Lessons learnt about ethics of trial conduct in emergency situations: the case study of Ebola

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10th INTEREST WORKSHOP
2nd May, 2016
Outline

- Overview of the Ebola Epidemic
- Ethical discourse and lessons learnt about clinical trial conduct during an emergency like Ebola epidemic
- Conclusion
Overview of the Ebola Epidemic

• Ebola first identified in 1976 – 40 years ago.
• The West Africa epidemic was the first in the region.
• EVD ‘exported’ to five other countries.
• Resulted in 28,646 infections & 11,323 deaths.
• The largest ever emergency handled by WHO in 70 years.
Peculiarities of Ebola

- High case fatality.
- Similarity of early symptoms with other diseases.
- Unknown standard of care.
- Transmissible through routine social practices.
Situation preceding EVD outbreak

- Poor citizens-government relationship.
- History of distrust of foreign nationals.
- Weakened health care systems.
- Fragile donor transitional systems.
- Collision of western scientific thinking and cultures.
Ethical discussions on clinical trial conduct during the Ebola epidemic

• Global community to support the development of therapies and vaccines.
• Standard of care for enrolled study participants who get infected during trials.
• Compassionate access to therapies and vaccines and implication for trial design.
• Engagement of multiple stakeholders.
Lessons learnt about ethics of trial conduct in emergency situations

• Trial design cannot ignore the socio-cultural drivers of diseases.

• Global responses should be driven by national interest.

• National governments need to have leadership and own the response.
Conclusion

• Randomised control trials may not always be appropriate in a crisis situation.
• The social history of infected and affected people should also inform research design and implementation.
• Post trial legacies should be assured.
Acknowledgement

• My colleagues with whom I have worked on defining ethical considerations for Ebola research – Bridget Haire, Aminu Yakubu, Kris Peterson, Tegli Jamee, Brandon Brown

• INTEREST conference for the invite

• Specially Cate Hankins for the support