



Swiss TPH Summer Symposium 2018

**Clinical Research in Resource Limited Settings:
Mission Impossible or Role Model for Future Drug Development?**

Conducting Investigator Initiated Trials in Low Resource Settings – the Northern Perspective

Klaus Reither MD, MSc, PhD

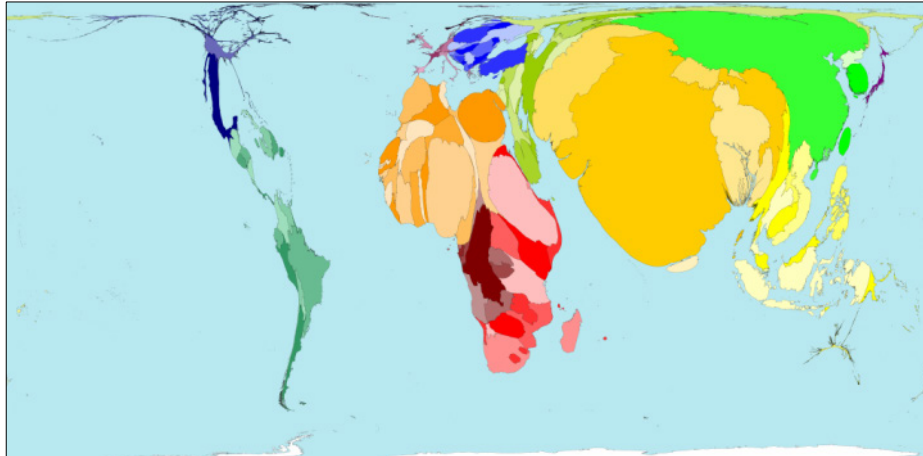
Head of Clinical Research Unit



Outline

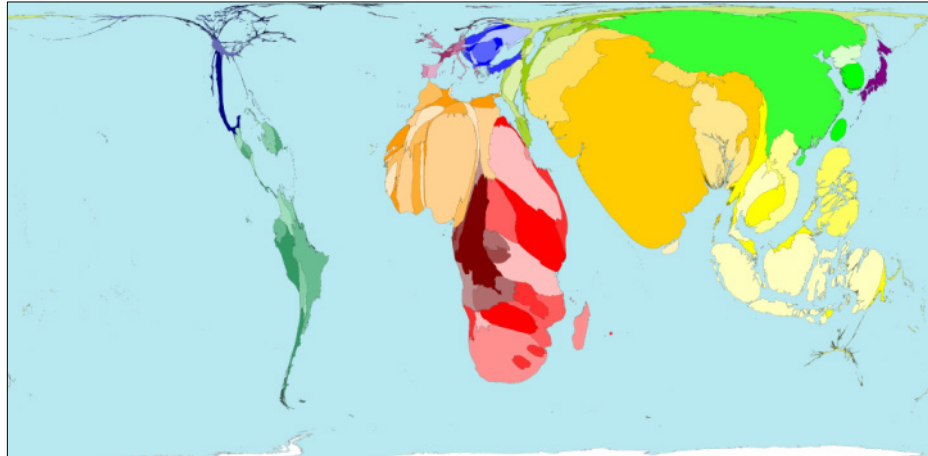
- Clinical trial landscape in Africa vs. high-income countries
- Clinical trials categories
- Capacity development
- Case: Clinical TB trials in low resource settings

Poverty



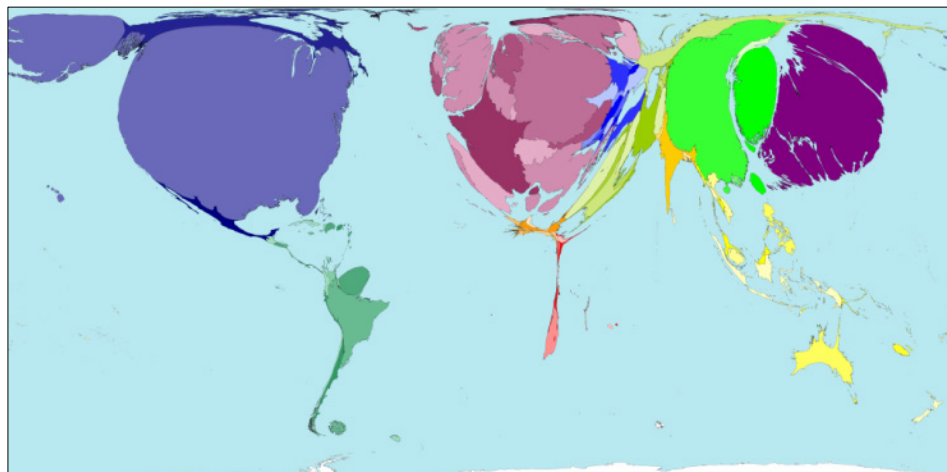
2002

Disease burden; e.g. Tuberculosis cases



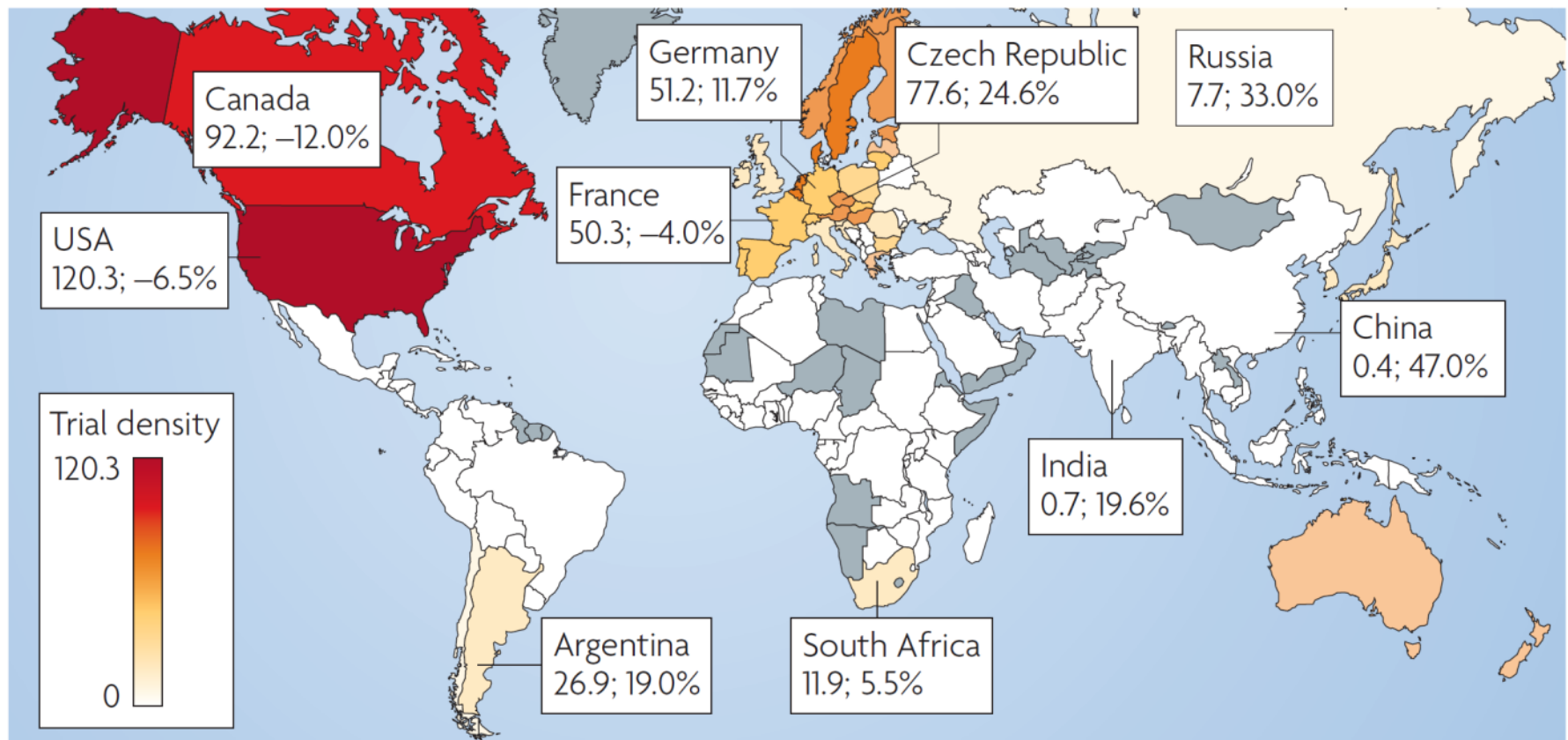
2003

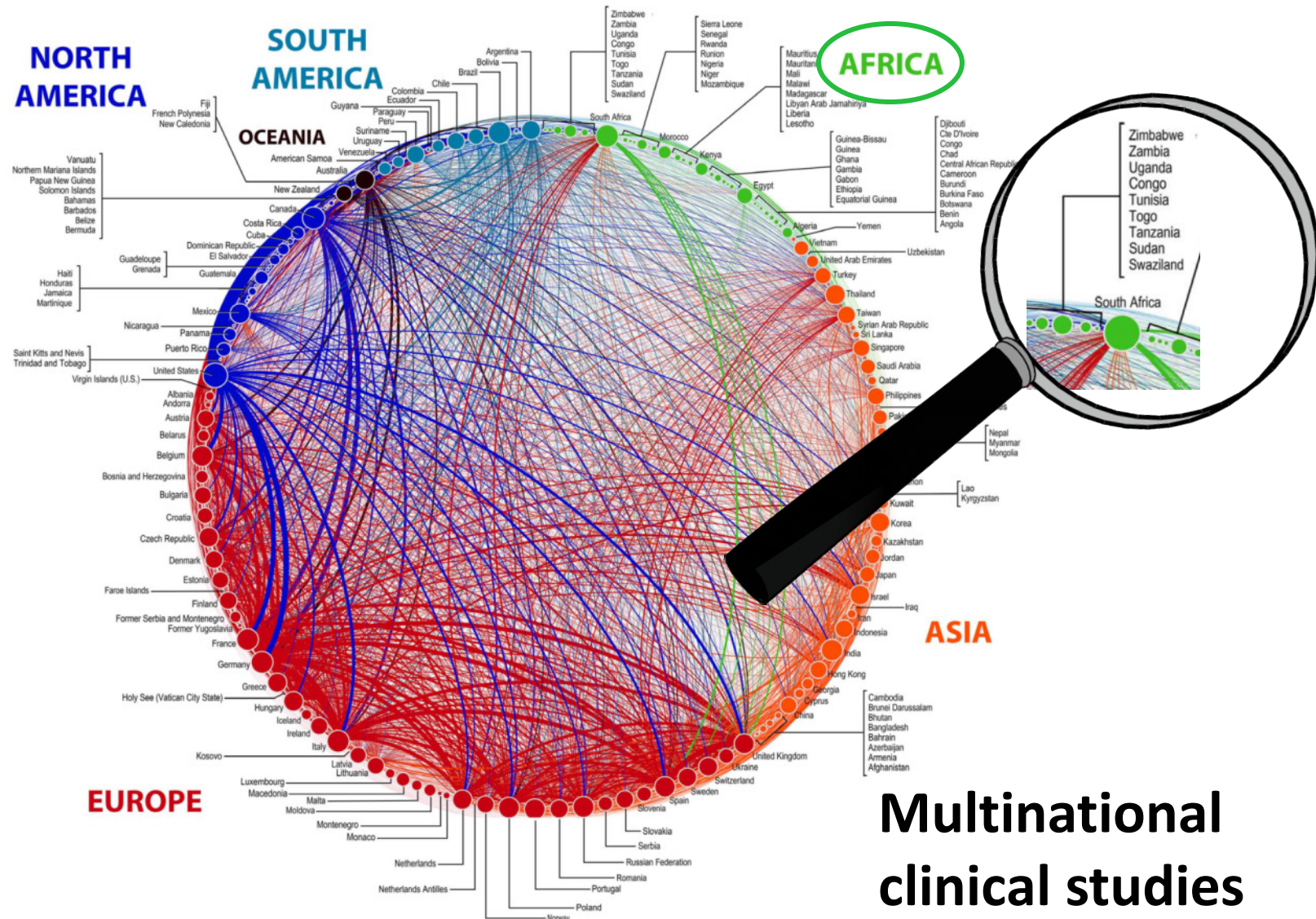
Research and Development Expenditure



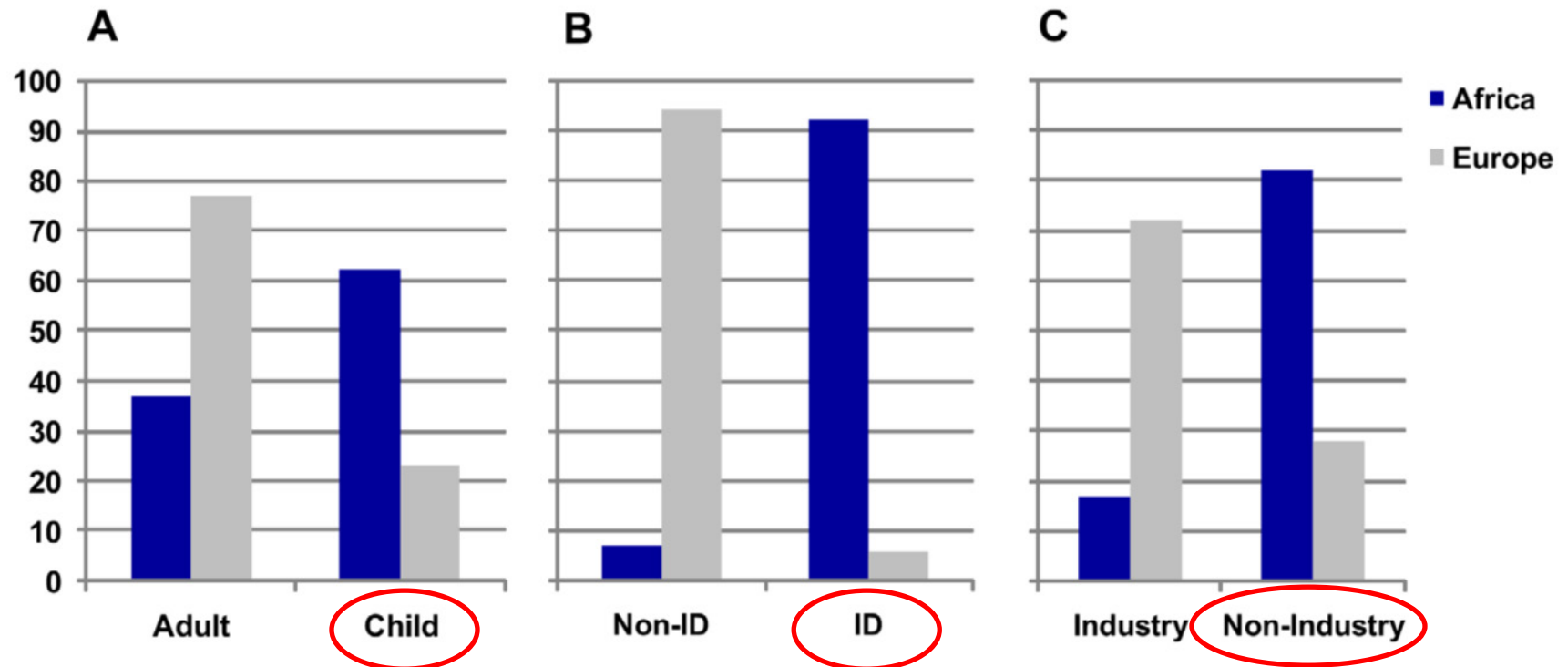
2002

Actively recruiting clinical sites of clinical trials worldwide (2007)





Clinical Trials: Africa vs. Europe



100 trials randomly chosen from France, Germany, Italy, Spain, and UK versus Kenya, Mali, Tanzania, Uganda, and Zambia

endpoints: more **often severe disease outcomes and mortality** in low resource settings



High-tech clinical study site
(Example: Klinikum Aachen, Germany)



Clinical study site in DRC

Where are trials conducted?



Clinical study site in Kingani, Tanzania



Bagamoyo - IHI



Bagamoyo - IHI

... very variable settings in Sub-Saharan Africa.

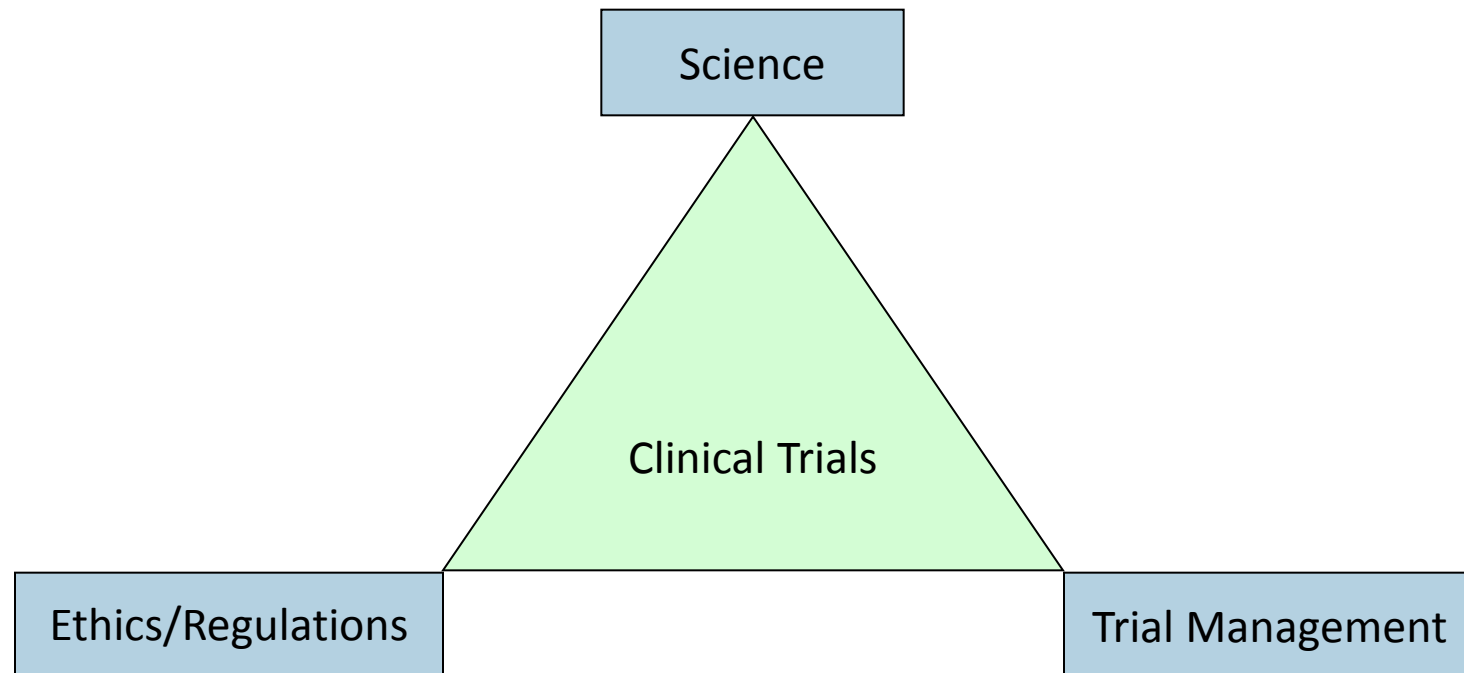


DRC



Lesotho

Clinical trials – simple principles



Clinical trials – complex processes

Different regulations

Poor infrastructure

Co-morbidities

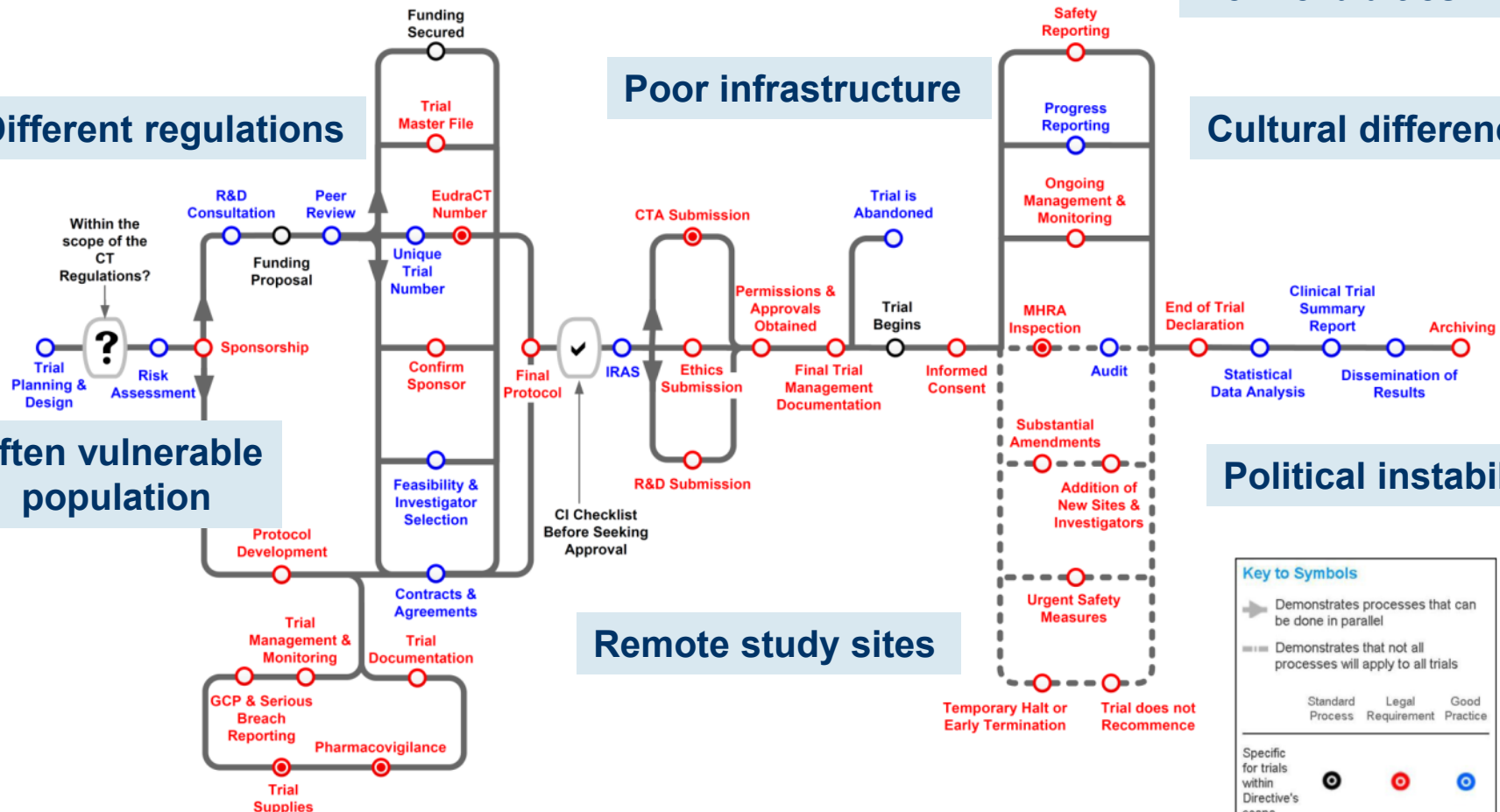
Cultural differences

Often vulnerable population

Political instability

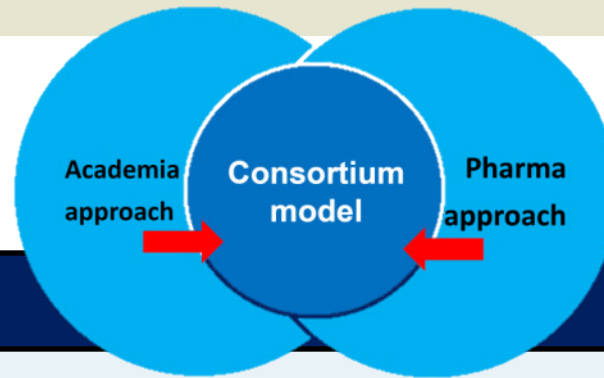
Remote study sites

Difficult patient recruitment



Key to Symbols			
	Demonstrates processes that can be done in parallel		
	Demonstrates that not all processes will apply to all trials		
	Standard Process	Legal Requirement	Good Practice
Specific for trials within Directive's scope			
Relevant to all trials			

Types of trials



Investigator initiated

Generating knowledge; locally relevant questions; “niche”

Sponsor initiated

Commercialization of a product

Mission

Sponsor-investigator

Oversight

Sponsor

+

Rules / Structures

+++

+ (++)

Experience

+++

ICH-GCP

Guidelines

ICH-GCP

+++

Empowerment of investigators

+

+++

Local ownership

+

++

Cost-effectiveness

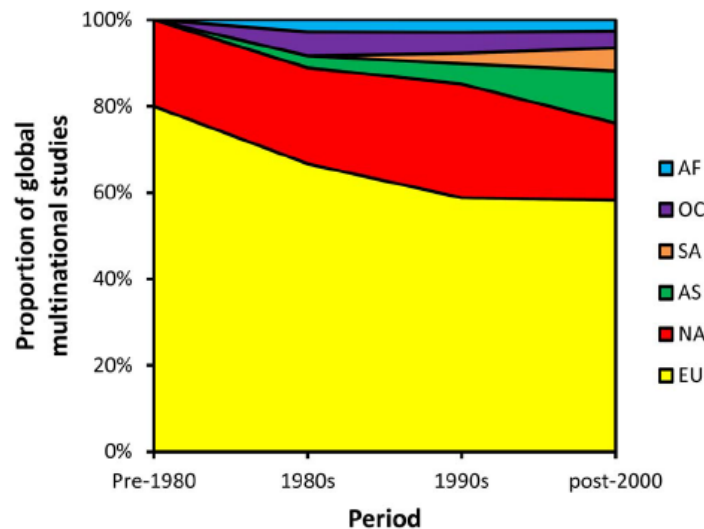
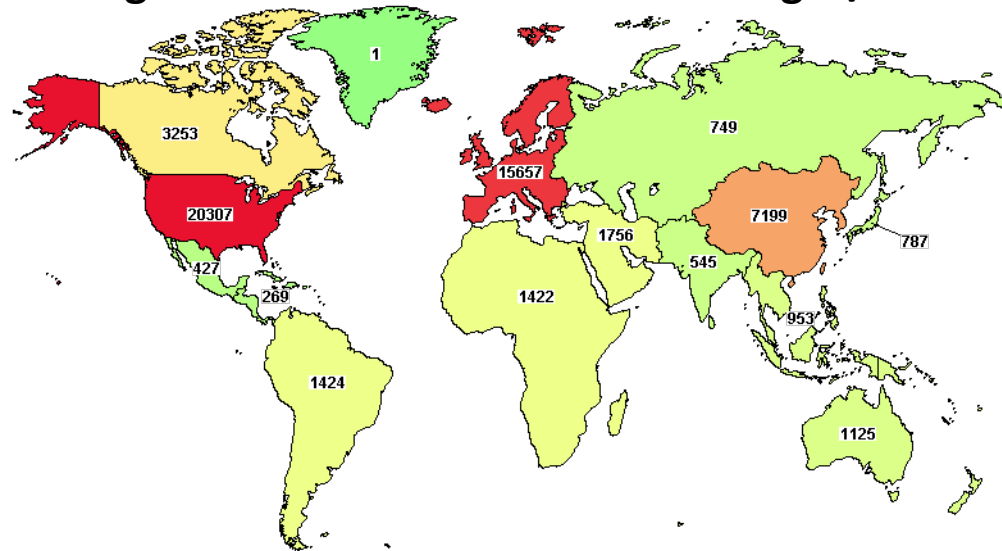
+

+

Bias in favour of industry *

++

Registered clinical trials* – recruiting 6/2018



- Need for intensified **clinical trial site development** in resource limited settings
- Capacity development is a necessity, not a favour
- Many blind spots, e.g. in Central Africa
- Direct investments in building capacity rather than product-by-product approach


Capacity building is the process
through which individuals,
organizations and societies
obtain, strengthen and maintain
their capabilities to support
development.

Long-term partnership is key for successful capacity building



Das Schweizerische Tropeninstitut



Swiss TPH 

Field Laboratory, STIFL Ifakara



Marcel Tanner:
“Mutual Learning
for Change”

 IFAKARA HEALTH INSTITUTE
research | training | services

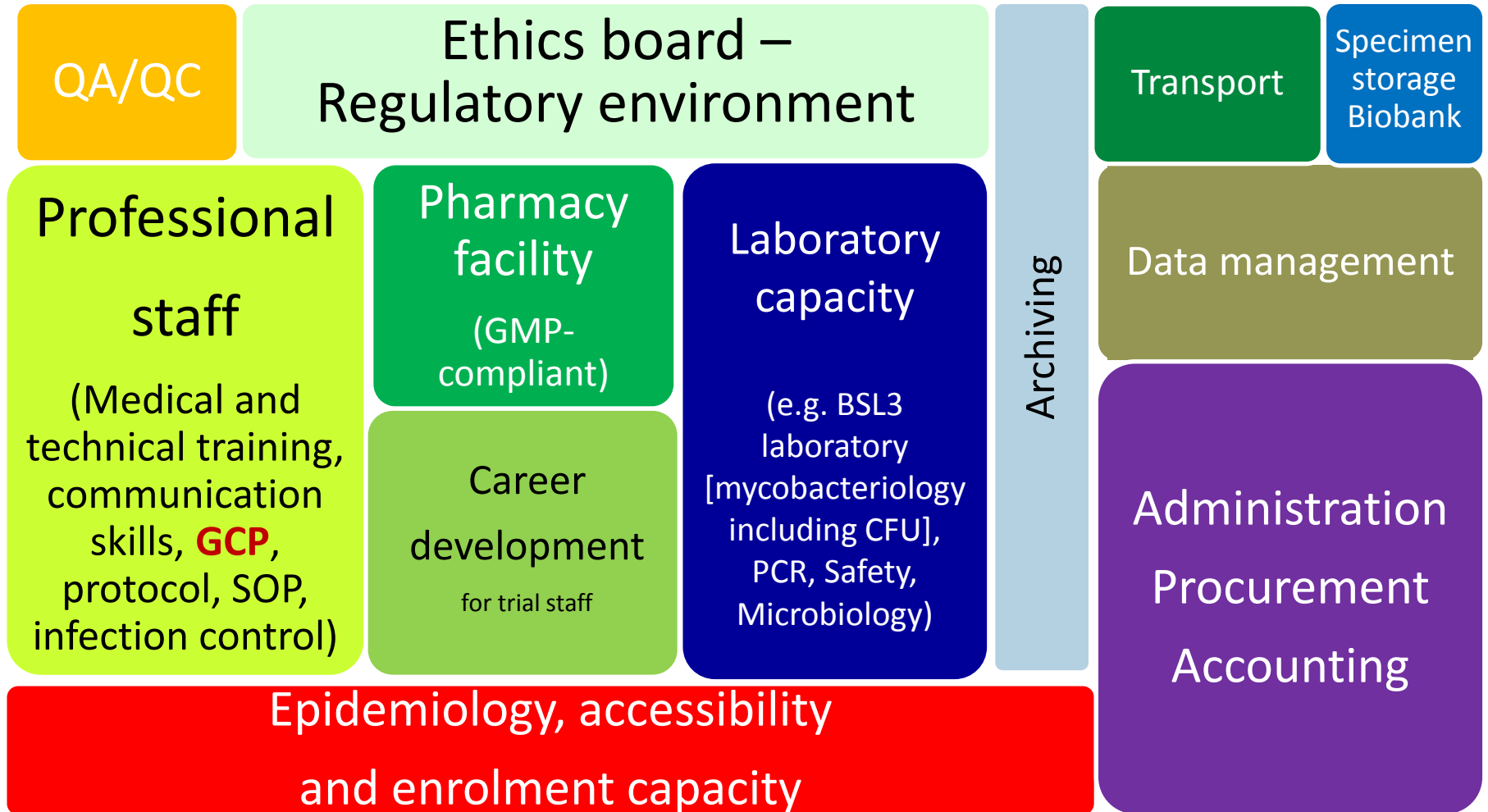
> 60 years





**Physical infrastructure is an important aspect
in trial site development...**

... but there is much more to be considered for clinical trials:



& care outside of clinical trials

Challenges (personal 'top 5')

Sustainability

- **Staff fluctuation: 'brain drain' (partially self-made through MSc and PhD programmes) and lack of institutional funding for scientists**

Empowerment

- **Lack of leadership opportunities for African scientist in international consortia dominated by scientists from high income countries**

Supply chain management

- **Complicated procurement and importation of equipment and consumables**

Ethical boards
Regulatory authorities

- **Unpredictable and delayed approval process**

Informed consent

- **Guidelines for the informed consent are often too restrictive**

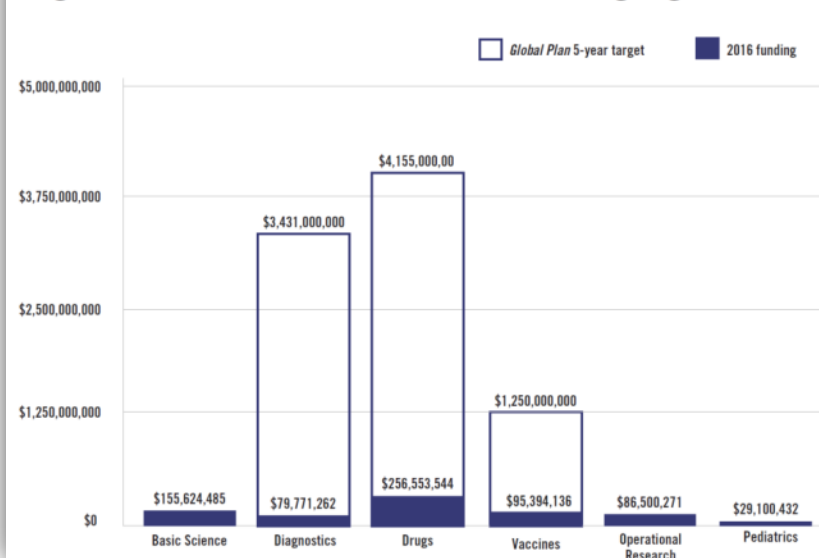
Case: Tuberculosis R&D

Tuberculosis kills more people every year than any other infectious disease.

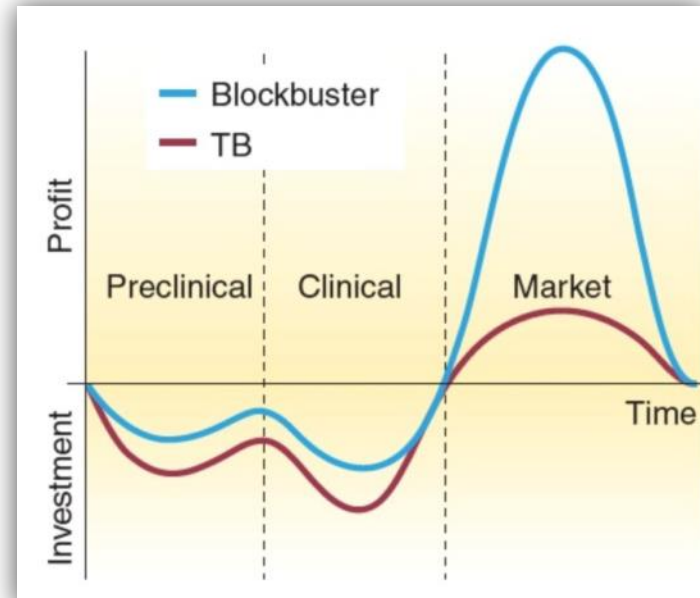
Current funding: Not enough to close innovation gaps and to reach the global goals to end the TB epidemic by 2030.

Steady erosion of private spending (2016: 11%). TB research is not prioritized by **industry**: too complex, high costs, little incentives

Progress toward *Global Plan* 5-Year TB Research Funding Targets



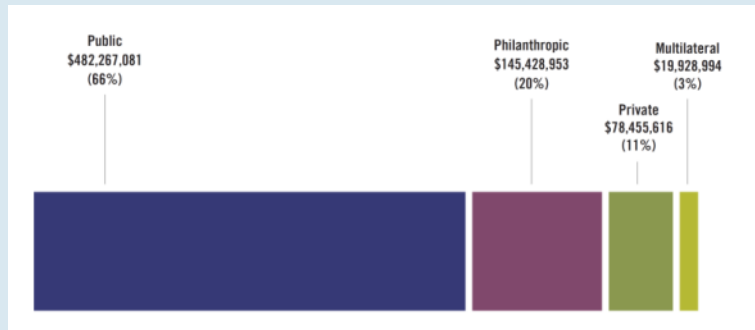
Source: <http://www.treatmentactiongroup.org/tb>



Source: Kaufmann SHE & Parida SK, Nature Medicine 2007

Tuberculosis clinical research in low resource settings

- Clinical TB research depends on non-commercial / investigator-initiated trials in low- and middle income countries with high burden of disease.
- Funding mainly comes from public and philanthropic sources:



→ Major drivers of medical innovations and clinical trials are:

- **Non-Profit Product Development Partnerships (PDP)**



- **Academia / Scientific Consortia** (two examples of many)



Tuberculosis clinical trials

Portfolio: Ifakara Health Institute – Swiss TPH (start 2009)

Achievements:

TB CHILD - diagnostics	IIT /consortium
HIGHRIF - phase II - drug	IIT/consortium
H1/IC31® - phase II - vaccine	IIT/consortium
MAMS - phase II - drug	IIT/consortium
NC002 - phase II SSCC - drug	PDP
NC005 - phase II SSCC - drug	PDP
[NC006 - phase III -drug	PDP]
NC008 - phase IIc - drug	PDP

Main challenge:

Large trials and 'commercial' funding approaches make site vulnerable, if the trial is prematurely terminated.



Conclusions

- It is possible to conduct **both sponsor- and investigator initiated trials** in resource limited setting. These trials are indispensable to improve global health.
- Clinical product development can only be successful in combination with intensified **capacity development** in high-burden countries.
- PDPs, academia and scientific consortia are the key partners in clinical TB research. Industry needs to be motivated to increase research efforts.



Thank you very much!