WHA75.8: Strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination

Update from the secretariat

12 September 2023
A few large trials generated much useful evidence and changed global practice.
1000s of trials were low quality

Guidance
• TAG review
• Public consultation Deadline Sep 15
• Training materials in coordination with ICH, Ethics, Funders

Mapping
• Site/institutional capacities
• Networks/collaborations
• Funding
• Disease focus
• National regulations

Consultations
• Member State consultation date Sep 12
• Private sector consultation
• Regional consultations PAHO, SEARO, AFRO, EMRO later this year
• Ongoing consultations with other key stakeholders including private sector, clinical researchers, ethics, regulatory, funders, patient, community
WHO guidance on best practices for clinical trials

Reviewed existing guidances

Coordination with ICH Good Clinical Practice secretariat.

Reference to ICH GCP existing guidance in agreement with the ICH secretariat

“For clinical trials designed to support submission to regulatory authorities concerned with medicinal products, trial sponsors should continue to refer to the ICH guidelines, in particular ICH E6 on good clinical practice, ICH E8 on general considerations for clinical studies and other relevant ICH guidelines, along with any relevant guidance issued by the authorities to which they plan to submit.”
WHO guidance on best practices for clinical trials

Builds directly on relevant existing guidance


Over 300 applications received after public call for experts

16 chosen as members balanced by expertise, gender and geography, including all 6 WHO regions

Draft guidance developed with input from TAG and across WHO HQ and regions

Public consultation on draft guidance now underway. Very extensive outreach to networks, researchers, private sector, regulators, ethics groups, patient groups, community engagement groups, funders and others to raise awareness

Will continue to coordinate with all relevant parties as next version developed after input from public consultation
Partial listing of consultations to date in addition to four member state consultations

Meetings with ICH secretariat and other regulators
Council of International Organizations of Medical Societies (CIOMS)
World Medical Association (Declaration of Helsinki)
National Ethics and Regulatory Authorities involved in clinical research
Funders involved in Clinical Research
Systematic Reviewer groups
Patient and community engagement organizations
IFPMA, DCVMN and IGBA as umbrella organizations representing the private sector
WHO Network of Clinical Trial Registries (ICTRP)
Regional Consultations

Regional consultations are being held to discuss input into the draft guidance, and key areas of focus country stakeholders identify as being needed to the clinical trial ecosystem.

These are proceeding during Q4 of this year so that input can be taken into account in the next version of the draft guidance.

They are led by WHO regional offices.
Some of the key barriers identified to clinical trials

- Gaps remain in **clinical trial capabilities and infrastructure**
- How best to **identify key needs/research gaps for clinical trials to inform health policy**
- How to ensure **quality of research including protocol design**
- Enabling environment for **innovative trial designs**
- Greater integration of clinical trials into healthcare delivery including digital data collection, patient-centricity
- **Addressing data gaps in under-served populations** (eg children, pregnant and lactating women, global south)
- Better clarity on **roles of different national and international stakeholders**
- **Better inter-agency coordination** eg where multiple approvals are needed
- Greater **research transparency** according to agreed norms, eg prospective trial registration
A practical example of how trials can start with gaps in evidence and rapidly change policy

• Lack of clarity about role of antenatal steroids in reducing preterm infant mortality in certain settings
• This was an identified gap and research need called for in WHO guidelines
• Group of relevant stakeholders conceptualized and designed trial to inform this question
• 4 countries in Africa and Asia took part in trial
• Results confirmed that use of antenatal glucocorticoids reduced preterm infant mortality in these resource limited settings¹
• WHO and national guidelines were updated to reflect this²
• Introduction into policy saves many lives at very low cost

¹NEJM 2020; 383:2514-2525
²www.who.int/publications/i/item/9789240057296
African Vaccines Regulatory Forum

AVAREF (African Vaccine Regulatory Forum) connects regulators and ethics committees from African countries.

All 55 countries in Africa are members of AVAREF. AVAREF aims to harmonise regulatory practices, strengthen collaboration, build capabilities and shorten timelines to country decisions through joint-review processes.

AVAREF offers and facilitates three main services to PDPs, using (from Q4 2023) a fees for services model.

Clinical Trial scientific advice
- Platform for PDPs to engage with experts from across Africa to obtain regulatory and ethical advice about the design of clinical trial in African countries.

Multi-country review of Clinical Trial application
- Facilitated joint-reviews for PDPs willing to conduct clinical trial in multiple African countries, coordinating regulators and ethics committee for timely and efficient review.

Emergency Use Authorisation facilitation
- Facilitated multi-country technical workshops and joint-reviews for PDPs willing to obtain EUA in multiple African countries using the WHO EUL recommendation for candidate vaccines.

All services are available for vaccines, medicines and medical devices, for products addressing a public health emergency, a neglected disease, an unmet medical needs, or involving a novel technology.

Visit AVAREF website to view guidance, templates and tools. Subscribe to our newsletter. Contact AVAREF Secretariat for information and enquiry: maigad@who.int; rodgersj@who.int.
Clinical trials 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/).

2018-2022
Mapping of clinical trials legislation (PRELIMINARY)

11 key aspects of clinical trial governance were identified.

A comprehensive search of legislation, standards, and guidance documents was conducted, sourced from:
- Governmental and Ministry of Health websites
- US International Compilation of Human Research Standards 2021
- Clinregs.com
- Legal and academic databases

Source text from the associated legal document was captured to confirm if the country has a legislative requirement for each clinical trial aspect.

Legislation from 89 WHO member countries has been located.

Breakdown by WHO regions:
- Africa – 20
- Americas – 15
- Eastern Mediterranean – 3
- Europe – 36
- South-east Asia – 6
- Western Pacific – 9

Breakdown by World Bank income groups:
- High – 40
- Middle – 16
- Low-middle – 12
- Low – 21

Legislation for an additional 39 countries has been identified, although direct text access remains unavailable.
Mapping of clinical trials legislation (PRELIMINARY)

Percentage of countries with legislation for each of the 11 clinical trial aspects

- **63%** of the 89 countries mandate registration in a registry before commencing clinical trials.
- **37%** of the 89 countries possess legislation requiring the reporting of results following completion of the clinical trial in a registry.
- **98-99%** of countries have legislation relating to informed consent, regulatory approval and ethical oversight.