

# **Evaluation of Clinical Trial Sites and Strategy | Phase III RESI Trial**

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# Executive Summary



The total **treatable MDR-TB population** in the 6 target African countries is **19,930 annually**

- **South Africa** and **Nigeria** account for **83.5%** of total disease burden

**South Africa, Nigeria, Morocco and Ethiopia** are the most **viable countries for RESI phase - III trial** due to:



- High disease burden
- Robust supply chain and operational feasibility
- Clear pathway to commercialization

We recommend a **12-site portfolio activated in three strategic waves**



- Fast-track: for early launch of clinical trial
- Standard: to drive up patient volume
- Complex: as strategic sites for competitive advantage

This timeline ensures rapid start up with First Patient In achieved in Q4'26, followed by Last Patient In milestone by Q4'27



Key risks of **site competition** from overlapping sites and **PI inexperience** at few high-potential locations will be mitigated by **funding dedicated study coordinators**, implementing enhanced **monitoring plans** with **community engagement**



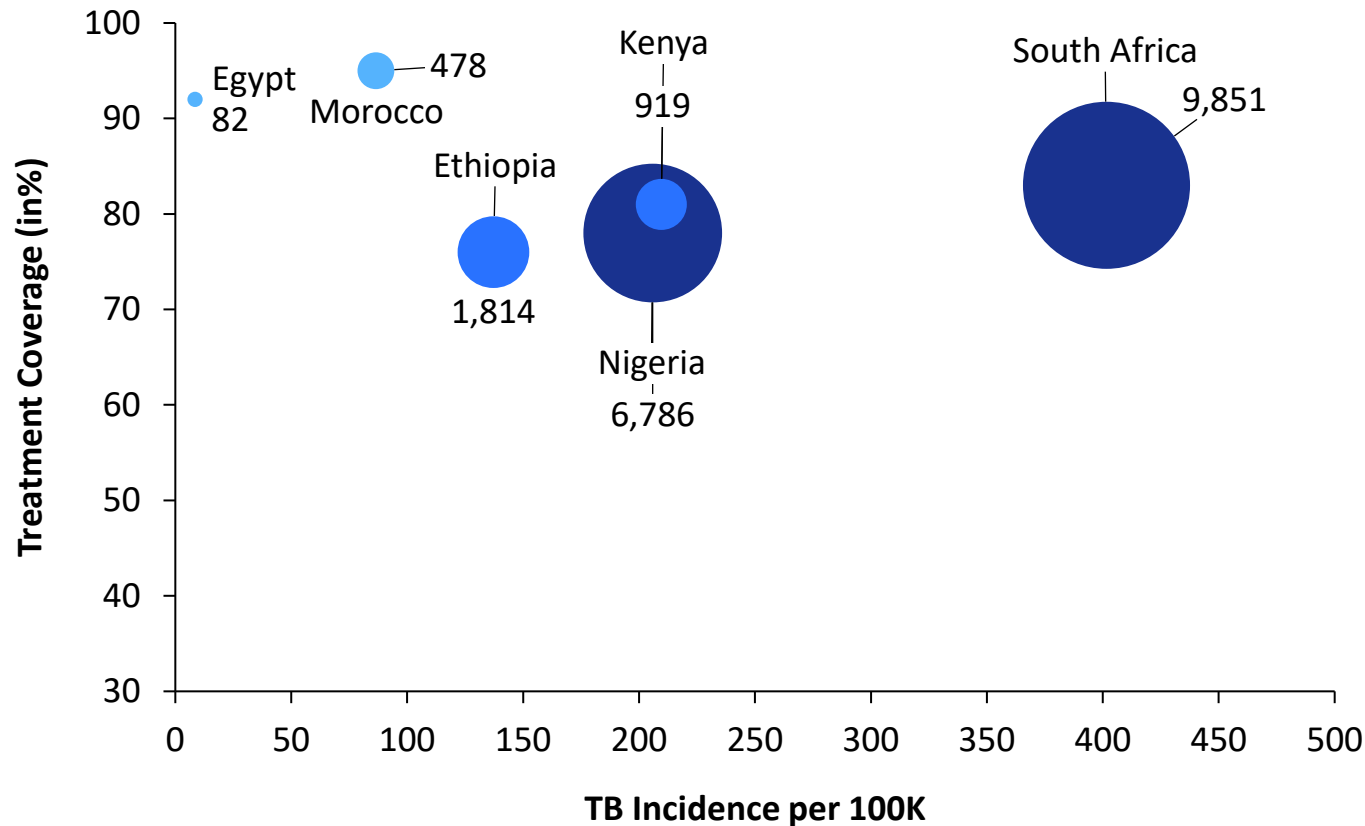
# Focus Where The Need Is Greatest

Total Treatable Patient Population | By Target Markets

# South Africa and Nigeria account for ~83% of MDR-TB cases among the target countries



## Total Treatable Patient Population (19,930) by Target Market – 2025E



## Key Insights

- **High volume markets:** High TB incidence that are viable spots for RESI phase - III trial



South Africa



Nigeria



- **High function markets:** Excellent healthcare infrastructure with **advanced regulatory systems** that offer a **clear pathway to commercialization**



Morocco

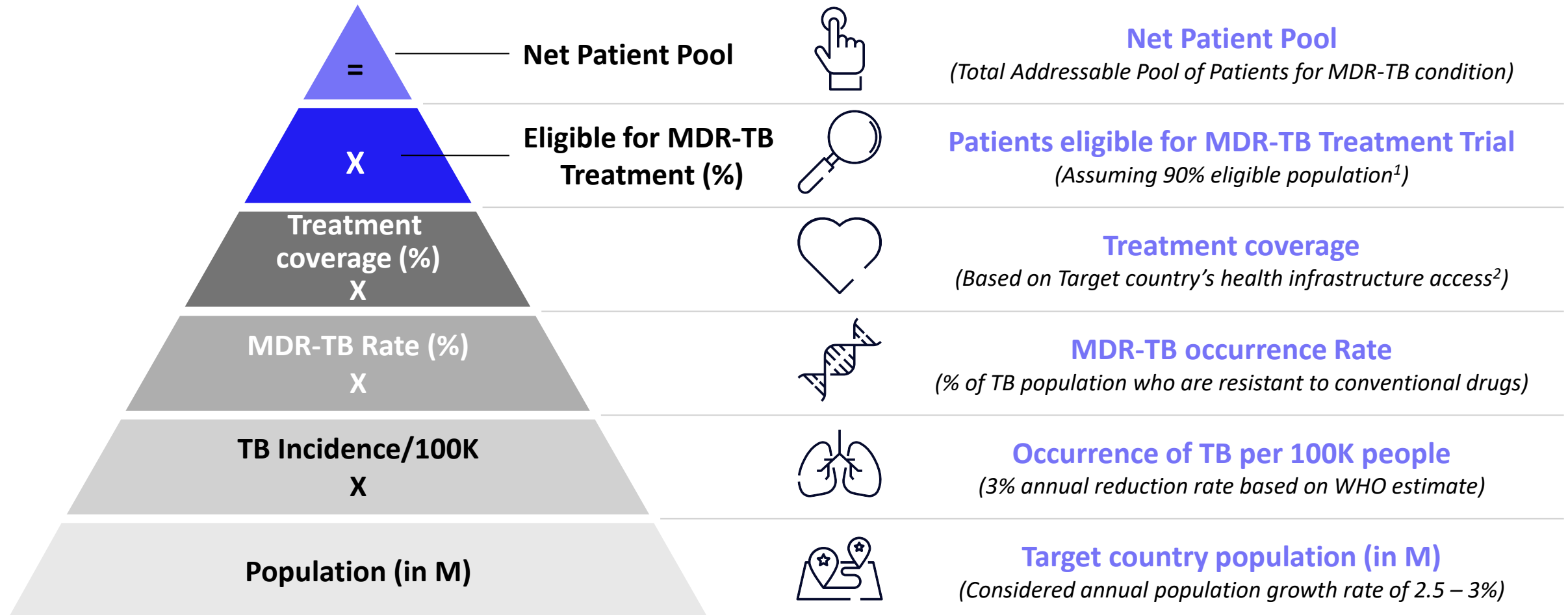


Egypt

1. In 6 target countries in Africa; Source: TB Profile, World Health Organization; Worldometer; Healthcare access and Quality Index – 2025; Assumption: Based on UN World Population prospects, expected annual population growth of 2.5% with 3% decline in TB case incidences and 4% improvement in patient accessibility to healthcare

# Calculated treatable patient pool for 2025 based on health indicators and growth estimates

*Projection for 2025 Treatable Patient Pool = Population x (TB Incidence/100,000) x MDR-TB Rate x Treatment Coverage x Eligible for MDR-TB Treatment*

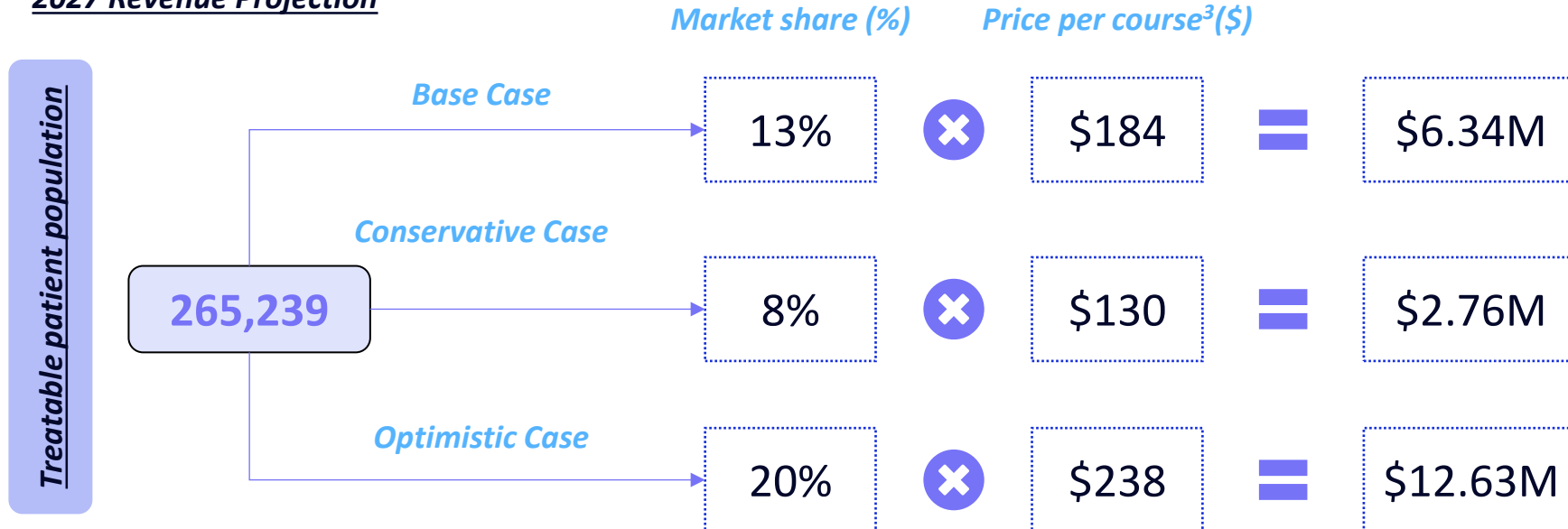


Source: 1. Accounting for co-morbidities and Ramafloxacin resistance; [American Journal of Respiratory and Critical Care Medicine](#); TB Profile, World Health Organization; Worldometer; 2. Expected to improve by 2% annually; Healthcare access and Quality Index – 2025; 3. Based on World Population Prospects for 2025 projection; Assumption: Based on [UN World Population prospects](#), expected annual population growth of 2.5% with 3% decline in TB case incidences and 4% improvement in patient accessibility to healthcare

# Ramafloxacin is expected to bring in ~\$6 - \$13M annually for MDR-TB treatment with potential to upsell and diversify for other treatments

<u>Metric</u>	<u>2023 Baseline</u>	<u>Annual growth rate</u>	<u>2027 Projection</u>
Global MDR-TB Incidence	400,000 <sup>1</sup>	0.5% <sup>2</sup>	408,060
Total Treatment Coverage	44% <sup>1</sup>	12% <sup>3</sup>	65%
<b>Total Treatable Patients</b>	<b>176,000</b>	<b>3.5%</b>	<b>265,239</b>

## 2027 Revenue Projection









Source: 1. [WHO Global Tuberculosis Report](#); 2. Stable with slight population driven increase based on World Population Prospects estimate; 3. 12% YoY growth in total treatment coverage based on improvement in health infrastructure due to government funding and investments; Based on innovative drugs in the MDR-TB regimen like Bedaquiline (\$130/course) or Pretomanid (\$238/course) for typical 6 months course



# **Bringing Hope Where It's Needed Most**





**Site Prioritization and Selection | By Select Countries**

# Country Screening| South Africa and Nigeria emerged as clear winners in the scorecard based on operational feasibility, regulatory maturity, disease burden

Metrics		 Egypt	 Ethiopia	 Kenya	 Morocco	 Nigeria	 South Africa
Market scale & maturity	5%						
Ease of import & distribution	25%						
Patient data requirement							
WHO maturity rating	25%						
Past Mara ties with agencies/ mgt expertise							
Infrastructure	15%						
Disease burden	25%						
Competing trial overlap	5%						

Balancing high volume market for patient enrollment with high function markets for post commercialization distribution is critical for RESI trial's success.

# Country Screening | Morocco and Ethiopia are the strategic fit for RESI trial based on cost efficiency and post commercialization pathway

Countries	Patient Pool <sup>1</sup>	Rationale
 Morocco	1,814	<ul style="list-style-type: none"> <li>International trust and credibility: Advanced regulatory system <b>recognized by FDA/EMA</b></li> <li>Ease of distribution: <b>Expedited manufacturing</b> and international distribution post study</li> <li>Operational stability: Manageable import and distribution; <b>high domestic production</b> of drugs (65-70%)</li> </ul>
 Ethiopia	919	<ul style="list-style-type: none"> <li>Cost efficiency: Government offers <b>tax benefits that reduces trial and manufacturing costs</b></li> <li>Future manufacturing hub: Kilinto Industrial Park – viable for manufacturing</li> <li>Partner experience: <b>CROs have significant experience</b> that reduces potential setback</li> </ul>
 Kenya	478	<ul style="list-style-type: none"> <li>Enrollment risk: <b>18% of population do not meet WHO criteria for patient accessibility</b></li> <li>Geographic risk: High concentration of facilities in Nairobi</li> <li>Delayed drug approval: No stable timeline for drug approval (12-24 months with conflicting overlaps)</li> </ul>
 Egypt	82	<ul style="list-style-type: none"> <li>Supply chain vulnerability: Foreign currency constraints that delays imports; possible <b>cold storage risks</b></li> <li>Manufacturing risk: Government's pharma ingredient purchase is a potential roadblock to future operations</li> </ul>

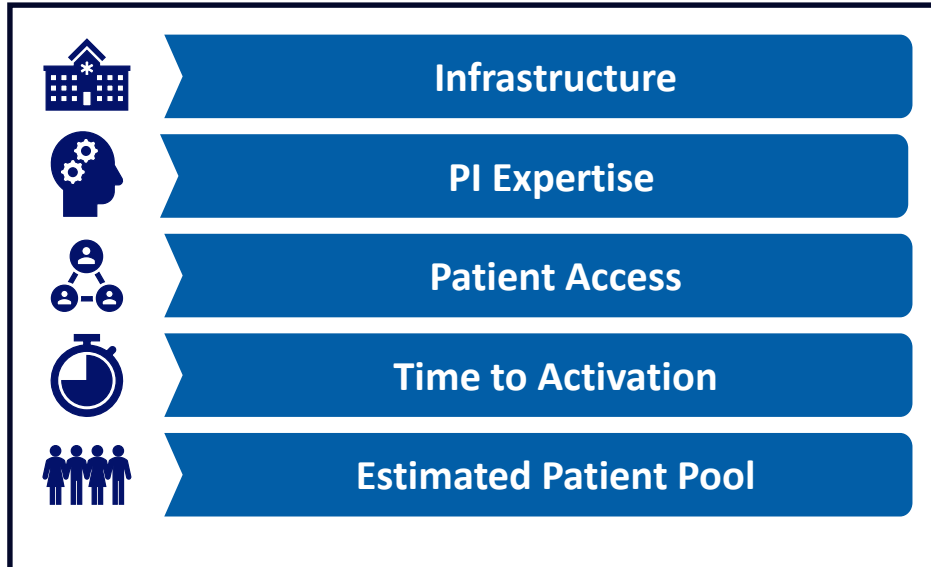
# Site Screening | Sites from select countries are shortlisted based on set criteria to enable strong engagement and speedy trial completion

*We will activate the RESI Phase III trial sites in three strategic waves, with different group of sites in each wave*

## CRITERIA

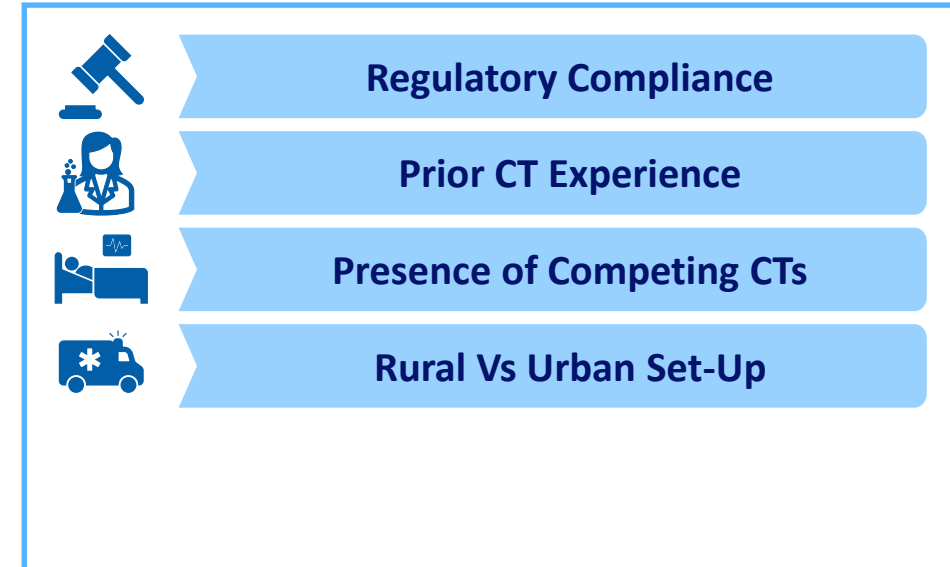
### Primary Factors

*Evaluated to select sites for 3 waves*

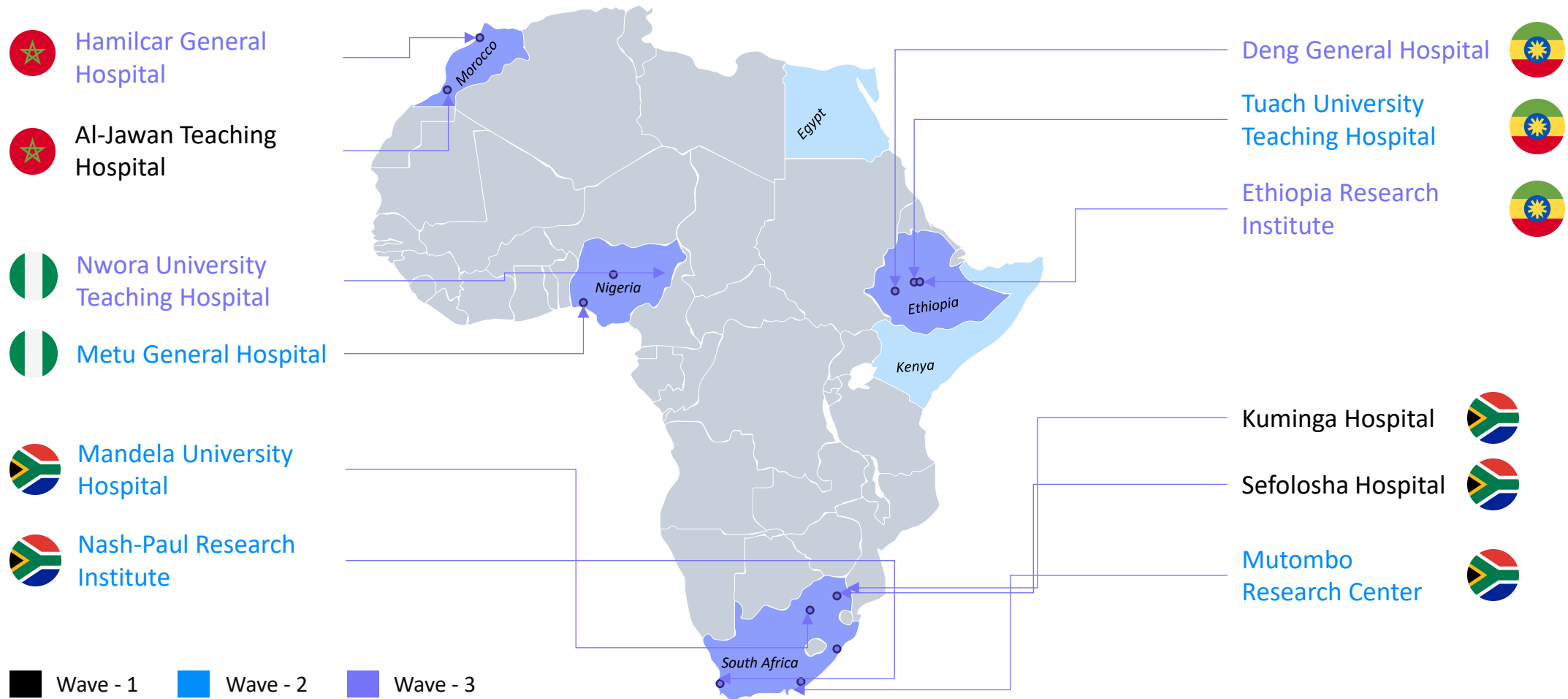


### Secondary Factors

*Evaluated to select sites within each wave*



# Site Screening | This portfolio balances fast activation, high patient pools, & geographic diversity enabling ~600 patient enrollment



Prioritization emphasizes sites with quality scores  $\geq 11/15$ , activation timelines  $\leq 180$  days, and minimal conflicts, aligning with MARA's mission for efficient, ethical trials

## Wave -1 sites| Selected to achieve ‘first-patient-in’ as quickly as possible to establish trial momentum

All the sites were selected for their low activation time of **30-60 days for rapid startup** of trial sites



Site Name	Patient Pool <sup>1</sup>	Quality Score <sup>2</sup>	Key Strengths
Sefolosha Hospital	16 - 48	13/15	<ul style="list-style-type: none"> <li>Regulatory compliance: High</li> <li>Excellent patient access with rural community</li> <li>Prior CT experience: Yes, TB experience</li> </ul>
Kuminga Hospital	32 - 48	8/15	<ul style="list-style-type: none"> <li>Operational feasibility: Urban location aids logistics</li> <li>Prior CT experience: Yes, DR-TB trials</li> </ul>
Al-Jawan Teaching Hospital	0 - 16	13/15	<ul style="list-style-type: none"> <li>Prior CT experience: Yes</li> <li>Regulatory compliance: Prioritized for Morocco's regulatory maturity and international distribution pathways</li> </ul>

## Wave -2 sites | Selected to bring in volume to meet patient enrollment target

All the sites were selected for the high-quality infrastructure and high patient volume



Site Name	Patient Pool <sup>1</sup>	Quality Score <sup>2</sup>	Key Strengths
Mandela University Hospital	40 - 80	13/15	<ul style="list-style-type: none"> <li>Quality driver: High-volume, high-quality "anchor" site that is reliable and expected to be a top enroller for the entire trial</li> </ul>
Mutombo Research Center	32 - 64	10/15	<ul style="list-style-type: none"> <li>Location: High-quality <b>rural site</b> to mitigate the risk of urban site saturation</li> </ul>
Nash-Paul Research Institute	40 - 80	12/15	<ul style="list-style-type: none"> <li>High volume site with dedicated capacity</li> <li>Presence of competing trials: No, patient pool focused on RESI trial</li> </ul>
Tuach University Teaching Hospital	16 - 64	15/15	<ul style="list-style-type: none"> <li>Quality driver: Best-in-class center, most well-balanced site in the entire portfolio</li> <li>Presence of competing trials: Yes, but offset by higher patient pool</li> </ul>
Metu General Hospital	20 - 40	9/15	<ul style="list-style-type: none"> <li>Location: Urban (Lagos) site that mitigates the known risk of transportation delays in rural Nigeria</li> </ul>

## Wave -3 sites | Selected for contingency planning and strategic advantages

All the sites were selected to secure upper end of patient target and build Mara's future footprint



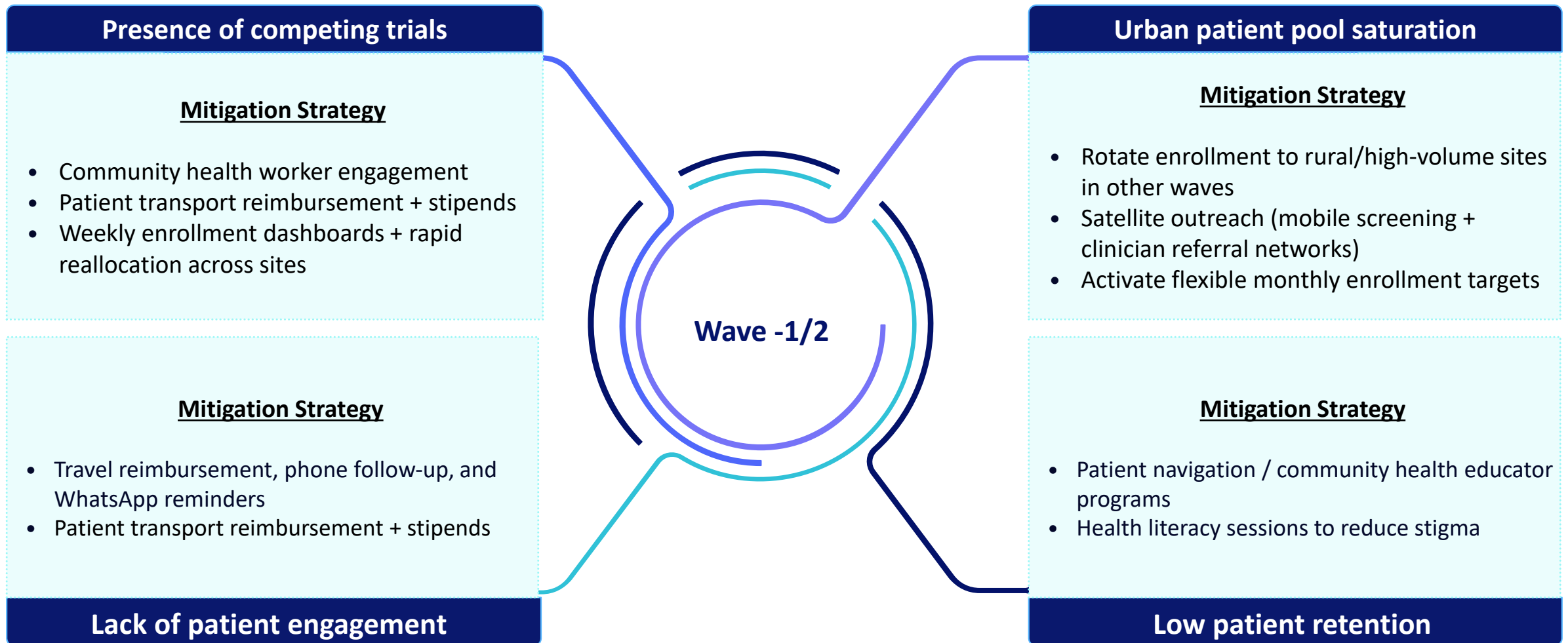
Site Name	Patient Pool <sup>1</sup>	Quality Score <sup>2</sup>	Key Strengths
Deng General Hospital	16 - 40	11/15	<ul style="list-style-type: none"> <li>A high-quality secondary site in Ethiopia. Activated in Wave 3 to build on partner CRO experience and help secure the final patient numbers</li> </ul>
Nwora University Teaching Hospital	40 - 80	12/15	<ul style="list-style-type: none"> <li>A high-volume, high-infrastructure site. It is placed in Wave 3 specifically to allow time to mitigate its known high-risk factor: "Slow EC turnaround"</li> </ul>
Ethiopia Research Institute	32 - 64	10/15	<ul style="list-style-type: none"> <li>The site has excellent facilities but "limited to no CT experience".</li> <li>It is included so MARA can "up-skill staff" and build a future-capable partner</li> </ul>
Hamilcar General Hospital	0 - 16	11/15	<ul style="list-style-type: none"> <li>Existing Mara relationship: The site has previous MARA experience in virology</li> <li>Prior CT experience: Yes</li> <li>Strong patient accessibility</li> </ul>



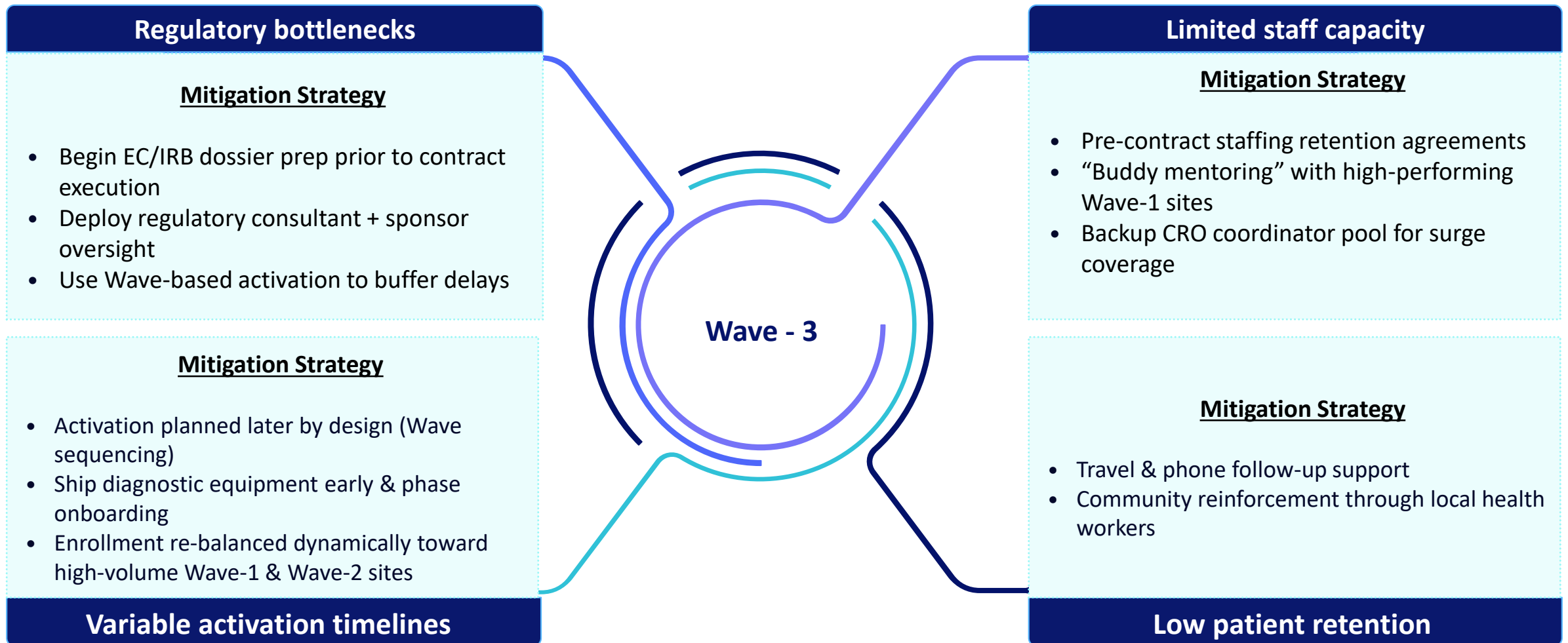
# Protecting What Matters

Risk Mitigation Strategy

# Ensuring patient enrollment and trial continuity are the key priorities for sites in wave 1 and 2



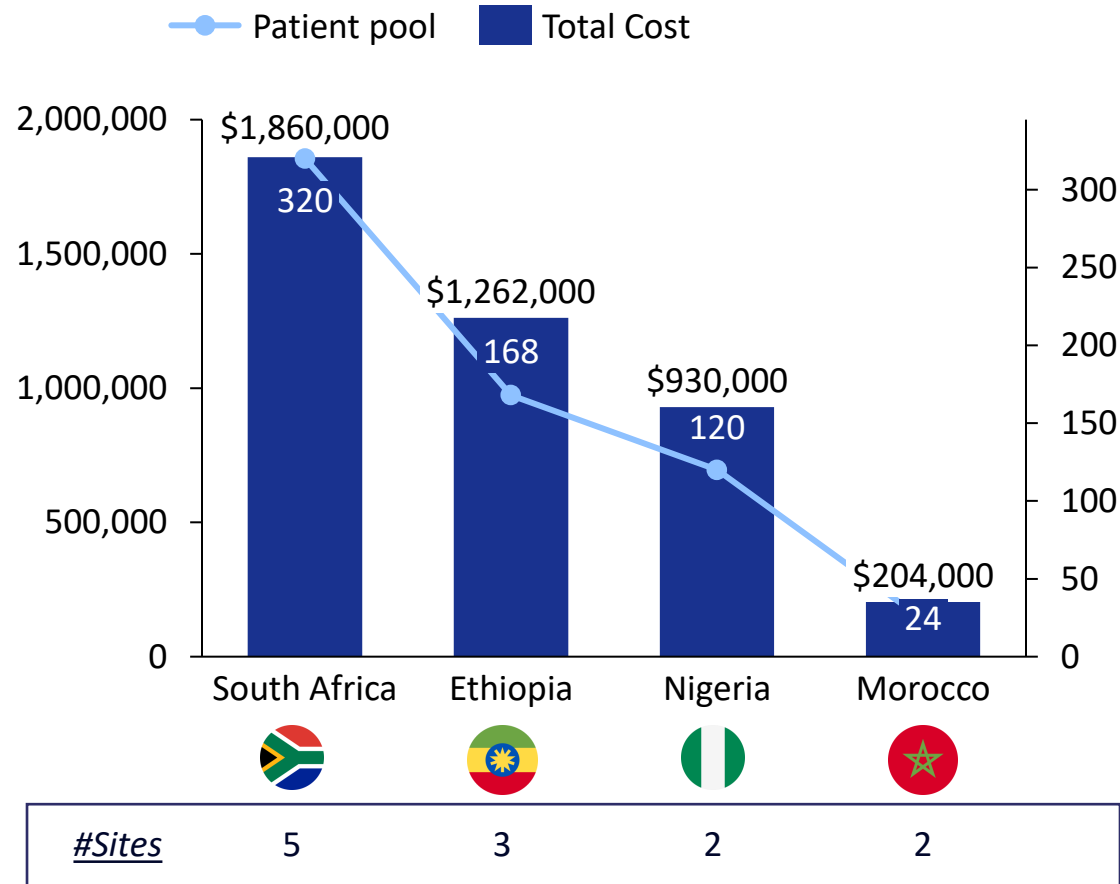
# Overcoming slow regulatory turnaround, capacity constraints and activation timeline are the key priorities for sites in wave – 3



# ~70% of budget is allocated for South Africa and Ethiopia to capture high patient pools



**Total budget estimate for phase-III RESI Trial (\$4,256,000)**



**South Africa** (44%): Early patient enrollment driver  
**Cost per patient: \$5,812**



**Ethiopia** (30%): Strategic scale-up region  
**Cost per patient: \$7,511**



**Nigeria** (22%): Strategic scale-up region  
**Cost per patient: \$7,750**



**Morocco** (4%): Regulatory stability anchor  
**Cost per patient: \$8,500**

*Strategic value: manufacturing and distribution hub to expedite global commercialization*

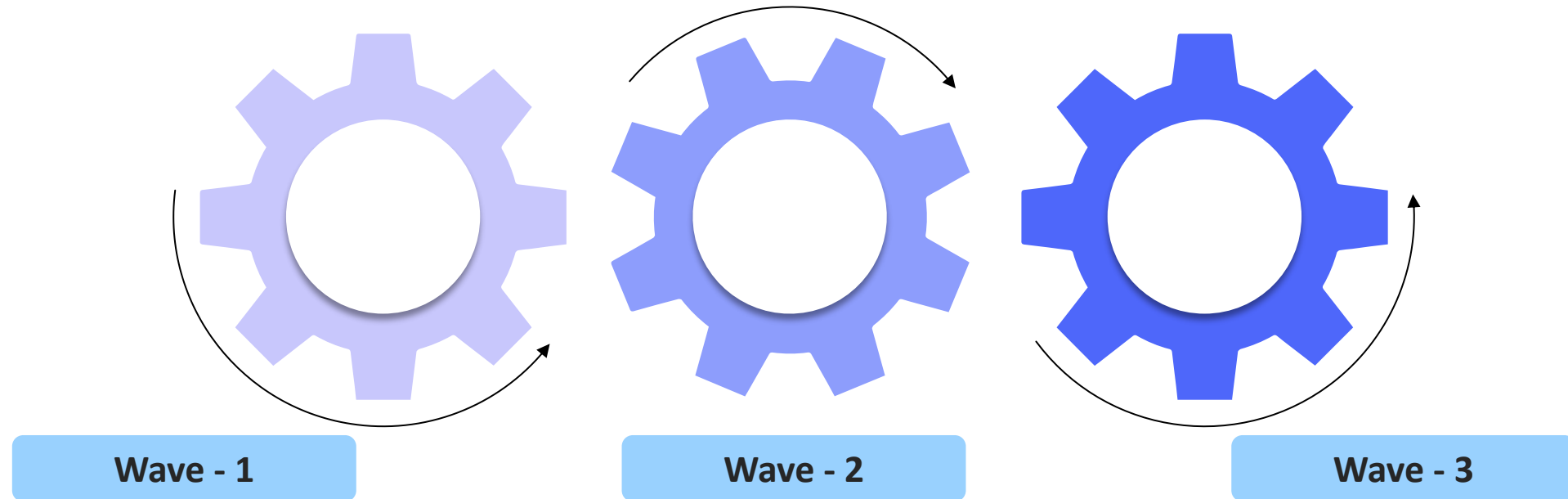
Note: Detailed cost breakdown for each country in the Appendix; Total costs include fixed cost and variable cost; Fixed Cost per Site includes activation, regulatory, training, monitoring expenses; Variable Cost per Patient includes enrollment and follow-up from 80% pool

# Every Moment Counts When Lives are at Stake

Clinical Trial Projected Timeline



# RESI phase III trial sites should be based on phased activation to mitigate enrollment risk and enable speed to market



**Fast movers:** Prioritized based on lowest activation time, previous trial experience, ease of distribution post commercialization

- Expected to bring 20% of patient pool
- 2 sites from South Africa and 1 from Morocco

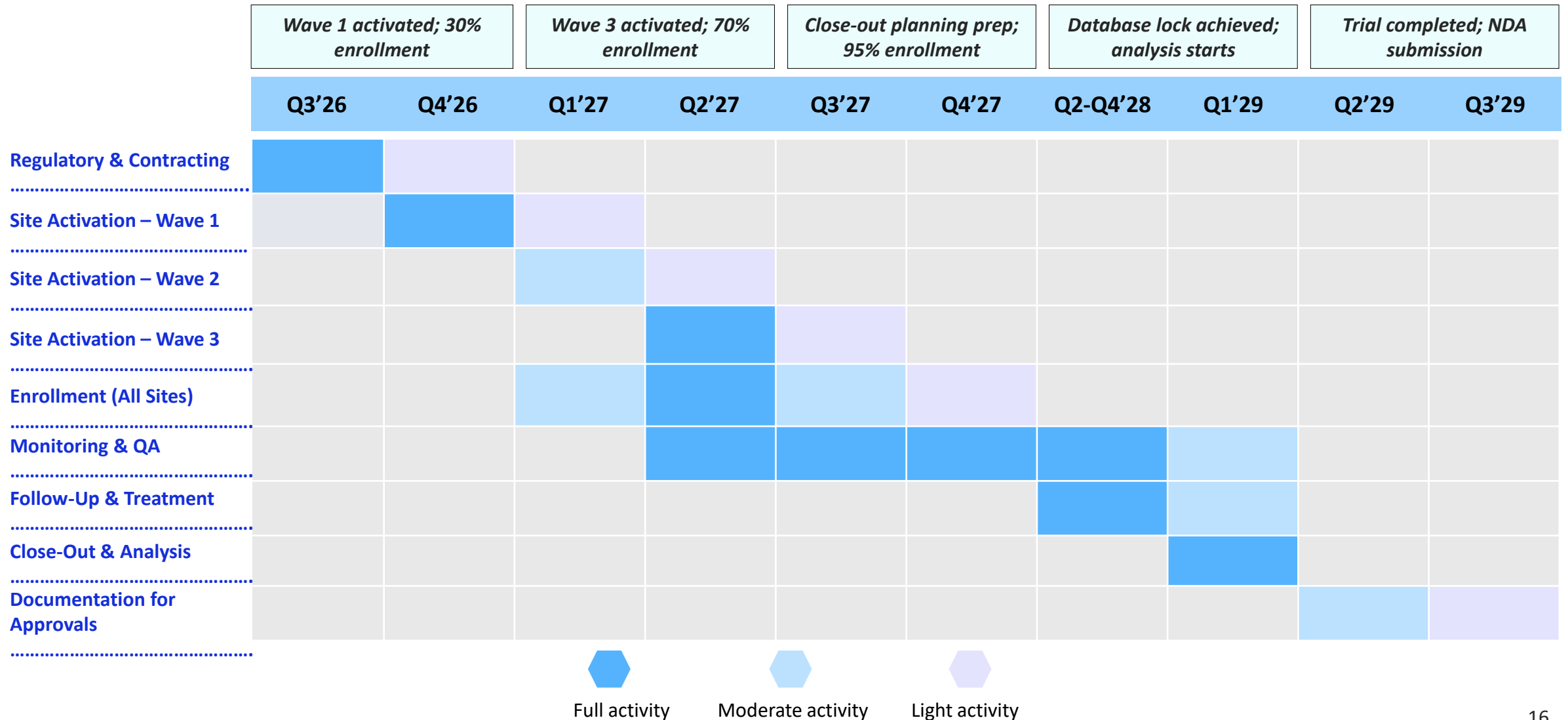
**Volume drivers:** Prioritized for large patient pool

- Expected to bring 70% of patient pool
- **Tranche 1:** -> 3 sites in South Africa
- **Tranche 2:** -> 1 site in Ethiopia, and 1 site in Nigeria

**Complex sites:** Prioritized for their strategic advantages despite longer activation time

- Expected to bring 10% of patient pool
- 2 from Ethiopia, 1 from Nigeria and 1 from Morocco

# RESI phase III trial would require 2 years for completion, from site activation in Q4'26 to final database lock in Q1'2029





# Appendix

# Risk Mitigation | Protection of Enrollment & Maintaining Trial Continuity (Wave- 1)



Risk Area	Where This Risk Appears	Impact on Trial	Mitigation Strategy (What We Will Do)	Ownership
Competing Trials / Patient Competition	Sefolosha Hospital	<ul style="list-style-type: none"> <li>• Lower enrollment pace</li> <li>• Longer recruitment cycles</li> </ul>	<ul style="list-style-type: none"> <li>• Community health worker engagement</li> <li>• Patient transport reimbursement + stipends</li> <li>• Weekly enrollment dashboards + rapid reallocation across sites</li> </ul>	Site PI + Enrollment Manager
Urban Patient Pool Saturation	Al-Jawan Teaching Hospital, Mutombo Research Center	<ul style="list-style-type: none"> <li>• Fast early enrollment followed by plateau</li> </ul>	<ul style="list-style-type: none"> <li>• Rotate enrollment to rural/high-volume sites in Wave 2 &amp; Wave 3</li> <li>• Satellite outreach (mobile screening + clinician referral networks)</li> <li>• Activate flexible monthly enrollment targets</li> </ul>	CRO Feasibility Lead + Site PI
Patient Engagement & Retention Risk	All Wave- 1 Sites (urban communities)	<ul style="list-style-type: none"> <li>• Loss-to-follow-up impacting primary endpoint</li> </ul>	<ul style="list-style-type: none"> <li>• Travel reimbursement, phone follow-up, and WhatsApp reminders</li> <li>• Patient navigation / community health educator programs</li> <li>• Health literacy sessions to reduce stigma</li> </ul>	Site Coordinator + Community Health Teams

# Risk Mitigation | Protection of Enrollment & Maintaining Trial Continuity (Wave- 2)



Risk Area	Where This Risk Appears	Impact on Trial	Mitigation Strategy (What We Will Do)	Ownership
Competing Trials / Patient Competition	Tuach University Teaching Hospital, Sefolasha Hospital, Metu General Hospital	<ul style="list-style-type: none"> <li>• Lower enrollment pace</li> <li>• Longer recruitment cycles</li> </ul>	<ul style="list-style-type: none"> <li>• Recruitment incentives</li> <li>• Community health connectors</li> <li>• Active weekly re-balancing of enrollment targets</li> </ul>	Site PI + Enrollment Manager
Urban Patient Pool Saturation	Metu General Hospital	<ul style="list-style-type: none"> <li>• Plateau may occur late in study</li> </ul>	<ul style="list-style-type: none"> <li>• Overflow routing to rural Wave-3 centers</li> <li>• Local clinician referral networks</li> </ul>	CRO Feasibility Lead
Patient Engagement & Retention Risk	All Wave- 2 Sites (mixed rural/urban)	<ul style="list-style-type: none"> <li>• Missed follow-ups &amp; endpoint variance</li> </ul>	<ul style="list-style-type: none"> <li>• Transport support + messaging reminders</li> <li>• Engage community leaders to reduce stigma</li> </ul>	Site Coordinator + Community Health Teams

# Risk Mitigation | Protection of Enrollment & Maintaining Trial Continuity (Wave- 3)



Risk Area	Where This Risk Appears	Impact on Trial	Mitigation Strategy (What We Will Do)	Ownership
Slow Ethics / Regulatory Turnaround	Nwora University Teaching Hospital, Ethiopia Research Institute	<ul style="list-style-type: none"> <li>Delayed site activation</li> <li>Delayed first-patient-in</li> </ul>	<ul style="list-style-type: none"> <li>Begin EC/IRB dossier prep prior to contract execution</li> <li>Deploy regulatory consultant + sponsor oversight</li> <li>Use Wave-based activation to buffer delays</li> </ul>	CRO Regulatory Lead + Site Admin
Limited Staff Capacity / Turnover Risk	Nwora University Teaching Hospital, Deng General Hospital, Ethiopia Research Institute, and Hamilcar General Hospital (Wave-3 sites)	<ul style="list-style-type: none"> <li>Operational slowdowns</li> <li>Inconsistent data quality</li> <li>Extended enrollment timelines</li> </ul>	<ul style="list-style-type: none"> <li>Pre-contract staffing retention agreements</li> <li>“Buddy mentoring” with high-performing Wave-1 sites</li> <li>Backup CRO coordinator pool for surge coverage</li> </ul>	Clinical Ops Lead + CRO PM
Variable Activation Timelines	Ethiopia Research Institute, Deng General Hospital	<ul style="list-style-type: none"> <li>Late site contribution to total patient targets</li> </ul>	<ul style="list-style-type: none"> <li>Activation planned later by design (Wave sequencing)</li> <li>Ship diagnostic equipment early &amp; phase onboarding</li> <li>Enrollment re-balanced dynamically toward high-volume Wave-1 &amp; Wave-2 sites</li> </ul>	Sponsor + CRO Launch Team
Patient Engagement & Retention Risk	Particularly Deng General Hospital and rural catchment sites	<ul style="list-style-type: none"> <li>High loss-to-follow-up impacting primary endpoint</li> </ul>	<ul style="list-style-type: none"> <li>Travel &amp; phone follow-up support</li> <li>Community reinforcement through local health workers</li> </ul>	Site Coordinator + Community Health Teams

## Sites | Key Risks and Mitigation Strategies

Site	Country	Key Risks	Mitigation Strategies
<b>Kuminga Hospital</b>	South Africa	<ul style="list-style-type: none"> <li>Weak infrastructure</li> <li>Limited capacity</li> </ul>	<ul style="list-style-type: none"> <li>Assess infrastructure &amp; budget for upgrades</li> <li>Leverage prior DR-TB trial experience</li> <li>Ensure diagnostic readiness</li> </ul>
<b>Mandela University Hospital</b>	South Africa	<ul style="list-style-type: none"> <li>Staffing constraints, urban competition</li> <li>long activation (45–105 days)</li> <li>large patient pool (50–100)</li> <li>multiple competing trials</li> </ul>	<ul style="list-style-type: none"> <li>Negotiate staffing &amp; retention upfront</li> <li>Add dedicated trial staff</li> <li>Start early recruitment discussions</li> <li>Implement backup staffing/contract nurses</li> </ul>
<b>Nash-Paul Research Institute</b>	South Africa	<ul style="list-style-type: none"> <li>Limited CT experience</li> <li>Inexperienced team</li> </ul>	<ul style="list-style-type: none"> <li>Provide GCP/protocol training</li> <li>Deploy experienced CRO oversight</li> <li>Start with conservative enrollment</li> <li>Pair with an experienced site for mentorship</li> </ul>
<b>Sefolosha Hospital</b>	South Africa	<ul style="list-style-type: none"> <li>Overlapping TB trial</li> <li>Rural location</li> <li>Patient pool competition</li> </ul>	<ul style="list-style-type: none"> <li>Offer differentiated patient support</li> <li>Weekly monitoring &amp; backup sites</li> <li>Leverage PI expertise &amp; community recruitment</li> </ul>
<b>Mutombo Research Center</b>	South Africa	<ul style="list-style-type: none"> <li>Rural location, moderate ratings</li> <li>Bureaucratic delays</li> <li>Patient pool</li> <li>National EC oversight</li> </ul>	<ul style="list-style-type: none"> <li>Transport &amp; telemedicine support</li> <li>Leverage EC relationships</li> <li>Validate patient catchment &amp; mobile diagnostics</li> <li>Build on previous trial experience</li> </ul>

## Sites | Key Risks and Mitigation Strategies

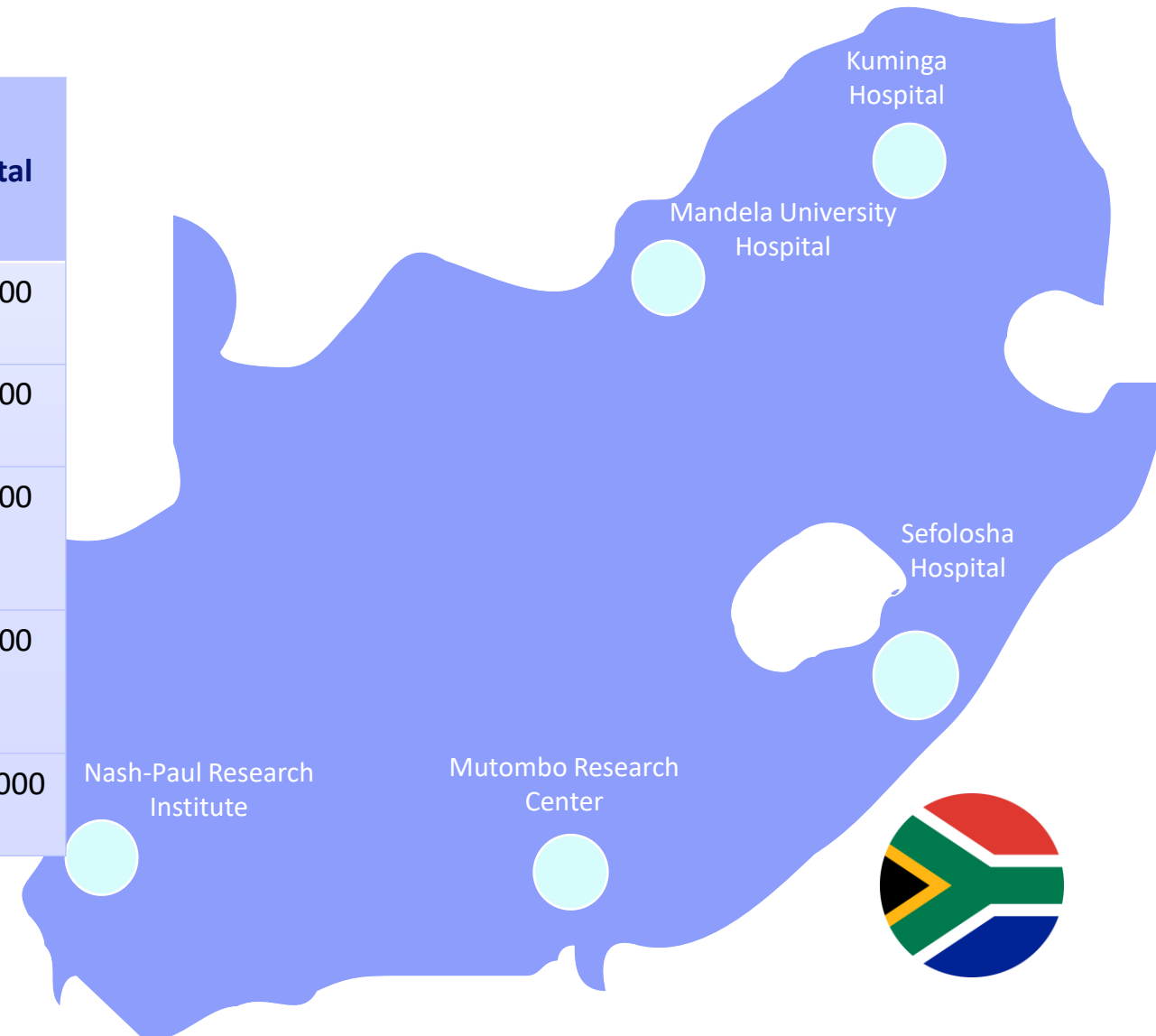
Site	Country	Key Risks	Mitigation Strategies
<b>Al-Jawan Teaching Hospital</b>	Morocco	<ul style="list-style-type: none"> <li>• Previous TB trial had data quality concerns</li> <li>• Small patient pool (0–20) in urban Agadir</li> <li>• Fast activation (30–90 days) may not allow proper setup</li> <li>• Morocco's strict regulatory environment</li> </ul>	<ul style="list-style-type: none"> <li>• Root cause analysis &amp; enhanced monitoring</li> <li>• Data management training &amp; dedicated monitor</li> <li>• Use EDC with validation rules</li> <li>• Consider probationary enrollment &amp; exclusion if issues severe</li> </ul>
<b>King Hassan II Medical Center</b>	Morocco	<ul style="list-style-type: none"> <li>• Very small patient pool (0–10) – enrollment</li> <li>• Requires GCP and regulatory guidance</li> </ul>	<ul style="list-style-type: none"> <li>• Engage community networks &amp; broad catchment</li> <li>• Provide transportation support</li> <li>• Satellite/outreach approach with urban site partnership</li> </ul>
<b>Nwora University Teaching Hospital</b>	Nigeria	<ul style="list-style-type: none"> <li>• MD staffing concerns – high turnover likely</li> <li>• Long activation (90–180 days)</li> <li>• Urban Abuja – competitive environment</li> </ul>	<ul style="list-style-type: none"> <li>• Early EC submission &amp; staff contract commitments</li> <li>• Hire dedicated MDs &amp; provide retention packages</li> <li>• Use an experienced CRO; backup staffing &amp; monthly monitoring</li> </ul>
<b>Metu General Hospital</b>	Nigeria	<ul style="list-style-type: none"> <li>• Urban Lagos – highly competitive</li> <li>• Moderate activation (60–150 days) with high variability</li> </ul>	<ul style="list-style-type: none"> <li>• TB/ID protocol training</li> <li>• Leverage virology trial relationships</li> <li>• Partner with experienced sites &amp; regular monitoring</li> </ul>
<b>Tuach University Teaching Hospital</b>	Ethiopia	<ul style="list-style-type: none"> <li>• Competing MDR-TB trial ongoing</li> <li>• Long activation (90–120 days)</li> <li>• Large patient pool (20–80) split with competitor</li> </ul>	<ul style="list-style-type: none"> <li>• Competitive analysis &amp; exclusive enrollment windows</li> <li>• Patient support/stipends</li> <li>• Leverage university reputation</li> <li>• Monitor competitor enrollment &amp; differentiate trial benefits</li> </ul>

## Sites | Key Risks and Mitigation Strategies

Site	Country	Key Risks	Mitigation Strategies
<b>Ethiopia Research Institute</b>	Ethiopia	<ul style="list-style-type: none"> <li>• No prior inspection</li> <li>• No CT experience</li> <li>• Inexperienced staff</li> <li>• Large patient pool (40–80)</li> </ul>	<ul style="list-style-type: none"> <li>• Consider exclusion unless strategic</li> <li>• Full-time CRO training &amp; staged activation</li> <li>• PI &amp; staff GCP training</li> <li>• Start with qualification/feasibility phase &amp; intensive monitoring</li> </ul>
<b>Deng General Hospital</b>	Ethiopia	<ul style="list-style-type: none"> <li>• Long activation (90–180 days)</li> <li>• Specialized equipment unavailable</li> <li>• Suburban location</li> </ul>	<ul style="list-style-type: none"> <li>• Pre-qualify &amp; budget for equipment</li> <li>• Consider leasing/provision by sponsor</li> <li>• Staff training &amp; validate maintenance</li> <li>• Possible 3–6 month enrollment delay</li> </ul>

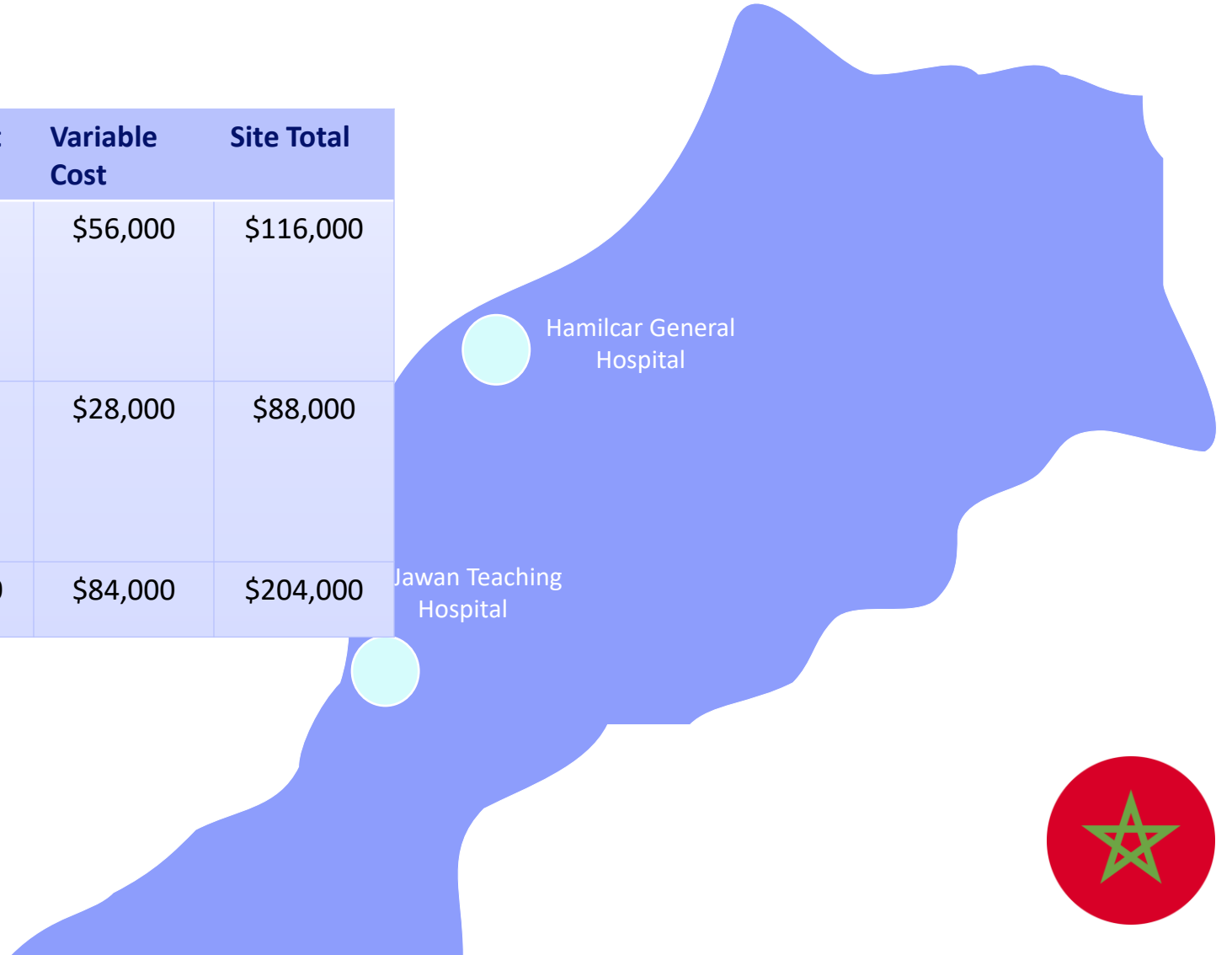
# Budgeting| South Africa

Site Name	Wave	Midpoint Patients	Fixed Cost	Variable Cost	Site Total
Sefolosha Hospital	1	32	\$150,000	\$224,000	\$374,000
Kuminga Hospital	1	40	\$150,000	\$280,000	\$430,000
Mandela University Hospital	2, P1	60	\$150,000	\$420,000	\$570,000
Mutombo Research Center	2, P1	48	\$150,000	\$336,000	\$486,000
Subtotal	-	180	\$600,000	\$1,260,000	\$1,860,000



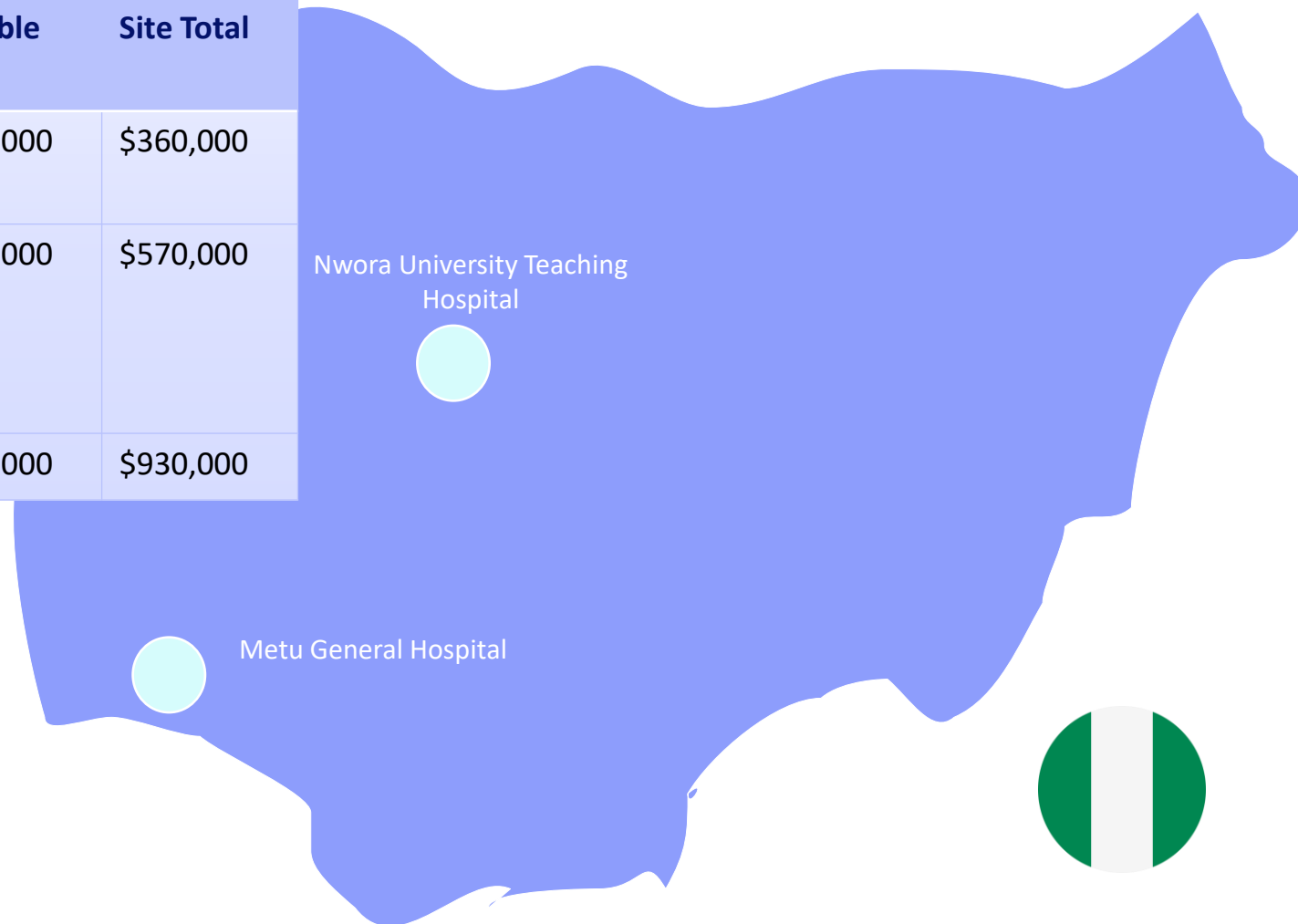
# Budgeting| Morocco

Site Name	Wave	Midpoint Patients	Fixed Cost	Variable Cost	Site Total
Al-Jawan Teaching Hospital	1	8	\$60,000	\$56,000	\$116,000
Hamilcar General Hospital	2, P2	4	\$60,000	\$28,000	\$88,000
Subtotal	-	12	\$120,000	\$84,000	\$204,000



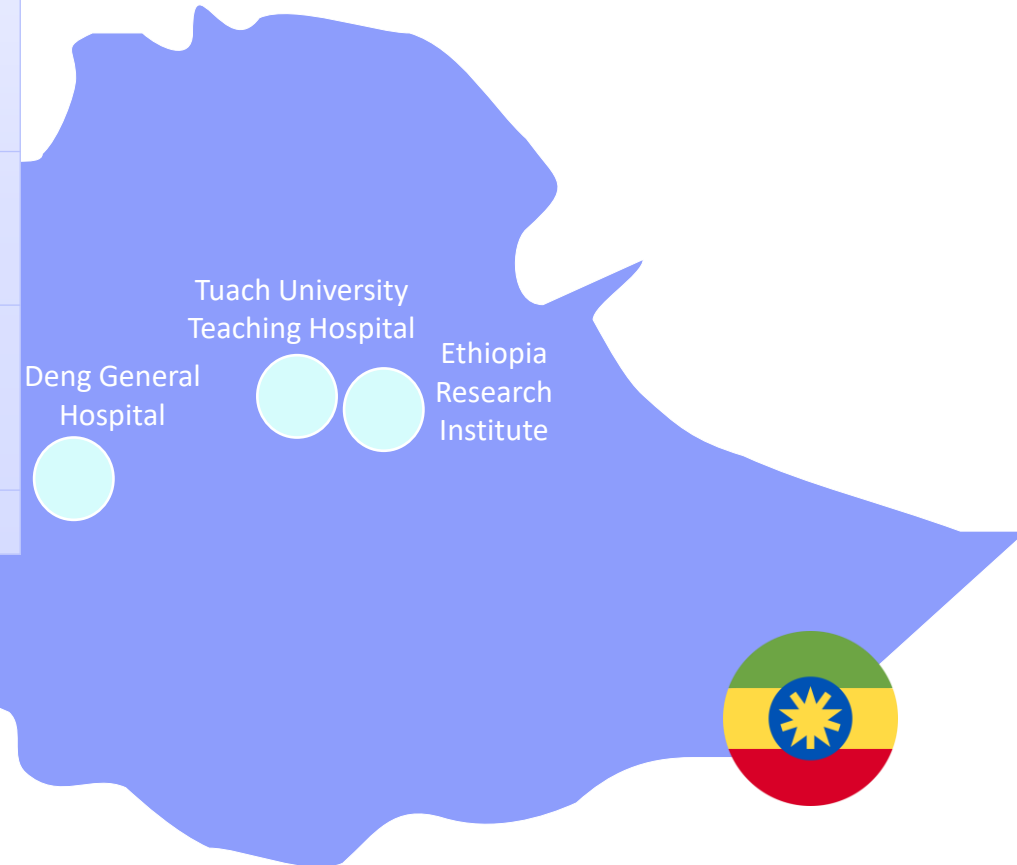
# Budgeting| Nigeria

Site Name	Wave	Midpoint Patients	Fixed Cost	Variable Cost	Site Total
Metu General Hospital	2, P2	30	\$150,000	\$210,000	\$360,000
Nwora University Teaching Hospital	3	60	\$150,000	\$420,000	\$570,000
Subtotal	-	90	\$300,000	\$630,000	\$930,000



# Budgeting | Ethiopia

Site Name	Wave	Midpoint Patients	Fixed Cost	Variable Cost	Site Total
Tuach (Tosh) University Teaching Hospital	2, P2	40	\$150,000	\$280,000	\$430,000
Deng General Hospital	3	28	\$150,000	\$196,000	\$346,000
Ethiopia Research Institute	3	48	\$150,000	\$336,000	\$486,000
Subtotal	-	116	\$450,000	\$812,000	\$1,262,000



# RESI phase III trial would require 2 years for completion, from site activation in Q4'26 to final database lock in Q1'2029

