

EDITORIAL**Breaking the barriers for conducting clinical trials in Africa: A need for higher commitment and collaborations****Daniel Yilma, MD, PhD, Professor of Internal Medicine, Editor-EJHS**Doi: <http://dx.doi.org/10.4314/ejhs.v34i3.1>

Clinical trials are very important for development of drugs, vaccines and devices. As individuals varies in genetic make-up, social and environmental factors, a diverse and adequate representation of various population in the clinical trials is crucial to make policy and treatment guideline decisions. Africa comprises 54 countries and around 1.5 billion people live in the continent, which constitutes the world 17% of the population. The population in Africa is genetically very diverse and the continent carries 20% of the global disease burden with both communicable and non-communicable diseases (1). However, the continent is less represented in clinical trials with less than 3% of trials conducted in Africa (2).

Several reasons have been described for not conducting clinical trials in Africa. The scarcity of well-established clinical trial units, the limited number of trained investigators and staffs, the lack of organized research ethics committees and regulatory bodies across the continent, the challenges in supply chains for clinical research materials and the scarcity of local or regional pharma manufacturing companies are some of reasons described as barriers for conducting clinical trials in Africa (3).

Most of the challenges described for not conducting clinical trials in Africa are known for decades. There have been some encouraging initiatives that could help to tackle these challenges like the business plan created by African Union on Pharmaceutical Manufacturing Plan for Africa to boost local pharmaceutical production (4), initiatives from the African Medicines Agency and the African Vaccine Regulatory Forum, capacity buildings provided by pharmaceutical industries, EDCTP and WHO-TDR to strengthen clinical research capabilities in Africa. However, most of the initiatives have been either slow in implementation or insufficient alone

in addressing the gap to attract and conduct clinical trials in the continent.

The World Health Organization and the African Union strong commitment and concrete actions is needed in providing guidance and coordinating all stallholders to strengthen the clinical trial capacity and local pharmaceutical production in Africa; and ensuring appropriate representation of the population in clinical trials. The governments and health leadership of each country in Africa need to double their commitment and develop an investment plan for strengthening and expansion of a well-regulated pharmaceutical industries and clinical research infrastructure (capacity building in health professionals and clinical trial staffs, ethics committee, regulatory body, clinical trial sites, laboratories, advanced clinical cares) in Africa. Establishing a transparent and sustained collaboration and working together with all stakeholders is needed to achieve this and ensure health equity.

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