

Africa Mapping and Stakeholder Analysis

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Desk review and fieldwork overview on clinical trial capacity in 46 sub-Saharan African countries

Berlin, 2 July 2014





Presentation Outline

- Objectives of the study
- Summary of the desk based research
- Summary of the fieldwork
- Recommendations



Objectives of the study

- What is the landscape of health research on poverty related disease in sub-Saharan Africa as presented in the literature?
- What is the funding landscape of health research on poverty related disease in sub-Saharan Africa as presented in the literature?
- What are the gaps in health research and its funding?
- What is the clinical research capacity across sub-Saharan Africa?



Methodology overview

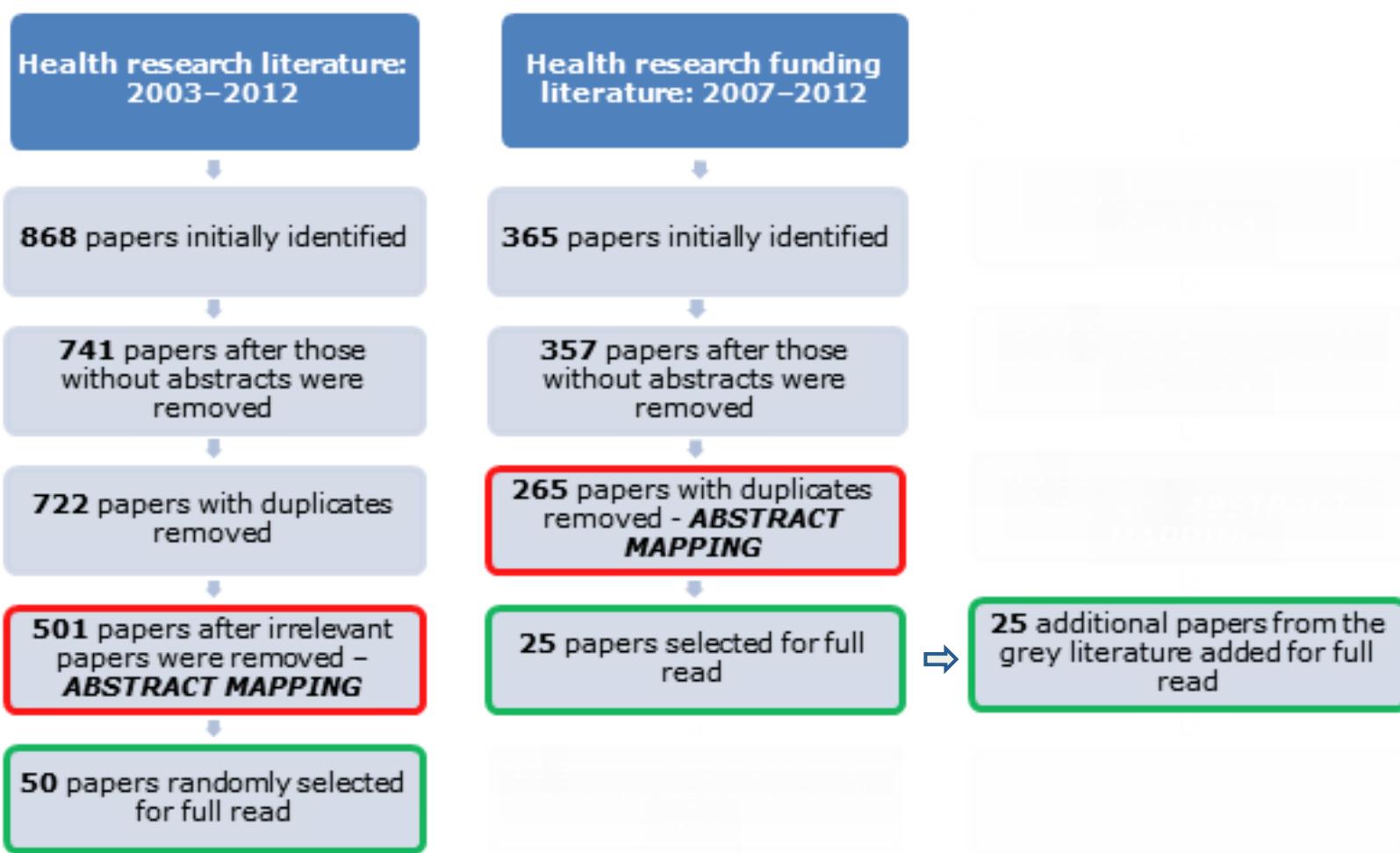
Literature and data review

- Reviewed relevant peer reviewed and grey literature
- Covered research content and research funding

Fieldwork

- Interviewed researchers, policymakers and multilateral agency staff in 46 countries
- Reviewed national policy documents

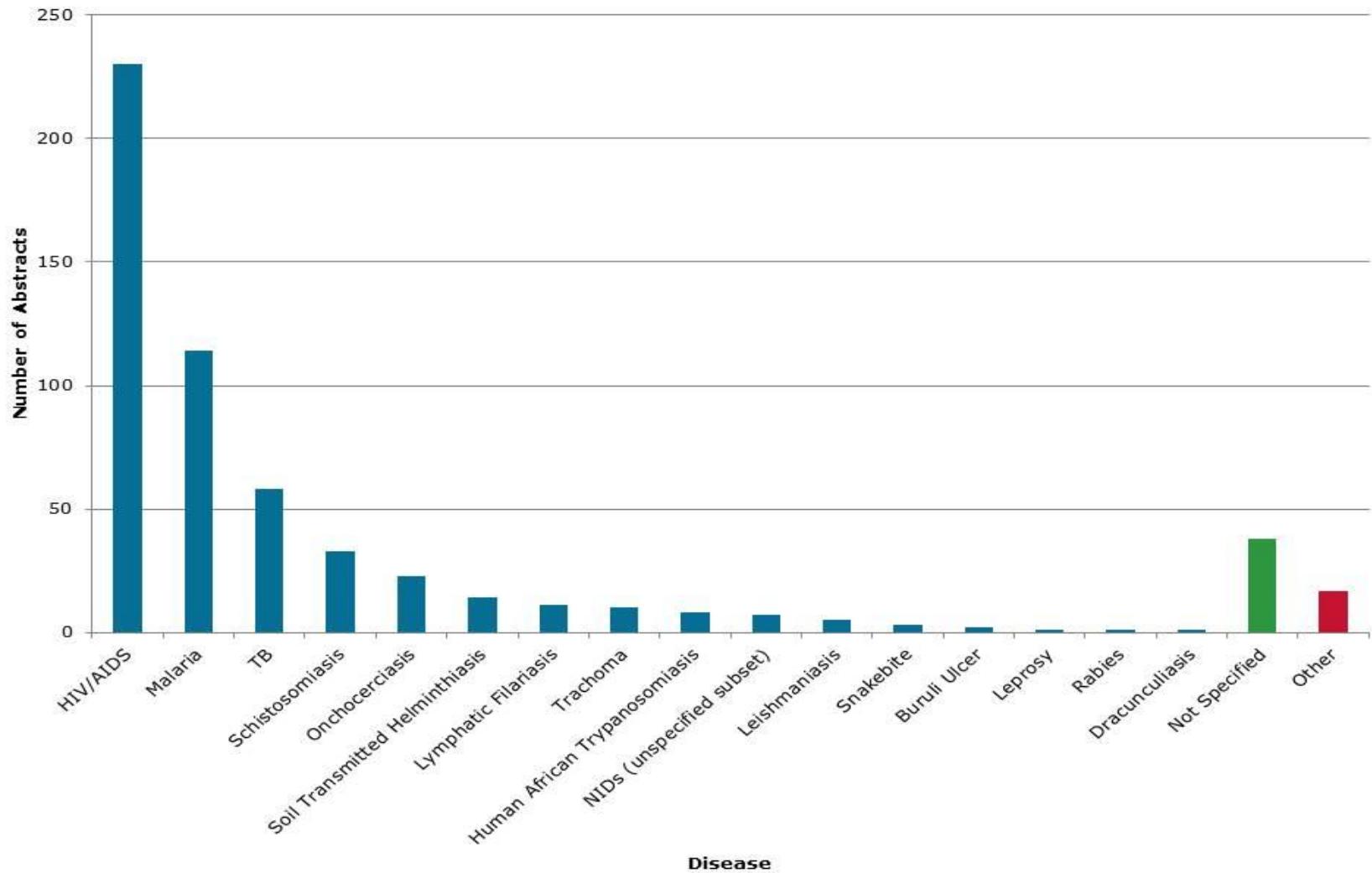
Desk research methodology





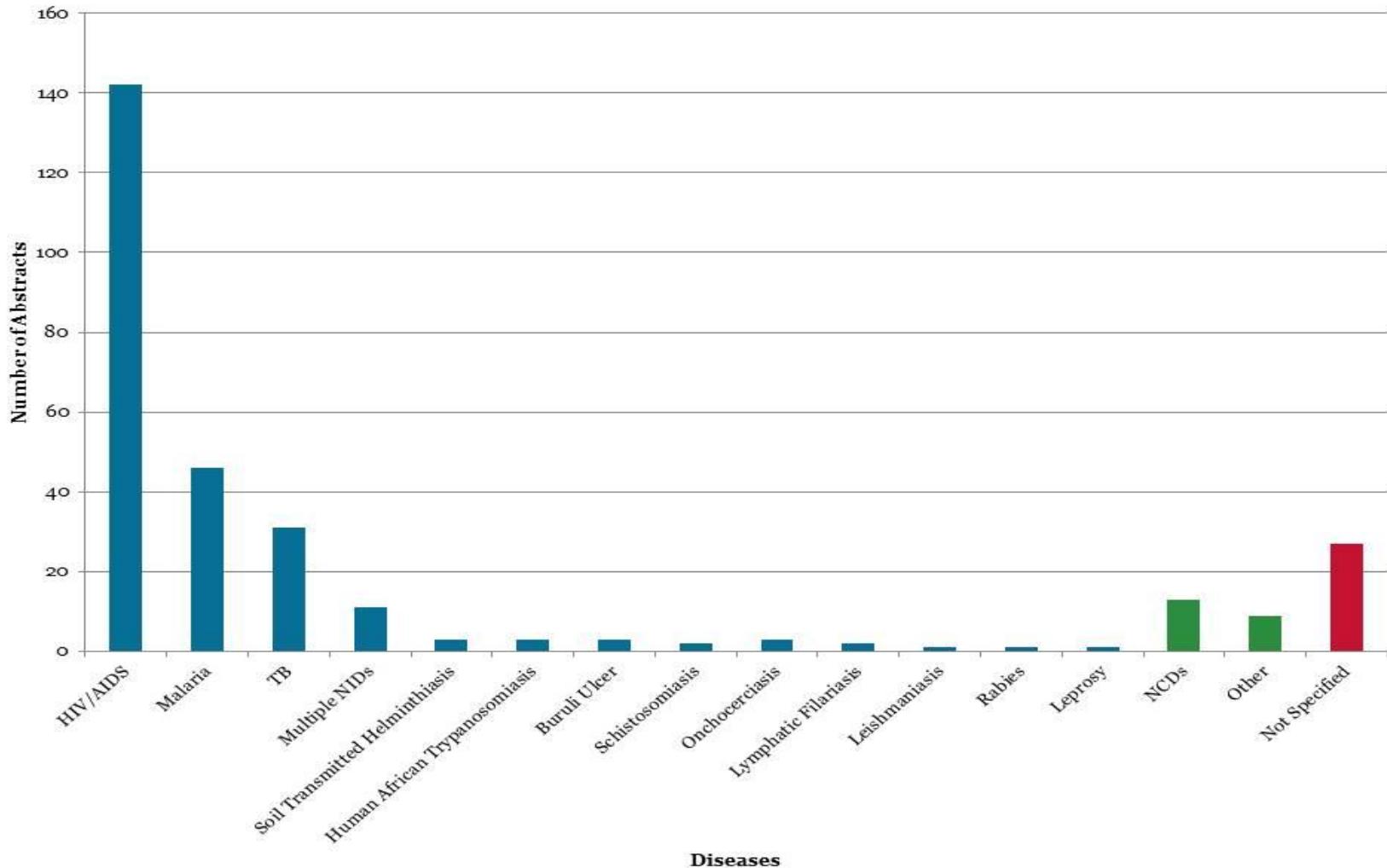
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Priority diseases for health research





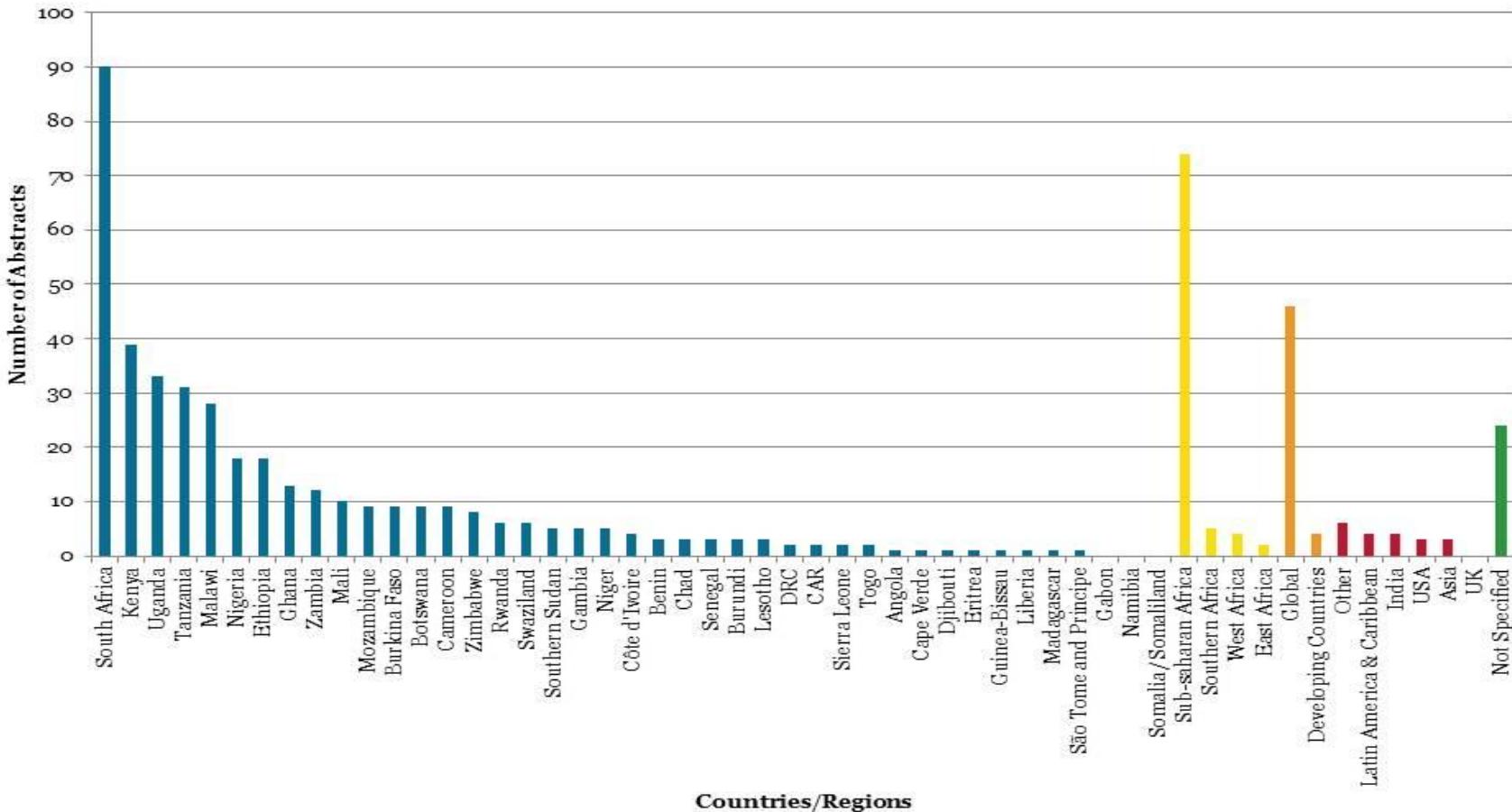
Priority diseases for the funding of health R&D





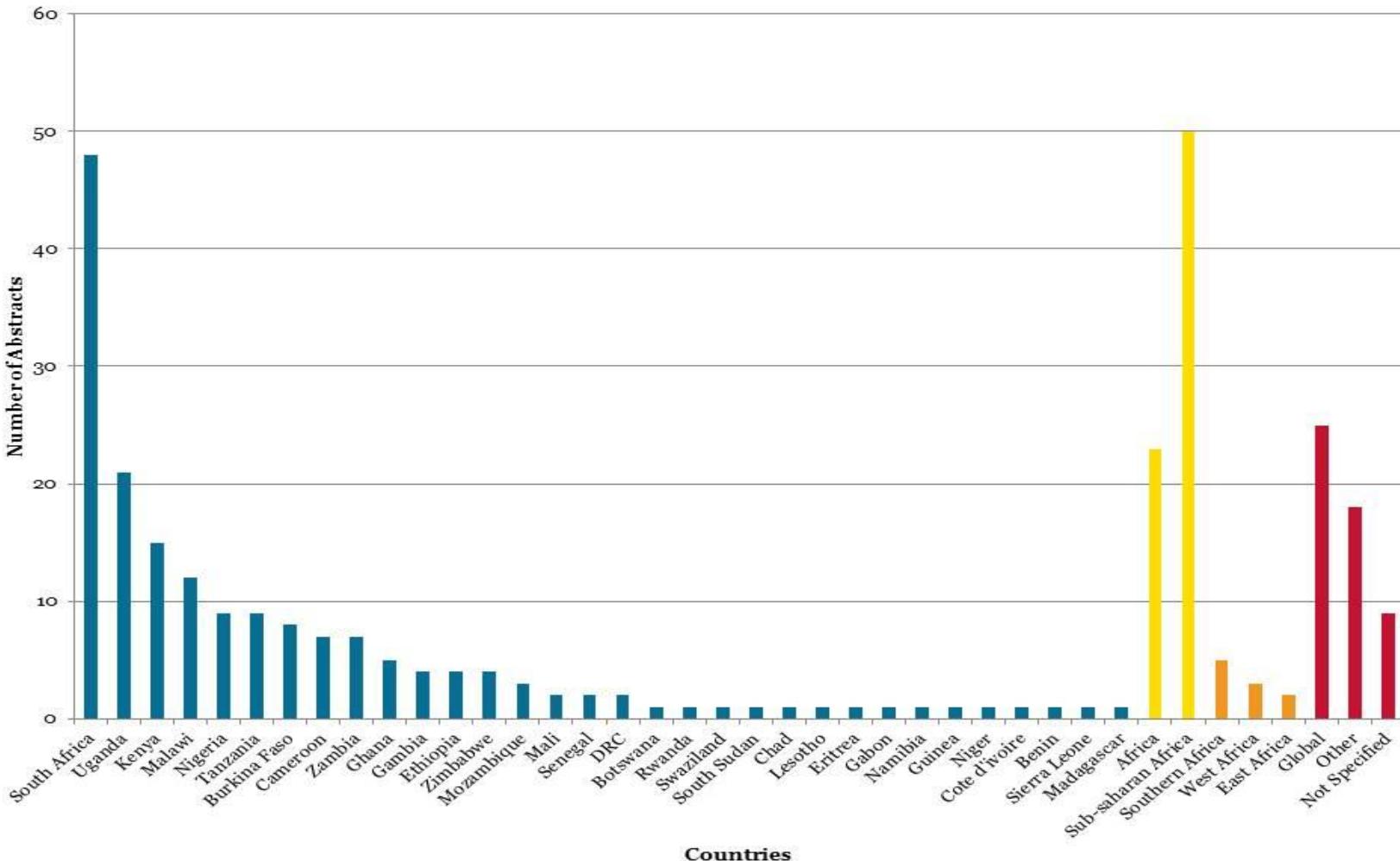
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Geographical focus of health research





Geographical focus of funding of health research R&D





Key findings in health research

- Motivation and retention measures for human resources for health: current information focuses on institutional factors
- Lack of information systems
 - Needed for efficient management and as a basis for research into worker and patient movements and motivations
- Limited mapping of translation from research to care



Key findings in the funding of health R&D

- Absence of information about funding
- Role of PDPs
- Expense and cost of clinical trials
- Expansion of number of clinical trial sites
- Capacity building
 - Existing locations
 - New locations



Fieldwork overview

Phase 1 Central and East Africa. March - July 2013



Phase 2 Western and Southern Africa. July - November 2013



*Interviews in the Central African Republic were not undertaken due to ongoing armed conflict and very limited government capacity



Fieldwork methodology

Country respondent number weighting by size and perceived position in clinical research



**List of interviewees. Criteria agreed with EDCTP and RAND.
EDCTP approved**



Detailed discussion guide. Feedback from EDCTP



Almost all interviews conducted by nationals. Most face to face. Few phone / email



303 interviews across 46 countries



Fieldwork discussion guide

Priority diseases

Knowledge of
policies to fight
PRNIDs

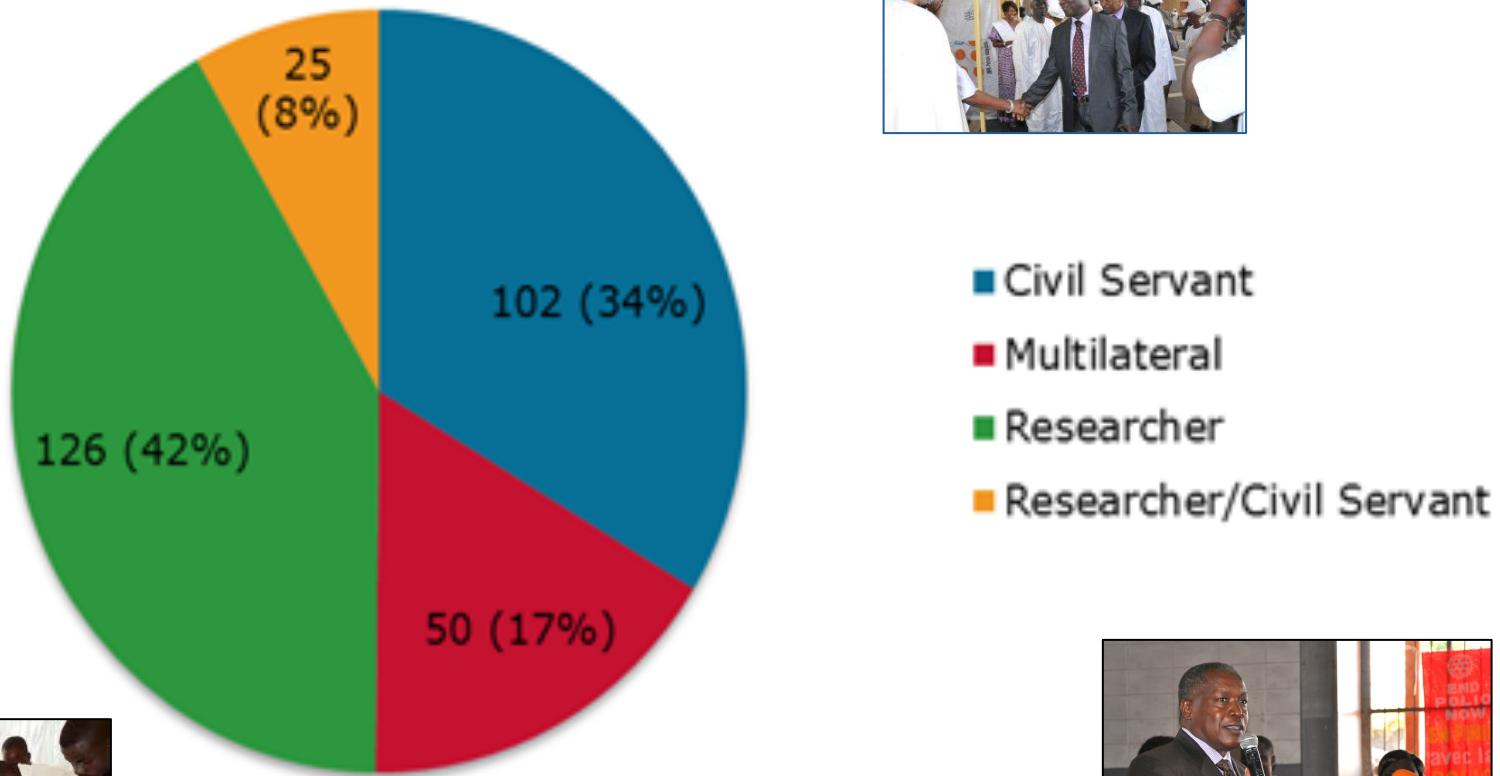
National
programmes on
clinical research

Knowledge of
policies specifically
to support clinical
research

Government
funding for clinical
research

Ranking of barriers
to development of
clinical research
capacity

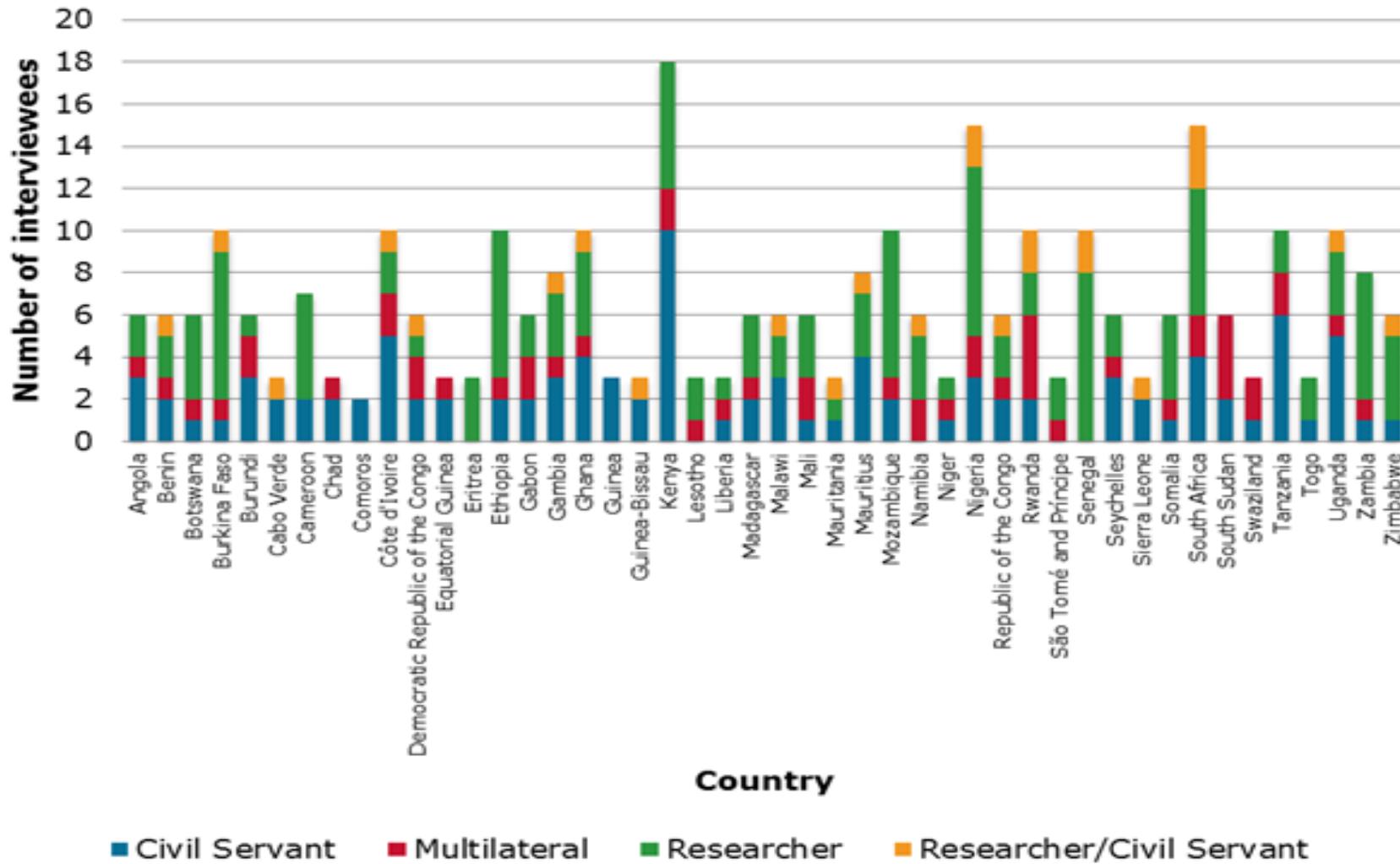
Respondents by category





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Respondents by country





Priority diseases for research

Lymphatic-filariasis

Diabetes

Leishmaniasis

Yellow-fever

Malnutrition

TB

Cancer
Pneumonia
Diarrhoea
Cardiovascular-disease
Schistosomiasis
Hypertension
Soil-transmitted-helminths
Rabies

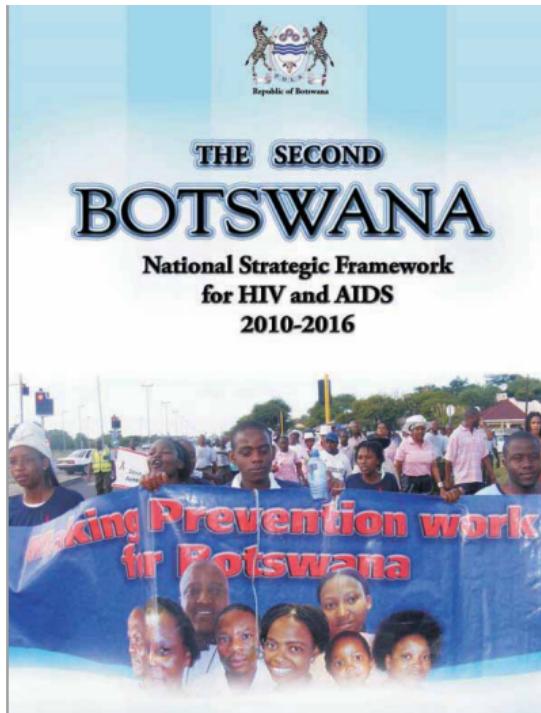
Anaemia
Measles
Onchocerciasis
Leprosy

HIV/AIDS

Malaria



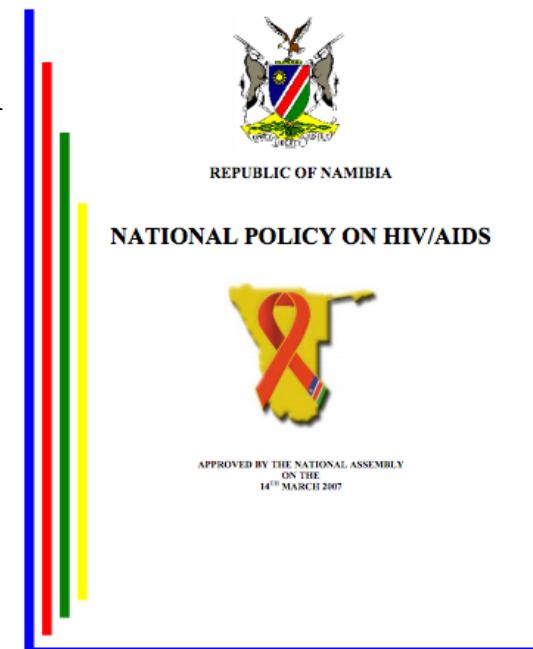
Existence of published government policy for control of HIV/AIDS, TB and malaria



Most countries have published government policies in place for control of HIV/AIDS, TB and malaria

Established players - South Africa, Kenya, Tanzania, Uganda, Ghana displayed high levels of awareness of such policies

Respondents in some countries such as Angola and Eritrea displayed little or no awareness of existence of such policies





Existence of published government policy to support clinical research

- Most respondents in Burkina Faso, Gabon, Kenya, Senegal, South Africa, Uganda and Zambia displayed awareness of published government policy to support clinical research
 - Institutions mentioned included Department of Science and Technology (South Africa), National Centre for Scientific and Technological Research (Gabon) and Uganda National Health Research Organisation
- Respondents in some countries such as Chad and Sierra Leone displayed little awareness of such policy
- Some government funding for smaller-scale programmes in ethics and lab capacity





Existence of annual government budget to support research in PRDs and NIDs

Great majority of funding provided by donors - in most cases, very silo-based

Besides South Africa, very few respondents in other countries had details on specifics of budget figures

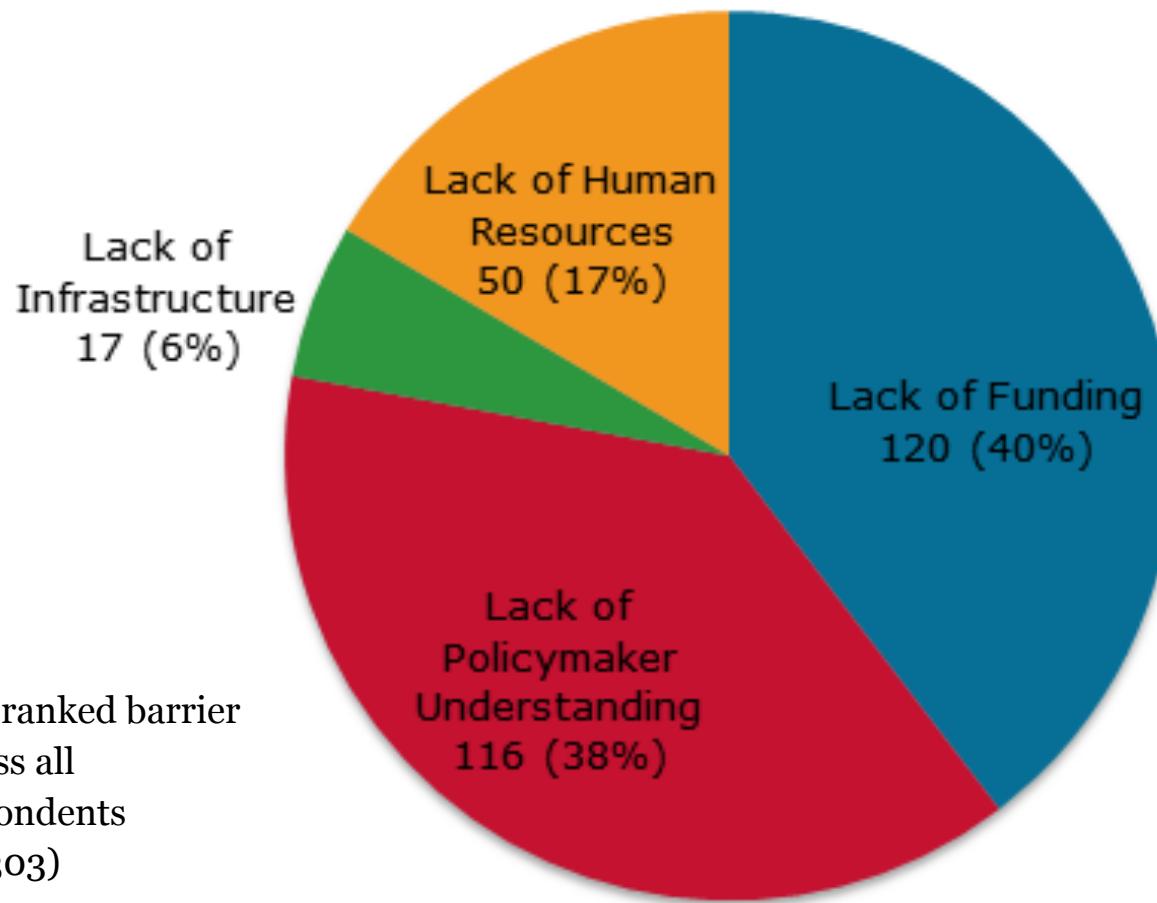
Equatorial Guinea - respondents said government support outweighed donor support

wellcome trust

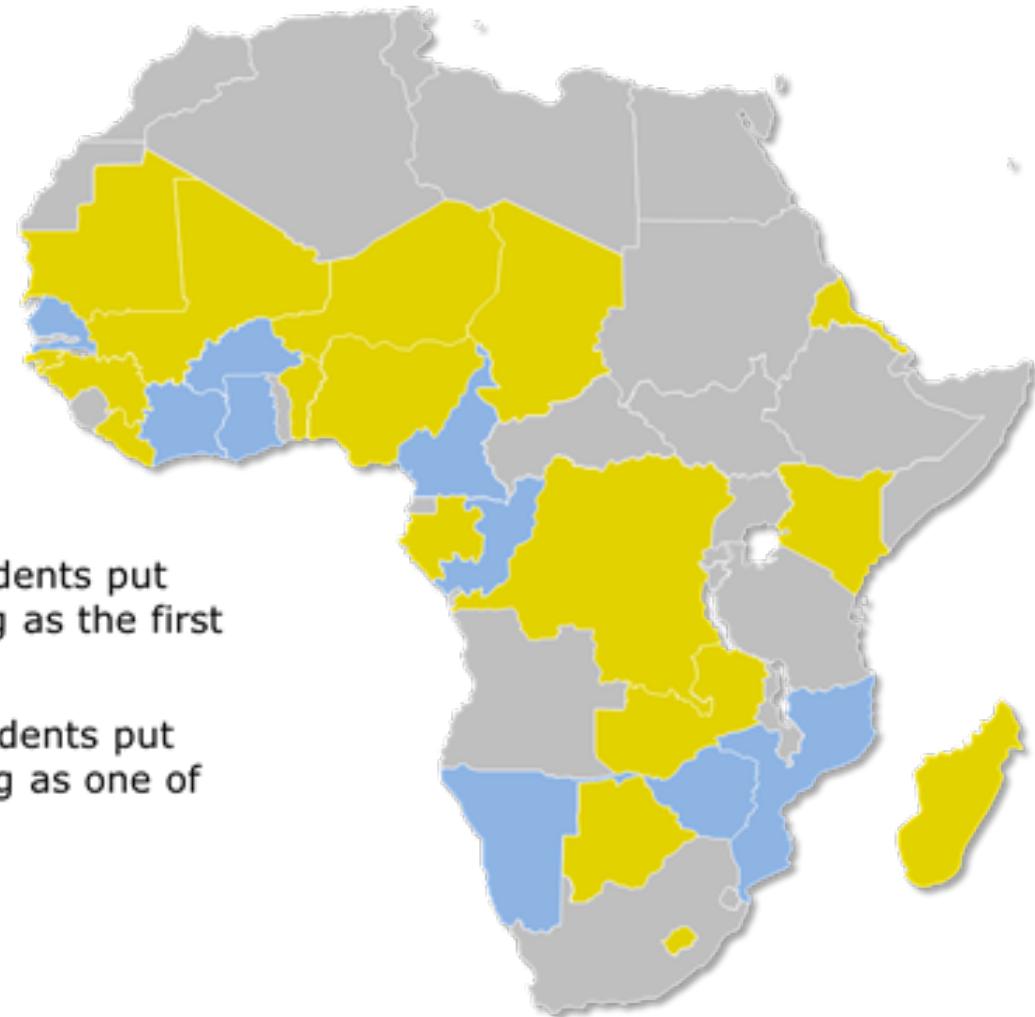




Ranking of barriers to clinical research



Importance of lack of policymaker understanding as a barrier



- Yellow: Countries where ≥50% of respondents put lack of policymaker understanding as the first ranked barrier
- Blue: Countries where ≥50% of respondents put lack of policymaker understanding as one of the top two ranked barriers

Categorisation of countries by research capacity

- █ State of the art
- █ Established countries
- █ Countries with existing research infrastructure but could benefit from capacity strengthening
- █ Basic infrastructure and capacity development is needed
- █ Not applicable/data unavailable





Limitations

Literature review

- Not a bibliometric study
- Sample for full read of literature
- Limited literature and data on funding

Fieldwork

- Purposive study
- Sampling issues



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Recommendations

Improve understanding

- policymakers and policy influencers on barriers to understanding and willingness to support
- at scientists, officials and policymakers on research priorities
- understanding of training needs and how they could be met
- understand how outside research funding affects nascent systems

Explore opportunities

- universal health and other expanded coverage
- public-private collaboration
- potential of CROs as partners
- build research into existing initiatives

Issues

- any paradoxical effect from externally-funded research



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THANK YOU & QUESTIONS





Reflections on future issues around R&D into poverty-related diseases

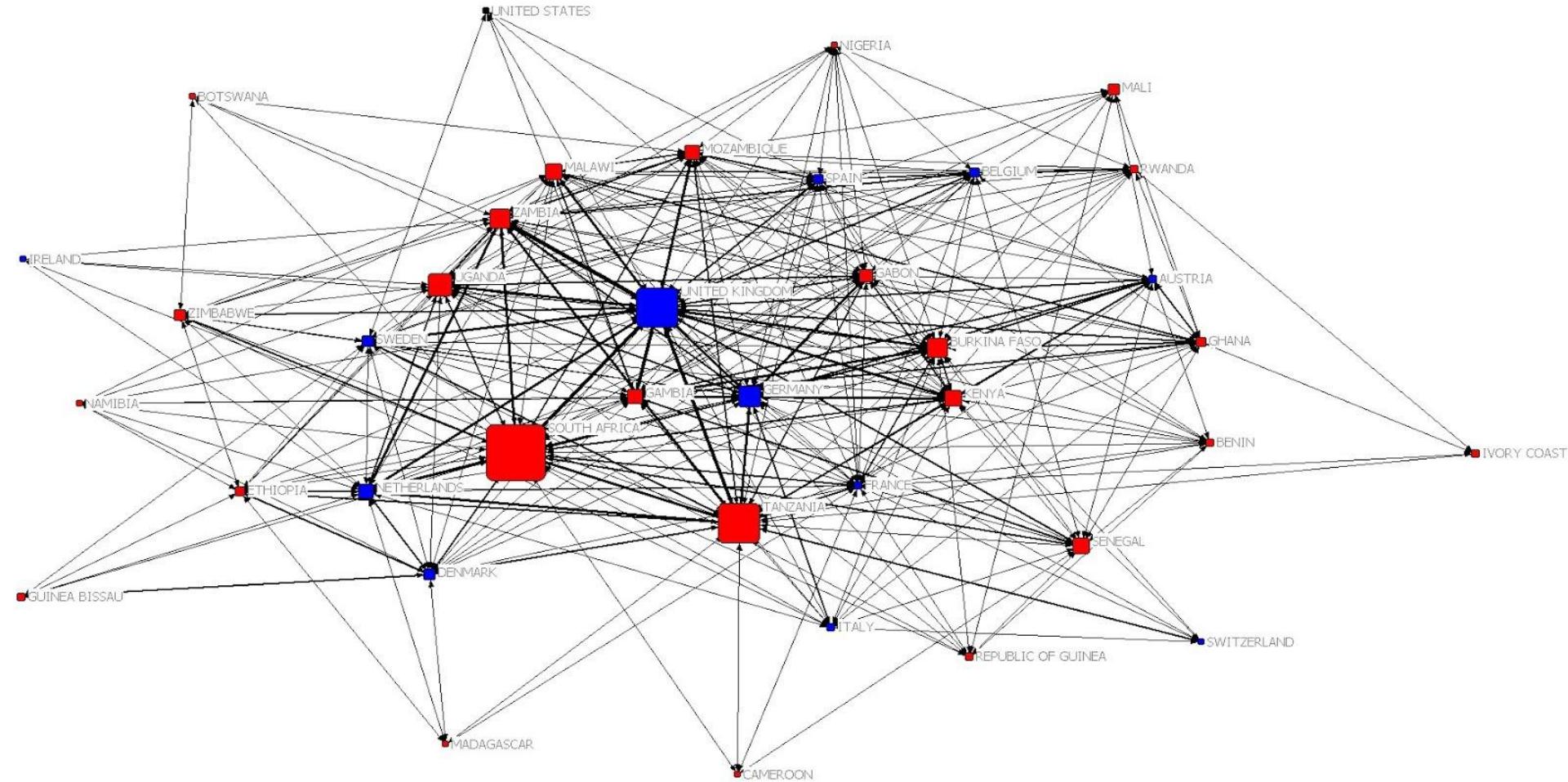
- How will the diversity in research capacity across Sub-Saharan Africa impact on future health research?
- What role could funders of health research, such as EDCTP, play in reducing the silo effect of dependency?
- How can funders of health research, such as EDCTP, promote the engagement of other stakeholders in this area?
- How can AU commitments for more research funding be leveraged? What will it take to get national buy-in?
- What are the implications of the growing burden of non-communicable diseases in Sub Saharan Africa on future health research in the region?



Unused slides



Network of EDCTP clinical trial partnerships





Gaps in disease specific research -HIV/AIDS

- HIV/AIDS
 - Relationships/ interactions with other common infectious diseases
 - Well-known links with TB
 - Effectiveness and cost-effectiveness studies of large-scale interventions
 - Small scale studies
 - Scaling up to national levels is the key challenge
 - Behavioural/psychological influences and health systems/ interventions
 - What *drives* uptake and adherence?
 - How do people react to alternative health service delivery?
 - Impact on food security



Gaps in disease specific research -TB & Malaria

- TB
 - Scientific studies to drive development of an effective, affordable diagnostic test
 - Only one of the major diseases to not have a “quick, low-cost, and effective POC test” [TAG Report, 2012, Report on Tuberculosis Research Funding Trends, 2005-2011]
- Malaria
 - Impact and interactions of the disease variants
 - Epidemiological databases, tracking infection and impact on vulnerable groups
 - How is disease spreading in localised areas? Effects on children/ elderly/ rural populations?
 - Mappings of bed net distribution systems
 - What are major distribution channels? How important are the various mechanisms (local public sector, local private sector, donor) for coverage?



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Gaps in disease specific research -NIDs

- Neglected Infectious Diseases
 - Epidemiological and surveillance mappings
 - How is disease spreading in localised areas? Effects on children/ elderly/ rural populations?
 - Scientific studies to better understand diseases and to identify new targets
 - Treatments for all diseases are urgently needed, but among the more pressing are Human African Trypanosomiasis (existing therapies have poor safety profiles) and Schistosomiasis (a single therapeutic tool is in use)
 - Clinical trials and trial capacity
 - Any new therapeutics should be tested on the populations for which they are to be developed
 - Environmental and social risk factors influencing spread and evolution of the diseases
 - Impact of climate change, behavioural/ social factors on disease



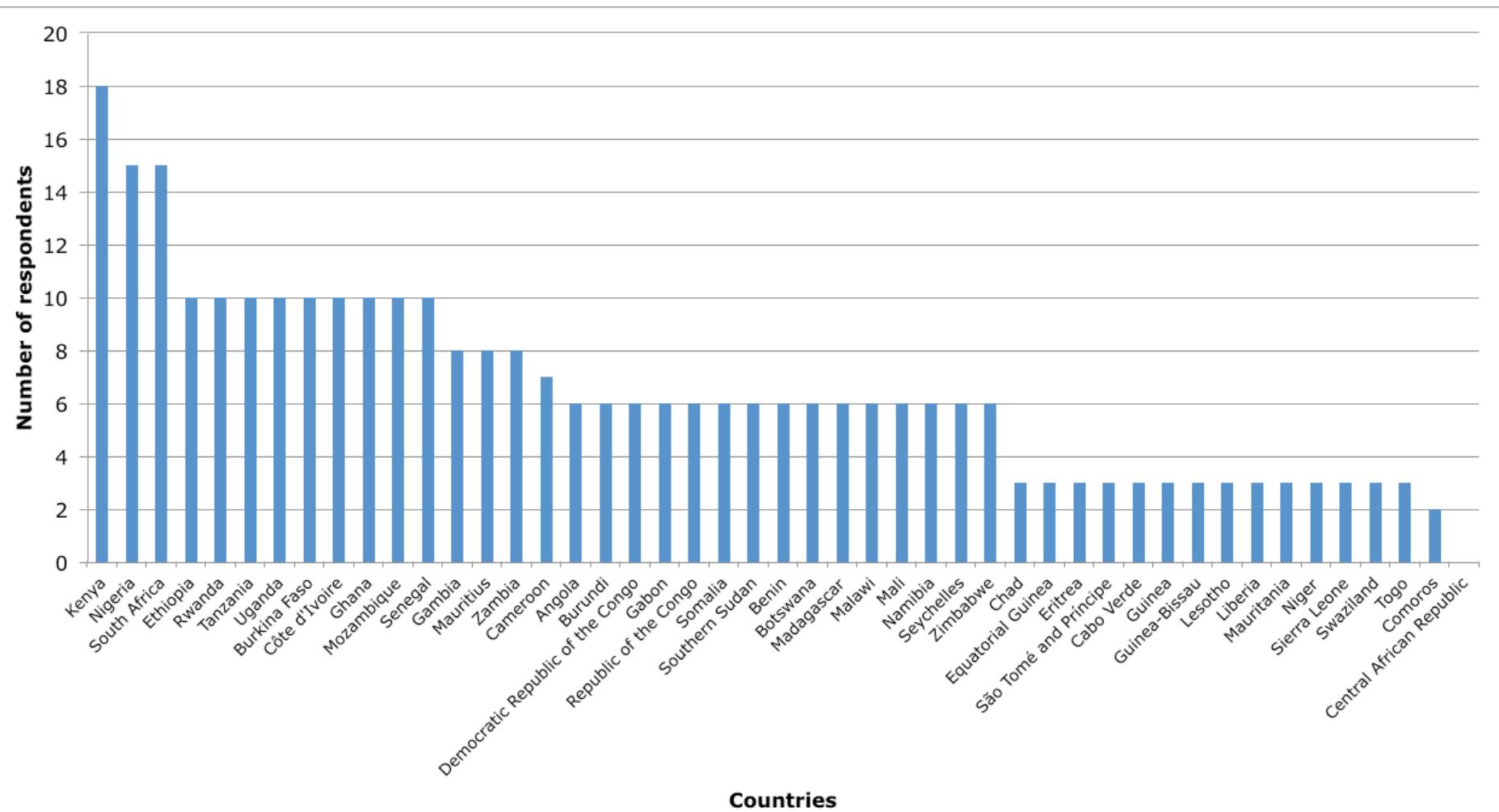
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NCDs mainly in higher-income settings





Number of respondents interviewed





Our Core Team

Baird's CMC



Catriona Manville



Joanna Chataway



Gavin Cochrane



Mark Chataway



James Snodgrass



Matshidiso Masire



Nikhil Murali



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Other opportunities, e.g.

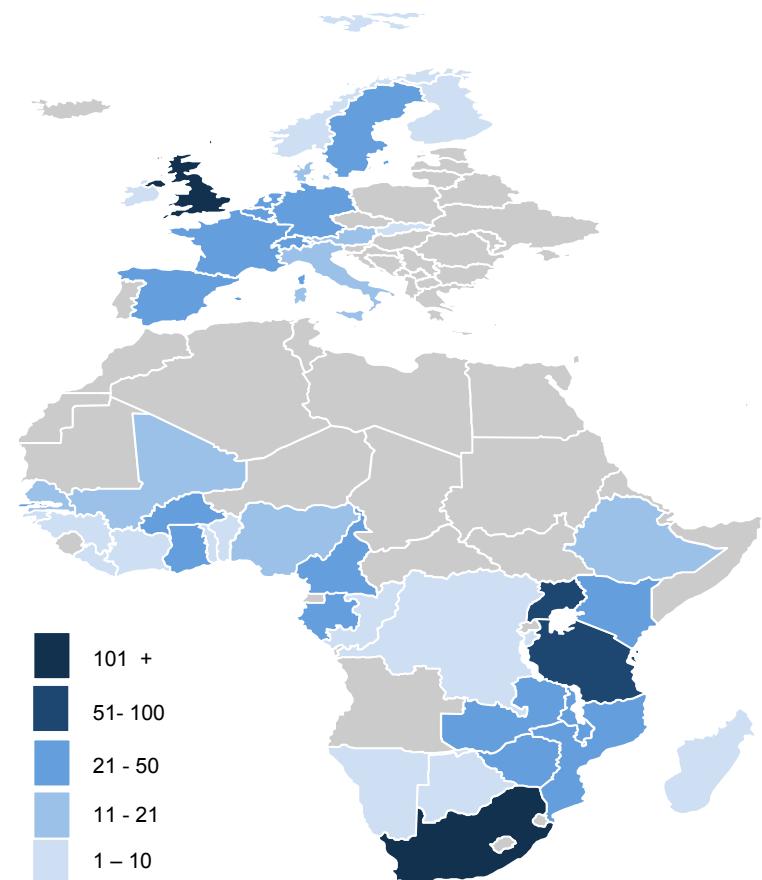
- Dengue was mentioned as a concern in Cabo Verde and Seychelles.
- São Tomé launched a programme to fight malaria in 2001
 - Aims for pre-elimination stage by 2016
 - Linked research?
- Niger
 - National Reference Laboratory with support from the Damien Foundation
 - Medical Research Centre with linkages to the Institut Pasteur
 - Other opportunities for training and capacity building?



EDCTP activity in context

- EDCTP has increased its funding and project activity in the second half of Phase 1, with a geographical focus on East/Southern Africa.
- Non-disease specific projects tend to be more evenly distributed across both African and European partners.
- Countries in East and Southern Africa are have the highest degree of centrality amongst the Sub-Saharan partners within the EDCTP network.

Number of EDCTP projects (2003 – 2012)





Types of respondents

Politicians /
civil servants



Scientists/academics

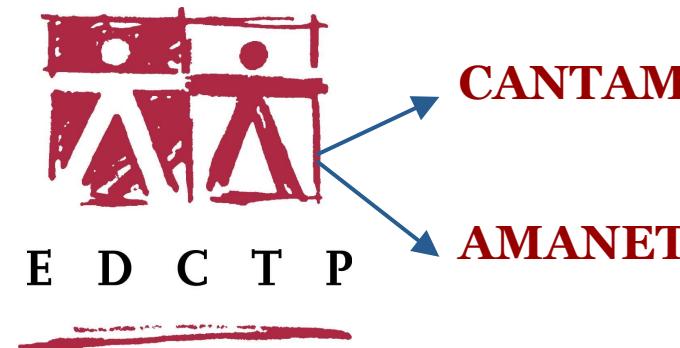
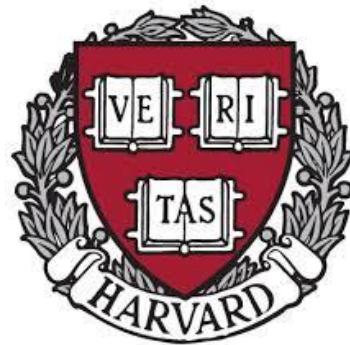


Representatives of
multilaterals





Research linkages with institutions in Africa, North America or Europe





Existence of large scale training programmes in areas related to clinical research

Most respondents unsure about any large scale programmes



**Université Cheikh Anta Diop
de Dakar**
LUX - MEA - LEX

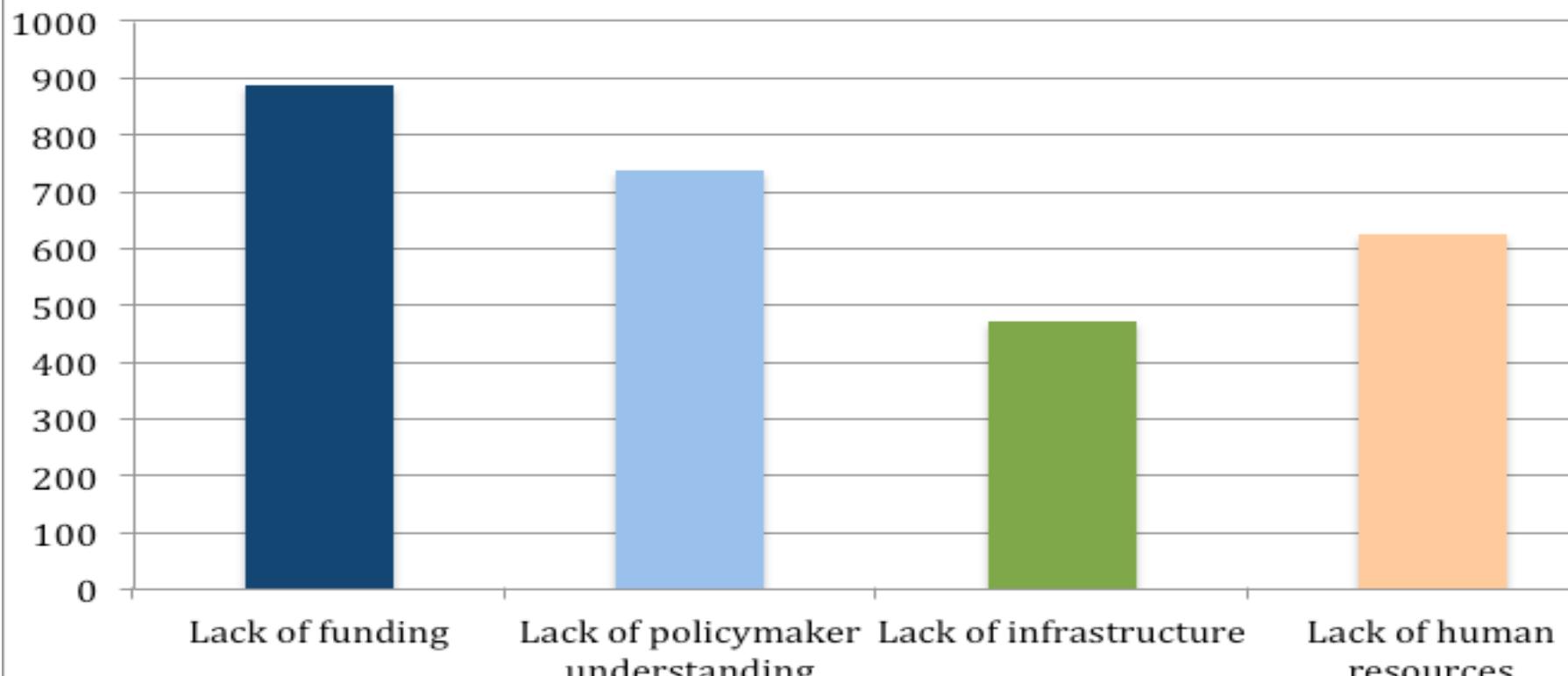
Small scale training programmes on ethics

Master's degree courses for African scientists in health research ethics

South African Research Ethics Training Initiative (SARETI)



Overall scoring of barriers to clinical research



Each rank was assigned a score, with 4 points being assigned to the highest ranked barrier, 3 to the second ranked barrier, 2 to the third ranked barrier and 0 to the fourth ranked barrier. This method indicated that lack of funding is the most important barrier followed by lack of policymaker understanding, lack of human resources and lack infrastructure.



Under-recognised South South regional networks

- Networks around Institut Pasteur in Cameroon with linkages to Equatorial Guinea and São Tomé
- WANETAM (EDCTP supported) that brings together Burkina Faso, The Gambia, Ghana, Guinea Bissau, Mali, Nigeria and Senegal
- WANECAM (EDCTP supported) that brings together Burkina Faso, Guinea, Mali, The Gambia with the United Kingdom, France, Germany and Sweden
- RTS,S trial with sites in Kenya, Tanzania, Mozambique, Burkina Faso, Malawi, Gabon and Ghana