



Access Africa Guidelines on Post-Trial Access for international Clinical Trials in Sub-Saharan Africa

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Improving post-trial access arrangements in clinical trials in Sub-Saharan Africa

Participating organizations

- University of Oslo (coordinator – Prof. Rosemarie Bernabe)
- Jimma University – **Ethiopia**
- St Paul's Hospital Millennium Medical College – **Ethiopia**
- Armauer Hansen Research Institute – **Ethiopia**
- Uganda Virus Research Institute – **Uganda**
- Uganda National Council For Science & Technology – **Uganda**
- Ministry of Science and Higher Education (MoSHE) – **Ethiopia**

There is limited practical experience and guidance on post-trial access (PTA) in clinical trials in LMICs

Project objectives

The general objectives of AccessAfrica are threefold:

- 1) investigate the status quo of PTA in high-priority clinical trials within the region;
- 2) provide practical guidance on how PTA can be enforced within the region;
- 3) develop and pilot-train a one-day workshop for funders, drug regulators, and RECs to enforce PTA as an ethical imperative.

Specific objective

- Propose guidelines on feasible measures to incorporate PTA in clinical trials in Sub-Saharan Africa



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Principle 1

- ❑ PTA arrangements must be included in the planning of CTs
 - ✓ Provision of PTA must be standard
 - ✓ If any deviation, must be ethically justifiable and approved by REC

Principle 2

- PTA refers to access to knowledge and intervention
 - ✓ Research participants
 - ✓ Community
 - ✓ Host country

Principle 3

□ PTA is multi-stakeholder responsibility

- Provision arrangement
 - ✓ Led by sponsors or PI
 - ✓ In close collaboration with different stakeholders—REC, CT regulators, community
 - ✓ Planning and execution must include all relevant stakeholders—to optimize PTA benefits

Principle 4



- ❑ To best serve the interest of the participants and the community
 - ✓ The planning and details of post trial arrangements must be continuously reconsidered by the sponsors and the PI through out the study
 - ✓ In close collaboration with the community
 - ✓ Any changes to PTA plan must be reviewed and approved by REC

Principle 5



- PTA arrangements should include access to relevant study findings
 - ✓ For participants, community, host country, general public
 - ✓ CTs must provide this Knowledge efficiently to the host country stakeholders
 - ✓ Facilitate its use for community benefits
 - ✓ Disseminate to scientific community, and general public in host country – enable widespread accessibility to knowledge

Principle 6

- ❑ If therapeutic products meant for commercial distribution (as medical device) are involved in the trial:
 - ✓ Therapeutic products must be provided to research participants who still need the intervention
 - ✓ The community and/or the host country must have access to the therapeutic intervention

Principle 7

- ❑ PTA provision of therapeutic products ranges from cost-free provision to research participants, to availability and accessibility of the product for the community and/or host country
- ❑ The sponsor, in cooperation with the community and the host country, must also ensure that the associated medical care and infrastructure are in place

Principle 8

- ❑ Providing PTA to individual participants will be dependent on the risk benefit profile of the investigational product in comparison with the standard.
- ❑ PTA for individual participants lasts until the therapeutic product is authorized, marketed, and accessible in the host country
- ❑ The plans for transition from individual PTA to sourcing the appropriate medicinal product from the national healthcare system must be clearly stipulated in the clinical trial's PTA plans.

Principle 9

□ To ensure PTA for the community/host country

- ✓ PTA plan must include provision of a formal agreement between the sponsor and the host country that the sponsor will apply for marketing authorization for a therapeutic product, once proven safe and effective
- ✓ the product is marketed in an agreed period—not more than 5 years from the last pivoted CT
- ✓ Agreement should cover pricing mechanism, and must be equitable
- ✓ Equity must be determined by sponsors and PI—concordance with REC and host country regulatory body