Implementation of studies in remote areas in countries with limited regulatory and ethics experience

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Presentation Plan

- Introduction
- Challenges
  - Access, Patients, Hospitals, Staff, Regulatory environment
- What has been done
  - Access, Patients, Hospitals, Staff, Regulatory environment
  - Daily management of clinical research projects
- What need to be improved
- Conclusion

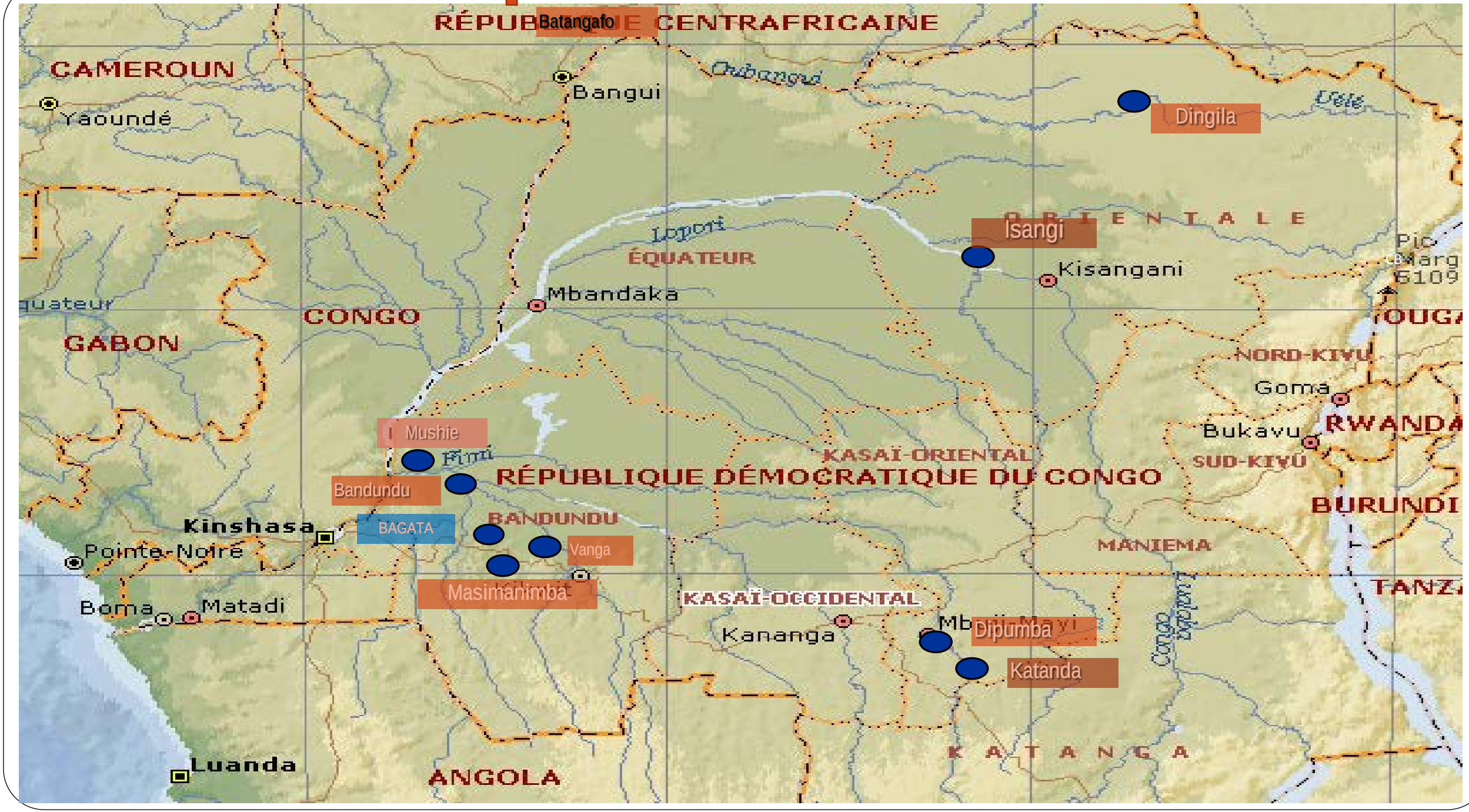
Introduction

- Human African Trypanosomiasis (HAT) or Sleeping Sickness is present in sub-Saharan Africa, mostly in remote rural areas
- To carry out clinical trials on HAT we need to go deep into the most prevalent areas
- There are many challenges

Challenges

Access to rural areas (Study sites/centres)

- No roads or road in the poor state(to access remotes areas)
- Often no airports nearby
- Many air companies are unsafe: blacklisted
- Long trips in rivers with poorly equipped boats


Batangafo
RÉPUBLIQUE CENTRAFRICAINE
CAMEROUN
Yaoundé
Bangui
Oubangui
Dingila
Uélé
Isangi
ORIENTALE
Lopori
ÉQUATEUR
Kisangani
Mbandaka
CONGO
GABON
NORD-KIVU
Goma
Bukavu
RWANDA
Mushie
Fimi
KASAÏ-ORIENTAL
RÉPUBLIQUE DÉMOCRATIQUE DU CONGO
Bandundu
SUD-KIVU
BURUNDI
BAGATA
BANDUNDU
Kinshasa
Vanga
Pointe-Noire
MANIEMA
Masimanimba
Boma
Matadi
KASAÏ-OCCIDENTAL
Kananga
Dipumba
Katanda
Luanda
ANGOLA
KATANGA

Enrolment constraints

- Number of patients is decreasing in areas well supported by national control programs
- Patients
  - Mostly rural
  - Poor
  - Low educational level (adapted Consent Form)
  - Totally trust medical staff (ICF)
  - Long follow up (every six months until 18 months)

Hospitals in remote areas

Health care system / social security

- Restricted national budget for hospitals, patients support themselves (No food for patients, minimal sanitation, parallel use of traditional medicine)

Hospitals are mostly built during colonial period

- Deteriorating infrastructure
- Underequipped
- Very limited technical platform
- Water supply system absent or in need of renovation
- No electricity
- No internet access
- Poor waste management

Hospital Staff

- No experience in clinical trials / GCP
- HAT knowledge fading away (experienced staff becoming old, low interest in HAT amongst young staff)
- No specialist doctors, only general practitioners (management of some side effects/AE)
- Nurses, lab technicians routinely pay little attention to **standard precautions**

Ethical and Regulatory environment

- Ethics and Regulatory Committees exist, but few have dealt with complex clinical trials
  - No deadline for submission/response
  - No list of document to be submitted (sometimes)
- Regulatory and ethic committee are sometimes merged into a SCIENTIFIC COMMITTEE (CAR)

What has been done

Access to rural areas (Study site/centre)

Safe transport to the clinical trial site (hospital)

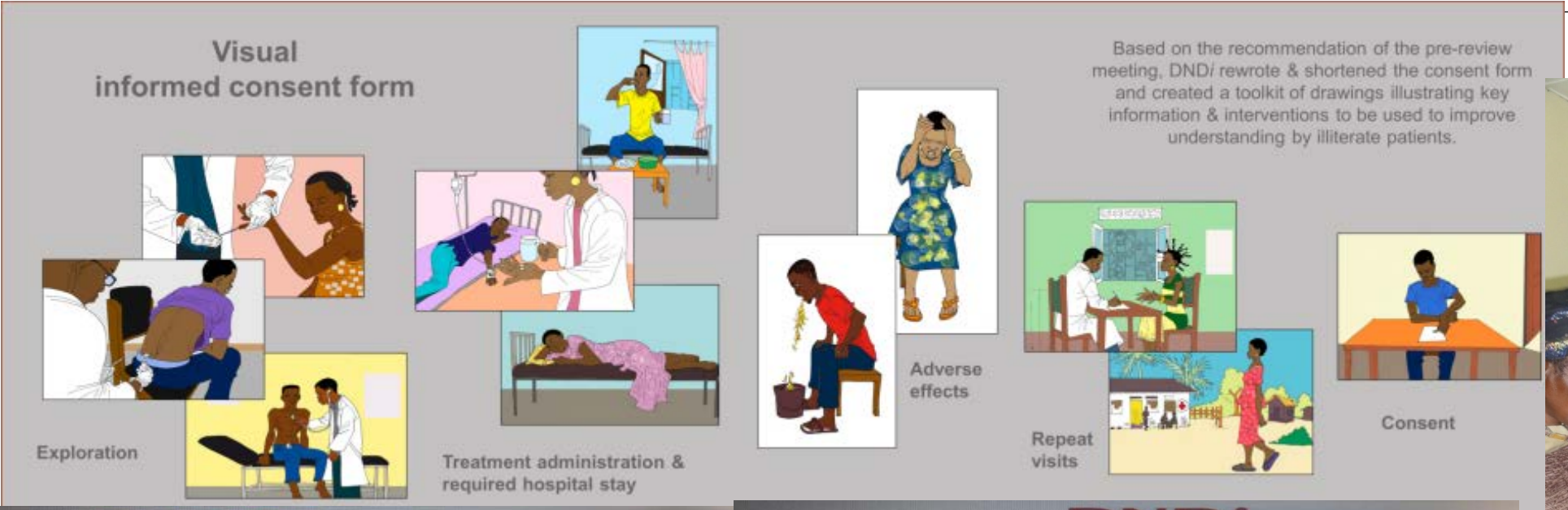
- By road
  - 4x4 vehicles
  - Safety standards (speed limits, passengers…)
- By river
  - Secure use of rapid boats (provide by the PNLTHA/RDC)
  - Compulsory wearing of life jacket
- Aerial
  - Avoid blacklisted companies
  - Appeal for humanitarian flights when available ASF/UN/ECHO Flight/Missionaries

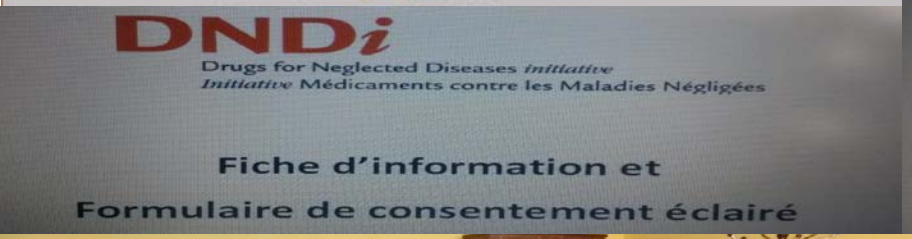

DND

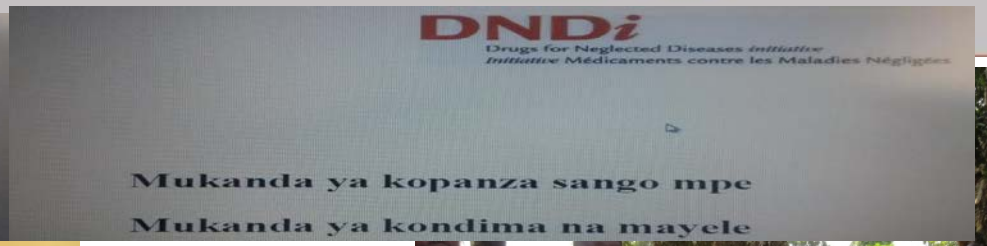

ICRC

Patients

- Support to mobile teams (to diagnose and bring patients to the hospital)
- Simplified informed consent
  - Translated into local language
  - use of images
  - Involving patient’s family and witnesses
- No incentive factor (taken full charge of all patients whether included in the study or not)
- Maximum information collected on the patients, their address and entourage (for follow up)


Visual
informed consent form
Exploration
Treatment administration &
required hospital stay
Adverse
effects
Repeat
visits
Consent
Based on the recommendation of the pre-review meeting, DNDi rewrote & shortened the consent form and created a toolkit of drawings illustrating key information & interventions to be used to improve understanding by illiterate patients.


DNDi
Drugs for Neglected Diseases initiative
Initiative Médicaments contre les Maladies Négligées
Fiche d'information et
Formulaire de consentement éclairé


DNDi
Drugs for Neglected Diseases initiative
Initiative Médicaments contre les Maladies Négligées
Mukanda ya kopanza sango mpe
Mukanda ya kondima na mayele

Hospitals (Study sites/centres)

- Free care for all HAT patients (all charges paid by sponsor)
- Rehabilitation and equipment (wards, laboratories, offices, sanitation,…)
- Provide source of electricity (generator, solar)
- Supplying tap water, enhancing work hygiene
- Provide internet connection
- Improve waste management system
- Provide motorbike (for no responder patient follow up)
- Connection with a referral hospital (if needed) via the coordinating project team


diesel Generator
CAT4LH
alima

Hospital Staff (study staff)

- MD (investigators), lab tech, nurses underwent several trainings
  - General
    - GCP
    - Standard precautions
    - HAT (symptoms, diagnostic, treatment, management of side effects
    - Refreshment on neurology, cardiology, resuscitation
  - Specific to the study
    - Protocol and study SOPs
    - Management of AEs, SAEs
    - Use of e-CRF
    - ECG
- Possible contact with cardiologist, neurologist, intensive care (of major referral hospital of main towns in DRC): help in best management of potentially complicated AEs, SAEs

Daily management of clinical research projects

- Harmonise practices, detect and correct weaknesses
- Support sites on problem solving (AE, SAE management, logistic issues,…)
- Facilitate information flow between stakeholders
- Communication with IRB/IEC and regulatory authorities
- Follow recruitment for clinical trials and discuss with the site investigators to help maintaining it at a satisfactory level

WHAT NEEDS TO BE IMPROVED

- Regulatory authorities
  - improved procedures and SOPs to facilitate approvals
- Ethics committees
  - to be built with a multi-sectorial approach, including lay people representing civil society
- Health care system, transport system,…

OPPORTUNITIES

République Démocratique du Congo

JUSTICE PAIX TRAVAIL

MINISTERE DE LA SANTE

LIGNES DIRECTRICES POUR
L'EVALUATION ETHIQUE DE LA RECHERCHE
IMPLIQUANT DES SUJETS HUMAINS
EN R. D. CONGO

CONCLUSION

- It is possible to carry out clinical trials close to remote patients.
- But there are many necessary expenses around the trial set up and conduct, including screening .
- Carrying out clinical trials in remote areas has a positive impact on general quality of care , and improve capacity of staff

MERCI
AKSANTI
TWASAKIDILA
MATONDO

THANK YOU