



AFRICAN MALARIA NETWORK TRUST

Training Workshop on Protection of Human Research Participants: Writing of Standard Operating Procedures (SOPs) for Ethics Review Committees in Eastern Africa

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Workshop Report

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Ethics Review Committees (ERCs) and Institutional Review Boards (IRBs) are constituted to provide independent opinion and advice as well as oversight on ethical conduct of research. Their roles are to ensure that the dignity, rights, safety and well-being of research participants are protected.

In the past few years, Africa has witnessed an increasing pace in health research undertakings, perhaps due to increased research funding into the diseases of the world's poor and more so as many new candidate disease control tools arise from biomedical research and vie for testing in disease endemic countries. To ensure for the protection of the rights, confidentiality and welfare of human research participants, ethical review bodies need to establish standard operating procedures that will contribute to the independence, quality, and competence in ethical review at institutional, regional, and national levels.

In recognition of this, The African Malaria Network Trust (AMANET) in collaboration with the Office for Human Research Protections (OHRP) of the US Department of Health and Human Services organised a three-day training workshop on "Protection of Human Research Participants: Writing of Standard Operating Procedures for Ethics Review Committees in Eastern Africa". The workshop which was held on 29-31 August 2005 in Dar es salaam, Tanzania attracted a total of 13 participants from ethics review committees (ERCs) and institutions review boards (IRBs) in Ethiopia, Kenya, Sudan, Tanzania, Zambia and Zimbabwe. The course facilitators came from AMANET, OHRP, and the Tanzania Commission for Science and Technology (COSTECH)

The main objective of the workshop was to contribute to the development of high ethical review standards for African institutional and national ethical review committees through the development of reference standard operating Procedures (SOPs) for health research ethics review committees and institutional review boards (IRBs). The ultimate goal of the workshop was to strengthen capacity and impact of health R&D institutions in ethical review of biomedical research in Eastern Africa.

This was a demand-driven hands-on workshop where participants were guided to develop as well as improve standard operating procedures (SOPs) for their ERCs/IRBs. The

workshop was divided into four sessions namely; Principles of ethics review and role of ethics review committees; Standard operating procedures; Designing standard operating procedures; Accreditation and monitoring of ethical review practises in Africa.

Principles of ethics review and the role of ethics review committees.

This session comprised of presentations on Fundamental principles of health research ethics: respect for persons, beneficence and justice; Regulations governing human research participation and group work.

The session being on the first day, was preceded by an opening speech by Prof Wen Kilama, AMANET Managing Trustee. This was immediately followed by a talk on Fundamental principles of health research ethics: respect for persons, beneficence and justice. In this presentation, the history and developments on issues pertaining to health research ethics from the times of Hippocrates were presented. They included the Nazi Germany experiments, the Nuremberg Trials and the Nuremberg Code of Medical Ethics and the post-war response and agreements which culminated into the 1964 Helsinki Declaration. Despite establishment of such regulations, major flaws continued to happen in the practice of ethics in research involving human subject; the Tuskegee Syphilis Study in the US was cited as one recent example, other similarly recent examples of abuse of ethical practice cited include several clinical trials Africa, such as the Trovan clinical trial in Nigeria and the Mefloquine clinical trial in Gabon, Zambia, Uganda and Kenya. The three basic principles in biomedical research (respect for persons, beneficence and justice) formed the core of the presentation. Emphasis was placed on the need to protect vulnerable persons (e.g. pregnant women and children, the disabled, the rural poor). Informed consent and the elements of it (disclosure of information, understanding, voluntary authorization and competence) were also highlighted.

In the second presentation, DHHS research regulations governing human participation in research were presented. It was mentioned that regulations governing human participation in research aim to ensure subject protection, and they aim to educate researchers about human subject protection, and are harmonised to assure consistency in the manner in which human subject protection can be achieved across different studies, while guiding ethics committees reviewing research protocols. Regulations also provide a framework for developing institutional SOPs. All human research work funded by DHHS is required to comply with the “Common Rule” which was said to be a common US Federal Policy for the protection of human research subjects.

In this presentation, it was further emphasized that before setting out to review a submitted proposal, ethics review committee need to verify whether the proposal is actually research. If it is research, then next question should be whether it involves human subjects and at a minimum risk. In the DHHS common rule, research is defined as “a systematic investigation designed to develop or contribute to generalizable knowledge”. Systematic means a plan and a data collection form to collect information in a uniform way; contribution to generalizable knowledge implies an intention to present the findings at a professional conference or scientific publication. A human Subject is a

living individual about whom the investigator obtains data through intervention or interaction with the individual or identifiable private information.

The presentation also described obligations responsibilities of research institutions and IRB. When reviewing research protocols, IRBs are required to follow written procedures and the review should be done at convened meetings in which the majority of the members are present, including at least one member whose primary concerns are nonscientific. The protocol under review requires the approval of a majority of those members. Other issues discussed included informed consent from those participating in the research and classification of types of exempt research

Another presentation in this session was on “The Ethics Review Process” covering such areas as meeting requirements, elements of review, expedited review, communication, follow up and oversight. It was said that the principle purpose of ethics committees (ECs) is to safeguard the dignity, safety, rights and well being of research participants (potential and actual). The attributes of ethics committees were mentioned to be independence (freedom from political, professional, institutional or market influences), competence and proficiency. ECs should be established in accordance with the applicable laws and regulations of that particular country and should respect values and principles of the community they serve. Membership to ECs should be both multidisciplinary and multi-sectorial, including relevant scientific expertise, with a balance in age and gender representation, and also the inclusion of laypersons especially from vulnerable groups. It was further mentioned that ethics committees should establish and follow publicly available SOPs that describe the committee’s establishment, terms of reference (TOR), functions and internal and administrative procedures. In addition, there must be an established procedure for following-up progress of the approved applications from the time of approval to termination of the research. All documentation and communication of the ethics committees should be dated, filed and archived according to an authorised SOP. This should also apply for document / record access and retrieval procedures.

The presentation was followed by group work where participants were divided into three groups that were assigned to discuss three different case studies, which they later presented in a discussion panel. The group presentations stimulated very involved and lively debates, demonstrating many dilemmas faced in real life situations. The participants found the practical sessions very enlightening and valuable for their committee work.

Standard operating procedures

This session started with a presentation on “Guidelines on developing and using standard operating procedures (SOPs): writing, updating and archiving”. SOPs for Tanzania National Health Research Ethics Review Committee (NHRERC) were presented and discussed. NHRERC has 26 SOPs which outline the processes for authorising, reviewing, archiving and amending study proposals. They also describe the mission, role and functions of review committee. Some of the SOPs presented include:

- Confidentiality/conflict of interest,

- Administration of the Committee
- Protocol review procedures
- Voting procedures
- Assessment of protocols
- Review of Protocol Amendments
- Expedited review
- Use of Data Monitoring Boards
- Monitoring and Evaluation of Reports
- Site monitoring visits
- Review of final reports and Management of protocol termination
- Revision of SOPs.

In addition NHRERC has developed terms of references to ensure that it operates within specified SOPs.

Participants were then divided into three groups which dealt with several different aspects of SOPs. The groups engaged in a task to design and formulate SOPs on:

- Expedited Review
- Informed consent for archived materials
- Conflict of interest in IRB

Each group made a presentation of their drafted SOPs which were discussed, modified and the pertinent issues addressed. This practical exercise was also found particularly instrumental in understanding the complexities involved in designing appropriate SOPs in real life situations, especially in this era of globalization and rapid scientific and technological advancements.

Accreditation and monitoring of ethical review practises in Africa

The aim of this session was to create opportunity for exchange of views on accreditation and monitoring of ethical practises in Africa, to raise awareness of the need for harmonised standards in ethical review in Africa, discuss what accreditation of ERCs may imply and provide platform for discussion on what should be the best way forward.

Accreditation was defined as an official approval given by an organisation stating that something has achieved a required standard. To meet standards, the accreditation has to be acceptable/recognisable as authentic, independent, devoid of conflict of interest, transparent and ideally it should also be participatory. The rationale, mechanism and terms of reference for accreditations were presented and adequately discussed.

Another important feature in this session was the country reports from participants on their national ERCs or IRBs state of affairs. It was generally noted that although review committees and boards exist in all represented countries, their SOPs were well prepared to deal with many issues pertaining to ethics of research involving human participants.

In Tanzania, the National Health Research Ethics Review Committee (NHRERC) operates through the National Institute for Medical Research (NIMR) (Tanzania NIMR Act of Parliament No.23 of 1979). NHRERC receives applications for ethics clearance from within and outside the country. The national committee grants ethical approvals (Ethics Clearance Certificate) to principal investigators co-signed by NIMR and the Ministry of Health. NHRERC conducts passive monitoring/oversight by demanding progress reports, and active oversight is now being instituted. Local/institutional review boards operate through their institutions. They also receive applications from within as well as from national and international collaborators. IRBs are obliged by law to notify NHRERC on approved local health research. Research involving external collaborators has to be forwarded to NIMR-NHRERC for approval. Currently there are nine (9) public and four (4) private institutional review boards.

In Ethiopia, the Ethiopia Science and Technology commission (ESTC) guides, coordinates, and facilitates all science and technology activities (health research included). ESTC issued a Health Science and Technology policy in 1994, which was followed by the then National Health and Science and Technology Council (HSTC) in 1997. HSTC has various standing committees and the National Health Research Ethics Review Committee (NERC) is one among them. The Health Department of the ESTC in collaboration with the HSTC-NERC has revised the 1997 ethics guideline procedures in 2003.

All health research involving human participants must be subjected to an independent ethics review by health research ethics review committees. The Ethiopian NHRERC is established at three levels; national ethics review committee (NERC), regional ethics review committee (RERC) and institutional ethics review committee (IERC).

In Zimbabwe, health/medical research falls under the jurisdiction of the Medical Research Committee of Zimbabwe (MRCZ) and all proposals have to be reviewed and approved by the committee. Studies that involve the testing of drugs and devices have to be approved by the Medicines Control Authority of Zimbabwe (MCAZ) which is responsible for the licensing of drugs and medical devices. Clinical trials are reviewed simultaneously by the MRCZ and MCAZ.

MRCZ was established in 1974 through the Research Act of 1959 and Govt. Notice No. 225 of 1974 to promote and coordinate medical research. MRCZ is a semi-autonomous specialized council of Research Council of Zimbabwe (RCZ). It reports to Parliament through the Minister of Health & Child Welfare and receives funding from the Government plus one percent levy on approved projects as well as donations from well wishers.

The Medicines Control Authority of Zimbabwe (MCAZ) was established in 1969 as the Drugs Control Council (DCC) through the Medicines and Allied Substances Control Act (amended 1997). MCAZ is responsible for the regulation and licensing of medicines and devices, it is comprised of 12 members representing Zimbabwe Medical Association (ZIMA), the Law Society, the Pharmaceutical Society, the Veterinary Association and

others. Members of MCAZ are appointed by the Ministry of Health to play role on behalf of the government. It only deals with clinical trials that involve the testing of drugs and devices (Phase I, II & III).

The Ethical Review Committee for the Tropical Diseases Research Centre, in Ndola, Zambia only allows research work that involve human participants to be conducted under strict compliance with the standard of Good Clinical Practice (GCP), the declaration of Helsinki, CIOMS and other International Ethical Guidelines for Biomedical Research. The committee reviews project protocols/proposals submitted to it through the TDRC Scientific and Technical Committee (STC) for scientific merit and later submitted to the Ethical Review committee for ethical soundness. Once the review is complete, any comments or questions arising are communicated to the investigator.

This ERC is an institutional organ with an autonomous function, and there is one other ERC in Zambia, based at the University of Zambia, which conducts reviews of health research involving human participants, as well. So far, there is no centrally placed national ethics review board / committee which links the functions of the existing IRBs.

After country presentations, the Tanzania NHRERC SOPs were once again tabled and from the knowledge accrued through the training, suggestions were made on ways to improve on the standards for reference SOPs for all. In the end, draft SOPs were promulgated, and participants urged to study them and to focus on the sections particularly relevant to their own IRBs.