

RESEARCH ETHICS COMMITTEES & SCIENCE GRANTING COUNCILS

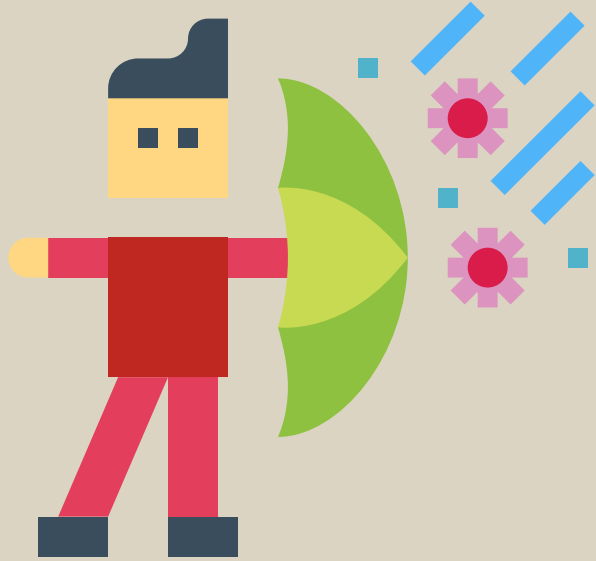
STRENGTHENING INSTITUTIONAL CAPACITY TO MANAGE, REDUCE OR ELIMINATE CONFLICT OF INTEREST IN HEALTH RESEARCH IN SUB-SAHARAN AFRICA

Research is key to promoting health and preventing disease. Health researchers, however, are impacted by 3rd party pressures from for-profit organisations* (FPOs). Funding from FPOs can be problematic, particularly when FPO products have negative health implications (1). FPOs influence public health (PH) policy, shape research, practice and public opinion (2).



In sub-Saharan Africa, PH endeavours can benefit from **collaborative partnerships** between clinicians, medical researchers, scientists, engineers, pharmaceutical companies, bio-technology and medical device companies. These partnerships are central to medical research and health promotion in patients, communities and populations, but **skillful, ethical and efficient conduct** and management of these collaborations are essential in preserving scientific rigour and research integrity.

CONFLICT OF INTEREST (COI) POSES A MAJOR THREAT TO RESEARCH INTEGRITY



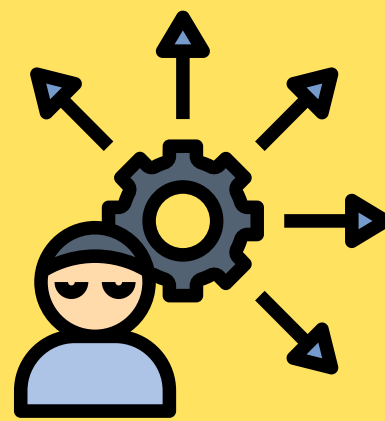
COI involves a **breach of trust** and can occur independently of impropriety taking place. COI can be defused, managed or avoided by intervention that precedes impropriety and to do this, potential **risks and consequences need to be identified, recognised, acknowledged and managed** (3).

COI relates to the failure of research systems to **protect researchers from third party pressures** - particularly if research findings are unpopular or disruptive to powerful entities in society.



WHAT IS COI?

Circumstances that create a risk for professional judgements/actions regarding a primary interest (e.g. promoting & protecting research integrity) to be unduly influenced by a secondary interest (e.g. financial interests, professional advancement & recognition, favours for friends or family) (4).



CONSEQUENCES OF COI

COI can lead to the undermining of public health policies; reputational damage to researchers or research institutions, or putting human research participants in harm's way.

References

1. Nakkash R, et al. Attitudes and practices of public health academics towards research funding from for-profit organisations: cross-sectional survey. *Int J Public Health*. 2020;65(7):1133-45.
2. Nakkash R, et al. A call to advance and translate research into policy on governance, ethics, and conflicts of interest in public health: the GECl-PH network. *Global Health*. 2021;17(1):16.
3. McCoy MS, et al. Why are there no 'potential' conflicts of interest. *JAMA*. 2017;17(17):1721-2.
4. Lo B & Field MJ, eds. Committee on conflict of interest in medical research, education and practice. Institute of Medicine of the National Academies. National Academies Press. Washington DC, USA. 2009.

*FPOs = Organisations that sell consumer products related to food & beverages, tobacco, alcohol, & other organisations like pharmaceutical, gambling, arms dealing or manufacturing, health insurance companies & the petroleum industry (1)

SCIENCE GRANTING COUNCILS (SGCS) & RESEARCH ETHICS COMMITTEES (RECS)



EFFECTIVE IDENTIFICATION & MANAGEMENT OF COI



BETTER QUALITY RESEARCH



INFORM EVIDENCE-BASED POLICY-MAKING WITHOUT BIASES ARISING DUE TO COI

SGCs and RECs play key roles in sustaining science and health research.

They are key in assessing, managing and enforcing rules relating to research partnerships and the protection of researcher independence to **ensure research integrity, equity and the reputability of the engaging partners.**

These bodies are **gatekeepers for research funding and research approval** and they can reduce/eliminate COI. However, government and affiliated institutions also place third party pressures on SGCs and RECs.

More than a third of African countries have no RECs (5). African governments should **recognise the importance of RECs and their role in research oversight.**

ROLE & FUNCTION

SCIENCE GRANTING COUNCILS

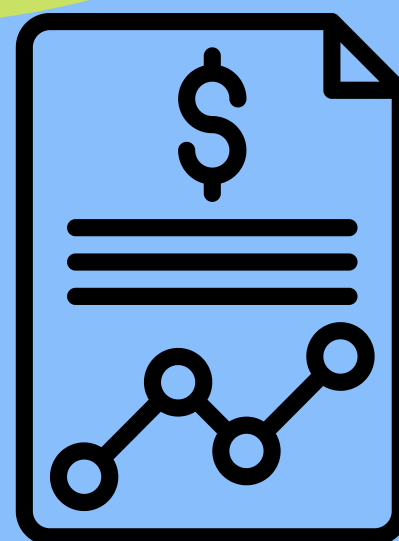
Provide research oversight and funding

RESEARCH ETHICS COMMITTEES

Have a mandate and responsibility to protect the rights and welfare of research participants

Have the power to approve, disapprove, monitor and require modification to research studies

Review research proposals & ensure adherence to high standards of scientific rigour and ethics



CHALLENGES

SCIENCE GRANTING COUNCILS

Lack of funding

Policies

Capacity to support research and its uptake (6)

RESEARCH ETHICS COMMITTEES

Scarce resources

Lack of national guidelines

Lack of training in research ethics

Inadequate oversight capacity (7)

References

5. Kass NE, et al. The Structure and Function of Research Ethics Committees in Africa: A Case Study. PLOS Medicine. 2017.
6. Mouton J, et al. (2014). Science Granting Councils in Sub-Saharan Africa: Final Report. Centre for Research on Evaluation, Science and Technology and IRD. Stellenbosch University.
7. Salaigwana B, et al. Biomedical research ethics committees in sub-Saharan Africa: a collective review of their structure, functioning, and outcomes. J Empir Res Humn Res Ethics. 2015;10(2):169-84.



THE PROPOSED STUDY



Project Collaborators

2 Main Components:

- 1) Situation analysis of SGCs and RECs in SSA
- 2) Application of findings to develop two open-access resources - toolkit and e-learning module

The project will draw on research by the Governance, Ethics & COI in Public Health (GECI-PH) network. GECI-PH was established in response to concerns about the influence of industry funding on PH research, practice and policy outcome, and to inform a policy, research and action agenda for scholarship to address governance, ethics and COI in these relationships.

STUDY AIMS



To conduct a capacity and needs assessment:

- Identify SGCs & RECs in SSA
- Identify institutional arrangements & values that shape health research oversight and policies for managing COI
- Identify gaps, barriers & opportunities for strengthening capacity to manage COI and protect researcher independence
- Identify, adapt & pilot a toolkit to detect and manage COI and protect researcher independence
- Identify existing resources and develop, adapt and pilot an e-learning module on managing COI & protecting researcher independence
- To disseminate the toolkit & training module

STUDY POPULATION

10 countries from SSA

5 LMIC = Nigeria, Zambia, Cameroon, Kenya, Ghana

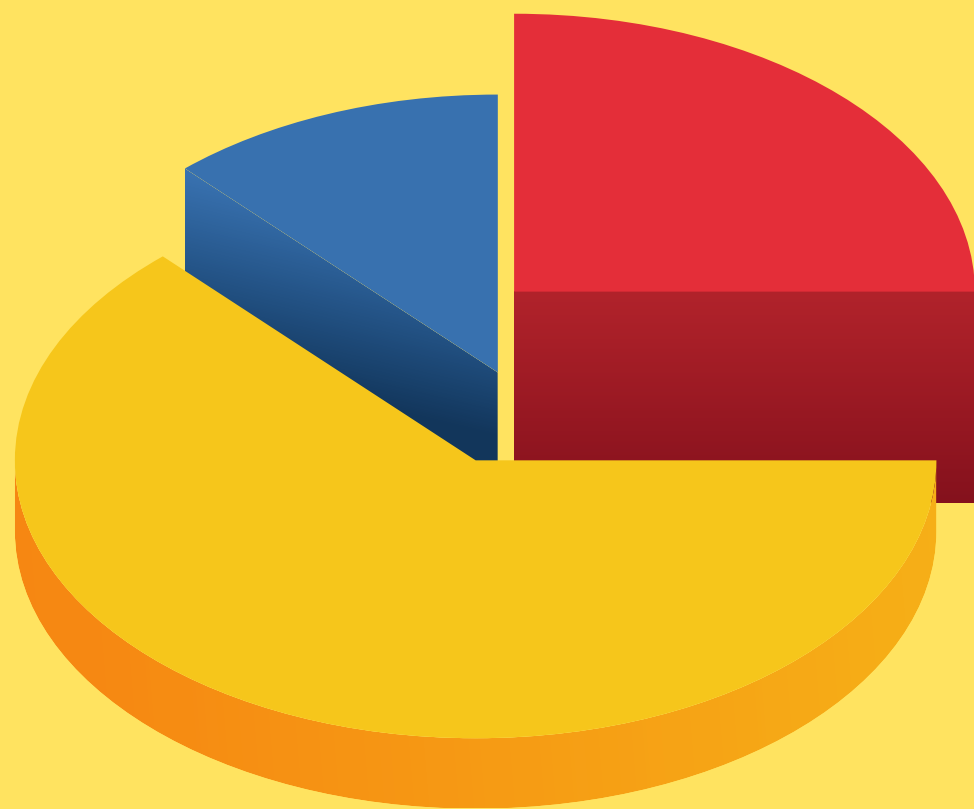
2 UMIC = South Africa, Gabon

3 LIC = The Gambia, Ethiopia, Rwanda

*each country will be examined to determine if RECs/SGCs exist at the time of study sampling

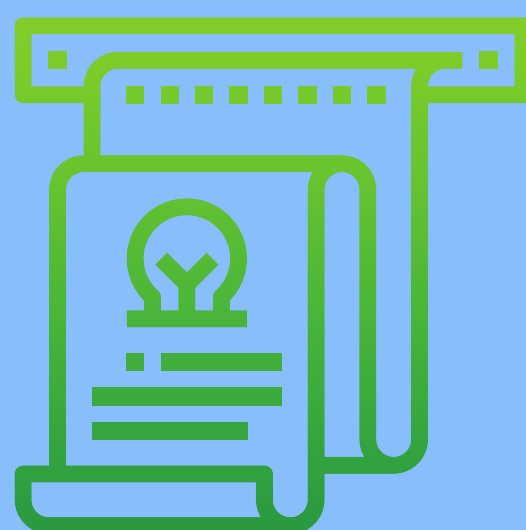
*If there are more than 2 RECs/SGCs in the selected country, then a random sample will be selected

*Where SGCs/RECs are shared across countries, they will only be counted once in a selected country



STUDY INSTRUMENTS

- 1) Brief initial interview guide
 - 2) Online survey
 - 3) In-depth guide (purposive sampling)
- *responses to the in-depth interview questions will inform and shape the development of COI toolkit and training programme



OUTPUTS

- Situation & Capacity Analysis report on SCGs and RECs in SSA & how they deal with COI in health research
- An opinion piece in the EQUINET newsletter
- Publication(s) in international peer-reviewed journals