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CAMBIN, IN PARTNERSHIP WITH CLEAR, GETS AWARDED AN EDCTP GRANT



In November 2011, CAMBIN, in partnership with CLEAR, was awarded a grant by the European and Developing Countries Clinical Trials Partnership (EDCTP) to strengthen ethical review of clinical research in Cameroon. The project is titled “Documenting existing structures, processes, resources and needs of research ethics committees in Cameroon and implementing a training intervention to strengthen ethical review capacity for participating committees”.

The idea for this project was sparked by ethical controversies that have occurred in Central Africa

concerning the conduct of clinical trials over the last decade. Internationally-publicized scandals such as the Tenofovir clinical trial have brought to light the dismal state of ethical review of clinical trials in Cameroon. The Tenofovir study intended to test the use of Tenofovir to prevent HIV infection, recruited sex workers as trial participants in Cameroon. The study was heavily criticized by activists groups, the media and research experts for failing to meet ethical guidelines. Those in charge of the study failed in not having documents translated in languages understood by all potential participants; not providing clear information on HIV prevention and thereby unduly exposing participants to HIV; not making treatment available to participants in case of contracting HIV while participating in the study; not assuring that participants clearly understood that they may be part of a group receiving placebo and not the experimental drug. Highlighting the weaknesses and gaps present in the ethical review process for research in this region, the study had received ethical clearance from the Cameroon National Ethics Committee.

Having a clear understanding of the need for greater capacity and improvement in the ethics review process of clinical research in Africa, EDCTP has allocated funds for enhancing the ability to conduct clinical trials in Africa which led to the CAMBIN award. Briefly, the awarded grant will consist of the following:

1. To conduct a survey of Ethics Committees (ECs) and Institutional Review Boards (IRBs) that will generate information on their functioning in terms of general characteristics of the structure and composition, ethics training, adherence to policies, workload, process of ethics review, perceived threats and opportunities to effective functioning, and financial and material resources.
2. The implementation of a structured training intervention tailored to fill gaps identified by the survey. The training will include a short-term, self-directed training, programs with curricula available online for free such as training program offered by Family Health International (FHI), two training workshops for “hot topics” identified through analysis of survey results, Online discussion forum (i.e. yahoo groups) to enhance knowledge exchange and networking.

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UPCOMING EVENTS:

February 1-4
International Conference on Health Informatics
Vilamoura, Algarve, Portugal

February 4
World Cancer Day

February 6
International Day of Zero Tolerance to Female Genital Mutilation

March 22
World Water Day

March 24
World TB Day

April 7
World Health Day

April 21-22
Global Health and Innovation Conference
New Haven, Connecticut, USA

April 24-26
Global Forum for Health Research
Cape Town, South Africa

April 25
World Malaria Day

STAFF CORNER:



Sylvie Kwedi Nolna,
MPH, MSc
Founder & President

Recently the Deputy Director for Site Development and Epidemiology at Aeras Global TB Vaccine Foundation. She headed capacity building activities for the conduct of TB vaccine research in several African countries and Asia. Mrs. Nolna has also worked with the American Red Cross as a Project Manager for the development of blood derived therapeutics.



Cherise Scott, Ph.D., MPH
Founder & Director

Dr. Scott has worked in vaccine development preparing clinical research sites to conduct clinical trials with Sabin Vaccine Institute and the Aeras Global TB Vaccine Foundation. Dr. Scott has extensive experience in GxPs and vaccine development, as well as the implementation of quality management systems in organizations in various African countries, South America, Australia and Asia.

GLOBAL HEALTH NEWS UPDATE

GLOBAL HEALTH: Where is the HIV/AIDS epidemic standing?

The global health community is reaping the benefits of the hard work put forth by the continued battle against HIV/AIDS, but warns the world of halting the necessary resources and funds needed to defeat the disease. The latest WHO, UNICEF and UNAIDS *Report on the global HIV/AIDS response* shows that increased access to HIV services resulted in a 15 % reduction of new infections over the past ten years and that in the last five years there has been a 22% decline in AIDS-related deaths. Improved access to HIV testing has allowed 61% of pregnant women in eastern and southern Africa to receive testing and counseling for HIV, and Antiretroviral Therapy (ART) is now available to 6.65 million people in low- and middle- income countries, accounting for almost half (47.%) of the 14.2 million people who are eligible to receive it. Investing in HIV services has the potential of increasing economic activity and productivity up to \$US 34 billion by 2020, offsetting the costs of ART programs. Despite these great accomplishments, there is still a lot of work that needs to be undertaken, as many people who are in need of ARTs are still not receiving the therapy, some people are still unaware of their HIV positive status. http://www.who.int/mediacentre/news/releases/2011/hiv_20111130/en/index.html

AFRICA: Rapid syphilis screening with HIV testing in Uganda and Zambia are helping women and children fight the deadly duo of Syphilis and HIV co-infection.

It is estimated that 12 million new cases of syphilis occur globally each year and nearly 10% of all HIV-positive people are also infected with syphilis. Syphilis is termed the silent killer because its symptoms are often undetected, making syphilis and HIV co-infection a deadly duo, especially among women and children. In Uganda 14.3 % of syphilis-positive pregnant women also tested positive for HIV and in Zambia the rate is 24.2%. The Ministries of Health of both countries have implemented rapid syphilis screening with HIV testing for pregnant women with the objective of reducing congenital syphilis and pediatric HIV/AIDS.

http://www.globalhealthmagazine.com/cover_stories/fighting_syphilis_and_hiv

AMERICAS: Brazil becomes the world's largest smoke-free country.

Tobacco consumption contributes to approximately 45% of fatal heart attacks, 85% of deaths due to pulmonary emphysema, and 30% of cancer deaths. In Brazil, more than 17% of adults smoke and an estimated 200, 000 Brazilians die annually due to tobacco use. The Government of Brazil enacted a law that prohibits smoking in all public and private enclosed collective-use spaces, making it the 14th country in the Americas to go smoke-free since 2005.

http://new.paho.org/hq/index.php?option=com_content&task=view&id=6274&Itemid=1926&lang=en

http://www.who.int/hiv/pub/progress_report2011/summary_en.pdf

EUROPE: Pressure to remove banned Poly Implant Prothèse (PIP) breast implants in women.

Several governments and health authorities recommend the removal of the banned PIP breast implants which were not medical grade and in some cases ruptured in their recipients. The National Health Service (NHS) in the UK and French authorities have offered to pay for the removal of the implants in patients concerned about the risks associated with the implants, and at the same time private clinics that performed the surgeries have been asked to step up and share the burden of the costs. <http://www.bbc.co.uk/news/health-16444162>

ASIA: Air Pollution in South Asia is on the Rise causing an increase in respiratory disease.

A rise in air pollution from fossil fuels and biomass burning caused by vehicles, industrial factories, and dust from gravel have increased the winter smog in South Asian countries such as Bangladesh, India and Nepal. The heavy smog not only affects transportation, as some flights and trains are suspended due to low visibility, but has also increased illnesses and deaths related to respiratory disease. Many people suffer from chronic pulmonary obstructive disease caused by burning of wood and cow-dung cake and pollution from vehicles and industries, during the winter. <http://www.bbc.co.uk/news/science-environment-16438071>

HIGHLIGHT A PARTNER—ISHReCA



Research is key and essential to improving health. As good health and its promotion are recognized as a human right, it is a fundamental responsibility, and to everyone's best interest, to seek to acquire and increase knowledge and tools that address existing and foreseeable health problems. African health researchers and their funders have come up with an initiative, ISHReCA (Initiative to Strengthen Health Research in Africa) with aim of building a strong foundation for health research in Africa. Their main goal is to "promote the creation of self-sustaining tools of excellence capable of initiating and carrying out high quality health research in Africa as well as translating research products into policy and practice through better integrated approaches of capacity building at individual, institutional and system levels". In recent years, Africa has seen a surge in the development of networks intending to increase health research capacity.

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Amadu Kamara, MAF
Founder & Director

Mr. Kamara has worked for the Tax Accounting and bookkeeping fields. Mr. Kamara has extensive experience with not-for-profit businesses and individual tax return preparation. He is a member of the Maryland Association of Certified Public Accountants (MACPAs).



Atlang Mompe, BA
Intern

Ms. Mompe recently graduated Magna Cum Laude from Gettysburg College. Ms. Mompe has a deep interest in public health issues, especially the HIV/AIDS epidemic. She is currently working for the Social and Scientific System as a Research Associate I.



Rodrigue Ntone
Business Administrator

Mr. Ntone is a Business Law Major at the University of Douala, Cameroon. He has skills in business management and has ambition to pursue Project Management Training. He has worked on establishing the official structure of CLEAR in Cameroon by taking care of all the administrative tasks. He aspires to pursue a Master's in Business Law.

CLEAR and CAMBIN have a common aim which is to enhance ethics in the conduct of clinical research in Africa. It is highly recognized that clinical research studies performed in the area will increase knowledge of various illnesses affecting health, aid in the development of new tools to prevent or treat these illnesses, as well as, help in developing infrastructures necessary for improved healthcare delivery. New drugs and treatments can only be developed and made available to the public through clinical trials. In other words, the necessity of clinical research in sub-Saharan Africa is inarguable. With this grant, a step is made towards assuring clinical studies are conducted with enhanced quality for the benefit of all stakeholders including the patients and affected community.

THE GRASS MAY NOT STILL BE GREENER ON THE OTHER SIDE

In search of greener pastures, African health research workers have the tendencies to leave their countries of origin to find employment in developed countries. This is part of a phenomenon known as African brain drain which is defined as the migration of personnel in search of the better standard of living and quality of life, higher salaries, access to advanced technology and more stable political conditions in different places worldwide. The majority of African research professionals are migrating to the United Kingdom, United States of America, Canada, Australia, and New Zealand. A study estimated that African governments paid between US \$21,000 (Uganda) to \$59,000 (South Africa) to train each physician and that the benefit to the United Kingdom was around US \$2.7 billion and for the United States around US \$846 million (Mills & Hagopian, 2011).



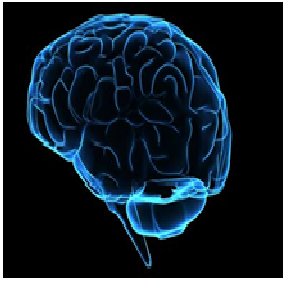
A few years ago, this migration of intellectuals to developed countries may have made more sense. Nowadays, however, the countries that were benefitting from these qualified workers are experiencing a financial crisis that may not make life there as attractive as it once was. Now, one should ask if the grass is still greener on the other side. The world is quickly changing. The turn of the 21st century has not only brought technology, but also ways by which scientists around the world can be connected in real time. It is evident that more job opportunities, better remuneration and enhanced working conditions sway preferences to working in developed countries. However, the labor market in those countries is also more likely to be saturated, and the higher living costs may even negate the higher wages.

At this point in time, physical location may or may not have any relation to the ability to make an impact on human health. Easy communication, quick travel, and greater collaborations between developed and developing countries are increasingly more common. More and more, there are possibilities that will allow professionals to work in Africa and still benefit from the advantages of living in developed countries. For example, the Fogarty Institute has a program that encourages African health researchers to return to their home countries by offering comparable salaries, providing them with collaborations and providing access to up-to-date technology (Muula, 2005).

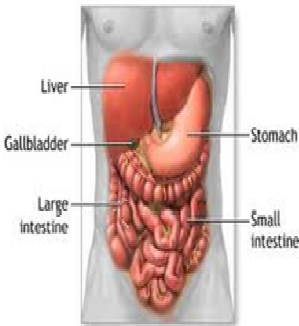
African governments and societies are not to be absolved from their responsibilities in this matter. They need to be more active in attracting and retaining African researchers in their countries of origin by making work conditions acceptable and providing environments that promote job satisfaction. In the Caribbean, for example, the Caribbean Community (CARICOM) has devised a scheme to encourage skilled professionals to work overseas on a rotational basis, going for three years or so and then returning (Stilwell Et. Al, 2004).

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LITTLE KNOWN FACTS



Brain: Did you know that 80% of the brain is water. The brain is not the gray mass that is so often shown in television shows. The living brain tissue is a squishy, pink and jelly-like organ thanks to the loads of blood and high water content of the tissue. So next time you are feeling dehydrated grab some water to keep your brain hydrated.



The Small Intestine: The largest internal organ is the small intestine. Even though it is called the smaller of the two intestines, the small intestine is actually four times as long as the average adult is tall. If it weren't looped back and forth upon itself it wouldn't fit inside the abdominal cavity.

Source: http://icantseeyou.typepad.com/my_weblog/2008/02/100-very-cool-f.html

HIGHLIGHT A PARTNER—ISHReCA—CONTINUED

ISHReCA will add more weight, vision and enthusiasm to the growing focus and attention of health research in Africa with a coordinated and holistic approach in fostering and facilitating collaboration, research training opportunities, research funding and academic advice, and in encouraging participation of practitioners in research activities.

In order to meet their common objectives, CLEAR has submitted a proposal to ISHReCA for a needs assessment of clinical stakeholders in Africa. This needs assessment will increase awareness of what stakeholders who are involved in the field of health research in Africa know, need, and expect to move the field forward. The stakeholders include researchers, students, academics, policy makers, funders and members of professional health organizations, among others. A formal needs assessment would encourage the stakeholders to reflect on their specific needs and to be proactive in seeking innovative ways of addressing those needs. Through a systematic approach, data will be collected on the state of knowledge, ability, interest and attitude of health research stakeholders in Africa. The results will be used to inform decision makers about issues, challenges and opportunities so to better tailor programs and activities to address the identified needs.

THE GRASS MAY NOT STILL BE GREENER ON THE OTHER SIDE—CONTINUED

Someone once said “if we all leave, how will our continent survive?” The emigrating workforce further impoverishes the already dismal health systems in the continent. When considering going along with the brain drain, it may be worth asking the questions if the grass is still that green on the other side.

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— Talent Has No Boundaries —



Mission: CLEAR seeks to promote global health through the development of independent, sustainable clinical programs and research systems in resource limited settings with stringent compliance to international standards for the conduct of ethical human research and impactful health programs.

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