Issues (ELSI)	MRCG / CISM / ISGLOBAL	Ethics oversight, data protection, governance, regulatory compliance, and responsible innovation.
Healthcare	CISM / KUHES	Clinical requirements, clinical validation, user engagement, implementation support, and healthcare integration.
Project Coordination	CISM / UB	Strategic coordination, alignment with European and African priorities, governance support, and project monitoring.
Training	UIDT	Capacity building, training programmes, mentorship, knowledge transfer, and researcher development.
IPR and Exploitation	DIG / UB	Intellectual property management, exploitation planning, innovation uptake, and sustainability pathways.
Open Calls	FORTH	Preparation and management of project open calls and associated activities.

The WGs meet regularly, generally on a bi-weekly basis, to monitor progress, coordinate activities, address implementation challenges, and ensure alignment across work packages and consortium partners.

5.5 Communication

Effective communication is essential for coordination and successful project delivery. AFRICAI-RI adopts a structured approach to internal communication to ensure alignment across all partners.

Key principles include:

- Regular coordination between governance bodies and work packages.
- Transparent sharing of information and documentation.
- Early communication of risks, delays, or implementation challenges.

All project documentation, templates, and key resources are centrally stored and shared via the AFRICAI-RI Google Drive, which serves as the main platform for internal communication and document management.

Formal external communication and dissemination activities have been detailed in the Plan for the exploitation and dissemination of results, including communication activities (D9.1).

Furthermore, UB and CISM, as C&D leaders, have initiated bi-monthly C&D check-ins with partners to ensure activities are executed and captured promptly.

5.6 Working Group Leaders Committee

The AFRICAI-RI Working Group Leaders Committee (WGLC) is responsible for coordinating and monitoring the implementation of activities across the project's thematic WGs. It meets regularly to review progress, address challenges, promote cross-working-group collaboration, and ensure alignment with project objectives, deliverables, and milestones. Meetings are scheduled periodically and, where appropriate, in advance of Consortium Meetings sessions to support informed decision-making and coordination.

The WGLC oversees and coordinates the following WGs: Infrastructure, AI, Ethics, Legal and Social Issues (ELSI), Healthcare, Project Coordination, Training, Intellectual Property Rights (IPR) and Exploitation, and Open Calls. These groups collectively contribute to the implementation of multiple work packages and provide expertise in infrastructure and interoperability, AI development and validation, ethics and data protection, clinical validation and user engagement, strategic coordination, capacity building, exploitation of project results, and future open-call activities.

The WGLC focuses on:

- Monitoring progress against objectives, deliverables, and milestones.
- Identifying and addressing implementation challenges, risks, and delays.
- Facilitating coordination and information exchange across WG.
- Identifying opportunities to enhance project impact, integration, and efficiency.
- Ensuring that Working Group outputs contribute effectively to the relevant work packages.

The WGLC is composed of the leaders of the thematic WGs and is chaired by the Project Coordinator. The Project Coordinator is responsible for convening meetings, preparing agendas, and documenting meeting minutes. The WGs generally meet on a bi-weekly basis and report progress and recommendations through the WGLC to support project-wide coordination and decision-making.

5.7 External Advisory Board

The AFRICAI-RI External Advisory Board (EAB)provides independent strategic guidance to the consortium on key scientific, technical, and implementation aspects of the project. All board members have signed an NDA as part of their agreement to support the project.

The Advisory Board consists of 6 external experts, selected based on their relevant expertise in areas such as AI, medical imaging, public health, and data governance:

1. Prof Atinuke Agunloye, West African College of Surgeons, Professor of Radiology at University of Ibadan
2. Huguette Diakabana, Founder of The Luminous Agency, co-chair of the World Health Organization’s Digital Health Technical Advisory Group
3. Fred Prior, University of Arkansas for Medical Sciences/ Arkansas Children’s Research Institute
4. Marius Linguraru, Children's National Washington

5. Maria J Ledesma-Carbayo, ETSI Telecomunicación UPM
6. Amy Ginsburg, Physician-Scientist, Health Technologies, University of Washington

The EAB operates under Terms of Reference agreed by the CA. Its mandate includes providing independent review of scientific strategy, advising on ethical and implementation challenges, and supporting alignment with international best practices in AI for global health. EAB members serve for the duration of the project and may be renewed by consensus of the Governing Board.

The Advisory Board is consulted periodically and is invited to participate in selected project meetings like the Consortium Meetings twice a year, to provide input on strategic direction, emerging challenges, and opportunities to maximize impact.

EAB members are independent of the consortium and are required to declare any potential conflicts of interest prior to appointment and on an ongoing basis throughout the project.

The EAB was constituted with attention to geographic diversity, gender balance, and thematic coverage across AI, medical imaging, public health, and data governance. The consortium is actively working to recruit one additional member with a primary base in sub-Saharan Africa to strengthen African representation on the Board.

5.8 Project Meetings

Regular meetings are established to ensure effective coordination, communication, and monitoring of project activities across the AFRICAI-RI consortium.

Monthly Consortium Meetings (All partners' meetings)

A monthly online meeting is held with participation from all consortium partners. These meetings are chaired by the Project Coordinator.

The purpose of the meeting is to:

- Provide updates on progress across work packages.
- Discuss key issues, risks, and challenges.
- Ensure coordination and alignment across the consortium.

Each Working Group (WG) Leader is expected to provide a brief update. A standard template and agenda are shared in advance by the coordinator.

Working Groups Meetings

Each Working Group holds regular meetings (at least monthly), organized by the respective WG Leader. These meetings focus on the implementation of WP-specific tasks, deliverables, and coordination among contributing partners.

Governing Board Meetings

The Governing Board (GB) will meet every six months and serves as the main decision-making forum of the consortium. Meetings may be held in person or online and are hosted by partners on a rotating basis where applicable.

Meeting Documentation

Minutes will be prepared for all monthly All Partners meetings and Governing Board meetings by the coordinator. WG Leaders are responsible for documenting WG meetings.

All meeting minutes, agendas, and supporting materials are centrally stored and shared via the AFRICAI-RI Google Drive to ensure accessibility and transparency across the consortium.

5.9 Communication with the European Commission

Communication between AFRICAI-RI and the European Commission is managed through the Project Coordinator, who serves as the primary contact point for all official interactions.

The Project Coordinator liaises with the assigned Project Officer (PO) and Legal Officer (LO) on matters related to project implementation, reporting, amendments, and compliance.

In line with Horizon Europe requirements, a single communication channel is maintained to ensure clarity, consistency, and efficient coordination with the Commission. Consortium partners should not contact the Project Officer or other Commission representatives directly. Any questions or issues should be communicated through the Project Coordinator (UB) and Scientific Coordinator (CISM).

All formal submissions to the European Commission, including deliverables, reports, and amendments, are carried out via the EU Funding & Tenders Portal, which serves as the official communication and reporting platform.

5.10 Internal Communication Channels

A contact list of all AFRICAI-RI consortium members is maintained and available to partners via the AFRICAI-RI Google Drive.

To facilitate efficient communication, dedicated email distribution lists are established for consortium-wide and administrative exchanges, as well as for each WG. These lists are managed by the UB, and partners can request to be added or removed as needed.

Key internal communication channels include:

- Consortium mailing list: for general communication among all partners.
- WG mailing lists: for communication among Working Group members and management-related communication.

Partners are encouraged to clearly identify project-related emails by including "AFRICAI-RI" at the beginning of the subject line to ensure visibility and consistency.

For communication related to dissemination and outreach activities, WP9 provides a dedicated contact channel, which also serves as the external contact point for the project. Further details are provided in Section 5.12.

5.11 Document Storage

All AFRICAI-RI project documentation is centrally stored and managed via the AFRICAI-RI Google Drive, which serves as the primary repository for project files.

This includes deliverables, templates, meeting minutes, reports, and key administrative documents. Access is granted to all consortium partners, and UB is responsible for maintaining the structure, organisation, and version control of documents.

Partners should ensure that all relevant project documentation is uploaded and maintained in the shared repository to support transparency, traceability, and efficient collaboration.

5.12 External Communication Channels

External communication and dissemination activities are coordinated under WP9 and have been detailed in the Plan for the exploitation and dissemination of results including communication activities (Deliverable D9.1).

A dedicated project "contact us" form is located on our project website and serves as the main contact point for stakeholders outside the consortium.

The main dissemination channels include:

- Project website: https://africai-ri.eu/
- LinkedIn: https://www.linkedin.com/company/africai-ri
- YouTube http://www.youtube.com/@AFRICAI-RI
- Scientific publications and conferences
- Project communication materials (e.g., newsletters, reports, and blog content)
- Monthly educational webinars

All communication and dissemination activities comply with Horizon Europe requirements, including visibility of EU funding and appropriate use of the EU emblem.

Prior to external dissemination, partners must ensure that content is suitable for public release and does not include confidential or sensitive information related to the project or consortium members. Scientific publications and other dissemination outputs will follow the AFRICAI-RI Publication Guidelines (see Annex), which establish principles for authorship, acknowledgement, internal review, and compliance with Horizon Europe requirements. Authors are responsible for circulating publication drafts to relevant partners for review prior to submission. The Project Coordinator and Scientific Coordinator shall be kept informed of all planned publications and dissemination activities to ensure consistency, appropriate attribution of contributions, and compliance with project obligations.

5.13 Promotion of EU Emblem and Funding Statement

In accordance with the AFRICAI-RI Grant Agreement, all communication, dissemination, and publication activities must include appropriate acknowledgement of EU funding and display the EU emblem.

The following funding statement must be included in all project-related materials:

> *AFRICAI-RI is funded by the European Union under Global Health EDCTP3 under grant number 101190731. Views and opinions expressed are, however, those of the author(s) only and do not necessarily reflect those of Global Health EDCTP3 nor its members. Neither of the parties can be held responsible for them.*

EDCTP3 must be informed in advance of any communication or dissemination activity expected to have significant media impact.

Official versions of the EU emblem and guidance on its use are available online and within the AFRICAI-RI shared document repository (Google Drive).

5.14 Templates

Standardized project templates are provided to ensure consistency and quality across all AFRICAI-RI outputs (AFRICAI-RI Google Drive).

These include templates for:

- EU deliverable reports.
- Meeting agendas and minutes.
- Presentations (PowerPoint).
- Public-facing documents and communication materials.

6 Scientific Coordination Strategy

6.1 Purpose

Scientific coordination ensures the coherent implementation of research, infrastructure development, data governance, AI validation studies, capacity-building activities, and sustainability planning across AFRICAI-RI.

Scientific coordination is led by CISM under WP9 in close collaboration with the Project Coordinator, Work Package Leaders, Working Group Leaders, and consortium partners.

6.2 Scientific Vision and Objectives

AFRICAI-RI aims to establish the first federated pan-African research infrastructure for collaborative biomedical imaging and AI, enabling the development, validation, and implementation of trustworthy AI solutions for high-burden respiratory diseases, including tuberculosis and pneumonia.

The scientific objectives of AFRICAI-RI are to:

- Establish a FAIR-compliant federated infrastructure for biomedical imaging and clinical data across participating African institutions.
- Develop and validate trustworthy AI tools using diverse and representative datasets from sub-Saharan Africa.
- Evaluate the feasibility, acceptability, and clinical utility of AI-assisted diagnostic solutions in real-world healthcare settings.
- Strengthen African capacity in biomedical imaging, data science, AI and research infrastructure management.
- Promote sustainable and ethical use of AI technologies through robust governance, stakeholder engagement, and policy integration.

6.3 Work Package Integration

Scientific activities are highly interdependent and require close coordination across Work Packages.

Stakeholder requirements gathered under WP1 inform infrastructure development (WP2), data governance activities (WP3), AI development (WP4), validation studies (WP6), training activities (WP7), and sustainability planning (WP8). Scientific coordination under WP9 and Project Coordination (WP10) ensure alignment and integration across these activities.

Knowledge generated throughout the project is continuously shared through WGs, consortium meetings, scientific reviews, and collaborative platforms.

6.4 Quality Assurance of Scientific Outputs

AFRICAI-RI maintains high standards of scientific quality, transparency, and reproducibility.

Major scientific outputs, including datasets, AI models, protocols, publications, deliverables, and validation studies, undergo internal review and quality assurance procedures prior to release.

Quality assurance activities include:

- Internal scientific review.
- Technical validation.
- Methodological review.
- Compliance verification.
- Reproducibility and documentation checks.

6.5 Monitoring Scientific Progress

Scientific progress is monitored through:

- Achievement of milestones and deliverables.
- Infrastructure deployment indicators.
- Dataset integration targets.
- AI development and validation activities.
- Scientific publications and dissemination outputs.
- Capacity-building indicators.
- Stakeholder engagement activities.

Progress is reviewed through WG meetings, consortium meetings, Governing Board meetings, and periodic reports.

Our target indicators are:

1. Number of onboarded nodes: 10
2. Number of onboarded nodes through open calls: 3
3. Number of AI models validated: 2
4. Number of trainees: ≥ 1,000
5. Number of publications: 5 journal papers, 2 clinical papers, 3 whitepapers

6.6 Scientific Risk Management

Scientific risks are monitored continuously through WP9 as part of the risk registry (see Annex).

Potential risks include:

- Data quality issues.
- Delays in infrastructure deployment.
- Insufficient interoperability.
- Limited representativeness of datasets.

- Bias in AI models.
- Ethical or regulatory challenges.
- Low stakeholder uptake.

Mitigation measures include harmonised protocols, quality assurance procedures, stakeholder engagement, capacity-building activities, and continuous monitoring.

6.7 Scientific Coordination Workflow

AFRICAI-RI governance and scientific coordination structure is designed to ensure efficient interaction between operational management, scientific leadership, technical implementation, and strategic oversight.

Operational coordination is led by WP10 (Project Management), which is responsible for administrative, financial, contractual, and reporting activities toward the European Commission. WP10 consolidates progress reports, monitors compliance with the GA, and supports consortium-wide coordination activities.

Scientific and technical coordination is led by WP9, which oversees cross-work package scientific alignment, interoperability, FAIR data practices, AI validation harmonisation, and integration of research infrastructure activities across the consortium.

The Work Package Leaders Coordination Committee (WGLC) serves as the primary operational scientific coordination body and includes all WP leaders (WP1–WP8). The WGLC monitors implementation progress, identifies interdependencies and risks, coordinates technical activities, and supports milestone and deliverable preparation.

Strategic oversight and consortium-level decision-making are performed by the Governing Board (GB), which reviews progress, resolves escalated risks or conflicts, validates strategic decisions, and ensures alignment with project objectives and Grant Agreement obligations.

The External Advisory Board (EAB) provides independent scientific, ethical, technical, and strategic advice to WP10 and the GB. Recommendations from the EAB support scientific excellence, international alignment, and sustainability planning.

Escalation pathways are implemented such that operational or scientific risks identified at WP level are first discussed within the WGLC. Issues requiring strategic decisions, resource reallocation, or conflict resolution are escalated to the Governing Board. Administrative and contractual matters are coordinated through WP10 and communicated to the European Commission where required.

7 Data Management and Governance

7.1 Overview

Data management within AFRICAI-RI follows the principles established in the Data Management Plan (D3.1 and D3.3). The project adopts a federated and privacy-preserving infrastructure that enables collaborative AI research while preserving data sovereignty and participant confidentiality.

7.2 Data Types

AFRICAI-RI manages:

- Biomedical imaging data (CXR and CUS)
- Clinical and laboratory data
- Qualitative research data
- AI artefacts
- Synthetic datasets
- Metadata based on OMOP-CDM and imaging-specific standards

7.3 FAIR Data Principles

Data management follows FAIR principles to ensure data are:

- Findable
- Accessible
- Interoperable
- Reusable

Metadata are structured using internationally recognised standards, including OMOP CDM and DICOM, and are catalogued through the AFRICAI-RI infrastructure.

7.4 Federated Infrastructure

Clinical and imaging data remain stored locally at participating institutions.

AI development is implemented through federated learning approaches whereby only model updates are exchanged between nodes, reducing privacy risks while enabling collaborative research across multiple countries.

7.5 Data Governance

Data governance is guided by principles of:

- Data sovereignty
- Transparency
- Accountability
- Privacy protection
- Responsible data sharing
- Compliance with ethical and regulatory requirements

Data ownership remains with originating institutions. Access and reuse are governed through approved governance procedures and relevant oversight mechanisms.

7.6 Data Security

Appropriate technical and organisational measures are implemented to ensure:

- Data confidentiality
- Data integrity
- Data availability
- Secure access management
- Encrypted communications

- Authentication and authorisation controls

These are detailed in the Data Management Plan (D3.1 and will be updated in D3.3).

8 Ethics, Compliance and Responsible Research

8.1 Ethical Principles

All project activities are conducted in accordance with applicable ethical, legal, and regulatory requirements and internationally recognised principles for responsible research.

8.2 Ethical Approval and Consent

Participating institutions are responsible for obtaining all required ethical and regulatory approvals, the status of which is being tracked by the Project Coordinator.

Prospective data collection activities require informed consent and, where appropriate, assent procedures consistent with local requirements and approved protocols. Data collection will only commence in locations once ethical approvals have been granted by the relevant authorities.

8.3 Data Protection

The project applies privacy-preserving approaches, including anonymisation, de-identification, access controls, and secure data management procedures.

Due to the federated nature of the project, data will not leave the local sites. Data processing activities are conducted in accordance with applicable data protection legislation and project governance procedures.

8.4 Ethics, Legal and Social Issues (ELSI)

The ELSI WG meets biweekly and provides oversight and guidance regarding ethical, legal, and social issues arising during project implementation.

8.5 Trustworthy Artificial Intelligence

AI systems developed within AFRICAI-RI are guided by principles of:

- Transparency
- Fairness
- Accountability
- Explainability
- Robustness
- Human oversight

The project builds upon recognised frameworks such as FUTURE-AI to promote trustworthy AI development and deployment.

9 Grant Reporting

9.1 Internal Reporting

The Project Coordinator, supported by the Scientific Coordination team, coordinates the collection of information required for internal monitoring and preparation of official reports submitted to the European Commission.

Beneficiaries will be requested to provide updates on:

- Effort (person-months/days)
- Expenditure
- Progress of activities and deliverables

The information collected through internal reporting supports project coordination, resource planning, risk management, and preparation of consortium-wide technical and financial reports required under the Grant Agreement.

9.2 Deliverable Reports

Deliverable reports are a key mechanism for demonstrating project outputs and progress to the European Commission.

All deliverables are prepared using the standard template available in the AFRICAI-RI Google Drive and submitted in accordance with the deadlines defined in the Grant Agreement.

Deliverables are submitted to the European Commission via the EU Funding & Tenders Portal by the Project Coordinator (UB).

Deliverables classified as "Public" will be made publicly available by the European Commission following acceptance.

9.3 Continuous Reporting

Continuous reporting is a requirement under Horizon Europe and is managed by the Project Coordinator with support from CISM.

This reporting is carried out through the EU Funding & Tenders Portal and ensures that key project information is regularly updated, including:

- Deliverables and milestones status
- Identified risks and mitigation actions
- Project summary and key achievements
- Publications and dissemination activities
- Communication activities
- Horizon Europe-specific indicators (e.g. gender dimension, participation metrics)

9.4 Periodic Reporting and Final Report

AFRICAI-RI follows the periodic reporting requirements defined in the Grant Agreement. The project is structured into reporting periods, each requiring submission of a Periodic Report to the European Commission.

Each Periodic Report includes:

- A technical report describing progress against objectives, deliverables, and milestones.
- A financial report, including individual and consolidated financial statements, use of resources, and certificates where applicable.

Reports must be submitted via the EU Funding & Tenders Portal within 60 days after the end of each reporting period.

Table 12: Overview of Reporting Periods and Payments

Reporting Period	Months Covered	Report Type	Due date	Submission Deadline	Payment Type
Pre-financing	Project start	–	–	–	Pre-financing payment
Period 1	M1 – M18	Periodic Report	28-Feb-27	60 days after M18	Interim payment
Period 2	M19 – M36	Periodic Report	31-Aug-28	60 days after M36	Interim payment
Period 3	M37 – M48	Periodic Report + Final Report	31-Aug-29	60 days after M48	Final payment

Payments are made by the European Commission following acceptance of each report, typically within 90 days.

WP10 coordinates the reporting process, including timelines, guidance, and consolidation of inputs. All partners are responsible for submitting their contributions on time to ensure compliance.

10 Financial Management

10.1 Budget Flexibility

Budget reallocations within the AFRICAI-RI project are permitted in accordance with the Grant Agreement, provided that the implementation of the action is not adversely affected. Transfers between cost categories (e.g. personnel, travel, equipment, other goods and services) are allowed where justified and within reasonable limits. Minor budget variations are expected during project implementation and do not require formal amendment.

Budget transfers between beneficiaries are also possible, subject to mutual agreement between the concerned partners and in line with the Consortium Agreement.

Significant deviations from the planned budget may require justification in financial reporting and, where applicable, prior consultation with the Project Coordinator.

Where a budget reallocation implies a change in tasks, responsibilities, or scope of work, a formal amendment to the Grant Agreement may be required.

10.2 Interim and Final Payments

Payments from the European Commission are made to the Project Coordinator, who is responsible for distributing funds to beneficiaries in accordance with the Consortium Agreement.

Payments are linked to the reporting periods outlined in Section 9.4 and include interim payments and a final payment.

The following principles apply:

- The European Commission will not exceed the maximum grant amount defined in the Grant Agreement; however, the final amount may be lower if eligible costs are below the budgeted amount.
- A 5% contribution to the Mutual Insurance Mechanism (MIM) is retained and released only at the time of the final payment, subject to project completion and acceptance of all reports.
- Interim payments are linked to the acceptance of periodic reports and associated financial statements (e.g. at M18 and M36 for a 48-month project).
- The total amount of interim payments is capped at 90% of the maximum grant amount
- The final payment is made after the end of the project (M48), following acceptance of the final reporting period and submission of all required technical and financial reports.

Payments are typically processed by the European Commission within 90 days of acceptance of the corresponding reports.

10.3 Certificate on Financial Statements (CFS)

Under AFRICAI-RI, any beneficiary requesting a total EU contribution of €430,000 or more must provide a Certificate on Financial Statements (CFS) at the time of the final reporting period. The CFS must be submitted together with the final financial report and applies only if the beneficiary's actual declared costs reach or exceed this threshold. If the threshold is not reached, a CFS is not required, even if the initially allocated budget exceeds €430,000.

The CFS must be issued by an independent auditor or qualified external professional, in accordance with Horizon Europe requirements. Costs associated with obtaining the CFS may be declared as eligible purchase costs under the project.

10.4 Eligible Costs

Full details regarding eligible costs are defined in the Grant Agreement.

For a cost to be considered eligible under AFRICAI-RI, it must:

- Be incurred by the beneficiary.
- Be incurred during the project duration, with limited exceptions related to final reporting.
- Be necessary for the implementation of the action.
- Fall within the defined cost categories of the project.
- Be identifiable and verifiable, supported by appropriate documentation (e.g. invoices, contracts, timesheets).

- Comply with the beneficiary's usual accounting practices and applicable national regulations.

Eligible costs are classified into the following categories:

1. Direct costs, including:
    a. Personnel
    b. Subcontracting
    c. Purchase costs (e.g. travel, equipment, goods, works, and services)
2. Indirect costs (overheads), calculated as a flat rate of 25% of eligible direct costs, excluding subcontracting

Only costs that meet these criteria and comply with Horizon Europe rules will be accepted by the European Commission.

10.5 Ineligible Costs

Any costs that do not meet the eligibility criteria set out in Articles 6.1 and 6.2 of the Grant Agreement are considered ineligible. The full list of ineligible costs and contributions is provided in Article 6.3 of the Grant Agreement.

If a beneficiary declares costs that are subsequently found to be ineligible, these costs will be rejected by the European Commission and deducted from the total accepted costs.

Typical examples of ineligible costs include:

- Costs not directly related to the implementation of the action
- Costs incurred outside the project duration (unless explicitly allowed)
- Costs that are not properly documented or verifiable
- Exchange rate losses
- Interest owed, fines, or penalties
- Costs that are double funded under other EU or national funding schemes

Beneficiaries are responsible for ensuring that all declared costs comply with eligibility rules. In case of uncertainty, partners should consult the Project Coordinator or WP10 before declaring costs.

11 Amendments, Audits and Reviews

11.1 Amendments

Amendments to the AFRICAI-RI Grant Agreement require prior approval from the European Commission and are managed by the Project Coordinator.

Amendments may be required in cases including:

- Addition or removal of a beneficiary, affiliated entity, or associated partner
- Changes in beneficiary structure (e.g. partial takeover)
- Change of Project Coordinator or Coordinator bank account
- Modifications to the Description of the Action (DoA), including tasks, deliverables, or timelines
- Extension of the project duration (granted only in exceptional cases)

Amendment requests must:

- Clearly justify the proposed changes
- Include all necessary supporting documentation
- Be submitted through the EU Funding & Tenders Portal

The European Commission may request additional information during the amendment review process. Amendments enter into force on the date of signature by the last party and take effect either on that date or on a later date agreed by the parties.

Where possible, beneficiaries are encouraged to group multiple changes into a single amendment request to streamline the process.

11.2 Scheduled Reviews

AFRICAI-RI will undergo periodic reviews by the European Commission, aligned with the reporting periods defined in the Grant Agreement.

Reviews are expected at key milestones (e.g. M18, M36, and at project completion (M48)) and may be conducted remotely or in hybrid format.

These reviews assess:

- Progress towards project objectives and deliverables
- Quality and impact of results
- Implementation of the work plan and use of resources
- Risk management and mitigation measures

The Project Coordinator, with support from WP9, will coordinate the preparation of review meetings, including:

- Consolidation of technical inputs from partners
- Preparation of presentation materials and supporting documentation
- Coordination of partner participation

All beneficiaries are expected to actively contribute to review preparation and attend review meetings as required.

11.3 Record Keeping

In accordance with Article 20.1 of the Grant Agreement and the provisions set out in the Data Sheet, all beneficiaries must retain project-related records and supporting documentation for at least five (5) years after the final payment. Records must be maintained in a manner that ensures their accessibility, integrity, and availability for reviews, audits, and other verification activities.

Beneficiaries must ensure that all declared costs are fully traceable, verifiable, and supported by appropriate documentation, such as:

- Invoices and contracts
- Timesheets and payroll records
- Proof of payment
- Procurement documentation

Proper record keeping is essential to ensure compliance with Horizon Europe rules and to support audits or reviews conducted by the European Commission or other authorized bodies.

11.4 Financial Audits

The AFRICAI-RI project may be subject to financial and technical audits by the European Commission, or other authorised bodies (e.g. the European Court of Auditors or the European Anti-Fraud Office – OLAF).

Audits may be carried out during the project and up to five (5) years after the final payment, in accordance with the Grant Agreement.

Audits may cover:

- Eligibility of declared costs
- Compliance with Grant Agreement provisions
- Financial management and accounting practices
- Implementation of project activities
- Data management and supporting documentation

All beneficiaries are required to:

- Maintain complete, accurate, and accessible records of all project-related activities and costs
- Ensure that supporting documentation is available and traceable
- Cooperate fully with auditors and provide any requested information promptly

Failure to comply with audit requirements or identification of ineligible costs may result in financial corrections or recovery of funds by the European Commission. Proper record keeping (see Section 7.3) and adherence to eligibility rules are essential to ensure successful audit outcomes.

11.5 Additional Review Meetings

In addition to scheduled periodic reviews, AFRICAI-RI may be subject to additional review meetings requested by the European Commission. Such reviews may take place during the project or up to two (2) years after the final payment, in line with Horizon Europe provisions.

If requested, review meetings are typically organized as one-day sessions and may include:

- Presentations on overall project progress and results
- Contributions from individual Work Packages
- Participation of the Project Officer and independent project reviewers/monitors

Reviewers may assess project performance based on key documents, including the Description of the Action (DoA), deliverables, and submitted reports.

Meetings may be held remotely or at a mutually agreed location (e.g. Brussels or a partner institution). Preparation for such reviews is coordinated by the Project Coordinator with support from WP9, including advance preparation of materials and internal rehearsal where appropriate.

12 Summary

The AFRICAI-RI Project Handbook provides the operational, governance, scientific, administrative, financial, and communication framework required for the effective implementation of the project. It translates the obligations defined in the Grant Agreement and Consortium Agreement into practical procedures that support coordinated action across all consortium partners.

The Handbook establishes the governance structure, reporting mechanisms, communication channels, scientific coordination strategy, data management principles, ethical and regulatory requirements, financial management procedures, and quality assurance processes that guide project implementation throughout its lifetime. Together, these elements provide a common framework to ensure consistency, transparency, accountability, and efficient collaboration across work packages, WGs, and participating institutions.

As a living document, the Handbook will be reviewed and updated as necessary to reflect project developments, operational needs, amendments, and lessons learned during implementation. Any updates will be communicated to consortium partners and made available through the AFRICAI-RI shared document repository.

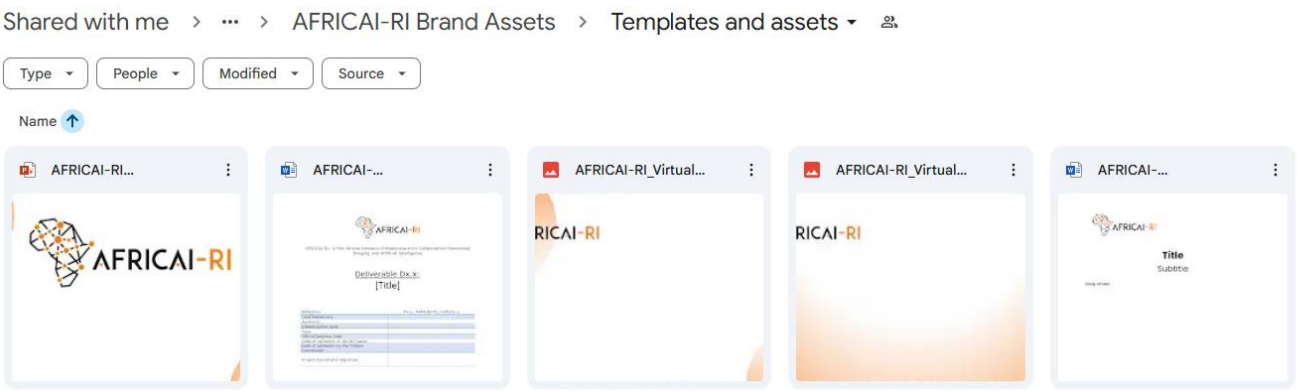
Through the procedures and principles described in this Handbook, AFRICAI-RI aims to ensure the successful delivery of project objectives, the establishment of a sustainable federated research infrastructure, and the generation of high-quality scientific outputs that contribute to advancing biomedical imaging and trustworthy AI for respiratory diseases in sub-Saharan Africa.

13 Annex

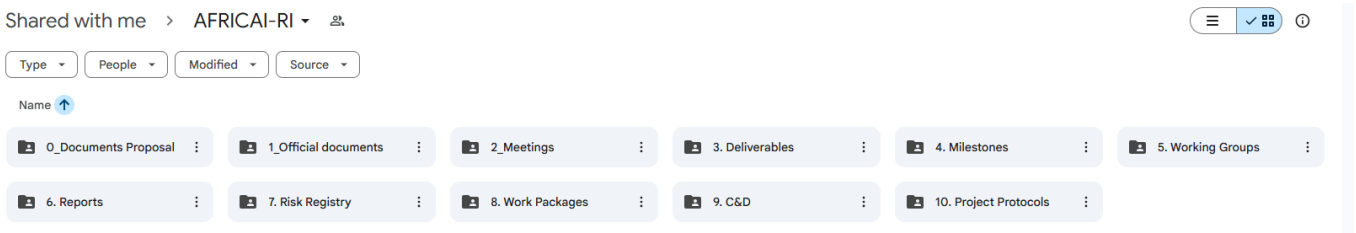
13.1 Example of Contact List

Partner (Institution) and Country	Name
1 - UB (Universitat de Barcelona) - SPAIN	**Karim Lekadir**
	Josep Lluís Gelpí
	Jorge Fabila
	Lidia Garrucho
	Cecilia Kessler
	Xènia Puig
	Laura Arbelaez
	Ruth Castillo
2 - CISM (Fundacao Manhiça) - MOZAMBIQUE	**Dinis Nguenha**
	Katia Magul
	Sozinho Acácio
	Godifre Capinga
	Maura Mazuze
	Teodimiro Matsena
	Jesse Issufo
	Joao Novele
	Herminio Cossa
	Agostinho Lima
	Adem Abdella
	Francisco Saute
3 - DIG (Delft Imaging Ghana) - GHANA	**Elsie Appeadu**
	Florent Geerts
	Frank Vijn
	Elze Swinkels
	Julio Joaquín Lopez González
	Henry Evans Dadson
	Enoch Aziabah
4 - JU (Jimma University) - ETHIOPIA	**Esayas Kebede Gudina**
	Habtewold Deti
	Gemeda Abebe
	Aboma Balcha
	Tsige Ketema
	Meti Mulatu Kenea
	Meseret Guta Iticha
	Kora TUSHUNE
	Jemal ABAFITA
	Mintamir MEKASHA
	Fasika MENGISTU
5 - CERMEL (Centre de Recherces Medicales de Lambaréné) - GABON	**Maxime Selidji Todagbe Agnandji**
	Ferdie Chryssie Mihindou
	Eleonne Moukiti
	Bertrant Lell
	Anthony Mintsa Menie
	Dani Nzinga
	Pamela Minsoko
	Schérif ADEGNIKA
6 - IDRC nfectious Diseases Research Collaboratio LTD by Guarantee) - UGANDA	**Moses Kamya**
	Joaniter Nankabirwa
	Susan Naiga
	Abdul Sessolo
	Alan Asiimwe
	Geoff Lavoy
	Amanda Atukunda
	Susan Mugumya

13.2 Shared Templates and Assets



13.3 Document Storage on Google Drive

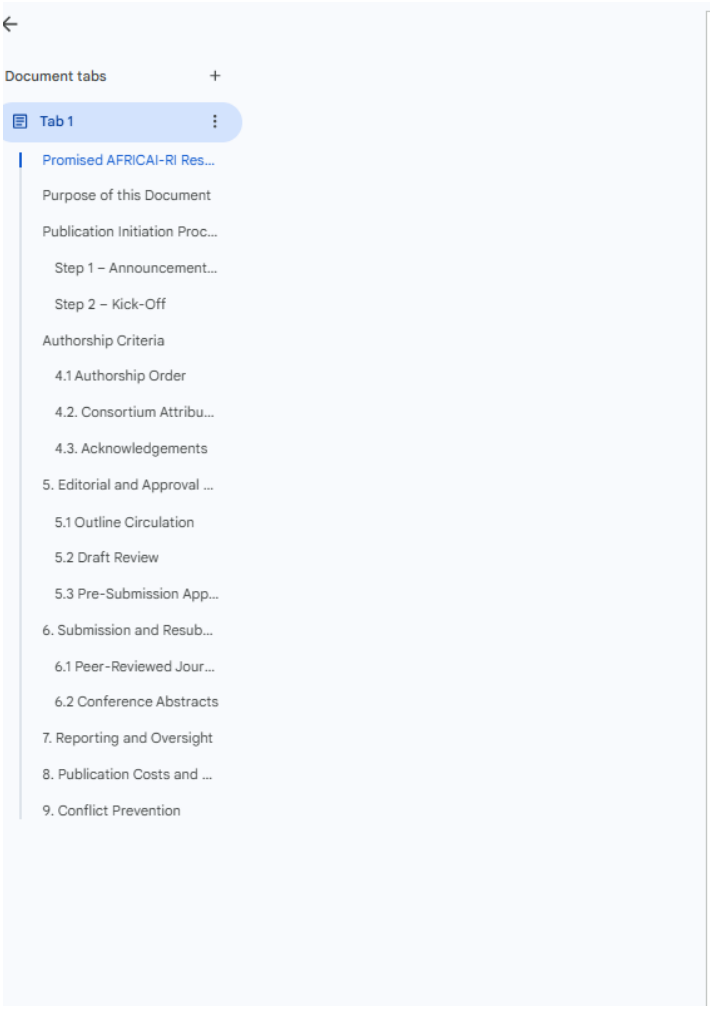


13.4 Risk Registry

Risk Register

Risk	WP	Status	Description	Impact description	Owner	Probability	Impact	Risk Mitigation Measure	Contingency Response
1	1	In Progr...	There are many ELSI requirements by local sites		WP1 leader	High	Low	A dedicated ELSI WG will be created to reinforce and closely monitor the ethics requirements.	
2	1	In Progr...	Local legal and ethical barriers to data sharing		WP1 leader	Medium	High	Engage local legal and ethical experts in each country to define academic and financial incentives.	
3	1		Ethical concerns conflict with technical requirements		WP1 leader	Low	Medium	Use co-creation workshops to identify and resolve potential conflicts early.	
4	1,2,3,4,5,6		Level of trust in the tools remains low		WP1,2,3,4,5,6	Low	High	Organise dedicated sessions to understand concerns at early stage and optimise the tools continuously	
5	2		Logistical challenges delay installations of equipment		WP2 leader	Medium	High	Prepare contingency plans for hardware delays, including alternate suppliers.	
6	2		The FL platform is more difficult to install.		WP2 leader	Medium	High	The UB team will closely support the FL installation and executions, and deliver a user-friendly interface	
7	2		The decentralised nature of the platform results in security risks		WP2 leader	Medium	High	Use the results of the hacking challenge to identify vulnerabilities and implement mitigation strategies	
8	3, 7		Poor data quality or inconsistency across sites		WP3,7	High	High	Provide continuous training to local sites on data curation and enhancement.	
9	4		AI models do not generalise well across populations		WP4	Medium	Medium	Implement methods such as transfer learning and bias correction techniques from the start.	
10	4		The FUTURE-AI guidelines do not cover all the needs		WP4	Low	Medium	Assess adaptation from day one based on identified local contexts in WP1.	
11	5		Open calls might not attract sufficient participation		WP5	Low	Medium	Extensive promotion of the open calls through diverse channels, networks and social media.	
12	6		Difficulties in integrating AI tools in existing clinical systems		WP6	Low	Medium	Conduct thorough pre-assessments of each clinical site's technical infrastructure at early stage.	
13	7		Language barriers limiting accessibility to trainings		WP7	Low	Medium	All training materials will be continuously translated from English into French and Portuguese	
14	7		Inconsistent quality of mentorships		WP7	Low	Medium	Establish clear guidelines and expectations for both mentors and mentees from the start	
15	8		Resistance from local stakeholders to adopting the digital solutions		WP8	Low	Medium	Involve local experts and stakeholders in the development of these frameworks to increase acceptance and applicability	
16	9		Delays in project deliverables and milestones		WP9	Medium	High	Clearly defined roles, responsibilities, and timelines for each partner. Regular check-ins to track progress.	
17	9		Partner (e.g. data site) withdraws from the project		WP9	Low	Medium	Find replacement with similar expertise from existing networks/projects (e.g. EDCTP trials)	
18	1, 2, 3, 4, 5		Face-to-face encounters are not feasible (e.g. due to a new epidemic, Covid-19, Mpox)		ALL	Medium	Low	All partners will implement alternatives for remote implementation. Also, our clinical in-silico trial will be using already collected data.	

13.5 Publication Guidelines



AFRICAI-RI

AFRICAI-RI Publication Guidelines

Version 1.0
Date: 19th March 2026

1. Promised AFRICAI-RI Research Outputs

AFRICAI-RI compromised to produce (as stated in the grant proposal):

- At least **5 journal papers** describing the new digital solutions (AFRICAI-RI infrastructure, federated learning in SSA, trustworthy AI toolkit, image synthesis, AI models)|
- At least **2 clinical papers** describing requirements, in-silico trials results and clinical recommendations for AI-powered CXR and AI-powered CUS.
- **3 white papers** describing:
  - Incentives of data sharing in SSA.
  - New models for federated AI innovations (including IP management and AI certification).
  - Recommendations of clinical guidelines.

2. Purpose of this Document

This document establishes the governance framework for scientific publications arising from AFRICAI-RI activities, including peer-reviewed journal articles, conference abstracts, white papers, policy briefs, and related dissemination outputs.

The purpose of this framework is to:

- Align publications with AFRICAI-RI strategic objectives.
- Support and promote African scientific leadership.
- Uphold principles of responsible and trustworthy AI.
- Promote equitable collaboration across institutions and regions.
- Ensure transparency and equity in authorship decisions.
- Ensure clarity in roles, responsibilities, and timelines.
- Prevent authorship disputes.

This policy applies to all partners and affiliated researchers contributing to AFRICAI-RI outputs. **All AFRICAI-RI publications will be recorded in a consortium publication registry maintained by the coordination team (UB).**

In **Annex A** you will find a publication checklist, to guide you through the publication process.

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13.6 Example Meeting Notes for AI WG

WG AI Meeting Minutes (wg-ai-africai-ri@googlegroups.com)

Journal Club: Jounal Club | Journal Club Presentations
AFRICAI-RI Power Point Template: AFRICAI-RI template.pptx (make a copy and modify)
Literature Review/SOTA papers: Literature Review
Publication Guidelines: AFRICAI-RI Publication Guidelines
Planned Publications in AFRICAI-RI team: Publication Plan
Clinical Data Dictionary for both sub-studies (Retrospective and Prospective):
AFRICAI_RI_Data_Dictionary_Draft_DBN.docx
Clinical Data Dictionary

Date: 6th May 2026
Attending: FORTH, UIDT, MRCG, UB
Agenda / Notes:

- **The meeting on the 20th of May will be cancelled.**
- **Journal Club (20th May - Postponed to 17th of June)**
- **Discuss inputs from clinicians:**
  - **TODO ALL:**
    - Take a look at the draft of the data dictionary and provide feedback:
    - Clinical Data Dictionary
    - This Data dictionary will be used to fill in all the retrospective and prospective clinical data and will be the input to the AI models.
- **Any other topics (AOB), please add them below:**
  -

Date: 22nd April 2026
Attending: FORTH, UIDT, IDRC, MRCG, UB
Notes:

- **Journal Club:**
  - **Speaker:** Aby Diallo
  - **Paper:** 'CXR-LLAVA: a multimodal large language model for interpreting chest X-ray images' (Seowoo Lee et. al., 2025)
  - **Code:** https://github.com/ECOFRI/CXR_LLaVA
  - **Notes/Comments:**

Check with clinicians / Healthcare WG:

1. Are **Consolidation** and **Pneumonia** labels interchangeable and exclusive?
2. **Pleural effusion** pathology:
   a. How is it linked to PNA and TB?
   b. Should we include it as an indeperdent label in the AFRICAI-RI clinical data dictionary?