

3. ETHICAL REVIEW IN SOUTH AFRICA

Section 3 outlines the systems that exist in South Africa for the review of research projects involving human participants. It should be read in conjunction with the principles outlined in Section 2.

As mentioned in Section 2, a research ethics committee must review all research involving human participants in South Africa. When appropriate, research should be reviewed also by the South African drugs regulatory authority – the Medicines Control Council (MCC). Research may not commence unless the investigator has been granted documentation stating that the required approvals have been given.

This Section provides details of current research ethics committees in South Africa, the National Health Research Ethics Council and the Medicines Control Council, and outlines the process for gaining approval to conduct a clinical trial in South Africa.

3.1 Ethics Committees in South Africa

In South Africa, most higher education and research institutions, and even some of the large service-rendering health institutions have ethics committees, which are mainly responsible for the ethical review of research protocols. Currently the present number of research ethics committees is 34.

The National Health Act, 2003 (Act No.61 of 2003), proposes that the functions of Ethics Committees will include:

- Reviewing research proposals and protocols to ensure that research will be conducted in the spirit of endeavouring to promote health, and to prevent or cure disability and disease;
- Ensuring that humans involved in research are treated with dignity and that their well-being is not compromised, and that animals involved in research are treated compassionately;
- Ensuring that informed consent is obtained in the case of human participants;
- Granting approval in instances where research proposals and protocols meet ethical standards.

3.2 National Health Research Ethics Council

Apart from ethics committees and the MCC, no other body is empowered to promote and monitor good ethical practice in South African health research. On the basis of a discussion document developed by The National Department of Health proposing for the establishment of a National Health Research Ethics Council (NHREC), this is legislated by the National Health Act, 2003 (Act No.61 of 2003). The proposed structure, which appears below, is explained as follows: Parliament, through the National Health Act, 2003 (Act No.61 of 2003) establishes NHREC. The Act guarantees basic funding and empowers the Minister of Health to appoint NHREC members.

NHREC consists of 15 members and elects its own chairperson. It meets four times per year, submits an annual report and advises the Minister about policy.

NHREC may establish ad-hoc committees to monitor or investigate the following:

- Policy standards and Standard Operating Procedures (SOP)
- Training and capacity-building;
- Appeals;
- Sub-committees.

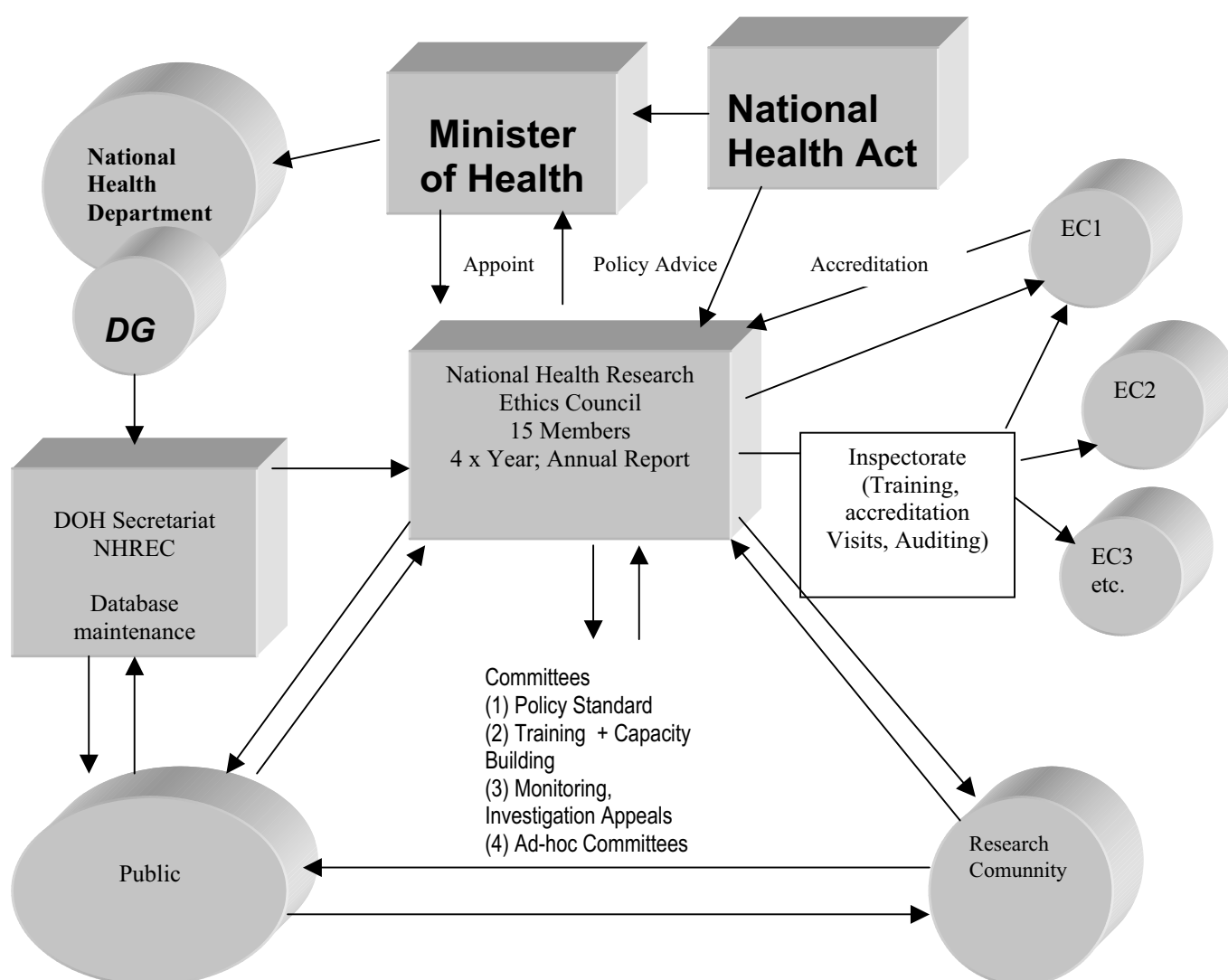
NHREC is supported by a secretariat in the National Department of Health (DOH), which maintains a database of health research activities in South Africa. The DOH secretariat also appoints suitably qualified inspectors to monitor NHREC functions.

This inspectorate has functions relating to training, assessment of accreditation, and ad-hoc visits. It reports to NHREC, which may also interact directly with Ethics Committees.

NHREC maintains active, bilateral relations with the research community, and consults them on ethical issues. NHREC also exercises a public relations function.

It is envisaged that this National Health Research Ethics Council will be a central body to advise the Department of Health on the management of health research ethics in South Africa.

NHREC will not replace existing committees but would serve as a body to regulate matters of research ethics. All ethics committees approving health research in South Africa will be subjected to the registration/accreditation process and criteria determined by the NHREC. Continued education and regular auditing of ethics committees will be promoted by the NHREC to assist committees in attaining acceptable standards of operation.



3.3. Registration, Auditing and Accreditation of Research Ethics Committees in South Africa

3.3.1. Background to accreditation of Research Ethics Committees

Health research has the potential to make a substantial impact on health practice and on the wellbeing of individuals. While clinical trials and drug research are central to the health research agenda, such studies have the potential to expose participants to significant risk, and therefore ethical review for the conduct of such studies is essential to protect research participants. While the risks posed by non-pharmaceutical research are likely to be less severe, such studies vary in complexity and potential impact on participants, therefore ethical review is also required. Research ethics committees (RECs) which undertake the ethical review of trials require differing levels of skill and knowledge to deal with these different types of studies. Consequently, the process of registration, auditing and accreditation of Research Ethics Committees (RECs) needs to differentiate between ethics committees responsible for the approval and monitoring of different types of research.

The National Health Research Ethics Council (NHREC) has among its mandates the registration, auditing and accreditation of Research Ethics Committees (RECs) in South Africa. The need to formally evaluate the capacity of ethics committees is gaining importance globally. The South African model of accreditation has moved away from a prescriptive approach that only aims to control and enforce standards, to one that also promotes guidance, training, and support. Central to the proposed accreditation and audit process is the principle of empowering RECs. However, for those committees who persistently fail to comply with the standards set for accreditation, the National Health Act makes provision for the NHREC to legally enforce such standards. This document confines itself to the process for registration, audit and accreditation of RECs and has not considered enforcement. To enable RECs to develop the capacity that is required to satisfy the proposed accreditation procedure, an incremental approach of RECs is proposed. However, all health research ethics committees relating to human research are required to register with the NHREC.

3.3.2. Definition of Level 1 and Level 2 Research Ethics Committees

Level 1 comprises RECs that have the capacity to assess straightforward research designs that involve minimal risk to human participants. These include health research proposals *that do not* involve drug research, biomedical research involving human tissues, high-budget research (more than R250,000 per annum), and high-technology research (invasive, radiological, radio-active, and other research requiring substantial equipment). In addition, collaborative international health research, multi-centre studies, and long-term studies exceeding one year in duration, are not considered to be within the competence of Level 1 RECs. In brief, Level 1 Committees are meant to review ‘minimal risk’ research only, and are viewed as a stepping-stone to Level 2 accreditation. Level 1 RECs should err on the side of caution in judging what research they will review.

While Level 1 RECs are encouraged to develop their skills of a Level 2 within a five-year period, there may be some RECs that prefer to remain as a Level 1 approval committee. The NHREC may withdraw accreditation at any time should Level 1 RECs review research that is considered to be outside their level of competence, or does not meet the required standard for review.

Level 2 comprises RECs that may review all types of health research proposals.

3.3.3. The registration, accreditation and auditing process

3.3.3.1 Registration

All RECs are required to lodge a registration form with the NHREC within the first year of the establishment of the Council. Based on this registration application, the REC will be recorded in a register that will be publicly listed by NHREC. Following this, the NHREC will perform an audit of the application, and depending on the structure and functioning of the REC will accredit the committee as either a Level 1 or Level 2 REC.

Once the NHREC has evaluated the registration documents, further information may be requested, and/or remedial action may be required, for accreditation to proceed. A three months grace period is set for Level 2 RECs and a one-year grace period for Level 1 RECs to provide the relevant information. Failure to comply with the requests of the NHREC may result in rejection of the registration, or refusal to accredit the REC, depending on the problems identified by the NHREC.

3.3.3.2 Criteria for accreditation

The NHREC will develop criteria to be used for accreditation of RECs which will be based on the South African Guidelines for Medical Research and on other internationally recognised guidelines. The NHREC will evaluate the initial registration submissions of the RECs with the aim of ensuring that RECs comply with all the essential prerequisites that allows them to perform their functions as either a Level 1 or Level 2 committee.

Once the first comprehensive Accreditation Questionnaire has been completed, a much-simplified questionnaire focusing on ‘change of status’ will be completed annually, while every three years a further comprehensive assessment will be done to validate the interim ‘change of status’ reports.

3.3.3.3 Audit

The criteria for the accreditation of RECs may be altered as part of an annual review process performed by the NHREC, and such changes will reflect new ethical concerns or standards that have arisen as part of the national or international ethics dialogue. Any additional requirements will be published by the NHREC.

The NHREC will appoint from within its members a subcommittee to oversee the implementation of audit and accreditation. The actual data-collection will be undertaken by Department of Health staff under guidance of the subcommittee on accreditation.

3.3.4. Capacity Building for Research Ethics Committees

Part of the aim of the accreditation and audit process is to build capacity in ethics review of health research in South Africa. The accreditation criteria will be divided into ‘standard’ (which will entitle an REC to be listed as a Level 1 REC) and ‘optimal’ (which will entitle an REC to be listed as a Level 2 REC). At both levels, audit and enforcement will be introduced, using the same mechanisms and criteria.

To enable non-accredited RECs to become accredited RECs, and for Level 1 RECs to advance to Level 2, NHREC will identify resources, including Standard Operating Procedures, training materials and courses, web-based information, query and appeal procedures. Criteria related to training and maintenance of expertise, as part of the accreditation criteria will be developed by the NHREC.

Where required, NHREC will draft, summarise and clarify the legal framework within which RECs will function, in addition to the provisions of the Health Act.

Given the international nature of health research, it may be important to include international ethics expertise in reviewing NHREC activities, accreditation and audit criteria and procedures. With this objective, the NHREC may invite external experts to input into its activities.

3.4 Approval of health research including clinical trials in South Africa

Protocols for all health research (including research conducted by the private-sector) involving human participants must be submitted to an accredited ethics committee for approval.⁵ The following two steps must be taken before a clinical trial involving medicines may be conducted in South Africa:

- Ethics Committee approval must be obtained;
- Medicines Control Council approval must be obtained for both non-registered medicinal substances and new applications of registered substances.

3.5 The Medicines Control Council

The Medicines Control Council (MCC) must review all clinical trials of both registered and non-registered medicinal substances. The MCC has a statutory obligation to ensure that the drugs available in the country fulfil the necessary requirements for safety, quality and efficacy and that the decision to register a drug is in the interest of public health. In the case of an ongoing trial where there are serious breaches of Good Clinical Practice (GCP), the MCC may terminate a trial. Reference to the regulatory authority in this document refers to the MCC.

⁵ For further information refer to the Guidelines for Good Practice in the Conduct of Clinical Trials in Human Participants, in South Africa, 2000, Department of Health, Pretoria