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# How clinical research can advance health outcomes in Nepal: implications from the World Health Assembly resolution on clinical trials

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Population Scientists, 10 April 2024

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In 2022 all Member States adopted a resolution calling for strengthening of clinical trials to provide high quality evidence



SEVENTY-FIFTH WORLD HEALTH ASSEMBLY  
Agenda item 16.2

WHA75.8  
27 May 2022

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**Strengthening clinical trials<sup>1</sup> to provide high-quality  
evidence on health interventions and to improve  
research quality and coordination**



# Research Processes as a Cycle rather than a Linear Pathway

Important to consider clinical trials as part of broader health research ecosystem...

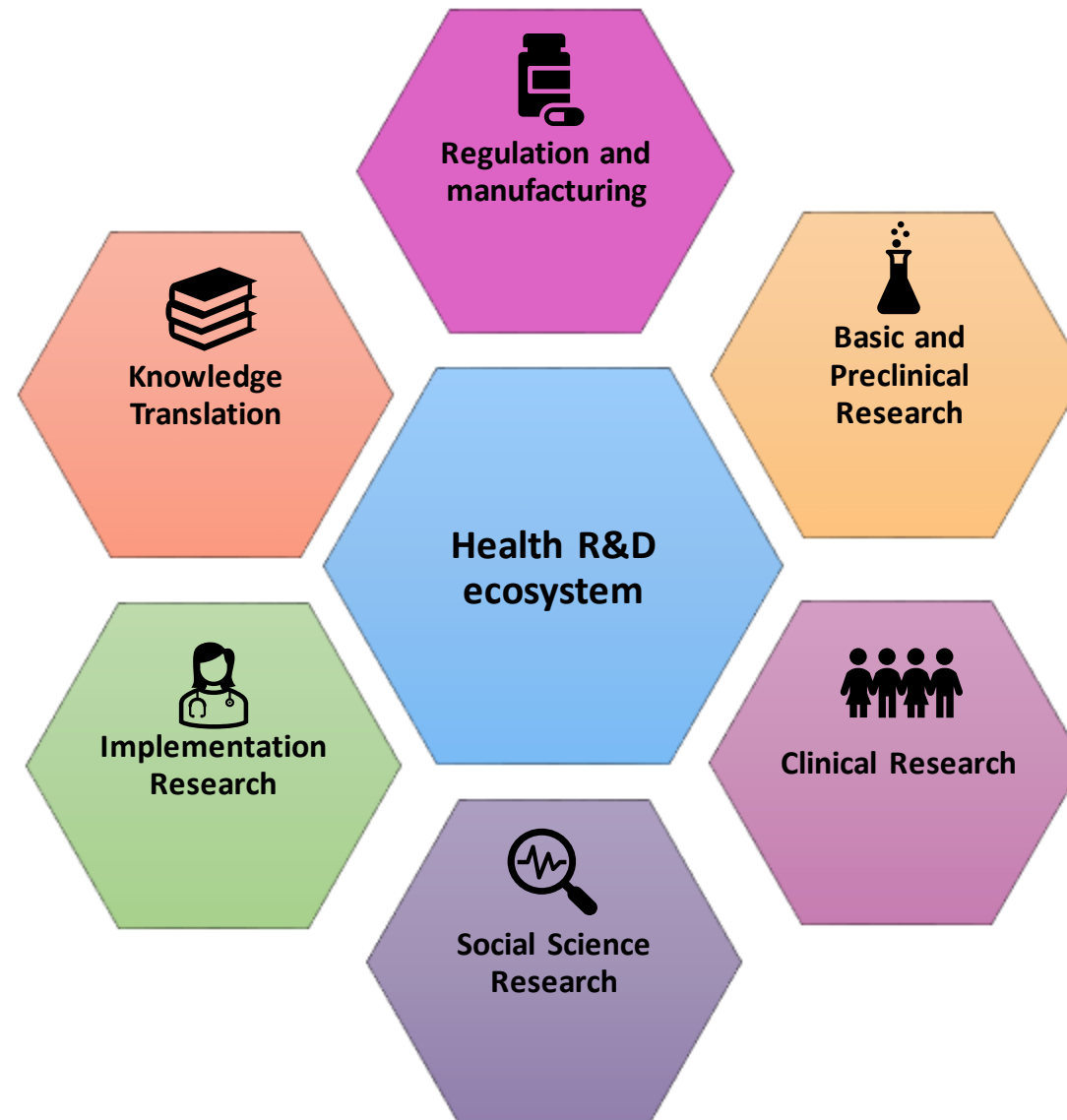
... And to consider how best to link research capacity strengthening to health systems strengthening



# R&D ecosystem

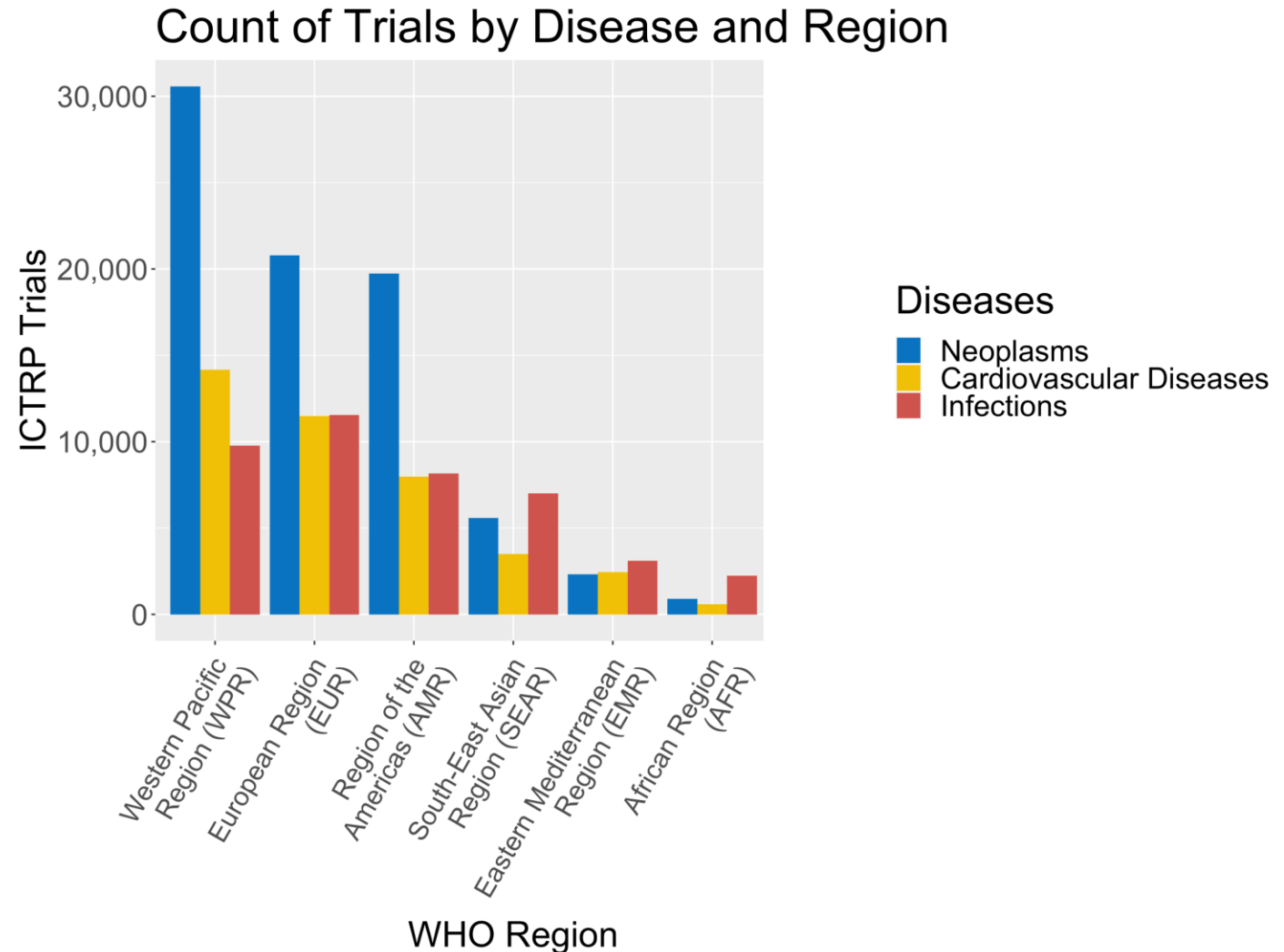
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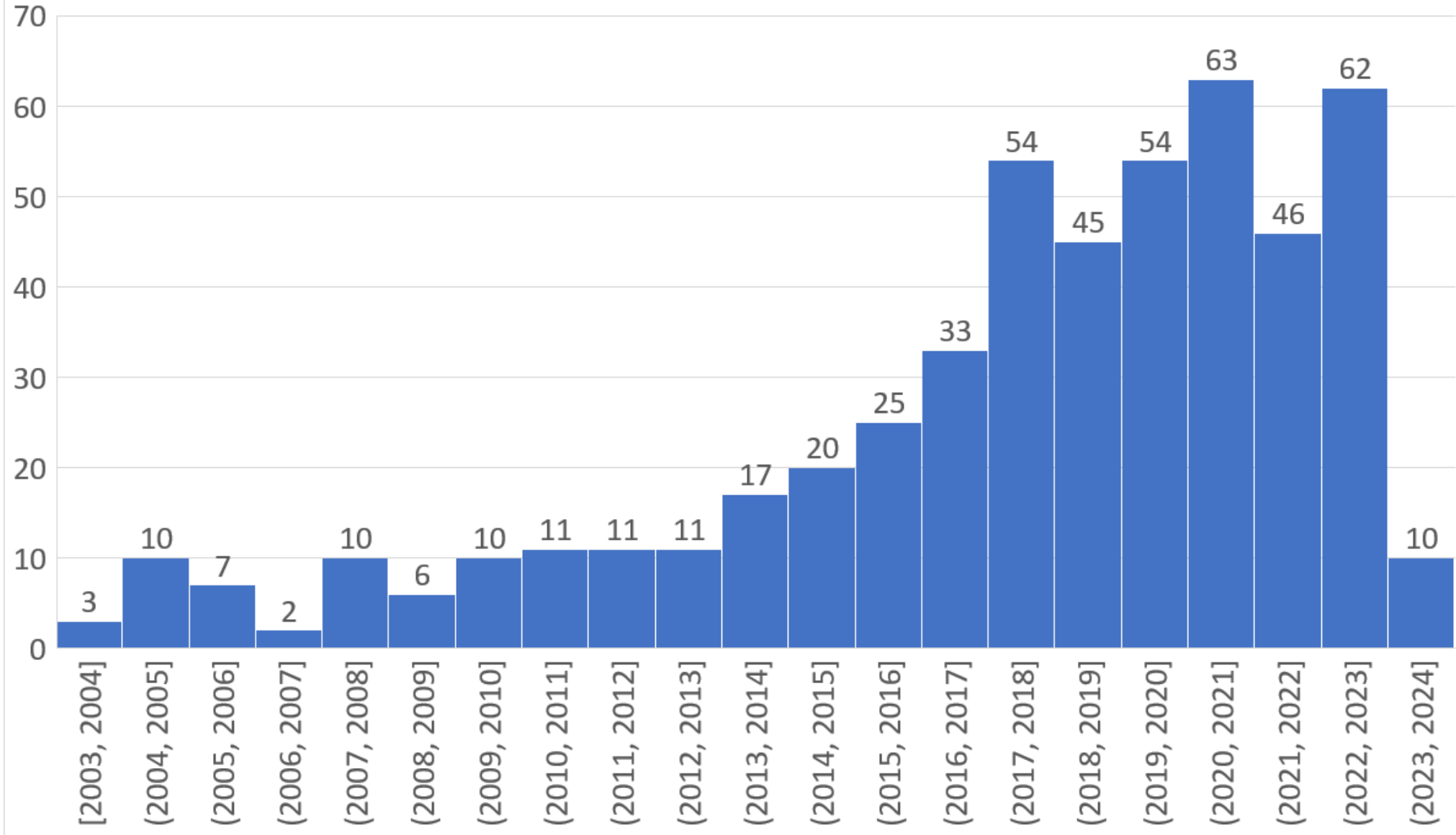
# Mapping of clinical trials by disease area and region

- Clinical trials from 2018-2022 were mapped to WHO regions as well as the disease areas neoplasms, cardiovascular diseases, and infections
- Disease areas were defined using Medical Subject Headings (<https://www.ncbi.nlm.nih.gov/mesh/>)



# Nepal trial registrations in WHO ICTRP

[ICTRP search portal \(who.int\)](https://www.who.int/ictRP)



# Key problem statements with the current clinical trial ecosystem

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- Regulatory systems involving multiple approval bodies may be overly complex and **not always proportionate to risk**; as a result of this complexity, good trials are too expensive, take too long, ... costing many lives
  - How can we advance **the benefits of compelling well-designed trials** while maintaining appropriate safeguards? How to accelerate **benefits of adaptive, platform trials**?
- **Many trials do not contribute to high quality evidence**: *NB most uninformative trials are likely in high income countries, because most trials are in high income countries*
  - Most health policy/guidelines recommendations are not based on high certainty evidence (Intern Med J 2020 Jan;50(1):30-37) and therefore **most decision-making is not based on high certainty evidence**
  - There are **insufficient “levers” to prevent badly designed trials** that will not answer the scientific question
- **Major gaps in clinical infrastructure and capabilities exist in many countries with high disease burdens**; existence of capacities in high income countries does not guarantee efficient conduct of informative trials

# Guidance



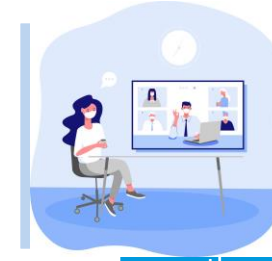
- TAG constituted
- Public consultation July to September
- Likely to be finalized in 2024
- Online training materials to be developed in coordination with ICH, Ethics, Funders

# Mapping



- Networks
- Funding
- National Regulations
- Sites/institutional capacities

# Consultations



- 4<sup>th</sup> Member State consultation completed
- Private sector consultations: Geneva, May & Kigali October 2023
- Regional consultations: PAHO Oct 4-5, AFRO Oct 17-18, SEARO, Nov 10-11, EMRO Nov 14-15
- Global forum meeting with stakeholders (clinical researchers, ethics, regulatory, funders, patient, community organizations, private sector)







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# Similar issues emerged from the regional consultations, leading to an agreed global vision

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## The future of the global clinical trial ecosystem: a vision from the first WHO Global Clinical Trials Forum

[Vasee Moorthy](#) [✉](#) • [Ibrahim Abubakar](#) • [Firdausi Qadri](#) • [Bernhards Ogutu](#) • [Wei Zhang](#) • [John Reeder](#) • [Jeremy Farrar](#) • [Show less](#)

# Key areas of focus for capacity development going forwards according to inputs received during regional consultations

- *Developing capabilities for research sustainably, linked to health systems, and kept “warm” through ongoing well designed clinical research; moving away from a “vertical” to a “horizontal” approach while keeping the best aspects of the vertical.*
- *Prioritisation for identified trials aligned between stakeholders*
- *Enabling international collaborations*
- *Improving capacities and efficiency in regulatory and research ethics systems; how to ensure a focus on the key issues in an efficient and risk proportionate way*
- *Improving efficiency and coordination between elements of the trials ecosystem*
- *Ensuring scientific validity and social value of research*
- *Patient and community engagement norms in clinical trials*
- *Supporting newer models for RCTs (including integration into healthcare, adaptive, platform, digital)*

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**Sustainable Strong Continuous National  
Clinical Research Ecosystems**

Enabling national  
clinical research  
governance

Continuous financing

Institutional and  
individual clinical  
research capacity  
Engagement  
Underrepresented  
populations

Research ethics  
oversight including  
efficiency

Regulatory systems  
including efficiency

**Continuous strengthening through monitoring, evaluation and learning (MEL)**

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## Key themes: Vision emerging from the global forum

- **“Always on, Always busy”** – move to ongoing trials all the time for endemic use cases, which can pivot in times of crisis
- **Risk proportionate** approaches to well-designed and well-implemented trials
- **Domestic funding, enabling trials** linked to sustained capacities and priorities
- Embedding **under-represented populations** in the whole process
- Centrality of **patient and community engagement** in clinical research
- Models for large scale trials **embedded into health systems**

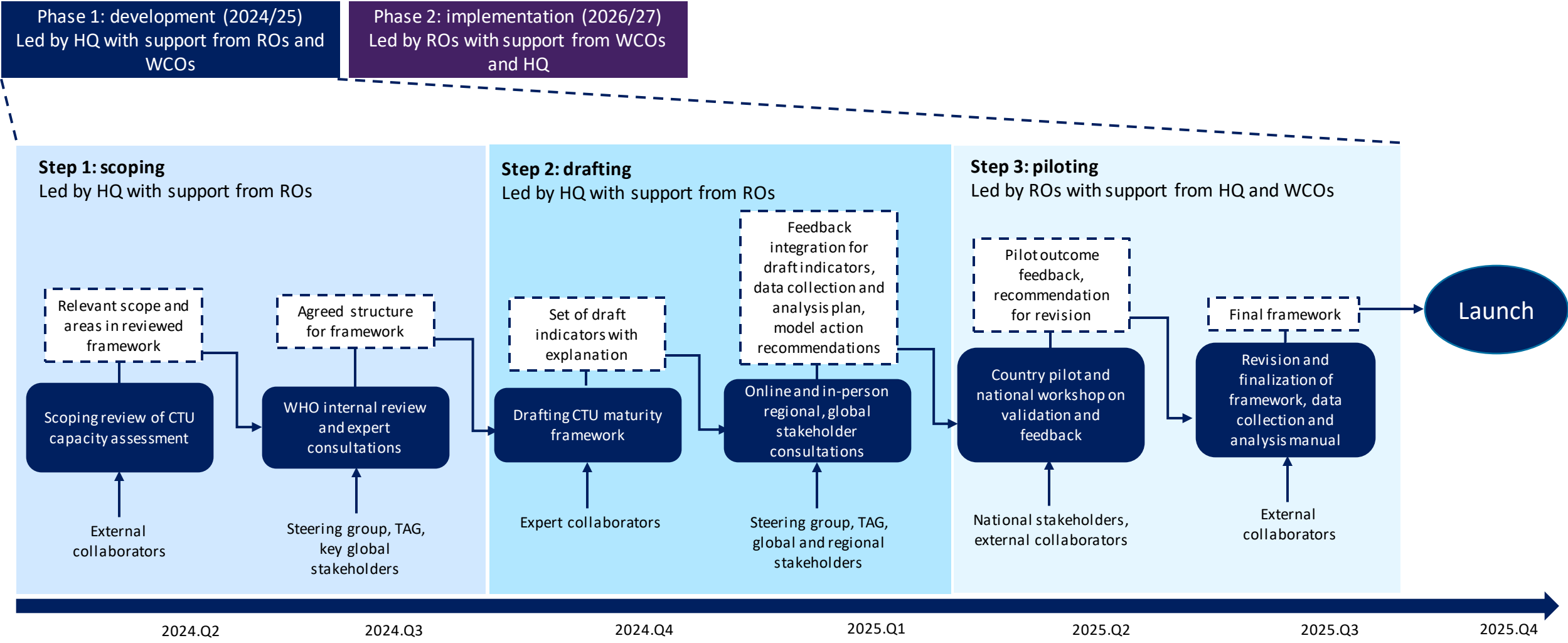
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# Urgent reforms needed to enable key trials

- expansion of global south leadership for all key aspects of trials
- ongoing sustained capacity rather than project funding alone
- single REC review for clinical trials or effective REC coordination
- single submission systems for REC and NRA review
- parallel not sequential reviews
- coordinated approval processes between regulators and ethics
- ensuring scientific validity
- master clinical trial agreements
- overcoming barriers to importation of investigational products

# WHO maturity framework for clinical trial units

A self-assessment and benchmarking tool to guide the capacity development in clinical trials



- Working groups:**
- *Steering group:* WHO regional advisors on research, selected country offices, staff of relevant technical programs in HQ
  - *Technical Advisory Group (TAG) of Clinical Trials*
  - *External collaborators:* contracting or collaborating research institutes or experts
  - *Stakeholders:* global, regional or national interest institutions and individuals



2023

2024

Mapping

Guidance  
Development

Consultations

Enabling  
environment

Implementation  
tool  
Development

Support for  
capacity  
development

- National capacities in NRAs
- Ethics committees
- Research institutions
- Patient/ Community engagement in research
- Inter-agency harmonization/ coordination
- Functional clinical research networks performing key trials

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# Other major activities in WHO Research for Health Department

## Guidance on:

- [Health Foresight](#)
- [AI and health](#)
- [Genomics](#)
- [Responsible life sciences research / dual use research](#)
- [Human genome editing](#)

## Guidance on:

- [Global Observatory on health R&D](#)
  - [ICTRP \(trial search portal\)](#)
  - [Research priority setting](#)
  - [WHO Target Product Profiles](#)
  - [WHO Coordinated Scientific Advice](#)
  - [Product Development Partnerships](#)
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- [Access to paediatric medicines](#)
  - [Evidence to policy good practices](#)

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# Conclusion

Enabling the following:

- **Sustainable clinical research capacities** that enable ongoing clinical research that meets local and global needs:
- **Locally led** strengthening of national trials ecosystems: strive for efficiency – address bottlenecks
- **Effective prioritization** for use of these capacities
- Addressing **under-represented populations**
- **Risk proportionate** approaches to well-designed and well-implemented trials.

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# Funding Acknowledgement

