							STATUS &	
N/O	TITLE OF STUDY	PHASE	,DATE OF RECEIPT OF APPLICATION	PRINCIPAL INVESTIGATOR	STUDY CENTRE(S)	SPONSORS & APPLICANT	DURATION OF	PURPOSE/AIM OF STUDY
	LETICIA	Phase II	30th August, 2019	Dr. Lawrence Osei-Tutu	Agogo Presbyterian Hospital	Dr. Lawrence Osei-Tutu	Approved, yet to start 12 Months	Iron deficiency is the most common nutritional deficiency worldwide and an important public health problem in Low and Middle Income Countries (LMCs). Causes of anemia in LMICs like Ghana are usually multifactorial including malaria, hemolytic anemias, and chronic blood loss from chronic parasitic infections including schistosomiasis and hookworm. Factors accounting for inadequate supplies of dietary iron and micronutrients include poverty, a lack of nutritional supplementation, and food taboos. Anemia may result when iron deficiency is severe, after the body's iron stores are depleted and supply to the bone marrow is limited. This proof of concept study is to determine whether hospitalized children 6-59 months old who presented with moderate-to-severe anemia and given a combination of iron-rich food and standard iron replacement therapy (the intervention group) will demonstrate a greater final hemoglobin (Hb) concentration after two weeks compared to participants of similar characteristics in the control group who will receive oral iron supplementation in addition to their usual diet.
2	ANTICOV	Phase III	15th July, 2020	John Humphrey, AMUASI	Komfo Anokye Teaching Hospital	Bernhard Nocht Institute for Tropical Medicine	Approved, yet to start 24 Months	The purpose of this study is to compare the efficacy of alternative treatment strategies versus control on the risk of progression to severe respiratory disease. As there is no validated animal model for COVID-19, the efficacy of any potential treatment remains speculative beyond what is known about their pharmacokinetic and in-vitro data. Several repurposed drugs are currently being tested in severe cases or as prophylaxis, and the results may become available by the time the present study is initiated. At the same time, a number of other drug candidates are being evaluated for in-vitro efficacy or in small proof-of concept studies. 13 In view of the rapidly evolving landscape in Africa, it was decided to select an adaptive design for the study in order to allow for the flexibility of adding or dropping arms or adjusting the randomisation ratio based on the data as it becomes available. Additionally, given that the control arm in the study a master platform-based approach to be allow for integration of data from all sites in the interim analyses, irrespective of their ability to have randomised patients in all treatment arms.
.3	AVAREF TV ROTA	Phase III	9th April, 2019	1.Prof. George E. Armah 2.Dr. Alberta Amu	Dodowa Health Research Centre	РАТН	Approved 48 Months	Diarrhea is the second-leading cause of death worldwide among children under the age of five, killing an estimated three quarters of a million children annually and hospitalizing millions more in developing countries. The most common cause of infantile diarrhoea is rotavirus and almost all children are infected by their third birthday regardless of geographical area or economic status. Infection is primarily via fecal oral route and improved sanitation alone will not control infection. Oral routevirus vaccines have traditionally shown lower efficacy in Low and Middle Income Countries (LMICs) as compared to developed countries. Several theories proposed for this observation includes interference by other intestinal viruses or bacteria, neutralization of vaccine by maternally virus by maternally derived antibodies in breastmilk, etc. Some of these challenges may be obviated by a parenteral administered rotavirus vaccine. This study is therefore to demonstrate the efficacy and safety of the parenteral trivalent rotavirus vaccine in healthy infants (≥6 and <8 weeks old) to prevent severe rotavirus gastroenteritis compared with the orally approved Rotarix®

	r						
DOLF_IDA ONCHO SAFETY 4 GHANA	Phase II	22nd February 2019	Dr. Nicholas Opoku	University of Health and Allied Sciences	Washington University School of Medicine	Approved, study commenced 24 Months	Programs for control of onchocerciasis through community directed treatment with ivermectin (IVM) as a form of Mass Drug Administration (MDA) have been in place for almost 30 years. IVM is effective for clearing Mf and it temporarily sterilizes adult female worms, but it is not a microfilaricide and does not kill adult worms. For that reason, MDA with IVM must be repeated for the reproductive life of the adult worms, which is 10-15 years. Thus, there is a widely recognized need for new, safe, short-course treatment drug(s) that can kill or permanently sterilize adult worms. This study aims to provide preliminary data on the safety of ivermectin + diethylcarbamazine + albendazol (IDA) treatment in persons with onchocerciasis when administered after pre-treatment with IVM to clear or greatly reduce microfilariae from the skin and eyes. Widespread use of IDA following IVM pretreatment (I/IDA) has the potential to greatly accelerate elimination of LF in African countries that are coendemic for LF and onchocerciasis
5 FALCON	Phase III	10th April, 2019	Prof. Stephen Tabiri	Tamale Teaching Hospital	The University of Birmingham		Improving surgical outcomes is a global health priority. Recent World Health Organisation (WHO) guidelines made 29 recommendations for intraoperative and postoperative measures to prevent SSI, including global perspectives relevant to LMICs., none of the evidence for the recommendations used was derived from resource limited settings, leading to uncertainty about implementation of measures in these settings. A randomised trial that has the potential to evaluate multiple interventions has particular value in this setting, and can establish a high quality evidence base that will inform guidance, and influence revisions to the WHO Surgical Safety Checklist This study assesses whether either (1) 2% alcoholic chlorhexidine versus 10% povidone-iodine for skin preparation, or (2) triclosan- coated suture versus non-coated suture for fascial closure, can reduce surgical site infection at 30-days post-surgery for each of (1) clean-contaminated and (2) contaminated/dirty surgery
6 LEDoxy	Phase II	12th July, 2017	Prof. Alexander Yaw Debrah	1.Kumasi Centre for Collaborative Research (KCCR), Kwame Nkrumah University of Science and Technology (KNUST) 2.War Memorial Hospital, Navrongo	Kumasi Center For Collaborative Research (KCCR)	Enrollment ended; participants are in follow-up stage 40 months	The previously demonstrated effect of doxycycline in reversing or stopping the progression of lymphedema of patients with stage 1-3, irrespective of their filarial infections being active or not, provides an opportunity to include the drug as a new tool inlymphatic filariasis (LF) morbidity management programs. However, before recommendations can be made regarding the frequency of its usage or alternate dosing patterns more trials need to be conducted. This multi-national trial is to show efficacy of a lower dosage of doxycycline and to confirm finding in patients with stages 1-3 lymphedema irrespective of active LF infection as well as in people with higher grades of lymphedema. The purpose of the study is to establish that Doxycycline can improve filarial lymphedema in healthy adolescents or adults (14 – 65 vears)
7 SMAART	Phase II		Dr. Fred Stephen Sarfo	Komfo Anokye Teaching Hospital	Kwame Nkrumah University of Science and Technology	Actively Enrolling	There has been unprecedented rise in the prevalence of stroke in sub-Saharan Africa (SSA), which when compared to stroke profiles in high-income countries (HIC) is characterized by a younger age of onset, higher case fatality rates, and more severe disability among survivors. Stroke survivors in SSA are especially at high risk for recurrent vascular events or death due to several factors including uncoordinated health systems, undiagnosed and under-controlled vascular risk factors, and lack of care affordability. Fixed-dose combination pills, known as "polypills", containing Aspirin, a statin and blood pressure (BP) lowering medication(s) may improve medication adherence and consequently reduce vascular risk as a cost-effective intervention among high risk patients including stroke survivors. This trial is to assess whether a polypill containing fixed doses of 3 antihypertensives, a statin and antiplatelet therapy taken once daily orally would result in caroid in timal thickness regression, improved adherence, and tolerability compared with 'usual care' group on separate individual secondary preventive medications among Ghanaian first time stroke survivors (male or female above the age of 18 years).

8	MoRiOn	п	28th April, 2017	Prof. Alexander Yaw Debrah	1.Enchi Government Hospital 2.Communities of Aowin/Suaman District W/R	Kumasi Centre for Collaborative Research in Tropical Medicine	Actively Enrolling 15 months	Onchocerciasis is caused by the parasite Onchocerca volvulus. More than 37 million people are estimated to be infected with O. Volvulus worldwide. The current therapeutic strategy relies on annual mass drug administration (MDA) based on the drug donation program for Ivermectin. Ivermectin is mainly microfilaricidal and after a few months female worms resume MF production levels high enough for transmission. Therefore, safe microfilaricidal drugs are needed to reach the goal of elimination. The study aims to show efficacy (Wolbachia depletion) of combination Rifapentine plus Moxificaxin using immunohistology compared to no treatment and treatment with Doxycycline.
								As part of GSK and PATH's commitment to develop a malaria vaccine for reduction of malaria disease burden in children and contribution to the malaria elimination goal, characterization of an optimal dosing regimen and boosting schedules are critical. Results of previous efficacy study MAL 055, including the long term follow-up data and efficacy of a fourth dose administered 18 months after the third dose, and the preliminary results of MAL 071 study (recent controlled human malaria infection) were reviewed by the European Medicines Agency (EMA). There was evidence that demonstrated superior protection against malaria infection associated with the use of a fractional third dose in a 0, 1, 7-month schedule with a higher vaccine efficacy against malaria infection.
9	MAL 094	Phase IIb	21st November 2016	Prof. Tsiri Agbenyega	Malaria Research Center, Agogo	GlaxoSmithKline Biologicals SA	Enrollment ended; participants receiving treatment 72 months	schedule under conditions of natural exposure. The study will be conducted in children 5-17 months old at first vaccination living in areas of mid to high malaria transmission, in line with the age group recommended by the World Health Organization. Results from study will be critical in informing future possibilities for the development of vaccine-based strategies which, in combination with other interventions, may contribute to the malaria elimination agenda.
10	KNC 19 (NIBIMA)	Phase IIb	11th September 2020	Prof. Ellis Owusu-Dabo	Komfo Anokye Teaching Hospital	KNUST Office of Grants and Research	Application Approved	The purpose of this trial is to evaluate the: -Efficacy of Nibima in reducing >50% Covid-19 viral load per patient within 14 days of therapy. Evaluate the efficacy of Nibima in increasing the anti-inflammatory and interferon alpha/beta profiles of >50% of the Covid-19 patients within 14 days.
11	STAND	Phase III	30th September, 2019	1.Dr. Yvonne Dei Adomakoh Dr. Vivian Paintsil	1.Ghana Institute of Clinical Genetics, Korle-Bu Sickle Cell OffiBe Directorate of Child Health, KATH	Novartis Pharma AG	Application	Sickle cell disease (SCD) is a genetic blood disorder, caused by a single missense mutation in the β-globin gene, progresses into a systemic disease. Vaso-occlusion is the hallmark of SCD and can lead to serious acute and chronic complications. Extensive preclinical data has established P-selectin as a key mediator of VOC in SCD and suggest that its blockade or genetic absence of P- selectin decreases or eliminates its interactions with its ligands, thereby reducing vaso-occlusion. Cirzaniizumab is a monoclonal antibody that binds to P-selectin preventing it interactions with its ligands. The purpose of this study is to compare the efficacy and safety of 2 doses of crizaniizumab (5.0 mg/kg and 7.5 mg/kg) versus placebo in adolescent and adult SCD patients (12 years and older) with history of VOC leading to healthcare visit.
					Noguchi Memorial Institute for Medical Research			The LASV DNA vaccine expressing the glycoprotein precursor (LASV GPC, Josiah strain matched) paired with intradernal EP is a promising vaccine platform that has been shown to elicit protective immunity and completely protect guinea pigs and non-human primates (NHP) against viremia, illness (acute and chronic), and death after Lassa virus exposure [26, 27] and protect NHPs from hearing loss [unpublished data]. This LASV DNA vaccine, INO-4500, targets GPC because it represents the most conserved region in this generation of a robust T cell response appears to be the key to protection from infection. As such, the DNA-EP platform is highly amenable to this disease target. The purpose of this study is to evaluate the tolerability and safety of INO-4500 administered by ID injection followed by EP in
12	INOVIO	1b	30th September 2019	Prof. Kwadwo Ansah Koram	University of Ghana, Legon	Inovio Pharmaceuticals, Inc	Approved	boolthy adult voluntoors

									Specific drugs were carefully considered during the design of this study. The outcome of this consideration was that the specific multi- therapeutic ACT combinations, discussed below, were decided on
									based on the following aspects: efficacy, potential for drug interactions, modes-of-action, half-life of the individual drugs, parasitological stages the drug acts on, dosing, availability of a paediatric formulation and cost. The two drug combinations
									envisaged to investigate during this study address two particular aspects of treatment of uncomplicated malaria in the sub-Saharan African region. Firstly, artesunate pyronaridine- atovaquone/proguanil uses a quadruple drug treatment with combinations of different modes of action to protect each other from
					PI(s)Dr. Oumou Maiga	St. Francis Xavier Hospital Assin Fosu, Ghana.	Department of Tropical Medicine, Bernhard Nocht Institute for	Application	the parasite developing resistance to either during the treatment. Secondly, the combination of artesunate-fosmidomycin-clindamycin as a matched-short half-life combination additionally addresses the issue of bacterial co-infections which frequently occur in sub-
	13	MULTIMAL	Phase II	27th July 2020	(KCCR)	Gabon	Tropical Medicine (BNITM)	Approved	Saharan Africa.
						School of Public Health Research Centre, University of Health and Allied Health	Medicines Development for	Application	To characterize the pharmacokinetics and safety of moxidectin in children (aged 4 to 11 years) and adolescents (aged 12 to 17 years) and to enable determination of an optimal dose for treatment of
	14	MDGH-MOX	Phase I	February 2020	Dr. Nicholas Opoku	Sciences, Ho.	Global Health	Approved	children 4 to 11 years
	15	CROWN CORONATION	Phase III	7th Sept 2020	Def Kundun Konor	••Ga East Municipal Hospital •Korle-Bu Teaching Hospital •UGMC •Effia-Nkwanta Hospital •Pentecost Treatment Center	Each country serves as its own sponsor but will receive funding from the Covid 19 Therapeutics Accelerator and Gates Foundation through Washington	Application	The purpose of this study is to determine that MR vaccine increases the likelihood of making the specific AstraZeneca COVID-19 vaccine more effective in people with prior exposure to the MR vaccine. This study has two different groups: one group will receive the active MR vaccine and one will receive a placebo. Thirty and sixty days later, participants in each group will receive the AstraZeneca COVID- 19 vaccine.
-	15	CORONATION		7th Sept 2020	Prof. Kwadwo Koram	Pentecost Treatment Center	University in St. Louis.	Approved	The purpose of this study is to
									•To show efficacy (Depletion of Wolbachia) of the combination of Rifampicin plus Albendazole against lymphatic filariasis using PCR compared to treatment with albendazole and "no treatment" (other than ivermectin) - Lymphatic Filariasis (LF) trial
					Prof. Alexander Yaw	•Bawku west •Builsa South •Nabdam Fumbisi •Garu-Tempane	Kumasi Centre for Collaborative Research	Application	 To show efficacy (depletion of Wolbachia and interruption of embryogenesis in female adult worms) of the combination of Rifampicin plus Albendazole, using PCR and immunohistology compared to treatment with albendazole and "no treatment" (other
	16	ASTAWOL	Phase II	25th June 2020	Debrah	•Kayoro	(KCCR), Kumasi, Ghana	Approved	than ivermectin) – Onchocerciasis trial
	10	ASTAWOL	Filase II	2001 3000 2020	Debran	•Cape Coast Teaching Hospital •Effiah Nkwanta Regional Hospital •Holy Family Hospital – Berekum •Holy Family Hospital – Techiman •KATH •Korte Bu •Salaga Municipal Hospital	Birmingham Clinical Trials		To purpose of this study is to assess whether the practice of using separate, sterile gloves and instruments to close wounds at the end of surgery can reduce surgical site infection at 30-days post-surgery
	17	CHEETAH	Pilot	Jun-20	Professor Stephen Tabiri	 St Theresa's Hospital Sunyani Regional Hospital 	Unit, University of Birmingham	Application Approved	for patients undergoing clean-contaminated, contaminated or dirty abdominal surgery, compared to current routine hospital practice.
			Phase III		Prof. Tsiri Agbenyega	•Agogo Asante Akim North District	PATH	Application Approved	The purpose of this study is to demonstrate the non-inferiority of Cecolin® administered on 0, 6-month; 0, 12-month; and 0, 24-month two-dose regimens, to Gardasil® using a 0, 6-month two-dose regimen, based on HPV Immunoglobulin G (IgG) antibody levels measured one month after the last dose for HPV types 16 and 18.

19 MR SCD Phase III 10h Sept 2020 Dr. Seyam Kaali									
20 SHEA LIDO Phase III 10h Sept 2020 Dr. Kekell Kodjo Adanu Ho Teaching Hospital University of Health and Alled Sciences Application and examination. 20 SHEA LIDO Phase III 10h Sept 2020 Dr. Kekell Kodjo Adanu Ho Teaching Hospital Application Alled Sciences Application Approved 20 SHEA LIDO Phase III 10h Sept 2020 Dr. Kekell Kodjo Adanu Ho Teaching Hospital Application Alled Sciences Application Approved 20 SHEA LIDO Phase III 10h Sept 2020 Dr. Kekell Kodjo Adanu Ho Teaching Hospital Application Alled Sciences Application Approved 21 LIGHT Phase III 10h Naro Akosua Amanh 2. Ornita Hospital 1. Navrogo Health Research 2. Ornita Deadward consavirus infection compared to placebo SARS-CoV-2-induced consavirus infection compared to placebo Assess humoral immunogenicity of the Sputink-Light vector vaccine against the SARS-CoV-2-induced consavirus infection compared to placebo Assess humoral immunogenicity of the Sputink-Light vector vaccine against the SARS-CoV-2-induced consavirus infection compared to placebo Assess humoral immunogenicity of the Sputink-Light vector vaccine against the SARS-CoV-2-induced consavirus infection compared to placebo Assess humoral immunogenicity of the Sputink-Light vector vaccine against the SARS-CoV-2-induced consavirus infection compared to placebo Assess humoral immunogenicity of the Sp	19	IMP. SCD	Phase lih	23rd Sept 2020	Dr. Sauram Kaali	 Kintampo Health Research 	IMARA Inc	Application	multicenter study of subjects aged 18 to 65 years with SCD (HbSS, HbSB0 thalassemia, or HbSB+ thalassemia) to evaluate the safety and efficacy of the PDE9 inhibitor, IMR-687, administered qd for 52 weeks. This study will provide data on IMR-687 doses of \geq 3.0 to \leq 4.5 mg/kg and $>$ 4.5 to 56.7 mg/kg. In a relevant model of anemia (Hbbth1/th1 mice), oral administration of IMR-687 for 30 days at 30 mg/kg/day (human equivalent dose of 2.4 mg/kg/day) or 60 mg/kg/day (human equivalent dose of 4.9 mg/kg/day) increased RBCs and Hb, and reduced reticulocytes. The degree of these changes was dose dependent, with statistically significant 60 mg/kg improved erythropoles differentiation, suggesting a role for this compound in the improvement of ineffective erythropoiesis, a
20 SHEA LIDO Phase III 10th Sept 2020 Dr. Kekeli Kodjo Adanu Ho Teaching Hospital Allied Sciences Application Allied Sciences Application Application SARS-COV-2-induced coronavius infection compared to placebo Subset A. 20 SHEA LIDO Phase III 10th Sept 2020 Dr. Kekeli Kodjo Adanu Ho Teaching Hospital Allied Sciences Application Approved The purpose of the south to function as a social set of the south to the use of shea butter to compare to indication rate setaled to the use of shea butter to compare to indication rate setaled to the use of shea butter to compare to indication rate setaled to the use of shea butter to compare to indication rate setaled to the use of shea butter to compare to indication rate setaled to the use of shea butter to compare to indication rate setaled to the use of shea butter to compare to indication rate setaled to the use of shea butter to compare to indication rate setaled to the use of shea butter to compare to indication rate setaled to the use of shea butter to compare to indication rate setaled to the use of shea butter to paper or or we same years to compare to indication rate setaled to the use of shea butter to paper to or we same years to paper to the sputhicLight vector vaccine against the SARS-CoV-2-induced coronavirus infection compared to placebo SUSSE 1. 21 LICHT Phase III STH MARCH 2021 1. Dr. Nana Akosua Ansai 2. Dr. Ableta Annu 1. Navrogo Healt	19	ININ SCD	Filase IID	23ru Sept 2020	Dr. Seyranı Kaalı	Centre	IIWANA ING.	Approved	This study is a randomized controlled trial which compares the
20 SHEA LIDO Phase III 10h Sept 2020 Dr. Kekeli Kodjo Adanu Ho Teaching Hospital University of Health and Alled Sciences Application To determine the complication rate realed to the use of shee buffer to compare the complication rate realed to the use of shee buffer to compare the complication rate realed to the use of shee buffer to compare the complication rate realed to the use of shee buffer to compare the complication rate realed to the use of shee buffer to compare the complication rate realed to the use of shee buffer to compare the complication rate realed to the use of shee buffer to that of toldocaine gal. 20 SHEA LIDO Phase III 10h Sept 2020 Dr. Kekeli Kodjo Adanu Ho Teaching Hospital Alled Sciences Application 20 SHEA LIDO Phase III 10h Sept 2020 Dr. Kekeli Kodjo Adanu Ho Teaching Hospital Alled Sciences Assess Africa of the Sputial-Light vector vaccine against the SARS-CoV-2-induced coronavirus infection compared to placebo vassess humoral immunogenicity of the Sputial-Light vector vaccine against the SARS-CoV-2-induced coronavirus infection compared to placebo vassess humoral immunogenicity of the Sputial-Light vector vaccine against the SARS-CoV-2-induced coronavirus infection compared to placebo vasses humoral immunogenicity of the Sputial-Light vector vaccine against the SARS-CoV-2-induced coronavirus infection compared to placebo vasses humoral immunogenicity of the Sputial-Light vector vaccine against the correl vaccine eclipters 21 LIGHT Phase III <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>									
20 SHEA LIDO Phase III 10th Sept 2020 Dr. Kekeli Kodjo Adanu Ho Teaching Hospital Linkersity of Health and Application Application -To conspare the complexitor rate associated with the use of iddocatine gel as a lubricant for rectal examination. -To associatine the compare the complexitor rate associated with the use of iddocatine gel. 20 SHEA LIDO Phase III 10th Sept 2020 Dr. Kekeli Kodjo Adanu Ho Teaching Hospital Alled Sciences Application -To determine the compared to placebo -Assess filterary of the SARS-COV-2-induced coronavirus infection compared to placebo -Assess biomarility and safety of the Sputink-Light vector vaccine against the SARS-COV-2-induced coronavirus infection compared to placebo -Assess biomarility and safety of the Sputink-Light vector vaccine against the SARS-COV-2-induced coronavirus infection compared to placebo -Assess biomarility and safety of the Sputink-Light vector vaccine against the SARS-COV-2-induced coronavirus infection compared to placebo -Assess biomarility and safety of the Sputink-Light vector vaccine against the SARS-COV-2-induced coronavirus infection compared to placebo -Assess biomarility and safety of the Sputink-Light vector vaccine against the SARS-COV-2-induced coronavirus infection compared to placebo -Assess biomarility and safety of the Sputink-Light vector vaccine against the SARS-COV-2-induced coronavirus infection compared to placebo -Assess biomarility and safety of the Sputink-Light vector vaccine against the SARS-COV-2-induced coronavirus infection compared to placebo -Assess biomarility and safety of the Sputink-Light vector vaccine against the SARS-COV-2-induced coronavirus infection compared vaccine on withe vecoronavirus infection compared va									
20 SHEA LIDD Phase III 10th Sept 2020 Dr. Kekeli Kodjo Adanu Ho Teaching Hospital Allied Sciences Application Approved 20 SHEA LIDD Phase III 10th Sept 2020 Dr. Kekeli Kodjo Adanu Ho Teaching Hospital Allied Sciences Application Approved 20 SHEA LIDD Phase III 10th Sept 2020 Dr. Kekeli Kodjo Adanu Ho Teaching Hospital Allied Sciences Application Approved Application Assess Enterability and safety of the Sputink-Light vector vaccine agains the SARS-CoV-2-induced coronavirus infection compared to placebo Assess thoreal for maximum decision compared to placebo Asproved Application									
20 SHEA LIDO Phase III 10th Sept 2020 Dr. Kekeli Kodjo Adanu Ho Teaching Hospital Allied Sciences Appication -To accertain the complication rate related to the use of shee butter to that of idocaine gels. 20 SHEA LIDO Phase III 10th Sept 2020 Dr. Kekeli Kodjo Adanu Ho Teaching Hospital Allied Sciences Approved -To accertain the complication rate related to the use of shee butter to that of idocaine gels. 20 SHEA LIDO Phase III 10th Sept 2020 Dr. Kekeli Kodjo Adanu Ho Teaching Hospital Allied Sciences Approved -Assess tolerant for compared to placebo - Assess tolerant for t									•To determine the complication rate related to the use of shea butter
20 SHEA LIDD Phase III 10th Sept 2020 Dr. Kekeli Kodjo Adanu Ho Teaching Hospital Idid Sciences Approved Interpretation and related to the use of shea butter to that of lidocaine gel. 20 SHEA LIDD Phase III 10th Sept 2020 Dr. Kekeli Kodjo Adanu Ho Teaching Hospital Approved Interpretation and related to the use of shea butter to compared to placebo 21 Light Phase III 5TH MARCH 2021 1. Dr. Nana Akosua Ansah 1. Navrogo Health Research Application Application Application Application against the SARS-COV-2-induced coronavirus infection compared to placebo 21 Light Phase III 5TH MARCH 2021 2. Dr. Nana Akosua Ansah 1. Navrogo Health Research Application Application Application 21 Light Phase III 5TH MARCH 2021 2. Dr. Aberta Amu Research Centre Ghana Human Vaccine LLC Application Application of Vi-TT vaccination against the control concorracine clusters, oronpared to placebo or vaccine clusters 21 Light Phase III 5TH MARCH 2021 2. Dr. Aberta Amu Research Centre Ghana Human Vaccine LLC Approved Application of Vi-TT vaccination against the control concorracine clusters, oronpared with Vi-TT vaccination against the control concorracine clusters, oronpared with vi-TT vaccination against the control vaccine clusters Secov-2-induced connavirus i									
20 SHEA LIDO Phase III 10th Sept 2020 Dr. Kekeli Kodjo Adanu Ho Teaching Hospital University of Health and Allied Sciences Approved International Graphics 20 SHEA LIDO Phase III 10th Sept 2020 Dr. Kekeli Kodjo Adanu Ho Teaching Hospital Approved Approved Approved Assess efficacy of the Sputinik-Light vector vaccine against the SARS-CoV-2-induced coronavirus infection compared to placebo -Assess biorability and safety of the Sputinik-Light vector vaccine against the SARS-CoV-2-induced coronavirus infection compared to placebo -Assess biorability and safety of the Sputinik-Light vector vaccine against the SARS-CoV-2-induced coronavirus infection compared to placebo -Assess polorability and safety of the Sputinik-Light vector vaccine against the SARS-CoV-2-induced coronavirus infection compared to placebo -Assess polorability and safety of the Sputinik-Light vector vaccine against the SARS-CoV-2-induced coronavirus infection compared to placebo -Assess protective properties of the Sputinik-Light vector vaccine against the SARS-CoV-2-induced coronavirus infection compared to placebo for Subset A. 21 LiGHT Phase III 5TH MARCH 2021 1. Dr. Nana Akosua Ansah 2. Dr. Alberta Amu Human Vaccine LLC Application Approved Application Approved To determine the fortal protection conferred by single-dose vaccination with V-TT against blood culture-confirmed symptomati S. Typi infection in the intervention vaccine ecipients S. To determine the cotal protection of V-TT vaccination against S. To determine the total protection of V-TT vaccination against S. To determi									lidocaine gel as a lubricant for rectal examination
20 SHEA LIDO Phase III 10th Sept 2020 Dr. Kekeli Kodjo Adanu Ho Teaching Hospital Allied Sciences Approved Hor puppee or the autor is to the substrated placeboor Assess afficacy of the Sputnik-Light vector vaccine against the SARS-CoV-2-induced coronavirus infection compared to placebo 4-Assess filterability and safety of the Sputnik-Light vector vaccine against the SARS-CoV-2-induced coronavirus infection compared to placebo 4-Assess function immunogenicity of the Sputnik-Light vector vaccine against the SARS-CoV-2-induced coronavirus infection compared to placebo 4-Assess function immunogenicity of the Sputnik-Light vector vaccine against the SARS-CoV-2-induced coronavirus infection compared to placebo 4-Assess protective properties of the Sputnik-Light vector vaccine against the SARS-CoV-2-induced coronavirus infection compared to placebo 4-Assess protective properties of the Sputnik-Light vector vaccine against the SARS-CoV-2-induced coronavirus infection compared to placebo 4-Assess protective properties of the Sputnik-Light vector vaccine against the SARS-CoV-2-induced coronavirus infection compared to placebo 6-Subset A. 21 UGHT Phase III 5TH MARCH 2021 1. Dr. Nana Akosua Ansah 1. Navogo Health Research Application Application of prevention of V-TT against blood culture-confirmed symptomati S. Typh infection in the intervention vaccine recipients compared with the comparative protection of V-TT vaccination against the control vaccine recipients compared with control culsters.							I Iniversity of Health and	Application	
SPUTNIK Phase III 5TH MARCH 2021 1. Dr. Nana Akosua Ansah 1. Navrogo Health Research Application SARS-CoV-2-induced coronavirus infection compared to placebo -Assess to Numoral immunogenitory of the Sputnik-Light vector vaccine against the SARS-CoV-2-induced coronavirus infection compared to placebo -Assess to Numoral immunogenitory of the Sputnik-Light vector vaccine against the SARS-CoV-2-induced coronavirus infection compared to placebo -Assess protective properties of the Sputnik-Light vector vaccine against the SARS-CoV-2-induced coronavirus infection compared to placebo -Subset A. 21 LIGHT Phase III 5TH MARCH 2021 1. Dr. Nana Akosua Ansah 2. Centre Dodowa Health Research Centre Ghana Human Vaccine LLC Application Approved SARS-CoV-2-induced coronavirus infection compared to placebo Subset A. 21 LIGHT Phase III 5TH MARCH 2021 1. Dr. Nana Akosua Ansah 2. Dr. Alberta Amu Human Vaccine LLC Application SARS-CoV-2-induced coronavirus infection compared to placebo Subset A. 21 LIGHT Phase III 5TH MARCH 2021 1. Dr. Nana Akosua Ansah 2. Dr. Alberta Amu Human Vaccine Club Application SARS-CoV-2-induced coronavirus infection compared to placebo Subset A. 21 LIGHT Phase III 5TH MARCH 2021 1. Dr. Nana Akosua Ansah 2. Dr. Alberta Amu Human Vaccine Club Application SARS-CoV-2-induced coron	20	SHEA LIDO	Phase III	10th Sept 2020	Dr. Kekeli Kodjo Adanu	Ho Teaching Hospital			to that of hoocaline get.
 The purpose of the study is to To determine the total protection conferred by single-dose vaccination with Vi-TT against blood culture-confirmed symptomati the control vaccine clusters. To protect on the intervention vaccine clusters, compared with the control vaccine clusters To investigate the safety outcomes associated with Vi-TT vaccination in the intervention vaccine recipients compared with the comparator vaccine recipients To determine the overall protection of Vi-TT vaccination against blood culture-confirmed symptomatic infection of Vi-TT vaccination against blood culture-confirmed symptomatic infection clusters Agogo Trial Center/KNUST- International Vaccine Application Application 			Phase III	5TH MARCH 2021		2. Centre Dodowa Health	Human Vaccine LLC		SARS-CoV-2-induced coronavirus infection compared to placebo Assess tolerability and safety of the Sputhik-Light vector vaccine against the SARS-CoV-2-induced coronavirus infection compared to placebo Assess humoral immunogenicity of the Sputhik-Light vector vaccine against the SARS-CoV-2-induced coronavirus infection compared to placebo on Subset A. Assess protective properties of the SputhikLight vector vaccine against the SARSCoV-2-induced coronavirus infection compared to placebo for prevention of
Agogo Trial Center/KNUST- International Vaccine Institute International Vaccine Application + To determine the overall protection of Vi-TT vaccination against - To determine the overall protection of Vi-TT vaccination against - To determine the overall protection of Vi-TT vaccination against - To determine the overall protection of Vi-TT vaccination against - To determine the overall protection of Vi-TT vaccination against - To determine the overall protection of Vi-TT vaccination against - To determine the overall protection of Vi-TT vaccination against - To determine the overall protection of Vi-TT vaccination against - To determine the overall protection of Vi-TT vaccination against - To determine the overall protection of Vi-TT vaccination against - To determine the overall protection of Vi-TT vaccination against - To determine the overall protection of Vi-TT vaccination against - To determine the overall protection of Vi-TT vaccination against - To determine the overall protection of Vi-TT vaccination against - To determine the overall protection of Vi-TT vaccination against - To determine the overall protection of Vi-TT vaccination against									
							International Vaccine	Application	vaccination with Vi-TT against blood culture-confirmed symptomatic S. Typhi infection in the intervention vaccine clusters, compared with the control vaccine clusters • To investigate the safety outcomes associated with Vi-TT vaccination in the intervention vaccine recipients compared with the comparator vaccine recipients • To determine the overall protection of Vi-TT vaccination against blood culture-confirmed symptomatic infection caused by S. Typhi in intervention clusters compared with control clusters • To determine the total protection of Vi-TT vaccination against severe TF in the intervention vaccine recipients compared with the comparator vaccine recipients

23	BURULINOX	Phase III	24th September 2018	Prof. Richard Odame Phillips	1.Kumasi Centre for Collaborative Research in Tropical Medicine 2.Agogo Presbyterian Hospital 3.Tepa Government Hospital 4.Dunkwa Government Hospital	Kumasi Center For Collaborative Research (KCCR)	Application Approved	Buruli ulcer is a neglected disease caused by infection with Mycobacterium ulcerans (Mu), which manifests as large, disfiguring skin ulcers mainly in children aged 5 to 15 years. Access to treatment in rural areas can be challenging and late presentation is typical, due to fear, stigma, suspicion about conventional medicine and economic consequences for poor families. The current recommended regimen of oral rifampicin together with intramuscular streptomycin or clarithromycin for 8 weeks is far from ideal, particularly given the increasing global threat of antimicrobial resistance. Although the disease can be cured in most patients who adhere to this regimen, healing rates are highly variable even in patients with seemingly similar lesions. The purpose of the study is to compare the healing measured by the percentage area reduction of EDX110 dressing with oral rifampicin and clarithromycin (EDX-RC) versus 'Usual Care' with routine Vaseline gauze dressing and oral rifampicin and clarithromycin (VG- RC).
24	EMODEPSIDE	Phase II	5th November, 2020	Dr. Nicholas Opoku	 School of Public Health Research Centre, (UHAS). Municipal Hospital, Hohoe, Volta Region, Ghana Kpassa, Nkwanta- North District, Oti Region, Ghana 	DNDi (Drugs for Neglected Diseases initiative)	Application Approved	The purpose of this study is to •Ensure the safety and tolerability of emodepside after single oral doses administered as solution (liquid service formulation, LSF) or immediate release (IR) tablets in healthy male subjects •Plasma PK of emodepside (solution and tablets), the effect of food on the bioavailability of emodepside
	BURULIRIFDAC			Prof. Richard Phillips	•KCCR •Ga East munical hospital •Pakro Health Centre •Wassa Amenfi East Hospital *Navrongo Health Research	London school of Hygiene and Tropical Medicine	Application Approved	Compare the time to clearance of viable Mycobacterium from wounds of patients treated with high-dose rifampicin and DACC dressings (HR-DACC) to those receiving standard dose rifampicin and DACC dressings
26	VAT00008	Phase III	3rd June 2021	Dr. Kwaku Poku Asante	Centre *Kintampo Health Research Centre *Kwame Nkrumah University of Science and Technology (KNUST)	SANOFI	Application Approved	To assess, in participants who are SARS-CoV-2 naïve, the clinical efficacy of the CoV2 preS dTM-AS03 vaccines for the prevention of symptomatic COVID-19 occurring ≥ 14 days after the second injection.To assess the safety of the CoV2 preS dTM-AS03 vaccines compared to placebo throughout the study.
27	HOPE KIDS 2	Phase III	16th December 2020	Dr. Catherine Segbefia	•Korlebu Teaching Hospital Department of Child Health •Sickle cell office Directorate Child(KATH)	Global Blood Therapeutics,	Application Approved	The purpose is to evaluate the effect of voxelotor compared to placebo on the transcranial Doppler(TCD) time-averaged mean of the maximum velocity(TAMMV) arterial cerebral blood flow at 24 weeks in SCD participants >2 to <15 years of age with conditional (170 to <200cm/sec) TCD flow velocity.
28	STEADFAST	Phase II	15th February, 2021	Dr. Yvonne Dei Adomako	•Ghana Institute of Clinical Genetics Korlebu •Sickle cell office Directorate Child(KATH)	Novartis Pharma	Application Pending Approval	The purpose of this study is to explore the effect of P-selectin inhibition with crizanlizumab on renal function in SCD patients with CKD who are receiving standard of care for SCD-related CKD, have Grade A2-A3 albuminuria and Stage 1-3a CKD, and are at risk for rapid decline in their eGFR.
29	BEMPU		2nd November, 2020	Mr. Prince Owusu	•Achimota General Hospital •Greater Accra Regional Hospital •Eastern Regional Hospital •Korte-Bu Teaching Hospital •Central Regional Hospital Princess Marie Luis Children Hospital	Center for learning and childhood development	Application Pending Approval	To determine the accuracy of the bracelet in identifying hypothermia and evaluate its effect on Kangaroo Mother Care (KMC) practices and neonatal health outcomes in Ghana. To assess the acceptability of the bracelet in Health providers and caregivers of Low Birth Weight (LBW) infants by conducting qualitative in-depth interviews. Determine the accuracy of the BEMPU bracelet in classifying hypothermia in the clinical setting. Evaluate the impact of the bracelet
30	IVERMECTIN GH	Phase II	5th March 2021	Dr. Kwaku Poku Asante	Mamprobi Polyclinic LEKMA Hospital Ga East Hospital Mamobi Tema General Hospital Pantang Hospitals	Prof. Fred Binka	Application Pending Approval	To determine the impact of Ivermectin in the country to guide its possible use for prophylaxis or treatment. The studies will assess the efficacy of Ivermectin as prophylaxis and treatment among healthworkers and patients diagnosed with symptomatic COVID-19 infection respectively. Results from this study will inform policy on the treatment and prevention of COVID-19.

 -								To address the gap in proteinuris, measurement solutions
31	PRCR SPOT		15th March 2021	Dr. Hannah Brown Amoakoh	Ridge Hospital, Korlebu Teaching Hospital, Koforidua Regional Hospital	Emily Stephanie Zobrist, PATH, 2201 Westllake Avenue, Seattle, WA 98121, USA	Application Pending Approval	To address the gap in proteinuria measurement solutions, LifeAssay Diagnostics (LAD) has developed and commercialized a low-cost PrCr urine dipstick that has shown goodlaboratoryand clinical performance and high usability within antenatal care (ANC)settings in previous studies. There is a need for further evidenceon the clinical utility and operational fit of the LAD Test-it™ PrCr test to inform policy recommendation for its use in Ghana and other LMIC settings.
32 5	STAR TRIAL	Phase IV	7th May 2021	Dr. Frank Enoch Gyamfi	Komfo Anokye Teaching Hospital, Kumasi	Dr. Frank Enoch Gyamfi	Application Pending Approval	unimodal analgesic with bimodal administration of i.m. morphine and i.v. paracetamol in managing postoperative pain in emergency abdominal surgery. To assess the response of patients to i.m. morphine in pain management after emergency abdominal surgery. To assess the response of patients to a combination of i.v. paracetamol and i.m. morphine in managing pain after emergency abdominal surgery. To determine the association between the administered analgesic and length of hospital stay. To determine the association between administered analgesic and postoperative complications.
33	PIVOT STUDY	Phase II	18th June 2021	Dr. Yvonne A. Dei- Adomakoh	Korle-Bu Teaching Hospital	Cincinnati Children's Hospital Medical Center	Application Pending Approval	To measure the toxicities of hydroxyurea treatment on laboratory parameters. To assess the effects of hydroxyurea treatment on a variety of sickle- related clinical and laboratory parameters in a large cohort of children and adults with HbSC disease. To identify which study endpoints are suitable for a future Phase III trial of patients with HbSC disease receiving hydroxyurea therapy.
34	RECOVERY	Phase III	21st May, 2021	Dr. John H. Amuasi	Komfo Anokye Teaching Hospital Ghana Infectious Disease Centre	University of Oxford Clinical Trials and ResearchGovernance.	Application Pending Approval	For each pairwise comparison with the 'no additional treatment' arm, the primary objective is to provide reliable estimates of the effect of study treatments on all-cause mortality at 28 days after randomisation (with subsidiary analyses of cause of death and of death at various timepoints following discharge). The secondary objectives are to assess the effects of study treatments on duration of hospital stay; and, among patients not on invasive mechanical ventilation at baseline, the composite endpoint of death or need for invasive mechanical ventilation or ECMO.
	GBT 2104-131		5th July, 2021	Professor Alex Osei-Akoto	Komfo Anokye Teaching Hospital (KATH)	Global Blood Therapeutics, Inc.	Application Pending Approval	The primary objective of this study is to evaluate the safety and efficacy of treatment every 12 weeks with inclacumab to reduce the incidence of VOCs in participants with SCD. Additional objectives of the study are to evaluate the pharmacokinetics (PK) and pharmacodynamics (PD) of inclacumab, the presence of anti-drug antibodies (ADAs), and changes in quality of life (QOL).
	GBT-2104-132		5th July, 2021	Professor Alex Osei-Akoto	Komfo Anokye Teaching Hospital (KATH)	Global Blood Therapeutics, Inc.	Application Pending Approval	The primary objective of this study is to evaluate the safety and efficacy of a single dose of inclacumab compared to placebo to reduce the incidence of re admission to a healthcare facility for a vaso-occlusive crisis (VOC) after an admission for an index VOC in participants with sickle cell disease (SCD). Additional objectives of the study are to evaluate the pharmacokinetics (PK) and pharmacodynamics (PD) of inclacumab, the presence of anti-drug antibodies (ADAs), and changes in quality of life (QOL).
37	/R-AD-1005 STUDY	Phase II	1st July 2021	Dr. Ernest Kenu	Pentecost Hospital, Madina, Madina Polyclinic –	Vanessa Research Holdings, Inc.,	Application Pending Approval	To assess the efficacy and safety of VR-AD-1005 for the treatment of acute diarrhea in cholera in combination with standard rehydration treatment with or without antibiotics (as indicated by WHO or other applicable guidelines) versus standard treatment alone. Efficacy is measured as reduction in stool output and/or duration of diarrhea between the start of treatment until final diarrheal stool before recovery or end of study treatment (treatment duration 120 hours). KAE609 will be evaluated primarily for hepatic safety of single and
38	(AE609	Phase II	Sep-19	Dr. Abraham Rexford Oduro	1.Navrongo Health Center 2.Kintampo Health Research Centre	Novartis Pharma AG, Switzerland	Active Phase ended; Final report submitted 14months	multiple doses in sequential cohorts with increasing doses. This study aims to determine the maximum safe dose of the investigational drug KAE609 in Adult patients with acute, uncomplicated Plasmodium falciparum malaria infection

39	Saving Brains Navrongo	1	Feb-19	Dr. Engelbert A. Nonterah	Navrongo Health Research Centre	Nutriset, SAS	Active Phase ended; Final report yet to be submitted 6 months	Malnutrition continues to be a global problem. Globally 156 milion children less than 5 years are stunted, 50 million wasted, while simultaneously 42 million are overweight reflecting the double burden of malnutrition. Prevalence of malnutrition varies by region and country with Asia and Africa being the worst affected regions. This study is to ssees the acceptability and adherence to nutrient supplementation for 6 weeks among pregnant and lactating women and 6 monh old infants post weaning
40	SAVING BRAINS KUMASI	1	Nov-17	Prof. Jacob Plange-Rhule	1.Tafo Government Hospital 2.Suntreso Government Hospital 3.Kumasi South Government Hospital	KNUST/Nutriset SAS	Study ended 6months	Malnutrition continues to be a global problem. Globally 156 milion children less than 5 years are stunted, 50 million wasted, while simultaneously 42 million are overweight reflecting the double burden of malnutrition. Prevalence of malnutrition varies by region and country with Asia and Africa being the worst affected regions. This study is to seess the acceptability and adherence to nutrient supplementation for 6 weeks among pregnant and lactating women and 6 monh old infants post weaning
41	ALB_IVM	=	Apr-14	Dr. Nicholas Opoku	Onchocerciasis Chemotherapy Research Centre Government Hospital.	Case Western Reserve University School of Medicine, 10900 Euclid Ave Cleveland	Active Phase ended; Final report submitted 38 months	
42	MAL 055	m	Oct-08	1. Prof. E. Tsiri Agbenyaga 2. Prof. Seth Owusu Agyei 3. Dr. Kwaku Poku Asante	1. Malaria Research Centre, Agogo. 2. Kintampo Health Research Centre 1. Barekuma Collaborative	GlaxoSmithKline Biologicals	Active Phase ended; Final report submitted 60 months	This Phase III study of GSK Biologicals candidate malaria vaccine RTS,S/AS01E has been designed to address the key safety and efficacy information required for vaccine licensure. In addition, other disease endpoints that allow the evaluation of the full public health impact and cost effectiveness of vaccine implementation are included. Co-primary objectives will investigate the efficacy against clinical disease in children from 5-17 months of age at first dose and the efficacy in infants 6-12 weeks of age who receive the vaccine in co-administration with EPI antigens
43	MMS	111	02/10/2012	Prof. Tsiri Agbenyaga	2. C/O Komfo Anokye Teaching Hospital, Kumasi	Kirk Humanitarian	Active Phase Ended; yet to submit report 48 months	
44	PRENABELT		April 2015	Dr. Jerry Coleman	Korle-Bu Teaching Hospital, Accra – Korle Bu	Global Innovations for Reproductive Health and Life, USA	Active Phase ended; Final report submitted 7 months	
45	СРАР	Phase III	May 14, 2013	1. Dr. Harry Tagbor 2. Dr. Frank Baiden 3. Dr. Damien Punguyire 4. Dr. Kwadwo Nyarko Jectey	1. Mampong Government Hospital, Mampong 2. Kintampo Municipal Hospital, Kintampo	General Electric (GE) Foundation's Systems Improvement at District Hospitals and Regional Training of Emergency Care (sidHARTe) out of Columbia University	Active Phase ended; yet to submit report in required format. 36 months	Evaluating the impact of using continuous positive airway pressure (CPAP) on mortality among children admitted into emergencies wards. an interventional trial to determine if CPAP reduces morality in children 1 month to 5 years of age with acute respiratory distress
		Phase III	July 9, 2013	Dr. Shirley Owusu-Ofori	Komfo Anokye Teaching Hospital	Terumo BCT Europe N.V.	Active Phase ended; Final report submitted 6 months	
	MENINGOCOC CAL-A CONJUGATE VACCINE	II	JUNE 26TH, 2007	Dr. Patrick Ansah	Navrongo Health Research Centre	SIIL PATH	Active Phase ended; Final report submitted 54 months	
	NON-INVASIVE HAEM DEVICE		April 9, 2013	Dr. Sam Newton	Kintampo Health Research Centre, Kintampo	РАТН	Active Phase Ended 2 months	

							Active Phase	
					Navrongo Health Research		Ended 7 months	
10	ROTARIX	ш	February 6, 2012	Prof. George Armah	Centre	PATH	7 monuns	
43	NOTANIA		rebluary 0, 2012	Tiol. George Alman	Centre		Active Phase	
							Ended	
					Navrongo Health Research		5 months	
50	ARTIMIST	Ш	October 22, 2010	Dr. Patrick Ansah	Centre	ProtoPharma Limited		
							Active Phase	
							Ended	
					Navrongo Health Research	Merck, Sharp and Dohme	20 months	
51	GARDASIL	III	Nov-10	Dr. Nana Akosua Ansah	Centre	Corporation		
							Active Phase	
50	0,440		1 10		Komfo Anokye Teaching	University Medical Centre	Ended	
52	SMAC	III	Jan-13	Prof. Tsiri Agbenyega	Hospital, Kumasi	Tubingen	15 months Active Phase	
					Kintampo Health Research		Ended	
53	OXYTOCIN	ш	May 12, 2010	Dr. Sam Newton	Centre	PATH	12 months	
00	OXT TOOL		Way 12, 2010				Active Phase	
							Ended	
54	AMARYL M	IV	October 16, 2009	Dr. Frank Umeh	Korle-Bu Teaching Hospital	Sanofi Aventis	6 months	
						1. Wyeth Research Division		
						of Wyeth Pharmaceuticals		
						Inc.		
						0. Desident Desident		
	MOVIDEOTIN				Onchocerciasis Chemotherapy		Desert	
	MOXIDECTIN- IVERMECTIN		Est of	Dr. Niekolas Oraliu		and Evaluation unit TDR	Report	Depart submitted 25 months + (12 months and)
55	IVERIVIECTIN	=	Feb-04	Dr. Nicholas Opoku	Hospital.	1. Wyeth Research Division	submitted	Report submitted 25 months + (12 months ext.)
						of Wyeth Pharmaceuticals		
						Inc.		
					Onchocerciasis Chemotherapy	2. Product Development	Active Phase	
						and Evaluation unit TDR	Ended	
56	MOXIDECTIN	Phase II	Feb-04	Dr. Kwabla Awadzi	Hospital		60 months	
						Division of Microbiology and		
						Infectious Diseases (DMID)		
						National Institute of Allergy and Infectious Diseases	Active Phase	
					Noguchi Momorial Institute of	(NIAID)	Ended	
57	EBA		Mar-09	Prof. Kwadwo Ansah Koram		(NAD)	18 months	
51	LDA	1	Ivial-03	Tiol. Rwadwo Ansan Rolam	Medical Research		TO MONUNA	
					Health Facilities in the		Active Phase	
					Kassena Nankana, Navrongo	London School of Hygiene	Ended	
58	IPT & SP	Ш	May-08	Dr. Abraham Hodgson	Health Research Centre	and Tropical Medicine	32 months	
	IRON							
	FORTIFICATIO						Active Phase	
	N				Kintampo Health Research		Ended	
59	Ш		Jul-09	Prof. Seth Owusu Agyei	Centre	National Institutes of Health	12 months	
				1. Prof. George E. Armah 2. Prof. Fred N. Binka	1. War Memorial Hospital,		Active Dhoos	
				3. Dr. Abraham Hodgson	Navrongo 2. Bongo Hospital	International Medica	Active Phase Ended	
60	ROTASHIELD	ш	Aug-09	o. Dr. Abraham Houysoff	2. Dongo nospital	Foundation	16 months	
00	ROTAGHIELD		Aug-09			i oundation	10 months	
	AZITHROMYCI					Pfizer Laboratories		
	N PLUS						Active Phase	
	CHLOROQUIN				Navrongo Health Research	Research and	Ended	
61	E PHOSPHATE	=	Oct-07	Dr. Patrick Ansah	Centre	Development.	8 months	
							Active Phase	
							Ended, Lancet	
							publication	
						London School of Hygiene	submitted	
62	CRASH-2	1	Aug-07	Prof. J. C. B. Dakubo	Korle-Bu Teaching Hospital	& Tropical Medicine	24 months	
52			, tag 01					
	PYRONARIDIN							
	E						Active Phase	
			14-, 07	Dr. C. Badu Adar	Komfo Anokye Teaching	Medicines For Malaria	Ended	
63	VRS COARTEM		Mar-07	Dr. G. Bedu-Adoo	Hospital	Venture, Switzerland	3 months	

							Active Phase	
					Kintampo Health Research		Ended	
64	MAL 050	ш		Prof. Seth Owusu Adjei		GlaxoSmithKline R&D	17 months	
	PFCSP_MVAC					Division of Microbiology and Infectious Diseases (DMID) National Institute of Allergy and Infectious Diseases (NIAID)	Active Phase Ended	
65	S_MALARIA	I.	Aug-05	Prof. Kwadwo A Koram	Hospital		18 months	
66	ROTATEQ	Ш	Sep-07	Prof. George E. Armah	Navrongo Health Research Centre	1. Merck & Co. 2. PATH	Active Phase Ended 18 months	
	MEFLOQCHLO AZITH	111	04-Aug-04	Dr. Abraham Hodgson	Navrongo Health Research Centre	Pfizer Inc.	Active Phase Ended 12 months	
68	MAL 047	11		Prof. Seth Owusu Adjei, Dr. Kwaku Poku Asante	Kintampo Health Research Centre	GlaxoSmithKline R&D	Active Phase Ended 19 months	
69	CDA	111	19th July 2006	Prof. Seth Owusu Agyei Dr. Kwaku Poku Asante	Kintampo Health Research Centre Department of Physiology,	GlaxoSmithKline R & D	Active Phase Ended 12 months Active Phase	
70	CDA2	ш	27,June 2006	Prof. Tsiri Agbenyega	School of Medical Sciences, KNUST	GlaxoSmithKline R & D	Ended 12 months	
71	NOVASIL	11		Prof. David Ofori Agyei Dr. Nii- Ayi Ankrah	Ejura Sekyedumasi Disrict, Ashanti Region	United States Agency for International Development (USAID) Through The Peanut Collaborative Research Support Program	Active Phase Ended 9 months	
72	TENOFOVIR	11	Feb-04	Dr. Edith Clarke	Ghana Health Service	Family Health International	Active Phase Ended 20 onths	
73	SAVVY	11	Feb-04	Dr. William Ampofo Dr. Baafuor Kofi Opoku	1. Noguchi Memorial Institution for Medical Research. 2. Komfo Anokye Teaching Hospital.	Family Health International	Active Phase Ended 32 months	
74	MAL 063	111	15th April 2011	Prof. E. Tsiri Agbenyaga	Agogo.	Malaria Research Centre, Agogo	Active Phase Ended 52 months	
	PREGACT	111		1.Dr. Harry Tagbor 2.Dr. Henry Opare Addo	1.Ējīšu Government Hospital, Ejisu 2. Juaben Government Hospital, Juaben	Prince Leopold Institute of Tropical Medicine	Active Phase Ended 60 months	
76	ALBIVIM K'SI	III	10th November 2015	Prof. Alexander Yaw Debrah	Kumasi Centre for Collaborative Research in Tropical Medicine	University Hospitals Case medical Center	Active Phase Ended, Yet to submit final report 4 years and 2 months	
	RIFAMPIN VS ISONIAZID	111	2nd March 2011	Dr. Joseph Baah Obeng	Komfo Anokye Teaching Hospital Chest Clinic, Kumasi	Canadian Institute of Health Research	Active Phase Ended 60 months	
	NOGUCHI FILARIASIS		7th June 2017	Prof. Daniel A. Boakye Dr. Nana – Kwadwo Biritwum	Noguchi Memorial Institute For Medical Research	World Health Organization - TDR	Active Phase Ended 10 months	Development of a plan of action for strengthening LF elimination in Ghana, and where appropriate, a plan of action for integrating LF and onchocerciasis elimination efforts, to be proposed to the GHS decision makers.

								To evaluate the safety of 1.25mg and 2mg ziv-aflibercept in
7	ZIV AFFLIBERCEP 9 T	1	30th January 2017	Braimah Imoro Zeba	Retina unit, Eye Centre, Korle- Bu, Teaching Hospital, Korle- Bu, Accra	Same as PI	Active Phase Ended 5 months	To evaluate the safety of intravitreal injections of ziv-aflibercept in determine the safety of intravitreal injections of ziv-aflibercept at 4 and 12 weeks in a Ghanaian population. To measure the visual outcome of treatment with 1.25mg and 2mg ziv-aflibercept in eyes with DME, nvAMD, and ME secondary to RVO at 12 weeks. To measure the anatomic changes using SD-OCT in eyes with DME, nvAMD and ME secondary to RVO at 12 weeks.
8	0 HESTIA3	Phase III	1st August, 2018	1. Prof. Alex Osei-Akoto 2. Dr Patrick Ansah 3. Dr. Catherine Segbefia 4.Dr Kokou Hefoume Amegan-Aho	1. Komfo Anokye Teaching Hospital, Department of Child Health 2. Navrongo Health Research Centre 3. Department of Child Health, Korle Bu University of Health and Allied Sciences	AstraZeneca AB	Active Phase Ended. Final Report submitted 29 Months	Sickle cell disease (SCD) is a genetic, autosomal, recessive blood disorder resulting in altered (sickle-shaped) red-blood cells. A vaso- occlusive crisis (VOC) is a severe, acute painful episode that occurs when sickle-shaped red blood cells obstruct the microcirculation and restrict blood flow to an organ or tissue, resulting in ischaemia, necrosis and organ damage. There is a high unmet need for treatment options in SCD and there is a data that platelet inhibition has the potential to reduce the risk for acute vaso-occlusions. This study is to evaluate the effect (efficacy, safety and tolerability) of ticagrelor versus placebo in reducing the rate of vaso-occlusive crises (VOCs), which is the composite of painful crisis and/or acute chest syndrome (ACS), in paediatric patients (2 to 11 years and 12 to 17 years with sickle cell disease (SCD).
	PRCR 1 DIPSTICK		16th February, 2018	Dr. Sam Newton	Kintampo Health Research Center	Program For Appropriate Technology In Health (PATH)	Active Phase Ended. Final Report Submitted 19 months	The tack of access to rename tests for proteintura measurement in all antenatal care settings, particularly at the periphery, remains a critical gap in the accurate identification of women at high risk for Pre-Eclampsia. In Low Resource Settings, a protein-only measurement via a urine dipstick is the most widely used proteinuria test due in part to its low complexity and low cost. However, the clinical utility of the protein-only dipstick is limited. Test results can be unreliable, as the test cannot adjust for daily fluctuation of body hydration. This leads to protein measurements that are either too low or too high due to the level of urine dilution. More accurate tests, such as the 24-hour urine test, are available only for confirmatory testing in tertiary-level clinics due to their high cost and technical complexity. The purpose of the study is to generate a body of evidence that will determine performance characteristics of the current Protein Creatinine dipstick test and the feasibility of its use in target Ante Natal Care settings.
	2 MAL 073	Phase IIIb		1.Prof. Tsiri Agbenyega Prof. Seth Owusu Adjei	1.Malaria Research Center, Agogo 2.Kintampo Health Research Centre	GlaxoSmithKline Pharmaceuticals	•Enrollment ended; participants receiving treatment (MRC, Agogo) •Enrollment ended; participants are in follow-up stage (KHRC, Kintampo 38 months	In sub-Saharan Africa, most of the Expanded Program on Immunization (EPI) vaccines are given in early infancy while measles, rubella and yellow fever (YF) vaccines are given at 9 months of age. Between the first EPI vaccines and the measles, rubella and YF vaccines, children receive Vitamin A supplementation at 6 months of age. To limit the number of clinic visits for young children and to optimize vaccine implementation a schedule (0, 1.5, 3-month) is proposed . There are however no data of the anti-circumsporozoite protein of Plasmodium falciparum (anti-CS) immune response induced by RTS,S/AS01E when given in co-administration with measles, rubella and YF, in a 0, 1.5, 3-month schedule starting at an older age (5-17 months). This study intends to demonstrate that anti-CS immune response of the candidate malaria vaccine RTS,S/AS01E is not inferior when RTS,S/AS01E is administeration with measles, rubella and YF in a 0, 1.5, 3-month schedule starting at 6 months of age with the third dose given alone or in co-administration with a YF vaccine and a combined measles and rubella vaccine Safety has not been evaluated in co-administration with measles, rubella and YF in a 0, 1.5, 3-month schedule starting at 6 months of age. This study will therefore provide safety information when RTS,S/AS01E is administered at 6, 7.5 and 9 months of age. This study will therefore provide safety information when RTS,S/AS01E is administered at 6, 7.5 and 9 months of age alone or in co-administration with YF vaccine and a combined measles and rubella vaccine

								Study not	
								conducted;	
								Funds from	
								Sponsor	
								withdrawn	
							Bill and Melinda Gates	before initiation	
8	3 ESM UE	IBT		17th February, 2014	Dr. Ivy Frances Osei	Field Work	Foundation, USA	8months	
	2011/02			That i obligatly, 2011				Study Closed by	
								Sponsor. No	
					De lessekies C. Osses				
					Dr. Josephine C. Ocran			recruitment was	
					Prof. Kwadwo Ansah	Noguchi Memorial Institute of	Sanofi-Aventis Recherché	done.	
8	4 FERRO	OQUINE		Apr-08	Koram	Medical Research	And Development	13Conths	
								Group 1 and 2	
								under current	
								protocol	
								completed	
						1.Center for Clinical		(none recruited	
						Genetics, Korle-Bu Teaching		in Ghana); yet to	
						Hospital	Global Blood Therapeutics	start Main	
							Inc.	Population	
					1.Dr. Yvonne Dei	2.Paediatric Sickle cell clinic,	400 East Jamie Court, Suite	Study (Group 3)	The primary objective is to assess the efficacy of GBT440 in
					Adomakoh	Komfo Anokye Teaching	101 South San Francisco,		adolescents and adults
8	5 HOPE S	SCD	III	May-17	2.Dr. Vivian Paintsil	Hospital	CA 94080,USA	17 months	with SCD as measured by improvement in anemia
									Soil-transmitted helminth (STH) infections are considered among the
									most pressing of global health problems, thought to parasitize some
									2 billion people worldwide.[] The most recent estimates suggest that
									between 600 and 800 million people are infected with one or several
									of the common soil-transmitted helminths (STHs), which are Ascaris
									lumbricoides, Trichuris trichiura, and hookworm.[] Infection
									prevalence, incidence, and disease burden are particularly high in
									tropical and subtropical areas that are already burdened with poor
									living conditions, over-population, and inadequate sanitation,
								A 12 12	
							Program For Appropriate	Application	including some areas of sub-Saharan Africa, Asia, and Latin
	MEBEN	NDAZOL				Kintampo Health Research	Technology In Health	Withdrawn	America.[1, ,] While adults represent a significant percentage of the
8	6 E		IV	Sep-17	Prof Michael David Wilson	Centre	(PATH)	N/A	infected population, it is children who are the most vulnerable
		1							
					1.Dr. Kwaku Poku Asante	1.Kintampo Health Research		Application	
8					1.Dr. Kwaku Poku Asante	1.Kintampo Health Research		Application	
		A 7	11	Jan-15		1.Kintampo Health Research Centre	GlaxoSmithKline Biologicals	Application withdrawn	
	7 EBOLA	A Z	11	Jan-15	1.Dr. Kwaku Poku Asante 2.Prof. Kwadwo A Koram	1.Kintampo Health Research	GlaxoSmithKline Biologicals	Application withdrawn	
	7 EBOLA	A Z	11	Jan-15		1.Kintampo Health Research Centre		Application withdrawn N/A	
			1	Jan-15		1.Kintampo Health Research Centre	Glaxosmithkline Biologicals,	Application withdrawn N/A Application	
	EBOLA	ΑZ			2.Prof. Kwadwo A Koram	1.Kintampo Health Research Centre 2.OCRC, Hohoe	Glaxosmithkline Biologicals, Rue De L'institut, 89 – 1330	Application withdrawn N/A Application withdrawn	
8		ΑZ	II <u></u>	Jan-15 21st August 2015		1.Kintampo Health Research Centre	Glaxosmithkline Biologicals, Rue De L'institut, 89 – 1330 Rixensart, Belgium	Application withdrawn N/A Application withdrawn N/A	
8	EBOLA	ΑZ	II		2.Prof. Kwadwo A Koram	1.Kintampo Health Research Centre 2.OCRC, Hohoe	Glaxosmithkline Biologicals, Rue De L'institut, 89 – 1330 Rixensart, Belgium	Application withdrawn N/A Application withdrawn N/A Approved but	
8	EBOLA	ΑZ	II		2.Prof. Kwadwo A Koram	1.Kintampo Health Research Centre 2.OCRC, Hohoe	Glaxosmithkline Biologicals, Rue De L'institut, 89 – 1330 Rixensart, Belgium	Application withdrawn N/A Application withdrawn N/A	
8	EBOLA	ΑZ	II <u></u>		2.Prof. Kwadwo A Koram	1.Kintampo Health Research Centre 2.OCRC, Hohoe	Glaxosmithkline Biologicals, Rue De L'institut, 89 – 1330 Rixensart, Belgium	Application withdrawn N/A Application withdrawn N/A Approved but	
8	EBOLA	ΑZ	<u>n</u>		2.Prof. Kwadwo A Koram	1.Kintampo Health Research Centre 2.OCRC, Hohoe	Glaxosmithkline Biologicals, Rue De L'institut, 89 – 1330 Rixensart, Belgium Crucell Holland B.V,	Application withdrawn N/A Application withdrawn N/A Approved but sponsor withdrew	
	EBOLA (Paediat	A Z jatric) I	<u>n</u>	21st August 2015	2.Prof. Kwadwo A Koram Dr. Kwaku Poku Asante	1.Kintampo Health Research Centre 2.OCRC, Hohoe OCRC, Hohoe	Glaxosmithkline Biologicals, Rue De L'institut, 89 – 1330 Rixensart, Belgium Crucell Holland B.V, Represented by Janssen	Application withdrawn N/A Application withdrawn N/A Approved but sponsor withdrew conduct	
	EBOLA	A Z jatric) I	II		2.Prof. Kwadwo A Koram	1.Kintampo Health Research Centre 2.OCRC, Hohoe	Glaxosmithkline Biologicals, Rue De L'institut, 89 – 1330 Rixensart, Belgium Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd	Application withdrawn N/A Application withdrawn N/A Approved but sponsor withdrew conduct N/A	
	EBOLA (Paediat	A Z jatric) I	n <u> </u>	21st August 2015	2.Prof. Kwadwo A Koram Dr. Kwaku Poku Asante	1.Kintampo Health Research Centre 2.OCRC, Hohoe OCRC, Hohoe	Glaxosmithkline Biologicals, Rue De L'institut, 89 – 1330 Rixensart, Belgium Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd Crucell Holland B.V,	Application withdrawn N/A Application withdrawn N/A Approved but sponsor withdrew conduct N/A Application	
8	EBOLA (Paedia) 9 ZEBOV	A Z atric) V	II	21st August 2015 7th January 2015	2.Prof. Kwadwo A Koram Dr. Kwaku Poku Asante Professor Fred Binka	1.Kintampo Health Research Centre 2.OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe	Glaxosmithkline Biologicals, Rue De L'institut, 89 – 1330 Rixensart, Belgium Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd Crucell Holland B.V, Represented by Janssen	Application withdrawn N/A Application withdrawn N/A Approved but sponsor withdrew conduct N/A Application withdrawn	
8	EBOLA (Paediat	A Z atric) V	n n	21st August 2015	2.Prof. Kwadwo A Koram Dr. Kwaku Poku Asante	1.Kintampo Health Research Centre 2.OCRC, Hohoe OCRC, Hohoe	Glaxosmithkline Biologicals, Rue De L'institut, 89 – 1330 Rixensart, Belgium Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd Crucell Holland B.V, Represented by Janssen	Application withdrawn N/A Application withdrawn N/A Approved but sponsor withdrew conduct N/A Application withdrawn N/A N/A	
8	EBOLA (Paedia) 9 ZEBOV	A Z atric) V	n n n	21st August 2015 7th January 2015	2.Prof. Kwadwo A Koram Dr. Kwaku Poku Asante Professor Fred Binka	1.Kintampo Health Research Centre 2.OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe	Glaxosmithkline Biologicals, Rue De L'institut, 89 – 1330 Rixensart, Belgium Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd	Application withdrawn N/A Application withdrawn N/A Approved but sponsor withdrew conduct N/A Application withdrawn N/A Application	
8	EBOLA (Paedia) 9 ZEBOV	A Z atric) V	n	21st August 2015 7th January 2015	2.Prof. Kwadwo A Koram Dr. Kwaku Poku Asante Professor Fred Binka	1.Kintampo Health Research Centre 2.OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe	Glaxosmithkline Biologicals, Rue De L'institut, 89 – 1330 Rixensart, Belgium Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd	Application withdrawn N/A Application withdrawn N/A Approved but sponsor withdrew conduct N/A Application Withdrawn N/A Application Withdrawn	
8	EBOLA (Paedia) 9 ZEBOV	A Z atric) V	n <u> </u>	21st August 2015 7th January 2015	2.Prof. Kwadwo A Koram Dr. Kwaku Poku Asante Professor Fred Binka	1.Kintampo Health Research Centre 2.OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe	Glaxosmithkline Biologicals, Rue De L'institut, 89 – 1330 Rixensart, Belgium Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd	Application withdrawn N/A Application withdrawn N/A Approved but sponsor withdrew conduct N/A Application withdrawn N/A Application	
8	9 ZEBOV 2 ZEBOV	A Z atric) I V V 2 I	n	21st August 2015 7th January 2015 6th April 2015	2.Prof. Kwadwo A Koram Dr. Kwaku Poku Asante Professor Fred Binka Professor Fred Binka	1.Kintampo Health Research Centre 2.OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe Noguchi Memorial Institute For	Glaxosmithkline Biologicals, Rue De L'institut, 89 – 1330 Rixensart, Belgium Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd General Resonance	Application withdrawn N/A Application withdrawn N/A Approved but sponsor withdrew conduct N/A Application Withdrawn N/A Application Withdrawn	
8	EBOLA (Paedia) 9 ZEBOV	A Z atric) I V V 2 I	n	21st August 2015 7th January 2015 6th April 2015	2.Prof. Kwadwo A Koram Dr. Kwaku Poku Asante Professor Fred Binka	1.Kintampo Health Research Centre 2.OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe	Glaxosmithkline Biologicals, Rue De L'institut, 89 – 1330 Rixensart, Belgium Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd	Application withdrawn N/A Application withdrawn N/A Approved but sponsor withdrew conduct N/A Application Withdrawn N/A Application Withdrawn	
8	9 ZEBOV 2 ZEBOV	A Z atric) I V V 2 I	n	21st August 2015 7th January 2015 6th April 2015	2.Prof. Kwadwo A Koram Dr. Kwaku Poku Asante Professor Fred Binka Professor Fred Binka	1.Kintampo Health Research Centre 2.OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe Noguchi Memorial Institute For Medical Research	Glaxosmithkline Biologicals, Rue De L'institut, 89 – 1330 Rixensart, Belgium Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd General Resonance	Application withdrawn N/A Application withdrawn N/A Approved but sponsor withdrew conduct N/A Application Withdrawn N/A Application Withdrawn	
8	9 ZEBOV 2 ZEBOV	A Z atric) I V V 2 I	n	21st August 2015 7th January 2015 6th April 2015	2.Prof. Kwadwo A Koram Dr. Kwaku Poku Asante Professor Fred Binka Professor Fred Binka Prof. David Ofori-Adjei	1.Kintampo Health Research Centre 2.OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe Noguchi Memorial Institute For Medical Research Navrongo Health Research	Glaxosmithkline Biologicals, Rue De L'institut, 89 – 1330 Rixensart, Belgium Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd General Resonance	Application withdrawn N/A Application withdrawn N/A Approved but sponsor withdrew conduct N/A Application Withdrawn N/A Application Withdrawn	
8	9 ZEBOV 2 ZEBOV	A Z atric) I V V 2 I	n	21st August 2015 7th January 2015 6th April 2015	2.Prof. Kwadwo A Koram Dr. Kwaku Poku Asante Professor Fred Binka Professor Fred Binka	1.Kintampo Health Research Centre 2.OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe Noguchi Memorial Institute For Medical Research	Glaxosmithkline Biologicals, Rue De L'institut, 89 – 1330 Rixensart, Belgium Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd General Resonance	Application withdrawn N/A Application withdrawn N/A Approved but sponsor withdrew conduct N/A Application Withdrawn N/A Application Withdrawn	
8	9 ZEBOV 2 ZEBOV	A Z atric) I V V 2 I	n	21st August 2015 7th January 2015 6th April 2015	2.Prof. Kwadwo A Koram Dr. Kwaku Poku Asante Professor Fred Binka Professor Fred Binka Prof. David Ofori-Adjei 1. Dr. Isaac Osei	1.Kintampo Health Research Centre 2.OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe Noguchi Memorial Institute For Medical Research Navrongo Health Research Centre	Glaxosmithkline Biologicals, Rue De L'institut, 89 – 1330 Rixensart, Belgium Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd General Resonance	Application withdrawn N/A Application withdrawn N/A Approved but sponsor withdrew conduct N/A Application Withdrawn N/A Application Withdrawn	
8	9 ZEBOV 2 ZEBOV	A Z atric) I V V 2 I	n	21st August 2015 7th January 2015 6th April 2015	2.Prof. Kwadwo A Koram Dr. Kwaku Poku Asante Professor Fred Binka Professor Fred Binka Prof. David Ofori-Adjei	1.Kintampo Health Research Centre 2.OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe Noguchi Memorial Institute For Medical Research	Glaxosmithkline Biologicals, Rue De L'institut, 89 – 1330 Rixensart, Belgium Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd General Resonance	Application withdrawn N/A Application withdrawn N/A Approved but sponsor withdrew conduct N/A Application Withdrawn N/A Application Withdrawn	
8	9 ZEBOV 2 ZEBOV	A Z atric) I V V 2 I	n	21st August 2015 7th January 2015 6th April 2015	2.Prof. Kwadwo A Koram Dr. Kwaku Poku Asante Professor Fred Binka Professor Fred Binka Prof. David Ofori-Adjei 1. Dr. Isaac Osei	1.Kintampo Health Research Centre 2.OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe Noguchi Memorial Institute For Medical Research Navrongo Health Research Centre	Glaxosmithkline Biologicals, Rue De L'institut, 89 – 1330 Rixensart, Belgium Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd General Resonance Technology 1llc	Application withdrawn N/A Application withdrawn N/A Approved but sponsor withdrew conduct N/A Application Withdrawn N/A Application Withdrawn N/A	
8	9 ZEBOV 2 ZEBOV	A Z atric) I V V 2 I	n	21st August 2015 7th January 2015 6th April 2015	2.Prof. Kwadwo A Koram Dr. Kwaku Poku Asante Professor Fred Binka Professor Fred Binka Prof. David Ofori-Adjei 1. Dr. Isaac Osei 2. Dr. Samuel Abora	1.Kintampo Health Research Centre 2.OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe Noguchi Memorial Institute For Medical Research Navrongo Health Research Centre Upper East Regional Hospital	Glaxosmithkline Biologicals, Rue De L'institut, 89 – 1330 Rixensart, Belgium Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd General Resonance Technology 1llc	Application withdrawn N/A Application withdrawn N/A Approved but sponsor withdrew conduct N/A Application Withdrawn N/A Application Withdrawn N/A	
8	9 ZEBOV 2 ZEBOV	A Z atric) I V V 2 I	n n n n	21st August 2015 7th January 2015 6th April 2015	2.Prof. Kwadwo A Koram Dr. Kwaku Poku Asante Professor Fred Binka Professor Fred Binka Prof. David Ofori-Adjei 1. Dr. Isaac Osei 2. Dr. Samuel Abora 3. Dr. Fred Adomako –	1.Kintampo Health Research Centre 2.OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe Noguchi Memorial Institute For Medical Research Navrongo Health Research Centre Upper East Regional Hospital Kumasi Centre for	Glaxosmithkline Biologicals, Rue De L'institut, 89 – 1330 Rixensart, Belgium Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd General Resonance Technology 1llc	Application withdrawn N/A Application withdrawn N/A Approved but sponsor withdrawn N/A Application Withdrawn N/A Application Withdrawn N/A	
<u>8</u> 9 9	BEBOLA BEBOLA Paedia 2 2 2 2 2 2 2 2 2 2 2 2 2	A Z latric)	II	21st August 2015 7th January 2015 6th April 2015 Mar-08	2.Prof. Kwadwo A Koram Dr. Kwaku Poku Asante Professor Fred Binka Professor Fred Binka Prof. David Ofori-Adjei 1. Dr. Isaac Osei 2. Dr. Samuel Abora	1.Kintampo Health Research Centre 2.OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe Noguchi Memorial Institute For Medical Research Navrongo Health Research Centre Upper East Regional Hospital	Glaxosmithkline Biologicals, Rue De L'institut, 89 – 1330 Rixensart, Belgium Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd General Resonance Technology 1llc Janssen-Cilag International NV (Sponsor) represented by Clinical Research Africa	Application withdrawn N/A Application withdrawn N/A Approved but sponsor withdrew conduct N/A Application Withdrawn N/A Application Withdrawn N/A	
<u>8</u> 9 9	9 ZEBOV 2 ZEBOV	A Z latric)	IIIIb	21st August 2015 7th January 2015 6th April 2015	2.Prof. Kwadwo A Koram Dr. Kwaku Poku Asante Professor Fred Binka Professor Fred Binka Prof. David Ofori-Adjei 1. Dr. Isaac Osei 2. Dr. Samuel Abora 3. Dr. Fred Adomako –	1.Kintampo Health Research Centre 2.OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe Noguchi Memorial Institute For Medical Research Navrongo Health Research Centre Upper East Regional Hospital Kumasi Centre for	Glaxosmithkline Biologicals, Rue De L'institut, 89 – 1330 Rixensart, Belgium Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd General Resonance Technology 1llc	Application withdrawn N/A Application withdrawn N/A Approved but sponsor withdrawn N/A Application Withdrawn N/A Application Withdrawn N/A	
<u>8</u> 9 9	BEBOLA BEBOLA Paedia 2 2 2 2 2 2 2 2 2 2 2 2 2	A Z latric)	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	21st August 2015 7th January 2015 6th April 2015 Mar-08	2.Prof. Kwadwo A Koram Dr. Kwaku Poku Asante Professor Fred Binka Professor Fred Binka Prof. David Ofori-Adjei 1. Dr. Isaac Osei 2. Dr. Samuel Abora 3. Dr. Fred Adomako –	1.Kintampo Health Research Centre 2.OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe OCRC, Hohoe Noguchi Memorial Institute For Medical Research Navrongo Health Research Centre Upper East Regional Hospital Kumasi Centre for Collaborative Research	Glaxosmithkline Biologicals, Rue De L'institut, 89 – 1330 Rixensart, Belgium Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd General Resonance Technology 1llc Janssen-Cilag International NV (Sponsor) represented by Clinical Research Africa Ltd.	Application withdrawn N/A Application withdrawn N/A Approved but sponsor withdrawn N/A Application Withdrawn N/A Application Withdrawn N/A	
<u>8</u> 9 9	BEBOLA BEBOLA Paedia 2 2 2 2 2 2 2 2 2 2 2 2 2	A Z latric)	<u>п</u>	21st August 2015 7th January 2015 6th April 2015 Mar-08	2.Prof. Kwadwo A Koram Dr. Kwaku Poku Asante Professor Fred Binka Professor Fred Binka Prof. David Ofori-Adjei 1. Dr. Isaac Osei 2. Dr. Samuel Abora 3. Dr. Fred Adomako –	1.Kintampo Health Research Centre 2.OCRC, Hohoe OCRC, Hohoe Uoguchi Memorial Institute For Medical Research Navrongo Health Research Centre Upper East Regional Hospital Kumasi Centre for Collaborative Research 1. Noguchi Memorial Institute	Glaxosmithkline Biologicals, Rue De L'institut, 89 – 1330 Rixensart, Belgium Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd General Resonance Technology 1llc Janssen-Cilag International NV (Sponsor) represented by Clinical Research Africa Ltd.	Application withdrawn N/A Application withdrawn N/A Approved but sponsor withdrew conduct N/A Application Withdrawn N/A Application Withdrawn N/A Application Withdrawn N/A Application	
<u>8</u> 9 9	BEBOLA BEBOLA Paedia 2 2 2 2 2 2 2 2 2 2 2 2 2	A Z latric)	IIIID	21st August 2015 7th January 2015 6th April 2015 Mar-08	2.Prof. Kwadwo A Koram Dr. Kwaku Poku Asante Professor Fred Binka Professor Fred Binka Prof. David Ofori-Adjei 1. Dr. Isaac Osei 2. Dr. Samuel Abora 3. Dr. Fred Adomako – Boateng	1.Kintampo Health Research Centre 2.OCRC, Hohoe OCRC, Hohoe Uput Hemorial Institute For Medical Research Centre Upper East Regional Hospital Kumasi Centre for Collaborative Research 1. Noguchi Memorial Institute For Medical Research	Glaxosmithkline Biologicals, Rue De L'institut, 89 – 1330 Rixensart, Belgium Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd General Resonance Technology 1llc Janssen-Cilag International NV (Sponsor) represented by Clinical Research Africa Ltd.	Application withdrawn N/A Application withdrawn N/A Approved but sponsor withdrew conduct N/A Application Withdrawn N/A Application Withdrawn N/A Application Withdrawn N/A	
<u>8</u> 9 9	BEBOLA BEBOLA Paedia 2 2 2 2 2 2 2 2 2 2 2 2 2	A Z latric)	II II IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	21st August 2015 7th January 2015 6th April 2015 Mar-08	2.Prof. Kwadwo A Koram Dr. Kwaku Poku Asante Professor Fred Binka Professor Fred Binka Prof. David Ofori-Adjei 1. Dr. Isaac Osei 2. Dr. Samuel Abora 3. Dr. Fred Adomako –	I.Kintampo Health Research Centre 2.OCRC, Hohoe OCRC, Hohoe Uoguchi Memorial Institute For Medical Research Navrongo Health Research Centre Upper East Regional Hospital Kumasi Centre for Collaborative Research I. Noguchi Memorial Institute	Glaxosmithkline Biologicals, Rue De L'institut, 89 – 1330 Rixensart, Belgium Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd General Resonance Technology 1llc Janssen-Cilag International NV (Sponsor) represented by Clinical Research Africa Ltd.	Application withdrawn N/A Application withdrawn N/A Approved but sponsor withdrew conduct N/A Application Withdrawn N/A Application Withdrawn N/A Application Withdrawn N/A Application	
9 9 9	2 SALIF,	A Z latric)		21st August 2015 7th January 2015 6th April 2015 Mar-08	2.Prof. Kwadwo A Koram Dr. Kwaku Poku Asante Professor Fred Binka Professor Fred Binka Prof. David Ofori-Adjei 1. Dr. Isaac Osei 2. Dr. Samuel Abora 3. Dr. Fred Adomako – Boateng Amma Twumwaa Owusu	1.Kintampo Health Research Centre 2.OCRC, Hohoe OCRC, Hohoe Uput Hemorial Institute For Medical Research Centre Upper East Regional Hospital Kumasi Centre for Collaborative Research 1. Noguchi Memorial Institute For Medical Research	Glaxosmithkline Biologicals, Rue De L'institut, 89 – 1330 Rixensart, Belgium Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd Crucell Holland B.V, Represented by Janssen Pharmaceutica (Pty) Ltd General Resonance Technology 1llc Janssen-Cilag International NV (Sponsor) represented by Clinical Research Africa Ltd.	Application withdrawn N/A Application withdrawn N/A Approved but sponsor withdrew conduct N/A Application Withdrawn N/A Application Withdrawn N/A Application Withdrawn N/A	

94	TENOFOVEK BE I		11th September 2015	1. Prof. Seth Owusu Agyei 2. Dr. Kwaku Poku Asante	Kintampo Health Research Centre	Danadams Pharmaceuticals Industry Limited, Accra- Ghana	Application closed by FDA since Sponsor failed to start study 3 years after approval.	
	ELDON CARD NYN		10th November 2015	Prof. Samuel Ameny Obed	Korle Bu Teaching Hospital, Accra.	Center for Global Child Health, Hospital for sick Children.	Incomplete CTA; Application closed by FDA. N/A	
96	AX-100 HIV I		9th december 2014	Dr. Kwaku Poku Asante	Kintampo Health Research Centre	Neopharmacie Limited , Germany	Incomplete CTA; Application closed by FDA. N/A	
97	4P	III		1. Dr. Emmanuel Kwabla Srofenyoh 2. Dr. Patrick Frimpong	Ridge Hospital Accra La General Hospital	Julius Centre for Health Sciences and Primary Care, University Medical Centre Utrecht, The Netherlands	Incomplete CTA; Application closed by FDA. N/A	
98	INVACT	III	13th may 2016	Prof. Kwadwo Ansah Koram		Global Emerging Infections Surveillance and Response System of the US Armed Forces Health Surveillance Center	Incomplete CTA; Application closed by FDA. N/A	
99	INSUGEN IV		17th december 2013	N/A	Korle-Bu Teaching Hospital	BIOCON LTD	Incomplete CTA; Application closed by FDA. N/A	
100	MYCOPIROX_L AGRAY	Ξ	15th june 2010	Dr. Luitgard Darko		Lagray Chemical Company, Ltd.	Not Approved N/A	
101	TADO			Prof. Tsiri Agbenyega Dr. Catherine Idara Segbefia	Malaria Research Center, Agogo Korle-Bu Teaching Hospital, Accra – Korle Bu	Eli Lilly and Company Indianapolis	Prematurely terminated 24 months	
102	WOMAN	m		1. Dr. Anthony K. Dah 2. Dr. Opare Addo Henry Sakyi 3. Dr. Kwadwo Asamoah Nyarko-Jectey 4. Dr. Chris Opoku Fofie 5. Dr. Chris Bawa	1. Ashanti Mampong Municipal Hospital 2.Komfo Anokye Teaching Hospital	Clinical Trials Unit, London School of Hygiene and Tropical Medicine	Terminated by Sponsor Prematurely ended.	
103	NEOVITA	111		Dr. Sam Newton	Kintampo Health Research Centre	РАТН	Premature Termination 36 Months	
104	SAR97276A_S ANOFI	11	Oct-08	Prof. Seth Owusu-Agyei	Navrongo Health Research Centre	Sanofi Aventis Recherche & Developpement	Study Terminated in October 2009 N/A	

_				1					Complications of sickle cell disease (SCD) occur very early in life.
									Painful crises first appear in the fingers and toes (dactylitis) in very young children prior to their first birthday. In addition to painful crises
									occurring in the very young, SCD can affect organ function early in life. Loss of splenic function begins as early as 5 months of age with
									associated increase in infection risk. Stroke risk begins at age 2.
									Given the early onset of symptoms and complications of this
									disorder, therapies for SCD should be targeted at children, including the very young. There is a need to first establish the
									pharmacokinetics (PK) of ticagrelor in this age group to allow for
					4 Dr. Datrials Assach	4 November 11 - althe Dessent			modelling or extrapolation in this population.
					1. Dr. Patrick Ansah 2. Dr. Catherine Segbefia	1. Navrongo Health Research Centre		Study	This goal of the study is to evaluate PK data in the 0-2 year old
					3. Dr. Kokou Hefoume	2. Korle-Bu Teaching Hospital		termination	population in order to way for further studies and ultimately use of
	105	HESTIA4	Phase I	16th May, 2018	Amegan-Aho	3. Volta Regional Hospital	AstraZeneca AB	31 Months	ticagrelor in this youngest population.
	105	HESTIA4		Toti Tiviay, 2018			ASITAZENECA AD	Study ended,	
								FDA DISSOCIATED	
								itself from any	
								data or findings	
								from the study due to violation	
								of its guidelines	
								for conducting	
						Ridge Hospital, Korle-Bu		clinical trials. 3 months	
	106	CALLASCOPE	ii	12th February 2019	Dr. Emmanuel Srofenyoh	Teaching Hospital	Duke Global Health Institute	5 montina	
								FDA DISSOCIATED	
								itself from any	
								data or findings	
						Hohoe Health Research		from the study due to violation	
						Centre Onchocerciasis		of its guidelines	
						Chemotherapy Research		for conducting	
		НОНОЕ				Centre, Hohoe Municipal Hospital, Ghana, Ghana	Malaria Capacity Development Consortium	clinical trials. 7 months	
	107	ANTIMALARIAL	=		Dr. Margaret Kweku	Health Service	(MCDC		
								Not Approved. FDA	
								DISSOCIATES	
								itself from any	
							1. University of Ghana	data or findings from the study	
							School of Public Health	due to violation	
							2. World Health Organization	of its guidelines	
							3. Ghana Health Service,	for conducting clinical trials.	
					Dr. Cynthia Kwakye-		Ga West District	N/A	
	108	YAWS			Maclean	Ga West District		FDA	
								DISSOCIATED	
								itself from any data or findings	
		GMZ 2				Navrongo Health Research		27 onths	
	109		II	19th august 2010	Dr. Frank Atuguba	Centre, Navrongo.	Statens Serum Institute		
								FDA DISSOCIATED	
								itself from any	
							Reat Environmental	data Findings	
	110	CEREBETA		13th may 2016	Mrs. Rose T. Odotei Adjei	Suntreso Government hospital	Best Environmental Technologies	N/A	
								FDA	
						Komfo Anokye Teaching	WORLD HEALTH	DISSOCIATED itself from any	
	111	AQUAMAT	III	10th october 2012	Prof. Tsiri Agbenyega	Hospital	ORGANIZATION	data Findings	

					World Health Organization,	FDA DISSOCIATED itself from any data or findings from the study due to violation of its guidelines for conducting clinical trials. 12 months	
112	AZI4YAWS	111	23rd April 2015	Prof. Adu Sarkodie	Geneva - Switzerland		

No.	SHORT TITLE	FULL TITLE
		A strategy to reduce
		complications of
		Hypertensive
		disorders in
		Pregnancy and
		Maternal Mortality
		by 50% or more
		Polypill for the
		Prevention of
		Pregnancy
		Induced
		Hypertension and
		Preeclampsia (4P
1	4P	Trial
		African
		Investigation Of
		Mirasol System
		For Whole Blood.
		Clinical And
		Biological Efficacy
		Of Mirasol Treate
		Fresh Whole
		Blood For The
		Prevention Of
		Transfusion
		Transmitted
2	AIMS	Malaria Comparison of
1		Ivermectin alone
		with Albendazole
		(ALB) plus
		Ivermectin (IVM) in
		their efficacy
		against
		Onchocerciasis in
		the Volta Region,
3	ALB IVM	Ghana.
5		Comparism of
		Ivermectin Alone
		with Albendazole
		plus Ivermectin in
		Their Efficacy
		against
4	ALBIVM K'SI	Onchocerciasis

including Antiviral Therapies, Versus Control in Mild Cases of COVID- 6 ANTICOV 19 An Open Randomized Comparism of Artesunate versus Quinine in the Treatment of Severe Falciparum Malaria in African 7 AQUAMAT Children. A Phase III, Randomized, Open Labelled, Active Controlled, Multicentre, Superiority Trial OI Artimisttm Versus Intravenous Quinine In Children With Severe Or Complicated Falciparum Malaria, Or			
Multicenter, Randomized, Adaptive Platform Trial of the Safety and Efficacy of Several Therapies including Antiviral Therapies, Versus Control in Mild Cases of COVID- 19 An Open Randomized Comparism of Artesunate versus Quinine in the Treatment of Severe Falciparum Malaria in African 7 AQUAMAT Children. A Phase III, Randomized, Open Labelled, Active Controlled, Multicentre, Superiority Trial OI Artimisttm Versus Intravenous Quinine In Children With Severe Or Complicated Falciparum Malaria, Or	5	AMARYL M	and Safety of Amaryl M in Patients with Type 2 Diabetes who are inadequately treated by either Glimepride or Metformin Monotherapy or who are already treated With Free Combination Of Glimepride and Metformin in
AQUAMAT AQUAMAT AQUAMAT AQUAMAT AQUAMAT AQUAMAT AQUAMAT AQUAMAT AQUAMAT APhase III, Randomized, Open Labelled, Active Controlled, Multicentre, Superiority Trial OI Artimisttm Versus Intravenous Quinine In Children With Severe Or Complicated Falciparum Malaria, Or Uncomplicated	6	ANTICOV	Multicenter, Randomized, Adaptive Platform Trial of the Safety and Efficacy of Several Therapies, including Antiviral Therapies, Versus Control in Mild Cases of COVID-
A Phase III, Randomized, Open Labelled, Active Controlled, Multicentre, Superiority Trial OI Artimisttm Versus Intravenous Quinine In Children With Severe Or Complicated Falciparum Malaria, Or Uncomplicated	7	AQUAMAT	Randomized Comparism of Artesunate versus Quinine in the Treatment of Severe Falciparum Malaria in African
With Gastrointestinal 8 ARTIMIST Complications			A Phase III, Randomized, Open Labelled, Active Controlled, Multicentre, Superiority Trial Of Artimisttm Versus Intravenous Quinine In Children With Severe Or Complicated Falciparum Malaria, Or Uncomplicated Falciparum Malaria With Gastrointestinal

9	ASTAWOL	The efficacy of Rifampicin 35mg/Kg/d plus Albendazole 400mg/d given for 7 or 14 days against Lymphatic Filariasis and Onchocerciasis- a randomized, controlled, parallel group, open-label, phase II pilot trial
		A Phase 3 double blind, randomized, active comparator- controlled, group- sequential, multinational trial to assess the safety, immunogenicity and efficacy of a trivalent rotavirus P2-VP8 subunits P2-VP8 subunits prevention of severe rotavirus gastroenteritis in
10	AVAREF	gastroententis in healthy infants. A Double Blind Randomized Control Trial of AX 100 Immun (Liquid) and AX- 100 Immun Plus Combination Among Adults Living with HIV In Ghana.
12	AZI4YAWS	Randomized Controlled Trial Comparing Efficacy of a Single Dose of Treatment of Yaws with 20mg/kg versus 30mg/kg of Azithromycin.
13	AZITHROMYCI N PLUS CHLOROQUIN E PHOSPHATE	Azithromycin Plus Chloroquine Phosphate versus Artemether- Lumefatrine for the Treatment of Uncomplicated Plasmodium falciparium Malaria in Children in Africa. Hypothermia
14	BEMPU	Prevention in low birth weight and preterm Infants

15	BURULINOX	Evaluation of nitric oxide generating dressing (EDX) to improve management of buruli ulcer disease – a prospective randomized open- blinded end point.
16	BURULIRIFDAC	A randomized controlled trial to evaluate the effect of High Dose of Rifampicin and Dialkylcarbamoyl chloride (DACC)- coated dressings on outcomes in Mycobacterium ulcerans disease
17	CDA	A Multicenter, Randomized, Double Blind Study to Compare the Efficacy and Safety of CDA Versus Artemether- Lumefantrine in the Treatment of Acute Uncomplicated P. Falciparum Malaria in Children and Adults in Africa.
	CDA2	A Multicenter, Randomized, Double Blind Study to Compare the Efficacy and Safety of CDA Versus Chlorproguanil- Dapsone in the Treatment of Acute Uncomplicated P, Falciparum Malaria in Children and Adults in Artica. Efficacy of Beta- Glucans from Barley and Maintenance of Normal Blod LDL Concentrations: A Randomized Control Study in
19	CEREBETA	Ghana.

	ical I rial
Eva	luating the
Diffe	erence in
Mor	tality Rates in
	dren in Ghana
	eiving
	tinuous
	itive Airway
Pres	ssure (CPAP)
Vers	sus Those
20 CPAP Who	o Do Not.
A La	arge
Ran	domized
Plac	cebo
	trolled Trial,
	ong trauma
	ents with or at
risk	of significant
Hae	morrhage, of
	Effects of Anti-
	inolytic
	tment on
	th and
Trar	nsfusion
21 CRASH-2 requ	uirement
Clin	ical Studies
	in-Depth
	rviews for
	table, low-cost
	Speculum-
Free	e Cervical
	cer Screening
	ihana
22 GALLAGOOPE III G	inana
Ph	ase 3
	domized,
	ve-Comparator
	trolled, Open-
Lab	el Trial to
Eva	luate the
	unogenicity
	Safety of
	rnate Two-
	e Regimens of
a Bi	valent Human
	illomavirus
	V) Vaccine
	colin®)
	npared to a
Lice	nsed
	1.
Qua	drivalent HPV
Vac	cine
Vac (Ga	cine rdasil®) in
Vac (Ga Hea	cine rdasil®) in Ilthy 9-14 Year-
Vac (Ga Hea Old	cine rdasil®) in Ithy 9-14 Year- Girls in Low
Vac (Ga Hea Old	cine rdasil®) in Ilthy 9-14 Year-
Vac (Ga Hea Old and	cine rdasil®) in lithy 9-14 Year- Girls in Low Low-Middle
Vac (Ga Hea Old and 23 CECOLIN Inco	cine rdasil®) in lithy 9-14 Year- Girls in Low Low-Middle ome Countries
Vac (Ga Old 23 CECOLIN An I An I	cine rdasil®) in Ilthy 9-14 Year- Girls in Low Low-Middle ome Countries nvestigation to
Vac (Ga Hea Old and 23 CECOLIN Incc An Eva	cine rdasil®) in Ilthy 9-14 Year- Girls in Low Low-Middle <u>ome Countries</u> nvestigation to luate the
Vac (Ga Hea Old and 23 CECOLIN Incc An I Eva Per	cine rdasil®) in lthy 9-14 Year- Girls in Low Low-Middle ome Countries nvestigation to luate the formance of
Vac (Ga Old and 23 CECOLIN Incc An I Eva Per the	cine rdasil®) in lthy 9-14 Year- Girls in Low Low-Middle ome Countries nivestigation to luate the formance of Cepheid
Vac (Ga Hea Old and 23 CECOLIN Incc An I Eva Per	cine rdasil®) in lthy 9-14 Year- Girls in Low Low-Middle ome Countries nivestigation to luate the formance of Cepheid
Vac (Ga Hea Old and 23 CECOLIN Incc Eva Peri the Xpe	cine rdasil®) in lthy 9-14 Year- Girls in Low Low-Middle ome Countries nivestigation to luate the formance of Cepheid

25	CROWN	An international, Bayesian platform adaptive, randomized, placebo-controllec trial assessing the effectiveness of candidate interventions in preventing COVID 19 disease in healthcare worker
26	СНЕЕТАН	Cluster Randomized Trial of Sterile Glove and Instrument Change at the Time of Wound Closure to Reduce Site Infection: A Trial In Low- And Middle-Income Countries (LMICs)
27	DOLF_IDA	Safety and Efficacy of Combination Therapy with Ivermectin, Diethylicarbamazir e and Albendazole (IDA) for Individuals with Onchocerciasis
	EBA	Double-Blinded, Placebo- Controlled Dosage Escalation Study and Immunogenicity of EBA-175 RII-NG Malaria Vaccine Administered Intramuscularly in Semi Immune Adults

r	
	A Phase 2,
	Randomized,
	Observer-Blind,
	Placebo-
	Controlled, Multi-
	Country Study to
	Assess the Safety
	and
	Immunogenicity of
	a Single
	Intramuscular
	Dose of GSK
	Biologicals'
	Investigational
	Recombinant
	Chimpanzee
	Adenovirus Type 3
	- Vectored Ebola
1 1	Zaire Vaccine.
1 1	(ChAd3-EBO-Z)
1	
1 1	(GSK3390107A),
1 1	in Adults 18 years
1 1	of age and older in
29 EBOLA Z	Africa
	Using Eldon Card
	for Testing of
1 1	Maternal and
	Newborn Blood
	Group in
	Comparison with
	the Standard
	Laboratory Method
	of Blood Group
	Testing in Accra,
30 ELDON CARD	Testing in Accra, Ghana
30 ELDON CARD	Testing in Accra, Ghana A phase II,
30 ELDON CARD	Testing in Accra, Ghana
30 ELDON CARD	Testing in Accra, Ghana A phase II,
30 ELDON CARD	Testing in Accra, Ghana A phase II, Randomised, double-blind,
30 ELDON CARD	Testing in Accra, Ghana A phase II, Randomised, double-blind, parallel – group
30 ELDON CARD	Testing in Accra, Ghana A phase II, Randomised, double-blind, parallel – group trial to investigate
30 ELDON CARD	Testing in Accra, Ghana A phase II, Randomised, double-blind, parallel – group trial to investigate Emodepside (BAY
30 ELDON CARD	Testing in Accra, Ghana A phase II, Randomised, double-blind, parallel – group trial to investigate Emodepside (BAY 44-4400) in
30 ELDON CARD	Testing in Accra, Ghana A phase II, Randomised, double-blind, parallel – group trial to investigate Emodepside (BAY 44-4400) in subjects with
	Testing in Accra, Ghana A phase II, Randomised, double-blind, parallel – group trial to investigate Emodepside (BAY 44-4400) in subjects with onchocerca
30 ELDON CARD	Testing in Accra, Ghana A phase II, Randomised, double-blind, parallel – group trial to investigate Emodepside (BAY 44-4400) in subjects with onchocerca
	Testing in Accra, Ghana A phase II, Randomised, double-blind, parallel – group trial to investigate Emodepside (BAY 44-4400) in subjects with onchocerca volvulus infection.
	Testing in Accra, Ghana A phase II, Randomised, double-blind, parallel – group trial to investigate Emodepside (BAY 44-4400) in subjects with onchocerca volvulus infection. A Multi-Centre Prospective Trial
	Testing in Accra, Ghana A phase II, Randomised, double-blind, parallel – group trial to investigate Emodepside (BAY 44-4400) in subjects with onchocerca volvulus infection.
	Testing in Accra, Ghana A phase II, Randomised, double-blind, parallel – group trial to investigate Emodepside (BAY 44-4400) in subjects with onchocerca volvulus infection. A Multi-Centre Prospective Trial
	Testing in Accra, Ghana A phase II, Randomised, double-blind, parallel – group trial to investigate Emodepside (BAY 44-4400) in subjects with onchocerca volvulus infection. A Multi-Centre Prospective Trial on the Impact of
	Testing in Accra, Ghana A phase II, Randomised, double-blind, parallel – group trial to investigate Emodepside (BAY 44-4400) in subjects with onchocerca volvulus infection. A Multi-centre Prospective Trial on the Impact of the Introduction of Condom-Based
	Testing in Accra, Ghana A phase II, Randomised, double-blind, parallel – group trial to investigate Emodepside (BAY 44-4400) in subjects with onchocerca volvulus infection. A Multi-Centre Prospective Trial on the Impact of the Introduction of Condom-Based Uterine Balloon
	Testing in Accra, Ghana A phase II, Randomised, double-blind, parallel – group trial to investigate Emodepside (BA) 44-4400) in subjects with onchoccerca volvulus infection. A Multi-Centre Prospective Trial on the Impact of the Introduction of Condom-Based Uterine Balloon Tamponade for
	Testing in Accra, Ghana A phase II, Randomised, double-blind, parallel – group trial to investigate Emodepside (BAY 44-4400) in subjects with onchocerca volvulus infection. A Multi-Centre Prospective Trial on the Impact of the Introduction of Condom-Based Uterine Balloon Tamponade for Uncontrolled
31 EMODEPSIDE	Testing in Accra, Ghana A phase II, Randomised, double-blind, parallel – group trial to investigate Emodepside (BAY 44-4400) in subjects with onchocerca volvulus infection. A Multi-Centre Prospective Trial on the Impact of the Introduction of Condom-Based Uterine Balloon Tamponade for Uncontrolled Postpartum
	Testing in Accra, Ghana A phase II, Randomised, double-blind, parallel – group trial to investigate Emodepside (BAY) 44-4400) in subjects with onchocerca volvulus infection. A Multi-Centre Prospective Trial on the Impact of the Introduction of Condom-Based Uterine Balloon Tamponade for Uncontrolled Postpartum Hemorrhage
31 EMODEPSIDE	Testing in Accra, Ghana A phase II, Randomised, double-blind, parallel – group trial to investigate Emodepside (BAY 44-4400) in subjects with onchocerca volvulus infection. A Multi-Centre Prospective Trial on the Impact of the Introduction of Condom-Based Uterine Balloon Tamponade for Uncontrolled Postpartum Hemorrhage Pragmatic
31 EMODEPSIDE	Testing in Accra, Ghana A phase II, Randomised, double-blind, parallel – group trial to investigate Emodepside (BAY 44-4400) in subjects with onchocerca volvulus infection. A Multi-Centre Prospective Trial on the Impact of the Introduction of Condom-Based Uterine Balloon Tamponade for Uncontrolled Prostpartum Hemorrhage Pragmatic Multicentre
31 EMODEPSIDE	Testing in Accra, Ghana A phase II, Randomised, double-blind, parallel – group trial to investigate Emodepside (BAY 44-4400) in subjects with onchocerca volvulus infection. A Multi-Centre Prospective Trial on the Impact of the Introduction of Condom-Based Uterine Balloon Tamponade for Uncontrolled Postpartum Hemorrhage Pragmatic
31 EMODEPSIDE	Testing in Accra, Ghana A phase II, Randomised, double-blind, parallel – group trial to investigate Emodepside (BAY 44-4400) in subjects with onchocerca volvulus infection. A Multi-Centre Prospective Trial on the Impact of the Introduction of Condom-Based Uterine Balloon Tamponade for Uncontrolled Prostpartum Hemorrhage Pragmatic Multicentre
31 EMODEPSIDE	Testing in Accra, Ghana A phase II, Randomised, double-blind, parallel – group trial to investigate Emodepside (BAY 44-4400) in subjects with onchocerca volvulus infection. A Multi-Centre Prospective Trial on the Impact of the Introduction of Condom-Based Uterine Balloon Tamponade for Uncontrolled Postpartum Hemorrhage Pragmatic Multicentre Factorial Randomized
31 EMODEPSIDE	Testing in Accra, Ghana A phase II, Randomised, double-blind, parallel – group trial to investigate Emodepside (BAY 44-4400) in subjects with onchocerca volvulus infection. A Multi-Centre Prospective Trial on the Impact of the Introduction of Condom-Based Uterine Balloon Tamponade for Uncontrolled Prostpartum Hemorrhage Pragmatic Multicentre Factorial Randomized Controlled Trial
31 EMODEPSIDE	Testing in Accra, Ghana A phase II, Randomised, double-blind, parallel – group trial to investigate Emodepside (BAY 44-4400) in subjects with onchocerca volvulus infection. A Multi-Centre Prospective Trial on the Impact of the Introduction of Condom-Based Uterine Balloon Tamponade for Uncontrolled Postpartum Hemorrhage Pragmatic Multicentre Factorial Randomized Controlled Trial Testing Measures
31 EMODEPSIDE	Testing in Accra, Ghana A phase II, Randomised, double-blind, parallel – group trial to investigate Emodepside (BAY 44-4400) in subjects with onchocerca volvulus infection. A Multi-Centre Prospective Trial on the Impact of the Introduction of Condom-Based Uterine Balloon Tamponade for Uncontrolled Postpartum Hemorrhage Pragmatic Multicentre Factorial Randomized Controlled Trial Testing Measures to Reduce
31 EMODEPSIDE	Testing in Accra, Ghana A phase II, Randomised, double-blind, parallel – group trial to investigate Emodepside (BAY 44-4400) in subjects with onchocerca volvulus infection. A Multi-Centre Prospective Trial on the Impact of the Introduction of Condom-Based Uterine Balloon Tamponade for Uncontrolled Prostpartum Hemorrhage Multicentre Factorial Randomized Controlled Trial Testing Measures to Reduce
31 EMODEPSIDE	Testing in Accra, Ghana A phase II, Randomised, double-blind, parallel – group trial to investigate Emodepside (BAY 44-4400) in subjects with onchocerca volvulus infection. A Multi-Centre Prospective Trial on the Impact of the Introduction of Condom-Based Uterine Balloon Tamponade for Uncontrolled Postpartum Hemorrhage Pragmatic Multicentre Factorial Randomized Controlled Trial Testing Measures to Reduce Surgical Site Infection in Low
31 EMODEPSIDE 32 ESM UBT	Testing in Accra, Ghana A phase II, Randomised, double-blind, parallel – group trial to investigate Emodepside (BAY 44-4400) in subjects with onchocerca volvulus infection. A Multi-Centre Prospective Trial on the Impact of the Introduction of Condom-Based Uterine Balloon Tamponade for Uncontrolled Prostpartum Hemorrhage Multicentre Factorial Randomized Controlled Trial Testing Measures to Reduce
31 EMODEPSIDE	Testing in Accra, Ghana A phase II, Randomised, double-blind, parallel – group trial to investigate Emodepside (BAY 44-4400) in subjects with onchocerca volvulus infection. A Multi-Centre Prospective Trial on the Impact of the Introduction of Condom-Based Uterine Balloon Tamponade for Uncontrolled Postpartum Hemorrhage Pragmatic Multicentre Factorial Randomized Controlled Trial Testing Measures to Reduce Surgical Site Infection in Low

		Randomized
		Multicentre Study
		Evaluating the
		Safety and Activity
		of Ferroquine
		Associated with
		Artesunate versus
		a Positive
		Calibrator
		(Amodiaquine
		Associated with
		Artesunate) In
		African Adult
		Patients with
		Uncomplicated
34	FERROQUINE	Malaria
- 34	FERROQUINE	Ividialia
		Evaluation of
		Safety And
1		Immunogenicity Of
		Gardasiltm In
1		
1		Healthy Females
		Between 9 And 26
		Years Of Age In
35	GARDASIL	Subsaharan Africa
30	OANDAGIL	A Randomized,
1		Double-blind,
		Placebo-
		controlled,
		Multicenter Study
1		to Assess the
1		Safety and
1		Efficacy of
1		Inclacumab in
1		Participants with
		Sickle Cell
		Disease
		Experiencing
26	CPT 2104 121	Experiencing Vasoocclusive
36	GBT 2104-131	Experiencing Vasoocclusive Crises.
36	GBT 2104-131	Experiencing Vasoocclusive Crises. A Randomized,
36	GBT 2104-131	Experiencing Vasoocclusive Crises. A Randomized, Double-blind,
36	GBT 2104-131	Experiencing Vasoocclusive Crises. A Randomized, Double-blind, Placebo-
36	GBT 2104-131	Experiencing Vasoocclusive Crises. A Randomized, Double-blind, Placebo- controlled,
36	<u>GBT 2104-131</u>	Experiencing Vasoocclusive Crises. A Randomized, Double-blind, Placebo-
36	<u>GBT 2104-131</u>	Experiencing Vasoocclusive Crises. A Randomized, Double-blind, Placebo- controlled, Multicenter Study
36	<u>GBT 2104-131</u>	Experiencing Vasoocclusive Crises. A Ranoomized, Double-blind, Placebo- controlled, Multicenter Study of a Single Dose
36	<u>GBT 2104-131</u>	Experiencing Vasoocclusive Crises. A ramoornized, Double-blind, Placebo- controlled, Multicenter Study of a Single Dose of Inclacumab to
36	GBT 2104-131	Experiencing Vasoocclusive Crises. A Randomized, Double-blind, Placebo- controlled, Multicenter Study of a Single Dose of Inclacumab to Reduce Re-
36	<u>GBT 2104-131</u>	Experiencing Vasoocclusive Crises. A ramoornized, Double-blind, Placebo- controlled, Multicenter Study of a Single Dose of Inclacumab to
36	<u>GBT 2104-131</u>	Experiencing Vasoocclusive Crises. A Randomized, Double-bind, Placebo- controlled, Multicenter Study of a Single Dose of Inclacumab to Reduce Re- admission in
36	<u>GBT 2104-131</u>	Experiencing Vasoocclusive Crises. A Randomized, Double-blind, Placebo- controlled, Multicenter Study of a Single Dose of Inclacumab to Reduce Re- admission in Participants with
36	<u>GBT 2104-131</u>	Experiencing Vasoocclusive Crises. A Rantdomized, Double-blind, Placebo- controlled, Multicenter Study of a Single Dose of Inclacumab to Reduce Re- admission in Participants with Sickle Cell
36	<u>GBT 2104-131</u>	Experiencing Vasoocclusive Crises. A Randomized, Double-bind, Placebo- controlled, Multicenter Study of a Single Dose of Inclacumab to Reduce Re- admission in Participants with Sickle Cell Disease and
36	<u>GBT 2104-131</u>	Experiencing Vasoocclusive Crises. A Rantdomized, Double-blind, Placebo- controlled, Multicenter Study of a Single Dose of Inclacumab to Reduce Re- admission in Participants with Sickle Cell
36	<u>GBT 2104-131</u>	Experiencing Vasoocclusive Crises. A Randomized, Double-bind, Placebo- controlled, Multicenter Study of a Single Dose of Inclacumab to Reduce Re- admission in Participants with Sickle Cell Disease and
		Experiencing Vasoocclusive Crises. A Rantdomized, Double-bind, Placebo- controlled, Multicenter Study of a Single Dose of Inclacumab to Reduce Re- admission in Participants with Sickle Cell Disease and Recurrent Vaso-occlusive
36	<u>GBT 2104-131</u> GBT-2104-132	Experiencing Vasoocclusive Crises. A Randomized, Double-blind, Placebo- controlled, Multicenter Study of a Single Dose of Inclacumab to Reduce Re- admission in Participants with Sickle Cell Disease and Recurrent
		Experiencing Vasoocclusive Crises. A Rantdomized, Double-bind, Placebo- controlled, Multicenter Study of a Single Dose of Inclacumab to Reduce Re- admission in Participants with Sickle Cell Disease and Recurrent Vaso-occlusive
		Experiencing Vasoocclusive Crises. A Kandomizea, Double-blind, Placebo- controlled, Multicenter Study of a Single Dose of Inclacumab to Multicenter Re- admission in Participants with Sickle Cell Disease and Recurrent Vaso-occlusive Crises
		Experiencing Vasoocclusive Crises. A Randomized, Double-blind, Placebo- controlled, Multicenter Study of a Single Dose of Inclacumab to Reduce Re- admission in Participants with Sickle Cell Disease and Recurrent Vaso-occlusive Crises Randomized,
		Experiencing Vasoocclusive Crises. A Rantdomized, Double-blind, Placebo- controlled, Multicenter Study of a Single Dose of Inclacumab to Reduce Re- admission in Participants with Sickle Cell Disease and Recurrent Vaso-occlusive Crises Randomized, Controlled, Double-
		Experiencing Vasoocclusive Crises. A Randomized, Double-blind, Placebo- controlled, Multicenter Study of a Single Dose of Inclacumab to Reduce Re- admission in Participants with Sickle Cell Disease and Recurrent Vaso-occlusive Crises Randomized,
		Experiencing Vasoocclusive Crises. A Randomized, Double-blind, Placebo- controlled, Multicenter Study of a Single Dose of Inclacumab to admission in Participants with Sickle Cell Disease and Recurrent Vaso-occlusive Crises Randomized, Controlled, Double- Blind, Multicentre
		Experiencing Vasoocclusive Crises. A Randomized, Double-blind, Placebo- controlled, Multicenter Study of a Single Dose of Inclacumab to Reduce Re- admission in Participants with Sickle Cell Disease and Recurrent Vaso-occlusive Crises Randomized, Controlled, Double- Blind, Multicentre Study To Evaluate
		Experiencing Vasoocclusive Crises. A Rantdomized, Double-blind, Placebo- controlled, Multicenter Study of a Single Dose of Inclacumab to Reduce Re- admission in Participants with Sickle Cell Disease and Recurrent Vaso-occlusive Crises Randomized, Controlled, Double- Blind, Multicentre Study To Evaluate The Efficacy,
		Experiencing Vasoocclusive Crises. A Kandomizea, Double-blind, Placebo- controlled, Multicenter Study of a Single Dose of Inclacumab to Multicenter Study of a Single Dose of Inclacumab to Reduce Re- admission in Participants with Sickle Cell Disease and Recurrent Vaso-occlusive Crises Randomized, Controlled, Double- Blind, Multicentre Study To Evaluate The Efficacy, Safety And
		Experiencing Vasoocclusive Crises. A Randomized, Pouble-blind, Placebo- controlled, Multicenter Study of a Single Dose of Inclacumab to Reduce Re- admission in Participants with Sickle Cell Disease and Recurrent Vaso-occlusive Crises Randomized, Controlled, Double- Blind, Multicentre Study To Evaluate The Efficacy, Safety And Immunogenicity Of
		Experiencing Vasoocclusive Crises. A Kandomizea, Double-blind, Placebo- controlled, Multicenter Study of a Single Dose of Inclacumab to Multicenter Study of a Single Dose of Inclacumab to Reduce Re- admission in Participants with Sickle Cell Disease and Recurrent Vaso-occlusive Crises Randomized, Controlled, Double- Blind, Multicentre Study To Evaluate The Efficacy, Safety And
		Experiencing Vasoocclusive Crises. A Rantdomized, Double-blind, Placebo- controlled, Multicenter Study of a Single Dose of Inclacumab to Reduce Re- admission in Participants with Sickle Cell Disease and Recurrent Vaso-occlusive Crises Randomized, Controlled, Double- Blind, Multicentre Study To Evaluate The Efficacy, Safety And Immunogenicity Of GMZ2 Candidate
		Experiencing Vasoocclusive Crises. A Kandomizea, Double-blind, Placebo- controlled, Multicenter Study of a Single Dose of Inclacumab to Reduce Re- admission in Participants with Sickle Cell Disease and Recurrent Vaso-occlusive Crises Randomized, Controlled, Double- Blind, Multicentre Study To Evaluate The Efficacy, Safety And Immunogenicity Of GMZ2 Candidate Malaria Vaccine In
		Experiencing Vasoocclusive Crises. A Randomized, Double-blind, Placebo- controlled, Multicenter Study of a Single Dose of Inclacumab to Reduce Re- admission in Participants with Sickle Cell Disease and Recurrent Vaso-occlusive Crises Randomized, Controlled, Double- Blind, Multicentre Study To Evaluate The Efficacy, Safety And Immunogenicity Of GMZ2 Candidate Malaria Vaccine In Gabonese,
		Experiencing Vasoocclusive Crises. A Rantoomized, Double-blind, Placebo- controlled, Multicenter Study of a Single Dose of Inclacumab to Reduce Re- admission in Participants with Sickle Cell Disease and Recurrent Vaso-occlusive Crises Randomized, Controlled, Double- Blind, Multicentre Study To Evaluate The Efficacy, Safety And Immunogenicity Of GMZ2 Candidate Malaria Vaccine In Gabonese, Burkinabe,
		Experiencing Vasoocclusive Crises. A Kandomized, Double-blind, Placebo- controlled, Multicenter Study of a Single Dose of Inclacumab to Reduce Re- admission in Participants with Sickle Cell Disease and Recurrent Vaso-occlusive Crises Randomized, Controlled, Double- Blind, Multicentre Study To Evaluate The Efficacy, Safety And Immunogenicity Of GMZ2 Candidate Malaria Vaccine In Gabonese, Burkinabe, Ghanaian And
		Experiencing Vasoocclusive Crises. A Kandomized, Double-blind, Placebo- controlled, Multicenter Study of a Single Dose of Inclacumab to Reduce Re- admission in Participants with Sickle Cell Disease and Recurrent Vaso-occlusive Crises Randomized, Controlled, Double- Blind, Multicentre Study To Evaluate The Efficacy, Safety And Immunogenicity Of GMZ2 Candidate Malaria Vaccine In Gabonese, Burkinabe, Ghanaian And
		Experiencing Vasoocclusive Crises. A Randomized, Double-blind, Placebo- controlled, Multicenter Study of a Single Dose of Inclacumab to Reduce Re- admission in Participants with Sickle Cell Disease and Recurrent Vaso-occlusive Crises Randomized, Controlled, Double- Blind, Multicentre Study To Evaluate The Efficacy, Safety And Immunogenicity Of GMZ2 Candidate Malaria Vaccine In Gabonese, Burkinabe, Ghanaian And Ugandan Children
37	<u>GBT-2104-132</u>	Experiencing Vasoocclusive Crises. A Rantoomized, Double-bind, Placebo- controlled, Multicenter Study of a Single Dose of Inclacumab to Reduce Re- admission in Participants with Sickle Cell Disease and Recurrent Vaso-occlusive Crises Randomized, Controlled, Double- Blind, Multicentre Study To Evaluate The Efficacy, Safety And Immunogenicity Of GMZ2 Candidate Malaria Vaccine In Gabonese, Burkinabe, Ghanaian And Ugandan Children Aged 12-60
		Experiencing Vasoocclusive Crises. A Randomized, Double-blind, Placebo- controlled, Multicenter Study of a Single Dose of Inclacumab to Reduce Re- admission in Participants with Sickle Cell Disease and Recurrent Vaso-occlusive Crises Randomized, Controlled, Double- Blind, Multicentre Study To Evaluate The Efficacy, Safety And Immunogenicity Of GMZ2 Candidate Malaria Vaccine In Gabonese, Burkinabe, Ghanaian And Ugandan Children

		A Phase III of the Assessment of the Efficacy, Tolerability and Ease of Administration of, Dihydroartemisinin Plus Piperaquine and and Artesunate Plus Sulfamethoxypyra zine Plus Pyrimethamine for preventing Malaria in Ghanaian
39	HOHOE ANTIMA	Children
		A Phase 3, Double- blind, Randomized, Placebo- controlled, Multicenter Study of GBT440 Administered Orally to Patients With Sickle Cell
10		
40	HOPE SCD	Disease A phase 3,Randomised,Do uble-Blind, Placebo- Controlled Study
		of Voxelotor(GBT440) in Pediatric Participants with Sickle Cell
41	HOPE KIDS 2	Disease.
	HYDRANON	Hydranon® solution (GR-08) in healthy adult volunteers
43	HESTIA4	A Multi-centre, Phase I, Open- label, Single-dose Study to Investigate Pharmacokinetics (PK) of Ticagrelor in Infants and Toddlers, Aged 0 to less than 24 Months, with Sickle Cell Disease
		A Randomised, Double-Blind, Parallel-Group, Multicentre, Phase III Study to Evaluate the Effect of Ticagrelor versus Placebo in Reducing the Rate of Vaso-Occlusive Crises in Paediatric Patients with Sickle Cell
Δ <i>Λ</i>	HESTIA3	Disease

		A Dhasa Oh Oturku
		A Phase 2b Study
		to Evaluate the
		Safety and
		Efficacy of IMR- 687 in Subjects
		687 in Subjects
		with Sickle Cell
45	IMR-SCD-301	Disease In vivo Emcacy or
		IN VIVO ETTICACY OF
		Artemisinin
		Combination
		Therapy to
		Explore
		Laboratory and
		Parasitological
		Markers of
		Artemisinin
		Resistance in
		Uncomplicated
		Plasmodium
		falciparum Malaria
46	INVACT	in Ghana.
40		Intermittent
		Preventive
		Treatment with
		Sulfadoxine-
		Pyrimethamine
		(SP) Versus
1		Intermittent
		Screening and
		Treatment of
47	IPT & SP	Malaria In
		Post Market
		Surveillance Study
40		
48	INSUGEN	of Insugen 30/70
		.
		Study to evaluate
		the safety,
		the safety, tolerability and
		the safety,
	INOVIO –	the safety, tolerability and
49	INOVIO – LASSA FEVER	the safety, tolerability and immunogenicity of INO-4500 in Healthy volunteers
49		the safety, tolerability and immunogenicity of
49		the safety, tolerability and immunogenicity of INO-4500 in Healthy volunteers Seasonal Impact
49		the safety, tolerability and immunogenicity of INO-4500 in Healthy volunteers Seasonal Impact Of Iron
49		the safety, tolerability and immunogenicity of INO-4500 in Healthy volunteers Seasonal Impact Of Iron Fortification On
49		the safety, tolerability and immunogenicity of INO-4500 in Healthy volunteers Seasonal Impact Of Iron Fortification On Malaria Incidence
	LASSA FEVER	the safety, tolerability and immunogenicity of INO-4500 in Healthy volunteers Seasonal Impact Of Iron Fortification On Malaria Incidence In Ghanaian
<u>49</u> 50	LASSA FEVER	the safety, tolerability and immunogenicity of INO-4500 in Healthy volunteers Seasonal Impact Of Iron Fortification On Malaria Incidence In Ghanaian Children
	LASSA FEVER	the safety, tolerability and immunogenicity of INO-4500 in Healthy volunteers. Seasonal Impact Of Iron Fortification On Malaria Incidence In Ghanaian Children Safety and
	LASSA FEVER	the safety, tolerability and immunogenicity of INO-4500 in Healthy volunteers Seasonal Impact Of Iron Fortification On Malaria Incolence In Ghanaian Children Safety and Efficacy of
	LASSA FEVER	the safety, tolerability and immunogenicity of INO-4500 in Healthy volunteers Seasonal Impact Of Iron Fortification On Malaria Incidence In Ghanaian Children Safety and Efficacy of Ivermectin in the
	LASSA FEVER	the safety, tolerability and immunogenicity of INO-4500 in Healthy volunteers Seasonal Impact Of Iron Fortification On Malaria Incolence In Ghanaian Children Safety and Efficacy of
	LASSA FEVER	the safety, tolerability and immunogenicity of INO-4500 in Healthy volunteers Seasonal Impact Of Iron Fortification On Malaria Incidence In Ghanaian Children Safety and Efficacy of Ivermectin in the
	LASSA FEVER	the safety, tolerability and immunogenicity of INO-4500 in Healthy volunteers Seasonal Impact Of Iron Fortification On Malaria Incidence In Ghanaian Children Safety and Efficacy of Ivermectin in the Prevention and Management of
	LASSA FEVER	the safety, tolerability and immunogenicity of INO-4500 in Healthy volunteers Seasonal Impact Of Iron Fortification On Malaria Incidence In Ghanaian Children Safety and Efficacy of Ivermectin in the Prevention and Management of COVID- 19 among Ghanaian
50	LASSA FEVER	the safety, tolerability and immunogenicity of INO-4500 in Healthy volunteers Seasonal Impact Of Iron Fortification On Malaria Incidence In Ghanaian Children Safety and Efficacy of Ivermectin in the Prevention and Management of COVID- 19 among Ghanaian
	LASSA FEVER	the safety, tolerability and immunogenicity of INO-4500 in Healthy volunteers Seasonal Impact Of Iron Fortification On Malaria Incidence In Ghanaian Children Safety and Efficacy of Ivermectin in the Prevention and Management of COVID- 19 among Ghanaian
50	LASSA FEVER	the safety, tolerability and immunogenicity of INO-4500 in Healthy volunteers Seasonal Impact Of Iron Fortification On Malaria Incidence In Ghanaian Children Safety and Efficacy of Ivermectin in the Prevention and Management of COVID- 19 among Ghanaian Populations A Frita82 z, wurn-
50	LASSA FEVER	the safety, tolerability and immunogenicity of INO-4500 in Healthy volunteers. Seasonal Impact Of Iron Fortification On Malaria Incidence In Ghanaian Children Safety and Efficacy of Vermectin in the Prevention and Management of COVID-19 among Ghanaian Populations A Phase 2, Mutter
50	LASSA FEVER	the safety, tolerability and immunogenicity of INO-4500 in Healthy volunteers Seasonal Impact Of Iron Fortification On Malaria Incidence In Ghanaian Children Safety and Efficacy of Ivermectin in the Prevention and Management of COVID- 19 among Ghanaian Populations A Friase 2, wure- Center, Randomized,
50	LASSA FEVER	the safety, tolerability and immunogenicity of INO-4500 in Healthy volunteers Seasonal Impact Of Iron Fortification On Malaria Incidence In Ghanaian Children Safety and Efficacy of Vermectin in the Prevention and Management of COVID- 19 among Ghanaian Populations A Friase 2, NUM- Center, Randomized, Open - Label,
50	LASSA FEVER	the safety, tolerability and immunogenicity of INO-4500 in Healthy volunteers. Seasonal Impact Of Iron Fortification On Malaria Incidence In Ghanaian Children Safety and Efficacy of Vermectin in the Prevention and Management of COVID-19 among Ghanaian Populations A Priase 2, Munter- Center, Randomized, Open - Label, Dose Escalation
50	LASSA FEVER	the safety, tolerability and immunogenicity of INO-4500 in Healthy volunteers Seasonal Impact Of Iron Fortification On Malaria Incidence In Ghanaian Children Safety and Efficacy of Vermectin in the Prevention and Management of COVID- 19 among Ghanaian Populations Ar Prase 2, Munt- Center, Randomized, Open - Label, Dose Escalation Study To
50	LASSA FEVER	the safety, tolerability and immunogenicity of INO-4500 in Healthy volunteers Seasonal Impact Of Iron Fortification On Malaria Incidence In Ghanaian Children Safety and Efficacy of Vermectin in the Prevention and Management of COVID- 19 among Ghanaian Populations Ar Traste 2, INUII- Center, Randomized, Open - Label, Dose Escalation Study To Determine Safety
50	LASSA FEVER	the safety, tolerability and immunogenicity of INO-4500 in Healthy volunteers. Seasonal Impact Of Iron Fortification On Malaria Incidence In Ghanaian Children Safety and Efficacy of Vermectin in the Prevention and Management of COVID-19 among Ghanaian Populations Ar Inase 2, Munter- Center, Randomized, Open - Label, Dose Escalation Study To Determine Safety Of single (QD) and
50	LASSA FEVER	the safety, tolerability and immunogenicity of INO-4500 in Healthy volunteers. Seasonal Impact Of Iron Fortification On Malaria Incidence In Ghanaian Children Safety and Efficacy of Vermectin in the Prevention and Management of COVID-19 among Ghanaian Populations Ar Inase 2, Munter- Center, Randomized, Open - Label, Dose Escalation Study To Determine Safety Of single (QD) and
50	LASSA FEVER	the safety, tolerability and immunogenicity of INO-4500 in Healthy volunteers Seasonal Impact Of Iron Fortification On Malaria Incidence In Ghanaian Children Safety and Efficacy of Vermectin in the Prevention and Management of COVID- 19 among Ghanaian Populations A Priase 2, Muni- Center, Randomized, Open - Label, Dose Escalation Study To Determine Safety Of single (QD) and Multiple (QD) and
50	LASSA FEVER	the safety, tolerability and immunogenicity of INO-4500 in Healthy volunteers. Seasonal Impact Of Iron Fortification On Malaria Incidence In Ghanaian Children Safety and Efficacy of Vermectin in the Prevention and Management of COVID- 19 among Ghanaian Populations Ar Hase 2, Nutur- Center, Randomized, Open - Label, Dose Escalation Study To Determine Safety Of single (3QD) Doses Of KAE609,
50	LASSA FEVER	the safety, tolerability and immunogenicity of INO-4500 in Healthy volunteers. Seasonal Impact Of Iron Fortification On Malaria Incidence In Ghanaian Children Safety and Efficacy of Vermectin in the Prevention and Management of COVID-19 among Ghanaian Populations Ar Inase 2, wunter Center, Randomized, Open - Label, Dose Escalation Study To Determine Safety Of single (QD) and Multiple (3QD) Doses Of KAE609, Given To Adults
50	LASSA FEVER	the safety, tolerability and immunogenicity of INO-4500 in Healthy volunteers Seasonal Impact Of Iron Fortification On Malaria Incidence In Ghanaian Children Safety and Efficacy of Vermectin in the Prevention and Management of COVID- 19 among Ghanaian Populations A Fritase 2, Mutti- Center, Randomized, Open - Label, Dose Escalation Study To Determine Safety Of single (QD) and Multiple (3QD) Doses Of KAE609, Given To Adults With
50	LASSA FEVER	the safety, tolerability and immunogenicity of INO-4500 in Healthy volunteers Seasonal Impact Of Iron Fortification On Malaria Incidence In Ghanaian Children Safety and Efficacy of Vermectin in the Prevention and Management of COVID- 19 among Ghanaian Populations A FritaSe Z, MUNI- Center, Randomized, Open - Label, Dose Escalation Study To Determine Safety Of single (3QD) Doses Of KAE609, Given To Adults With Uncomplicated
50	LASSA FEVER	the safety, tolerability and immunogenicity of INO-4500 in Healthy volunteers. Seasonal Impact Of Iron Fortification On Malaria Incidence In Ghanaian Children Safety and Efficacy of Vermectin in the Prevention and Management of COVID-19 among Ghanaian Populations Ar Inase 2, wun- Center, Randomized, Dose Escalation Study To Determine Safety Of single (QD) and Multiple (3QD) Doses Of KAE609, Given To Adults With Uncomplicated Plasmodium
50	IRON FORTIFIC	the safety, tolerability and immunogenicity of INO-4500 in Healthy volunteers. Seasonal Impact Of Iron Fortification On Malaria Incidence In Ghanaian Children Safety and Efficacy of Vermectin in the Prevention and Management of COVID- 19 among Ghanaian Populations A Fritase 2, Mutti- Center, Randomized, Open - Label, Dose Escalation Study To Determine Safety Of single (QD) and Multiple (3QD) Doses Of KAE609, Given To Adults With Uncomplicated Plasmodium Falciparum
50	LASSA FEVER	the safety, tolerability and immunogenicity of INO-4500 in Healthy volunteers. Seasonal Impact Of Iron Fortification On Malaria Incidence In Ghanaian Children Safety and Efficacy of Vermectin in the Prevention and Management of COVID-19 among Ghanaian Populations Ar Inase 2, wun- Center, Randomized, Dose Escalation Study To Determine Safety Of single (QD) and Multiple (3QD) Doses Of KAE609, Given To Adults With Uncomplicated Plasmodium

r		
53	KNC 19(NIBIMA)	Repurposing the aqueous Extract of Cryptolepis for Covid-19 therapy
54	LEDoxy	Doxycycline 200mg/d vs. 100mg/d for 6 weeks to improve filarial lymphedema - a multinational, double-blind, randomized, placebo-controlled trial.
55	LETICIA	Combination Food- Based And Supplemental Iron Replacement Therapy For Children With Moderate-To- Severe Anemia In A Rural Ghanaian Setting:A Proof-Of- Concept Study
		Randomized, Controlled, Partially-Bind Study Of The Safety And Immunogenicity Of Glaxosmithkline Biologicals' Candidate Plasmodium Falciparum Vaccines RTS,S/AS01E, When Administered IM According To A Three Dose Schedules In Children Aged 5 To 17 Months
56	MAL 047	Living In Ghana.

57 MAL 050	Randomized, Open, Controlled Study Of The Safety Of The And Immunogenicity Of GSK Biologicals' Candidate Plasmodium Falciparium Malaria vaccine RTS, S/AS01E when incorporated into an expanded program on immunization (EPI) regimen that includes DTPWHEPB/HIB. OPV, Measles and yellow fever vaccination in infants living in malaria- Endemic
58 MAL 050	Regions- 050 Double Blind (Observer Blind), Randomised, Controlled Multicentre Study To Evaluate In Infants And Children, The Efficacy Of RTS,S/AS10E Candidate Vaccine Against Malaria Disease Caused By P. Falciparium Infection Across Diverse Malaria Transmission Settings In Africa
59 MAL 063	Randomized, Open, Controlled Study To Evaluate The Immune Response To The Hepatitis B Antigen Of The RTS,S /AS01E Candidate Vaccine, When Administrated As Primary Vaccination Integrated Into An EPI Regimen To Infants Living In Sub-Saharan Africa

·		Phase lilb
		Phase IIID randomized, open, controlled, multi- center study to evaluate the immunogenicity and safety of the RTS,S/AS01E candidate malaria vaccine, when administered as primary vaccination at 6, 7.5 and 9 months of age with or vaccination at 6, 7.5 and 9 months of age with or vaccination at and yellow fever vaccinas followed by an RTS,S/AS01E booster vaccination 18
60	MAL 073	months post Dose 3, to children living in sub-Saharan
61	MAL 094	Phase IIb Randomized, Open-Label, Controlled, Multi- Centre Study of the Efficacy, Safety and Immunogenicity of GSK Biologicals' Candidate Malaria Vaccine RTS,S/AS01E Evaluating Schedules with or without Fractional Doses, early Dose 4 and yearly Doses, in Children 5-17 Months of age Living in Sub- Saharan Africa.
		An open-label study of the pharmacokinetics and safety of a single dose of moxidectin per oral in subjects aged to 17 years with (or at risk of) onchocerciasis to identify an optimal dose for treatment of children 4 to 11 years
62	MDGH-MOX-100	1

63	MEBENDAZOLE	Efficacy and Safety Of A Single Dose Reigimen And A Multi Dose Regimen Of Mebendazole Against Hookworm Infections In Children And Adolescents In Ghana : A Randomized Control Trail.
64	MEFLOQCHLOA	A Phase III, Randomized, Opened-Label, Comparative Trial Of Azithromycin Plus Chloroquine Versus Mefloquine For The Treatment Of Uncomplicated Plasmodium Palciparum Malaria In Africa.
65	MENINGOCOC CAL-A CONJUGATE VACCINE	A Phase II, Double Blind, Randomized, Controlled, Dose Ranging Study to Evaluate the Safety, Immunogenicity Dose Response and Schedule Response of a Meningococcal A Conjugate Vaccine administered concomitantly with local EPI vaccines in Healthy Infants.
	THOULL	
66	MMS	The Use Of A Multiple Micronutrient Supplement In Women Of Reproductive Age
67	MoRiOn	The Efficacy of Rifapentine 900mg/d plus Moxifloxacin 400mg/d given for 14 or 7 days against Onchocerciasis – a Randomized, Controlled, Parallel Group, Open Label, Phase II Pilot Trial

	Rondomizod
	Randomized,
	single-ascending dose, lvermectin-
	controlled, double-
	blind, safety,
	tolerability,
	pharmacokinetic
	and efficacy study of orally
	administered
	Moxidectin in
	subjects with
	Onchocerca
68 MOXIDECTIN	volvulus Infection
	A Phase III
	Randomized,
	Single-Ascending-
1 1	Dose, Ivermectin-
	Controlled, Double-
	Blind, Safety,
1	Tolerability,
1	
	Pharmacokinetic, and Efficacy Study
	of Orally
	Administered
	Moxidectin in
	Subjects with
	Onchocerca
69 MOXIDECTIN-IV	volvulus Infection':
	Multi-Drug
	Combination-
	Therapies to
	prevent the
	Development of
	Drug Resistance:
	Phase II
	Controlled Clinical
	Trial Assessing
	Candidate
	Regimens of
	Multiple-
	Antimalarial
	Combinations for
	the Treatment of
	Uncomplicated
70 MULTIMAL	
70 WOLTIWAL	Malarial in Africa
	Randomized, open
1 1	labelled trial to
	evaluate the
1 1	efficacy, safety
	and tolerability of
	mycopirox vaginal
	cream in the
	treatment of mixed
1 1	ucament or mixed
71 MYCOBIROV L	
71 MYCOPIROX_L/	infection vaginitis
71 MYCOPIROX_L	infection vaginitis Efficacy of
71 MYCOPIROX_L	infection vaginitis Efficacy of Neonatal Vitamin
71 MYCOPIROX_L	infection vaginitis Efficacy of Neonatal Vitamin A
71 MYCOPIROX_LA	infection vaginitis Efficacy of Neonatal Vitamin A Supplementation
71 MYCOPIROX_L	infection vaginitis Efficacy of Neonatal Vitamin A Supplementation in Improving Child
71 MYCOPIROX_L	infection vaginitis Efficacy of Neonatal Vitamin A Supplementation

73	NOGUCHI FILAF	A Phase 1B Dose – Finding Pharmacokinetics and Pharmacodynamic Study Oof NVX – 508 In Sickle Cell Disease (SCD)
74	NOGUCHI SCD	Patients A Comparison of Hemoglobin Values as Measured By The Pronto And Pronto 7 Non-Invasive Hemoglobin
75	NON-INVASIVE HAEM DEVICE	Devices, The Hemocue Hb 201+, And A Hematology Analyzer Among Pregnant Women Attending Antenatal Care Clinic In Ghana
76	NOVASIL	Safety and Efficacy Evaluation of Novasil: Strategy for the Protection of Humans from Aflatoxin Toxicity
77	OXYTOCIN	Determining the Effect of Prophylactic Administration Of Oxytocin In Uniject™ By A Community Health Officer On Post- Partum Haemorrage At Home Births In The Kintampo North And South Districts Of Ghana
78	PFCSP_MVACS	Partial Double- Blind, Randomized Study of PFCSP DNA/MVA Prime Boost Vaccine

79	ρινοτ	Prospective Identification of Variables as Outcomes for Treatment (PIVOT): A Phase II clinical trial of hydroxyurea for children and adults with HbSC disease
80	PREGACT	Evaluating the Safety And Efficacy Of Artemisinin-Based Combination Treatments For African Pregnant Women With Malaria
81	PRENABELT	A Maternal Device to Reduce the Risk of Stillbirth and Low-Birth Weight
82	PYRONARIDIN E ARTESUNATE VRS COARTEM	andomized multicentre clinical study to assess the safety and efficacy of fixed dose formulation of oral pyronaridine artesunate tablet versus coartem in children and adult patients with acute uncomplicated plasmodium falciparium malaria
83	PRCR DIPSTICK	Validation of a Protein Creatinine (PrCr) Dipstick Diagnostic Test for Proteinuria Screening on Antenatal Care Clinics in Ghana
84	PRCR SPOT	Evaluating the clinical utility and operational fit of the lifeAssay Diagnostics Test-It TM PrCr urinary dipstick test to assess risk of pre- eclampsia in referral hospitals in Ghana: A SPOT nested study, developing and VALidating a Severe Pre- eclampsia adverse Outcome Triage (SPOT) score

		Randomized
		Evaluation of
		Covid-19 Therapy
85	RECOVERY	(RECOVERY)
00	RECOVERT	A Randomized
		Clinical Trial of 4
		months Rifampin
		versus 9 months
		Isoniazid for
		treating Latent TB
86	RIFAMPIN VS IS	Infection
		Immunogenicity of
		The Human
		Rotavirus Vaccine
		(Rotarixtm) At
		Varying Schedules
07	DOTADIX	and Ages in Rural Ghana
87	ROTARIX	The Randomized,
		Double-Blind,
		Placebo-
		Controlled
		Evaluation of The
		Efficacy,
		Immunogenicity,
		and Safety of 2
		Single Doses of
		RRV-TV in
88	ROTASHIELD	Neonates/Infants
		Efficacy, Safety
		and
		Immunogenicity of
		RotateqTM Among
		Infants in Africa
89	ROTATEQ	and Asia.
89	ROTATEQ	and Asia.
89	ROTATEQ	
89	ROTATEQ	and Asia. A Phase 3b, Randomized,
89	ROTATEQ	and Asia. A Phase 3b, Randomized,
89	ROTATEQ	and Asia. A Phase 3b, Randomized, Open-label Clinical
89	ROTATEQ	and Asia. A Phase 3b, Randomized, Open-label Clinical Study to Demonstrate non- inferiority in
89	ROTATEQ	and Asia. A Phase 3b, Randomized, Open-label Clinical Study to Demonstrate non- inferiority in Virologic
89	ROTATEQ	and Asia. A Phase 3b, Randomized, Open-label Clinical Study to Demonstrate non- inferiority in Virologic Response Rates
89	ROTATEQ	and Asia. A Phase 3b, Randomized, Open-label Clinical Study to Demonstrate non- inferiority in Virologic Response Rates of HIV-1 RNA
89	ROTATEQ	and Asia. A Phase 3b, Randomized, Open-label Clinical Study to Demonstrate non- inferiority in Virologic Response Rates of HIV-1 RNA Suppression <400
89	ROTATEQ	and Asia. A Phase 3b, Randomized, Open-label Clinical Study to Demonstrate non- inferiority in Virologic Response Rates of HIV-1 RNA Suppression <400 Copies/mL of
89	ROTATEQ	and Asia. A Phase 3b, Randomized, Open-label Clinical Study to Demonstrate non- inferiority in Virologic Response Rates of HIV-1 RNA Suppression <400 Copies/mL of TDF/FTC/RPV
89	ROTATEQ	and Asia. A Phase 3b, Randomized, Open-label Clinical Study to Demonstrate non- inferiority in Virologic Response Rates of HIV-1 RNA Suppression <400 Copies/mL of TDF/FTC/RPV Versus
89	ROTATEQ	and Asia. A Phase 3b, Randomized, Open-label Clinical Study to Demonstrate non- inferiority in Virologic Response Rates of HIV-1 RNA Suppression <400 Copies/mL of TDF/FTC/RPV Versus TDF/FTC/EFVin
89	ROTATEQ	and Asia. A Phase 3b, Randomized, Open-label Clinical Study to Demonstrate non- inferiority in Virologic Response Rates of HIV-1 RNA Suppression <400 Copies/mL of TDF/FTC/RPV Versus TDF/FTC/RPV inst-line
89	ROTATEQ	and Asia. A Phase 3b, Randomized, Open-label Clinical Study to Demonstrate non- inferiority in Virologic Response Rates of HIV-1 RNA Suppression <400 Copies/mL of TDF/FTC/RPV Versus TDF/FTC/RPV Versus TDF/FTC/EFVin First-line Antiretroviral
89	ROTATEQ	and Asia. A Phase 3b, Randomized, Open-label Clinical Study to Demonstrate non- inferiority in Virologic Response Rates of HIV-1 RNA Suppression <400 Copies/mL of TDF/FTC/RPV Versus TDF/FTC/EFVin First-line Antiretroviral NNRT/-based
89	ROTATEQ	and Asia. A Phase 3b, Randomized, Open-label Clinical Study to Demonstrate non- inferiority in Virologic Response Rates of HIV-1 RNA Suppression <400 Copies/mL of TDF/FTC/RPV Versus TDF/FTC/RPV Versus TDF/FTC/FVin First-line Antiretroviral NNRT/-based Suppressed
89	ROTATEQ	and Asia. A Phase 3b, Randomized, Open-label Clinical Study to Demonstrate non- inferiority in- inferiority in- inferiority in- inferiority in- inferiority in- Virologic Response Rates of HIV-1 RNA Suppression <400 Copies/mL of TDF/FTC/RPV Versus TDF/FTC/RPV Versus TDF/FTC/RFVin First-line Antiretroviral NNRT/-based Suppressed Patients Switching
89	ROTATEQ	and Asia. A Phase 3b, Randomized, Open-label Clinical Study to Demonstrate non- inferiority in Virologic Response Rates of HIV-1 RNA Suppression <400 Copies/mL of TDF/FTC/RPV Versus TDF/FTC/EFVin First-line Antiretroviral NNRT/-based Suppressed Patients Switching At Low HIV-1 RNA
		and Asia. A Phase 3b, Randomized, Open-label Clinical Study to Demonstrate non- inferiority in Virologic Response Rates of HIV-1 RNA Suppression <400 Copies/mL of TDF/FTC/RPV Versus TDF/FTC/RPV Versus TDF/FTC/RPV NNRT/-based Suppressed Patients Switching At Low HIV-1 RNA Into Fixed Dose
89	SALIF	and Asia. A Phase 3b, Randomized, Open-label Clinical Study to Demonstrate non- inferiority in Virologic Response Rates of HIV-1 RNA Suppression <400 Copies/mL of TDF/FTC/RPV Versus TDF/FTC/EFVin First-line Antiretroviral NNRT/-based Suppressed Patients Switching At Low HIV-1 RNA
		and Asia. A Phase 3b, Randomized, Open-label Clinical Study to Demonstrate non- inferiority in Virologic Response Rates of HIV-1 RNA Suppression <400 Copies/mL of TDF/FTC/RPV Versus TDF/FTC/RPV Versus TDF/FTC/RPV NNRT/-based Suppressed Patients Switching At Low HIV-1 RNA Into Fixed Dose
		and Asia. A Phase 3b, Randomized, Open-label Clinical Study to Demonstrate non- inferiority in Virologic Response Rates of HIV-1 RNA Suppression <400 Copies/mL of TDF/FTC/RPV Versus TDF/FTC/RPV Versus TDF/FTC/EFVin First-line Antiretroviral NNRT/-based Patients Switching At Low HIV-1 RNA Into Fixed Dose Combinations A Multicentre, Open Label,
		and Asia. A Phase 3b, Randomized, Open-label Clinical Study to Demonstrate non- inferiority in Virologic Response Rates of HIV-1 RNA Suppression <400 Copies/mL of TDF/FTC/RPV Versus TDF/FTC/FVin First-line Antiretroviral NNRT/-based Suppressed Patients Switching At Low HIV-1 RNA Into Fixed Dose Combinations A Mutticentire,
		and Asia. A Phase 3b, Randomized, Open-label Clinical Study to Demonstrate non- inferiority in Virologic Response Rates of HIV-1 RNA Suppression <400 Copies/mL of TDF/FTC/RPV Versus TDF/FTC/RPV Versus TDF/FTC/EFVin First-line Antiretroviral NNRT/-based Patients Switching At Low HIV-1 RNA Suppressed Patients Switching At Low HIV-1 RNA Into Fixed Dose Combinations A Multicentre, Open Label, Efficacy And Safety Of Parenteral
		and Asia. A Phase 3b, Randomized, Open-label Clinical Study to Demonstrate non- inferiority in Virologic Response Rates of HIV-1 RNA Suppression <400 Copies/mL of TDF/FTC/RPV Versus TDF/FTC/RPV Versus TDF/FTC/RPV Versus TDF/FTC/RPV NNRT/-based Suppressed Patients Switching At Low HIV-1 RNA Into Fixed Dose Combinations A Multicentre, Open Label, Efficacy And Saf97276a In The
		and Asia. A Phase 3b, Randomized, Open-label Clinical Study to Demonstrate non- inferiority in Virologic Response Rates of HIV-1 RNA Suppression <400 Copies/mL of TDF/FTC/RPV Versus TDF/FTC/RPV Versus TDF/FTC/EFVin First-line Antiretroviral NNRT/-based Patients Switching At Low HIV-1 RNA Suppressed Patients Switching At Low HIV-1 RNA Into Fixed Dose Combinations A Multicentre, Open Label, Efficacy And Safety Of Parenteral
		and Asia. A Phase 3b, Randomized, Open-label Clinical Study to Demonstrate non- inferiority in Virologic Response Rates of HIV-1 RNA Suppression <400 Copies/mL of TDF/FTC/RPV Versus TDF/FTC/RPV Versus TDF/FTC/RPV Versus TDF/FTC/RPV NNRT/-based Suppressed Patients Switching At Low HIV-1 RNA Into Fixed Dose Combinations A Multicentre, Open Label, Efficacy And Saf97276a In The
		and Asia. A Phase 3b, Randomized, Open-label Clinical Study to Demonstrate non- inferiority in Virologic Response Rates of HIV-1 RNA Suppression <400 Copies/mL of TDF/FTC/RPV Versus TDF/FTC/RPV Versus TDF/FTC/RPV Versus TDF/FTC/RPV NNRT/-based Suppressed Patients Switching At Low HIV-1 RNA Into Fixed Dose Combinations A Multicentre, Open Label, Efficacy And Safety Of Parenteral Sar97276a In The Treatment Of Symptomatic Uncomplicated
		and Asia. A Phase 3b, Randomized, Open-label Clinical Study to Demonstrate non- inferiority in Virologic Response Rates of HIV-1 RNA Suppression <400 Copies/mL of Copies/mL of DF/FTC/RPV Versus TDF/FTC/RPV Versus TDF/FTC/RPV Versus Antiretroviral NNRT/-based Suppressed Patients Switching At Low HIV-1 RNA Into Fixed Dose Combinations A Multicentre, Open Label, Efficacy And Safety Of Parenteral Saf97276a In The Treatment Of Symptomatic Uncomplicated And Severe
90	SALIF	and Asia. A Phase 3b, Randomized, Open-label Clinical Study to Demonstrate non- inferiority in Virologic Response Rates of HIV-1 RNA Suppression <400 Copies/mL of TDF/FTC/RPV Versus TDF/FTC/RPV Versus TDF/FTC/RPV NNRT/-based Suppressed Patients Switching At Low HIV-1 RNA Suppressed Patients Switching At Low HIV-1 RNA Into Fixed Dose Combinations A Multicentre, Open Label, Efficacy And Safety Of Parenteral Saf97276a In The Treatment Of Symptomatic Uncomplicated And Severe Malaria In Adults
		and Asia. A Phase 3b, Randomized, Open-label Clinical Study to Demonstrate non- inferiority in Virologic Response Rates of HIV-1 RNA Suppression <400 Copies/mL of TDF/FTC/RPV Versus TDF/FTC/RPV Versus TDF/FTC/RPV NNRT/-based Suppressed Patients Switching At Low HIV-1 RNA Suppressed Patients Switching At Low HIV-1 RNA Into Fixed Dose Combinations A Multicentre, Open Label, Efficacy And Safety Of Parenteral Saf97276a In The Treatment Of Symptomatic Uncomplicated And Severe Malaria In Adults

92	SAVVY	Randomised Controlled Trials of Savvy In HIV
93	SAVING BRAINS	Saving Brains from Malnutrition: Implementation of Evidence-Based Nutritional Supplementation and Psychosocial Stimulation Program for Pregnant and Lactating Women and their Infants Post Weaning, To Improve Cognition and Behavioral Regulation to Deliver Better Social and Economic Prospects Later in Life
94	SHEA LIDO	Comparison of Shea butter and Lidocaine gel for rectal examination- A Non-Inferiority Trial
95	SMAC	A Comparative, Open Label, Dose And Regimen Optimization Follow-Up Study Of Intravenous And Intramuscular Artesunate In African Children With Severe Malaria.
96	SMAART	Stroke Minimization through Additive Anti- atherosclerotic Agents in Routine Treatment
07	SPUTNIK LIGHT	A phase III randomzed double blind, placebo- controlled international multisite clinical trial in parallel assignment to evaluate efficacy, immunogencity and safety of the sputnik light vector vaccine in adults in the sars-cov-2 infection prophylactic treatment

r 1	A Fhase III, Multi-
	Centre,
	Randomized.
	Double-Blind
	Study to Assess
	Efficacy and
	Safety of Two
	Doses of
	Crizanlizumab
	Versus Placebo
	With or Without
	Hydroxyurea/Hydr
	oxycarbamide
	Therapy in
	Adolescent and
	Adult Sickle Cell
	Disease Patients
	with Vaso
	Occlusive Crises
98 STAND	(STAND)
	POSTOPERATIVE
1	PAIN
1	MANAGEMENT IN
1	
1 1	EMERGENCY
	ABDOMINAL
1	SURGERY:
	BIMODAL
	VERSUS
	UNIMODAL
99 STAR	ANALGESIA
	A Phase II
	A Phase II,
	multicenter,
	multicenter, randomized, open
	multicenter,
	multicenter, randomized, open
	multicenter, randomized, open label two arm study comparing
	multicenter, randomized, open label two arm study comparing the effect of
	multicenter, randomized, open label two arm study comparing the effect of crizanlizumab +
	multicenter, randomized, open label two arm study comparing the effect of crizanlizumab + standard of care to
	multicenter, randomized, open label two arm study comparing the effect of crizanlizumab + standard of care to standard of care
	multicenter, randomized, open label two arm study comparing the effect of crizanlizumab + standard of care to
	multicenter, randomized, open label two arm study comparing the effect of crizanlizumab + standard of care to standard of care
	multicenter, randomized, open label two arm study comparing the effect of crizanlizumab + standard of care to standard of care to standard of care alone on renal function in sickle
	multicenter, randomized, open label two arm study comparing the effect of crizaniizumab + standard of care to standard of care alone on renal function in sickle cell disease
	multicenter, randomized, open label two arm study comparing the effect of crizanlizumab + standard of care to standard of care to standard of care alone on renal function in sickle cell disease patients ≥ 16
	multicenter, randomized, open label two arm study comparing the effect of orizaniizumab + standard of care to standard of care alone on renal function in sickle cell disease patients 2 16 years with chronic
	multicenter, randomized, open label two arm study comparing the effect of crizanlizumab + standard of care to standard of care to standard of care alone on renal function in sickle cell disease patients ≥ 16
	multicenter, randomized, open label two arm study comparing the effect of crizanlizumab + standard of care to standard of care to standard of care alone on renal function in sickle cell disease patients ≥ 16 years with chronic kidney disease
100 STEADEAST	multicenter, randomized, open label two arm study comparing the effect of crizanlizumab + standard of care to standard of care to standard of care to standard of care to standard of care alone on renal function in sickle cell disease patients ≥ 16 years with chronic kidney disease due to sickle cell
100 STEADFAST	multicenter, randomized, open label two arm study comparing the effect of crizaniizumab + standard of care to standard of care to standard of care alone on renal function in sickle cell disease patients ≥ 16 years with chronic kidney disease
100 STEADFAST	multicenter, randomized, open label two arm study comparing the effect of crizanlizumab + standard of care to standard of care to standard of care alone on renal function in sickle cell disease patients ≥ 16 years with chronic kidney disease due to sickle cell
100 STEADFAST	multicenter, randomized, open label two arm study comparing the effect of crizaniizumab + standard of care to standard of care alone on renal function in sickle cell disease patients ≥ 16 years with chronic kidney disease due to sickle cell nephropathy Double-Blind,
100 STEADFAST	multicenter, randomized, open label two arm study comparing the effect of crizanlizumab + standard of care to standard of care alone on renal function in sickle cell disease patients ≥ 16 years with chronic kidney disease due to sickle cell nephropathy Double-Blind, Randomized,
100 STEADFAST	multicenter, randomized, open label two arm study comparing the effect of crizaniizumab + standard of care to standard of care alone on renal function in sickle cell disease patients ≥ 16 years with chronic kidney disease due to sickle cell nephropathy Double-Blind, Randomized, Efficacy And
100 STEADFAST	multicenter, randomized, open label two arm study comparing the effect of crizaniizumab + standard of care to standard of care alone on renal function in sickle cell disease patients ≥ 16 years with chronic kidney disease due to sickle cell nephropathy Double-Blind, Randomized, Efficacy And Safety
100 STEADFAST	multicenter, randomized, open label two arm study comparing the effect of crizaniizumab + standard of care to standard of care alone on renal function in sickle cell disease patients ≥ 16 years with chronic kidney disease due to sickle cell nephropathy Double-Blind, Randomized, Efficacy And Safety Comparison Of
100 STEADFAST	multicenter, randomized, open label two arm study comparing the effect of crizaniizumab + standard of care to standard of care alone on renal function in sickle cell disease patients ≥ 16 years with chronic kidney disease due to sickle cell nephropathy Double-Blind, Randomized, Efficacy And Safety
100 STEADFAST	multicenter, randomized, open label two arm study comparing the effect of crizaniizumab + standard of care to standard of care alone on renal function in sickle cell disease patients ≥ 16 years with chronic kidney disease due to sickle cell nephropathy Double-Blind, Randomized, Efficacy And Safety Comparison Of
100 STEADFAST	multicenter, randomized, open label two arm study comparing the effect of crizaniizumab + standard of care to standard of care alone on renal function in sickle cell disease patients ≥ 16 years with chronic kidney disease due to sickle cell nephropathy Double-Blind, Randomized, Efficacy And Safety Comparison Of Prasugrel And
100 STEADFAST	multicenter, randomized, open label two arm study comparing the effect of crizaniizumab + standard of care to standard of care alone on renal function in sickle cell disease patients ≥ 16 years with chronic kidney disease due to sickle cell nephropathy Double-Blind, Randomized, Efficacy And Safety Comparison Of Prasugrel And Placebo In Pediatric Patients
	multicenter, randomized, open label two arm study comparing the effect of crizanlizumab + standard of care to standard of care to standard of care to alone on renal function in sickle cell disease patients ≥ 16 years with chronic kidney disease due to sickle cell nephropathy Double-Blind, Randomized, Efficacy And Safety Comparison Of Prasugrel And Placebo In Pediatric Patients
100 STEADFAST	multicenter, randomized, open label two arm study comparing the effect of crizaniizumab + standard of care to standard of care alone on renal function in sickle cell disease patients ≥ 16 years with chronic kidney disease due to sickle cell nephropathy Double-Blind, Randomized, Efficacy And Safety Comparison Of Prasugrel And Placebo In Pediatric Patients

		A balanced, randomized, two treatment, two- period, two- sequence single dose crossover, open-label, analyst blind and single centre bioequivalence study test product; Tenofevek of Danadams Pharmaceuticals Industry Ltd., Ghana and reference product; Viread (Gilead Sciences, Inc., CA, USA) in healthy,
		male, human participants under
102	TENOFOVEK BE	fasting conditions. A Phase II Study
		for Tenofovir Disoproxyl
103	TENOFOVIR	Fumarate for Prevention of HIV
104	TYVEGHA	A cluster- randomized controlled Phase IV trial assessing the impact of a Vi- Polysaccharide conjugate vaccine in preventing typhoid infection in Asante Akim, Ghana (TyVEGHA):
		A parallel-group, Phase III, multi- stage, modified double-blind, multi- armed study to assess the efficacy, safety, and immunogenicity of two SARS-CoV-2 Adjuvanted Recombinant Protein Vaccines (monovalent and bivalent) for prevention against COVID-19 in adults 18 years of age
105	VAT00008	and older

		Assessment of a
		novel fixed dose
		combination (FDC)
		drug VR-AD-1005
		for the treatment
		of acute watery
		diarrhea in
		cholera: A phase II, multicenter,
		randomized,
		placebo controlled,
		double blinded
		efficacy and safety
106	VR-AD-1005 STI	trial
		Tranexamic Acid
		For The Treatment
		Of Postpartum
		Haemorrhage: An
		International,
1		
1		Randomized,
		Double Blind,
		Placebo
107	WOMAN	Controlled Trial Single Dose Oral
1		Azithromycin
1		
		Versus Injection
1		Benzathine
1		Penicillin For The
		Treatment Of
1		Yaws – A
1		Randomized
1		Clinical Trial In
1		Some Endemic
		Communities In
108	YAWS	Ghana
108	YAWS	Ghana
		A Phase 1 Study
		to Evaluate the
		to Evaluate the Safety, Tolerability
		to Evaluate the Safety, Tolerability and
		to Evaluate the Safety, Tolerability and Immunogenicity of
		to Evaluate the Safety, Tolerability and Immunogenicity of Heterologous
		to Evaluate the Safety, Tolerability and Immunogenicity of
		to Evaluate the Safety, Tolerability and Immunogenicity of Heterologous Prime-Boost Regimens Using
		to Evaluate the Safety, Tolerability and Immunogenicity of Heterologous Prime-Boost
		to Evaluate the Safety, Tolerability and Immunogenicity of Heterologous Prime-Boost Regimens Using
		to Evaluate the Safety, Tolerability and Immunogenicity of Heterologous Prime-Boost Regimens Using MVA-BN®-FILO
		to Evaluate the Safety, Tolerability and Immunogenicity of Heterologous Prime-Boost Regimens Using MVA-BN®-FILO and Ad26.ZEBOV Administered in
		to Evaluate the Safety, Tolerability and Immunogenicity of Heterologous Prime-Boost Regimens Using MVA-BN®-FILO and Ad26.ZEBOV Administered in Different
		to Evaluate the Safety, Tolerability and Immunogenicity of Heterologous Prime-Boost Regimens Using MVA-BN®-FILO and Ad26.ZEBOV Administered in Different Sequences and
		to Evaluate the Safety, Tolerability and Immunogenicity of Heterologous Prime-Boost Regimens Using MVA-BN®-FILO and Ad26.ZEBOV Administered in Different Sequences and Schedules in
100	ZEBOV	to Evaluate the Safety, Tolerability and Immunogenicity of Heterologous Prime-Boost Regimens Using MVA-BN®-FILO and Ad26.ZEBOV Administered in Different Sequences and
109	ZEBOV	to Evaluate the Safety, Tolerability and Immunogenicity of Heterologous Prime-Boost Regimens Using MVA-BN®-FILO and Ad26.ZEBOV Administered in Different Sequences and Schedules in
109	ΖΕΒΟΥ	to Evaluate the Safety, Tolerability and Immunogenicity of Heterologous Prime-Boost Regimens Using MVA-BN®-FILO and Ad26.ZEBOV Administered in Different Sequences and Schedules in Healthy Adults
109	ZEBOV	to Evaluate the Safety, Tolerability and Immunogenicity of Heterologous Prime-Boost Regimens Using MVA-BN®-FILO and Ad26.ZEBOV Administered in Different Sequences and Schedules in Healthy Aduts
109	ZEBOV	to Evaluate the Safety, Tolerability and Immunogenicity of Heterologous Prime-Boost Regimens Using MVA-BN®-FILO and Ad26.ZEBOV Administered in Different Sequences and Schedules in Healthy Adults Phase I, Safety of ZIV-
109	ZEBOV	to Evaluate the Safety, Tolerability and Immunogenicity of Heterologous Prime-Boost Regimens Using MVA-BN®-FILO and Ad26.ZEBOV Administered in Different Sequences and Schedules in Healthy Adults Phase I, Safety of ZIV- AFLIBERCEPT in
109	ZEBOV	to Evaluate the Safety, Tolerability and Immunogenicity of Heterologous Prime-Boost Regimens Using MVA-BN®-FILO and Ad26.ZEBOV Administered in Different Sequences and Schedules in Healthy Adults Phase I, Safety of ZIV- AFLIBERCEPT in retinal diseases in
		to Evaluate the Safety, Tolerability and Immunogenicity of Heterologous Prime-Boost Regimens Using MVA-BN⊗-FILO and Ad26.ZEBOV Administered in Different Sequences and Schedules in Healthy Adults Phase I, Safety of ZIV- AFLIBERCEPT in retinal diseases in Ghanaian
	ZEBOV ZIV AFFLIBERC	to Evaluate the Safety, Tolerability and Immunogenicity of Heterologous Prime-Boost Regimens Using MVA-BN⊗-FILO and Ad26.ZEBOV Administered in Different Sequences and Schedules in Healthy Adults Phase I, Safety of ZIV- AFLIBERCEPT in retinal diseases in Ghanaian
110		to Evaluate the Safety, Tolerability and Immunogenicity of Heterologous Prime-Boost Regimens Using MVA-BN®-FILO and Ad26.ZEBOV Administered in Different Sequences and Schedules in Healthy Adults Phase I, Safety of ZIV- AFLIBERCEPT in retinal diseases in Ghanaian population
		to Evaluate the Safety, Tolerability and Immunogenicity of Heterologous Prime-Boost Regimens Using MVA-BN⊗-FILO and Ad26.ZEBOV Administered in Different Sequences and Schedules in Healthy Adults Phase I, Safety of ZIV- AFLIBERCEPT in retinal diseases in Ghanaian
110		to Evaluate the Safety, Tolerability and Immunogenicity of Heterologous Prime-Boost Regimens Using MVA-BN®-FILO and Ad26.ZEBOV Administered in Different Sequences and Schedules in Healthy Adults Phase I, Safety of ZIV- Phase I, Safety of ZIV- AFLIBERCEPT in retinal diseases in Ghanaian population Feasibility Studies
110		to Evaluate the Safety, Tolerability and Immunogenicity of Heterologous Prime-Boost Regimens Using MVA-BNØ-FILO and Ad26.ZEBOV Administered in Different Sequences and Schedules in Healthy Adults Phase I, Safety of ZIV- AFLIBERCEPT in retinal diseases in Ghanaian population Feasibility Studies Study not Started/
110		to Evaluate the Safety, Tolerability and Immunogenicity of Heterologous Prime-Boost Regimens Using MVA-BN®-FILO and Ad26.ZEBOV Administered in Different Sequences and Schedules in Healthy Adults Phase I, Safety of ZIV- AFLIBERCEPT in retinal diseases in Ghanaian population Feasibility Studies Study not Started/ Application
110		to Evaluate the Safety, Tolerability and Immunogenicity of Heterologous Prime-Boost Regimens Using MVA-BN®-FILO and Ad26.ZEBOV Administered in Different Sequences and Schedules in Healthy Adults Phase I, Safety of ZIV- AFLIBERCEPT in retinal diseases in Ghanaian population Feasibility Studies Study not Started/ Application
110		to Evaluate the Safety, Tolerability and Immunogenicity of Heterologous Prime-Boost Regimens Using MVA-BNØ-FILO and Ad26.ZEBOV Administered in Different Sequences and Schedules in Healthy Adults Phase I, Safety of ZIV- AFLIBERCEPT in retinal diseases in Ghanaian population Feasibility Studies Study not Started/ Approved /
110		to Evaluate the Safety, Tolerability and Immunogenicity of Heterologous Prime-Boost Regimens Using MVA-BN®-FILO and Ad26.ZEBOV Administered in Different Sequences and Schedules in Healthy Adults Phase I, Safety of ZIV- AFLIBERCEPT in retinal diseases in Ghanaian population Feasibility Studies Study not Started/ Application
110		to Evaluate the Safety, Tolerability and Immunogenicity of Heterologous Prime-Boost Regimens Using MVA-BNØ-FILO and Ad26.ZEBOV Administered in Different Sequences and Schedules in Healthy Adults Phase I, Safety of ZIV- AFLIBERCEPT in retinal diseases in Ghanaian population Feasibility Studies Study not Started/ Approved /
<u>110</u> 111		to Evaluate the Safety, Tolerability and Immunogenicity of Heterologous Prime-Boost Regimens Using MVA-BN®-FILO and Ad26.ZEBOV Administered in Different Sequences and Schedules in Healthy Adults Phase I, Safety of ZIV- AFLIBERCEPT in retinal diseases in Ghanaian population Feasibility Studies Study not Started/ Application Withdrawn /Not Approved / Terminated / FDA
110 111 112	ZIV AFFLIBERCI • N/A	to Evaluate the Safety, Tolerability and Immunogenicity of Heterologous Prime-Boost Regimens Using MVA-BN®-FILO and Ad26.ZEBOV Administered in Different Sequences and Schedules in Healthy Adults Phase I, Safety of ZIV- AFLIBERCEPT in retinal diseases in Ghanaian population Feasibility Studies Study not Started/ Application Withdrawn /Not Approved / EDA Dissociation from Trial data
110 111 112 112 113	ZIV AFFLIBERCI	to Evaluate the Safety, Tolerability and Immunogenicity of Heterologous Prime-Boost Regimens Using MVA-BN®-FILO and Ad26.ZEBOV Administered in Different Sequences and Schedules in Healthy Adults Phase I, Safety of ZIV- AFLIBERCEPT in retinal diseases in Ghanaian population Feasibility Studies Study not Started/ Application Withdrawn /Not Approved / Terminated / FDA Dissociation from

	Applications	
	pending	
115	approval	
116	Active phase end	led
	Trials closed by	
	Sponsor before	
117	commencement	
	• · · ·	
	Application	
	withdrawn by	
	Sponsor before	
	FDA approval	
	Application closed by FDA	
120	Trials Not Approv	ved
	Trials	
	terminated by	
121	FDA/Sponsor	
	Dissociation of	
	Trial Data by	
122	FDA	

LAST UPDATED: 24TH AUGUST, 2021