

# An Assessment of the Capacity for Clinical Trials within INDEPTH member Centres

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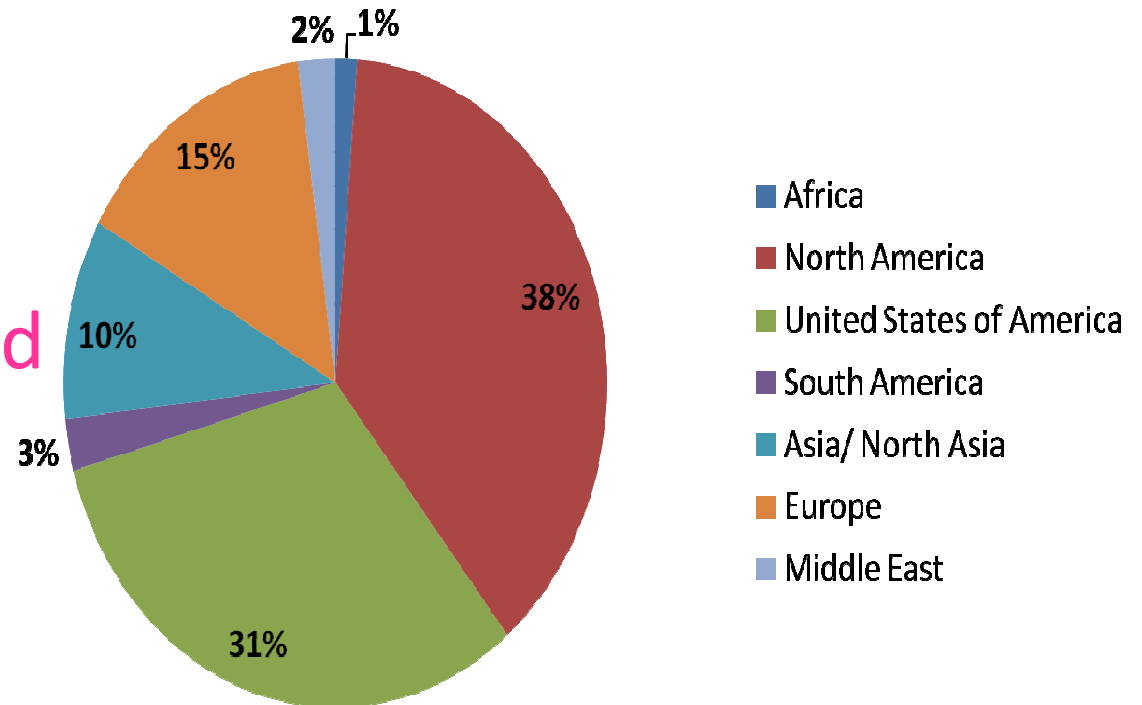
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# Introduction

- Drug development is on the increase with improvement in technology.
- Communicable diseases such as malaria are endemic while non-communicable diseases such as diabetes and hypertension are on the increase.
- Developing countries need to position themselves to be able to meet the demands of clinical trials to evaluate new drugs and vaccines for existing and emerging diseases.

# Introduction contd.

Currently, majority of clinical trials are conducted in the north compared to developing countries.



# Introduction contd.

- Of the trials in Africa
  - 6.5 % are Phase 1
  - 25.6% are Phase 2
  - 52.6% are Phase 3
  - 15.0% are Phase 4
- There is the need to develop clinical trial capacity to be able to carry out early phase clinical trials

## Introduction contd.

- The INDEPTH network is a non-Governmental Charitable Organization with the aim of providing health and demographic data based on research in developing countries to set health priorities and policies.
- Its member institutions in Africa and Asia conduct continuous follow up of human population in defined geographic areas known as Health and Demographic Surveillance System (HDSS)

# Introduction

- This presents a good opportunity to conduct relevant clinical trials of regional and global benefit among these defined populations.
- To explore this huge potential for clinical trials, we assessed the capacity of the INDEPTH member sites to conduct clinical trials to international standards

# Methodology

- A pre-tested questionnaire was sent to all INDEPTH member institutions by email
- Completed responses were sent to investigators by email.
- Phone calls were made for further clarifications on completed forms

# Findings

- There were in total, 33 INDEPTH member institutions we emailed.
- 18 of the 33 INDEPTH members conduct clinical trials.
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- 13 out of 18 member centres that conduct clinical trials responded to the questionnaire.
  - 9 members from Africa; 3 from Asia and 1 from Oceania



<b>Respondents</b>	<b>Country</b>	<b>Population</b>
<b>Bagamoyo Research and Training Centre of Ifakara Health Institute</b>	<b>Tanzania</b>	<b>75,497</b>
<b>Dodowa Health Research Centre</b>	<b>Ghana</b>	<b>108,025</b>
<b>Kintampo Health Research Centre</b>	<b>Ghana</b>	<b>125,945</b>
<b>Kilifi - KEMRI-Wellcometrust Research Programme Clinical Trial Facility</b>	<b>Kenya</b>	<b>220,000</b>
<b>USAMRU-K/KEMRI KOMBEWA SITE</b>	<b>Kenya</b>	<b>60,000</b>
<b>Manhica Health Research Center (Centro de Investigação em Saúde da Manhica CISM)</b>	<b>Mozambique</b>	<b>84,217</b>
<b>Navrongo Health Research Centre</b>	<b>Ghana</b>	<b>151,000</b>
<b>Centre National de Recherche et de Formation sur le Paludisme (CNRFP)/ Sapone DSS</b>	<b>Burkina Faso</b>	<b>78,701</b>
<b>Centre de Recherche en Santé de Nouna (Nouna Health Research Center)</b>	<b>Burkina Faso</b>	<b>78,701</b>
<b>CHILILAB</b>	<b>Vietnam</b>	<b>65,000</b>
<b>FilaBavi</b>	<b>Vietnam</b>	<b>250,000</b>
<b>Vadu Health and Demographic Surveillance System, Shirdi Sai Baba Rural Hospital</b>	<b>India</b>	<b>81,543</b>
<b>Wosera HDSS &amp; IMR Madang</b>	<b>Papua New Guinea</b>	<b>76,000</b>

# Profile

- The oldest institution was established about 100 years ago and the youngest about 5 years ago.
- However clinical trials experience of all institutions has been of recent
- The HDSS populations in these institutions totaled about 1,463,544.
  - This large population could be part of clinical trials of long term follow up using the advantage of HDSS

# Institutions research interest

- The research areas of the institutions mirror the pattern of diseases common in the populations.
- All the institutions have research interest in at least one of the following diseases –
  - Malaria,
  - HIV/AIDs,
  - Pneumonia, and
  - diarrhoea diseases.

• 4 / 12 institutions have interest in ...

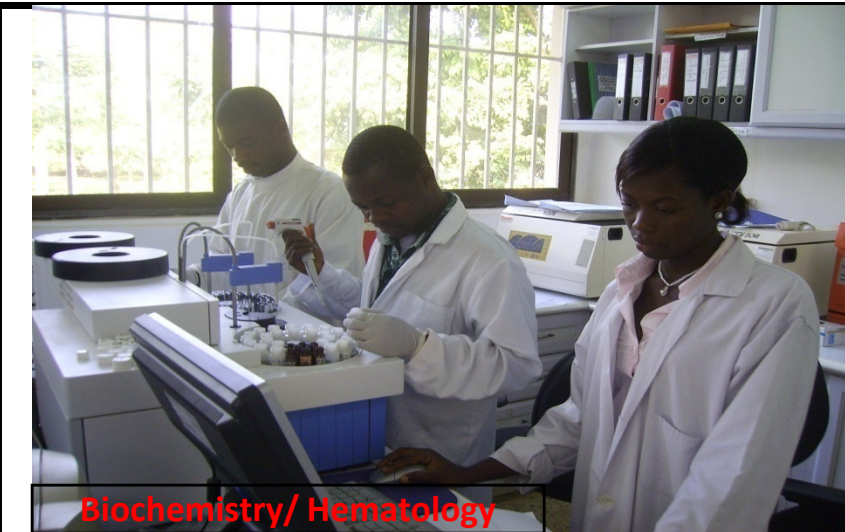
# Human Resource

- All the institutions have high quality scientific leadership with PhD degrees and have had between 5 – 20 years of clinical trials experiences
- Other key staff required for the conduct of clinical trials present at the sites included:
  - Clinicians
  - Nurses
  - Laboratory personnel
  - Data Mangers
- Trained clinical trial coordinators were uncommon.

# Laboratory Infrastructure

- Basic laboratory infrastructure exist in majority of the sites.
- Laboratories that have been supported by the INDEPTH-MCTA project were much more advanced.
- Only 3/13 laboratories have capabilities in carrying out pharmacokinetic studies which may be crucial for early phases of clinical trials.

# Laboratory Capacity in an INDEPTH-MCTA supported Institution



***Such labs have local and international certification for QA/QC systems supported by Malaria Vaccine Initiative***

# Data Management/IT infrastructure

- All institutions have internet facilities for communication
- 8/13 sites have internet services that support remote data entry system.
- There is however local data management expertise that operates on various software platforms such as Microsoft Access, Visual fox pro and Oracle

# Data Management Centre -Chililab





# Regulatory environment

- All 13 institutions have regulatory structures for conducting clinical trials. These include:
  - Institutional ethics committees
  - National ethics committees
  - National food and drugs authorities
- Majority of the 13 institutions require **submissions to multiple committees** which has the potential of delaying clinical trials.
- Consenting is required at all institutions and the process requires community involvement; witnesses (if applicable); and individual consenting.

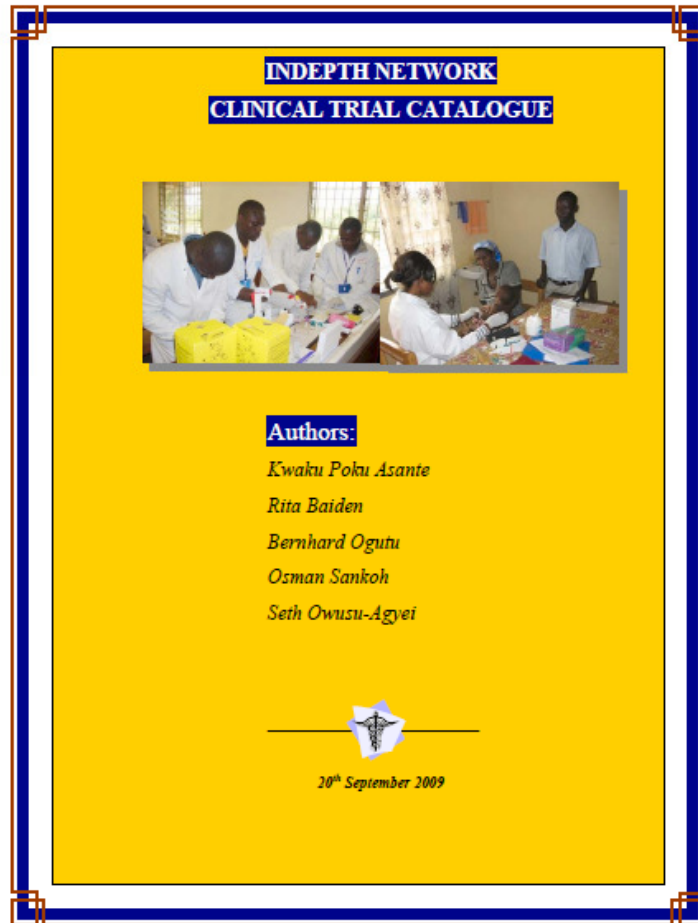
# Collaborations

- Majority of the institutions collaborators are northern institutions
- Very few south-south collaborations.
- There is the need strengthen south-south collaborations to conduct multicentre clinical trials as is being done under various initiatives of INDEPTH
  - Reproductive health group
  - Antibiotic resistance working group

# Conclusions

- A huge potential exists for multicentre clinical trials among INDEPTH sites given the common interest that exist.
- There is the need to share knowledge and best practices among sites.
- The infrastructure developed with the support of INDEPTH-MCTA and other partners could leverage for the conduct of clinical trials into existing diseases and emerging diseases such as hypertension and diabetes.

# Publications



- A catalogue has been developed
- Will be available on INDEPTH website
- Regular updates will be required

# Acknowledgements

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