

Consensus Report  ASSAf  
ACADEMY OF SCIENCE OF SOUTH AFRICA

# REVITALISING CLINICAL RESEARCH IN SOUTH AFRICA

**A CONSENSUS STUDY ON CLINICAL RESEARCH  
AND TRAINING IN SOUTH AFRICA**

**Released 2009**

**Academy of Science of South Africa (ASSAf)**

## Joint work of a 13-member Study Panel appointed by Council of Academy of Science of South Africa (ASSAf)

### Brief / Aims

- **Diagnosis**: Identify the barriers that are inhibiting clinical research in South Africa
- **Treatment**: Make recommendations for the revitalisation of clinical research that can be implemented by the Department of Science and Technology, Department of Health, Department of Higher Education and Training, Department of Trade and Industry, Universities, Industry, Science Councils, and other Role Players

## Study Panel Members

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**Prof Amaboo Dhai**, University of the Witwatersrand

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**Prof William Pick**, MASSAf, Council of Medical Schemes

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## Chapter 1

-----engages with the questions as to what clinical research is, and why it is important.

**Clinical research is scientific enquiry directly aimed at improving patient care by studying affected patients themselves**

### **Working definition:**

*Clinical research is research primarily conducted with human participants (and on material derived from them, such as tissues, specimens and cognitive phenomena) during which investigators examine the mechanisms, causation, detection, progression and reversal of human disease.*

## Chapter 2

-----engages with the history of scientific medicine in South Africa, briefly assessing its achievements and limitations.

Specifically, it examines the legacy of colonialism, racism and inequality in medical research, and asks how this history has shaped the relationship between researchers, government, industry and the SA public

## Chapter 3

-----asks what shape a national culture supporting clinical research would have to take, for it to be supportive of good clinical research, what its principal components would be, and to what extent present conditions fall short of these requirements.

## Chapter 4

-----asks how fostering better public engagement with science can promote a national culture supporting clinical research, what do we know about public opinion concerning clinical research in SA, and what can we do to improve public understanding of, and trust in, clinical research?

## Chapter 5

----- examines the current mechanisms of ethical oversight of clinical research in SA, and ask how well these mechanisms are functioning, how ethical oversight mechanisms for clinical research function elsewhere, and how we can improve ethical oversight of clinical research in SA?

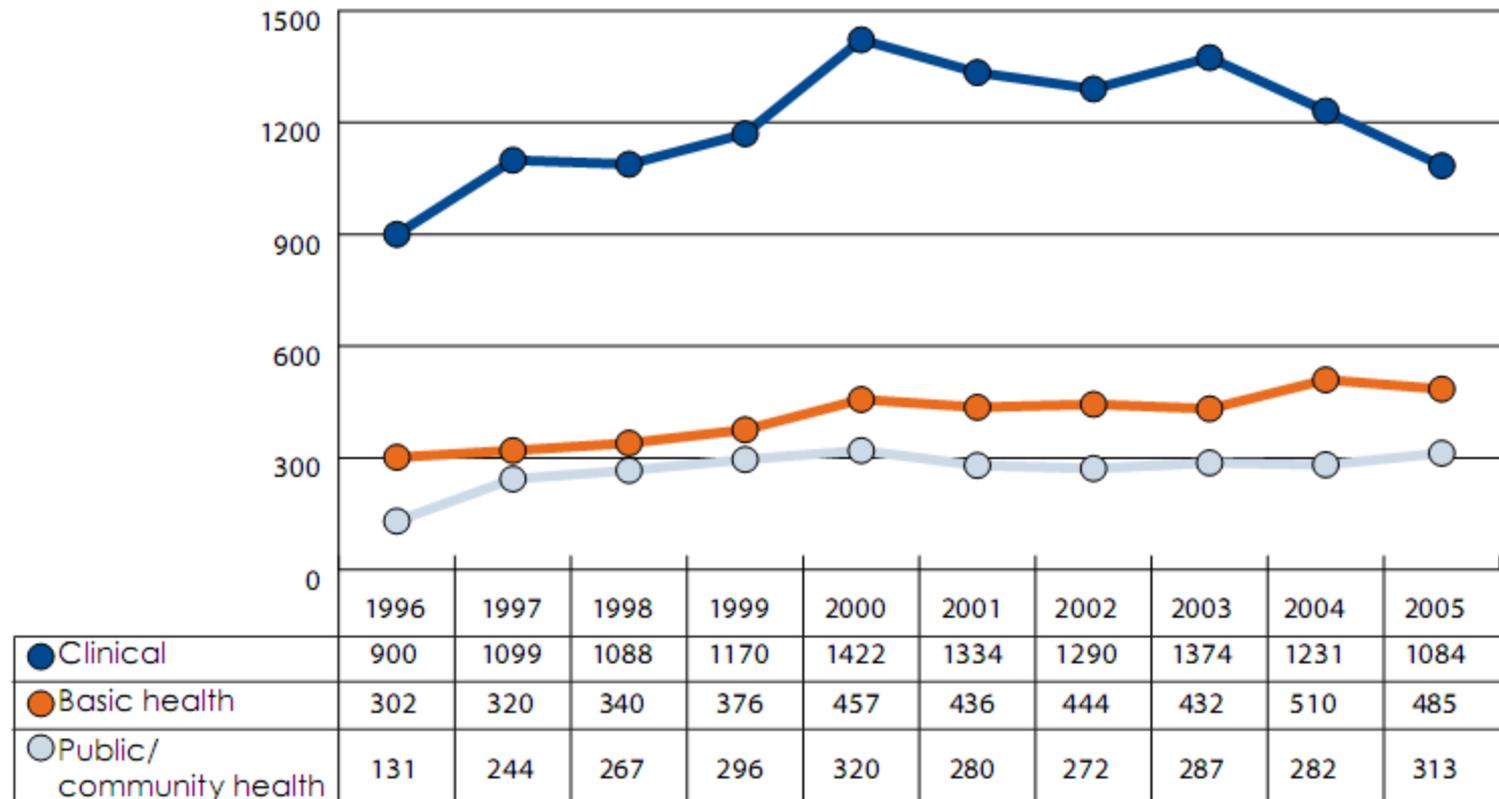
## Chapter 6

----investigates what key problems in SA clinical research can be identified by an analysis of published outputs, and explore specific interventions that might best promote overall productivity of clinical research in terms of both quality and quantity.

# Recommendations

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- **Promote publication of high-quality clinical research in local, especially multidisciplinary journals**
- **Change institutional cultures to promote local publication, for example by recognising and rewarding publication in both local and international journals of high quality**
- **Increase opportunities for local publication, for example through establishing vibrant supplements to existing journals and/or establishing a new, open-access, multidisciplinary journal for clinical research, possibly as a ‘daughter’ of the existing flagship, the *South African Medical Journal***
- **Create a national society for clinical research**



**Figure 6.1: Trends in publication outputs in medicine, 1996–2005**

## Chapter 7

--- seeks to address the declining size and increasing age of the workforce actively engaged in clinical research, and the paucity of effective training programmes and unattractive career-pathing in the clinical research sector.

# Recommendations

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- **Create a national plan for research capacity development in clinical sciences for undergraduate and postgraduate students, and junior and senior faculty in clinical research. A target should be set for 500 PhDs to be produced in the clinical research field over the next 10 years, while 30 Research Chairs should be earmarked for the clinical sciences**
- **The objectives of the proposed National Clinical Scholars Programme may be achieved through expansion of the intercalated research year model of selective training of motivated undergraduates, re-design of the MMed research component, stimulating PhD degrees for professional graduates through the widening of the necessary opportunity and support mechanisms, and providing a maximum of flexibility in funding possibilities and degree structures**
- **Clinical lectureships and clinical professorships need to be established in all clinical disciplines to rejuvenate and expand the pool of clinical research trainers and academic clinicians in general**

## Chapter 8

----- asks how much developing countries should be spending on medical and particularly clinical research, and specifically, how much the SA Government spends on research and development (R&D), and of this, how much is spent on medical, and specifically clinical, research?

# Recommendations

- **The National Health Research Committee (NHRC) of the DoH, independently to create an enabling environment to conduct clinical research**
- **More effective tracking and monitoring of funding streams for clinical research**
- **Substantially increased public funding of clinical research, applied in such a way that national health priorities are more effectively addressed**
- **Realignment and increased coordination of the policies and operational plans of various participants such as the DoH, the DoE, the DST, the DTI, the NHLS, the MRC and the provincial health departments**
- **The lagging position of health research (MRC) in respect of interventions such as the Research Chairs Initiative, the Centres of Excellence programme and the major equipment programme to be addressed**
- **Regional clinical research centres/hubs with clinical and preclinical expertise and facilities**

## Chapter 9

**-----looks at the existing institutional arrangements for specific investments in clinical research in SA, and ask what kinds of interaction are needed between government, parastatal institutions, academia and industry to revitalise clinical research?**

## Chapter 10

----- asks what kinds of interventions have been used successfully elsewhere in the world to address the kinds of challenges SA clinical research is facing ?

## Chapter 11

We list what we consider to be the barriers to the clinical research enterprise in South Africa:

- Inadequate public engagement with clinical research
- Lack of research planning, regulation and coordination
- Dearth of clinician scientists and clinical research centres
- Poor funding
- Absence of monitoring and evaluation

# IMPLEMENTATION

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- **Presented to 2010 Review of MRC: chapter on Clinical Research**
- **Presented to Health Sciences Review Cttee. of Dept. of Higher Education and Training**
- **Presented to 'Health Innovation' in Dept of S&T: coordination of proposal to Nat. Treasury**
- **Sent to all Health Sciences Faculties**