WHO-EM/RPC/031/E

Report on the

Consultation on establishing clinical trial registries in the Eastern Mediterranean Region

Cairo, Egypt
31 October–1 November 2011

World Health Organization
Regional Office for the Eastern Mediterranean

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CONTENTS

1. INTRODUCTION

A consultation on establishing clinical trial registries in the Eastern Mediterranean Region was held in Cairo, Egypt, from 31 October to 1 November 2011. The consultation was attended by representatives the national authority responsible for clinical trial regulation and registration in countries of the Region, and by researchers and individuals from academia involved in clinical trial registration in their respective institutes in the Region. The participants also included the Chair and a member of the Eastern Mediterranean Advisory Committee for Health Research. Colleagues from WHO headquarters and the Regional Office for the Americas helped facilitate the discussions.

The objectives of the consultation were to:

- highlight the importance of the need to comply with international requirements for clinical trials transparency by ensuring all trials are registered in a publicly accessible registry;
- highlight the important role these registries can have in improving the ethical and scientific quality of research conducted in the region;
- provide information about the relevant international regulations, policies, ethics, statutes, and guidelines that govern the conduct of clinical trials;
- provide a platform to discuss implementation options and strategies for the region to ensure that clinical trials recruiting participants in Region are adequately registered; and
- share information and discuss the necessary procedures to establish national registries and a regional clinical trial registry platform.

The meeting was inaugurated by Dr Naeema Al-Gasseer, Assistant Regional Director, who delivered a message on behalf of Dr Hussein Gezairy, WHO Regional Director for the Eastern Mediterranean. In his message, Dr Gezairy noted the moral obligation of researchers to conduct their research abiding by basic ethical principles and ensure that the results were publicly available. He emphasized the concern that the Region had become a fertile land for clinical trials that had not been tested or cleared in the country of origin. He reiterated WHO's commitment to ensuring transparency in the conduct of clinical trials, noting that this was also in line with the strategic directions for scaling up research for health, recently endorsed by the Regional Committee for the Eastern Mediterranean in resolution EM/RC58/R.3, which call for establishing clinical trial registries.

Dr Abdel Aziz Saleh (Egypt) was elected Chairperson of the consultation and Dr Rozmin Jamal served as Rapporteur. The programme and list of participants are attached as Annexes 1 and 2, respectively.

2. TECHNICAL PRESENTATIONS

2.1 WHO's role in promoting clinical trial registration

Dr Naeema Al-Gasseer, WHO EMRO

The Eleventh General Programme of Work states that "WHO has a proactive role to play in leading a dialogue on setting priorities and ethical standards for research, as scientific advances continue, for example in clinical research, social science and genomics". This starts from a standard definition for clinical trials to be used by the Organization (adopted from the International Committee of Medical Journal Editors), "Any research study that prospectively assigns human participants or

groups of humans to one or more health-related interventions to evaluate the effects on health outcomes". Nevertheless, scientific advancement should not compromise the health and well-being of participants, communities and countries involved in the clinical trial. The importance of clinical trial registration was highlighted in the recent Regional Committee resolution (EM/RC58/R.3) Strategic directions for scaling up research for health in the Region (October 2011).

Some of the reasons leading to the rise in clinical trials conducted in the Region include: absence of or weak regulatory mechanisms; fewer costs than in developed countries; less accountability (towards patients, family, health professionals, countries, etc.) and ease of patient recruitment. Clinical trial registration is ethically imperative and promotes good research practice, as well as conferring other benefits such as facilitating evidence-based policy and research governance, ensuring that research meets national needs while complying with international standards, improving compliance with national regulations, improving collaboration among countries and minimizing duplication of initiatives, improving research visibility and identification of knowledge gaps and promoting recruitment and participation of informed/aware individuals.

2.2 Registration of clinical trials

Professor Mahmoud Fathalla, Chairman, Eastern Mediterranean Advisory Committee on Health Research

Clinical trials were conducted as early as the tenth century AD by Rhazes. WHO defines clinical trial registration as "the publication of an internationally agreed set of information about the design, conduct and administration of clinical trials. These details are published on a publicly-accessible website managed by a registry conforming to WHO standards". Clinical trial registration is a scientific, ethical and moral responsibility. The enforcement of registration applies to legal, ethical, funding and publication mandates.

Stakeholders involved in the registration of clinical trials include health care decision-makers, trial participants, patients, ethics committees and institutional review boards, researchers, research managers, funding agencies and the public at large. WHO has a major role to play in clinical trial registration. The International Clinical Trial Registry Platform provides a single point of access to information about ongoing and completed clinical trials.

2.3 International Clinical Trials Registry Platform: introduction and standards

Mr Ghassan Karam, WHO headquarters

The WHO International Clinical Trial Registry Platform (ICTRP) was launched in 2006. The It was launched in response to the World Health Assembly resolution (WHA58.34) that called for "a voluntary platform to link clinical trial registers in order to ensure a single point of access and the unambiguous identification of trials with a view to enhancing access to information by patients, families, patient groups and others". The ICTRP platform publishes the ICTRP search portal, supports the WHO registry network, and supports countries and regions wanting to establish registries.

The ICTRP network is composed of a number of primary registers (please see glossary for details). The data providers provide the data to WHO to include in the ICTRP; it may sometimes be

the same organization as the primary registry. As for data standards, WHO currently has 20 items which comprise the 'WHO Trial Registration Data Set'. WHO is also in the finalization process of the document International Standards for Clinical Trial Registration. The ICTRP search portal is published only in English; the ICTRP website is available in the six official languages of WHO. 'Bridging' has been introduced to link together multisite trials that may be registered in more than one database. The 'universal trial number – UTN' was launched in 2009 to facilitate the unambiguous identification of clinical trials.

The international standards, also known as WHO ICTRP Registry Criteria, refer to: content, quality and validity, accessibility, unambiguous identification, technical capacity and administration and governance. Detailed information for each criterion can be accessed at http://www.who.int/ictrp/network/criteria_summary.

Discussion

Participants discussed where registries are usually housed and who is responsible for their resources and funding. Registries which existed before the launch of the ICTRP also have a role to play, as some are part of the network (for example the Australian registry, etc.) and have been involved in the development and support to ICTRP. Some registries in developed countries are still not linked to the ICTRP, as it is a new concept and there are certain criteria/standards that need to be met. Clinicaltrials.gov is the largest contributor to the ICTRP and has met all the criteria of a primary registry but it is not one, because of the laws/regulations that govern them in the United States.

Clinical trial registration is an important instrument for countries in the governance of research. Reporting of negative effects of a clinical trial is still a major issue, as they often go unreported. The participants discussed the need to raise awareness that negative results are as important as other results in informing the audience. Another issue raised was the time of registration (before or after ethical approval) which varied from one country to another according to the laws that governed conduct of clinical trials

2.4 PAHO perspective: a roadmap toward transparency of clinical trials in the Americas

Dr Ludovic Reveiz, WHO Regional Office for the Americas

The Policy on Research for Health (2009) of the Pan American Health Organization (PAHO) clearly calls for promoting and ensuring clinical trial registration in the Americas. Results of a mapping exercise of legislation on trial registration in the Americas showed absence of legislation and policies on trial registration in most Latin America and Caribbean countries. Some countries opted to encourage voluntary registration, and regulatory agencies did not cover all clinical trials. PAHO is currently promoting the creation of a regional WHO primary registry operating with 'OpenTrials software', to provide a platform for registration for countries which do not have a national primary registry.

There are a couple of enabling initiatives to promote clinical trial registration: it is an obligation for ethical review of protocols, and editors indicated in 2006 that it is necessary for publication in journals. A number of studies identified the main barriers and limitations in the use of existing registries by both investigators and sponsors. These include lack of knowledge

regarding registration and whom the responsibility of registration rest with. Other studies also showed an increase in the number of clinical trials conducted in the Americas, but the number of registered and/or published trials represent only a proportion of all the clinical trials conducted in the region. Four groups of countries have been identified according to the number of trials registered per year: around 500 trials (Brazil), 150–200 (Argentina and Mexico), 50–100 trials (Colombia, Peru and Chile), and fewer than 20 trials (all other countries).

Discussion

The situation of clinical trials conducted and registered in the Americas is similar to that in the Eastern Mediterranean Region. A regional registry was discussed as a cost-effective option for countries that have small numbers of clinical trials conducted. Participants identified source of funding for clinical trials as an important piece of information that should be mandatory in the registration phase

Discussions addressed the issues of registration and ethical review, as to which comes first. This depends on the country and its specific regulations as some countries require registration before ethical review and others after. Overall registration of a clinical trial is a necessity before recruiting the first participant. Monitoring and follow-up of clinical trials is important. There should be a regulation that ensures that trials are implemented according to the ethically cleared and registered protocol, and any changes should be alerted to. All results, whether negative or positive, should be identified and reported.

2.5 Ethical issues in relation to clinical trials in developing countries

Dr Abdel Aziz Saleh, ACHR Member

Clinical trials should be based on national health priorities; otherwise there should be a justification for carrying out the particular clinical trial. The key issues to be considered are as follows.

Consent. Informed consent must be obtained from the participant, as well as the consent of senior members of the family or the community leader based on the specific circumstances/settings.

Standard of care. An appropriate standard of care must be provided to the control group.

Once a research project is completed. Accessibility of the community to the information must be considered (the community where the clinical trial was carried out and not only the participants).

Reviewing the ethics of a research project. The national ethics review committee has the resources to review the protocols. National expertise is needed in the site where the clinical trial will be conducted. This is subject to review in both sponsoring and hosting country (i.e. reviewed, reported and recorded) by two ethical review committees.

Discussion

The participants discussed issues relating to the ethical angle of giving placebo to a control group. There is no straightforward answer; if the control group are patients of a disease where universal care is available, they should definitely be receiving that specific treatment. It is the role of the national regulatory authority to follow up with the entities conducting clinical trials and ensure that there is post-trial benefit for the patients. Clinical trial protocols need to be reviewed from the scientific as well as the ethics point of view, in addition to ensuring that the trial addressed an area of health priority in the site it is being conducted.

The participants mentioned the importance of assessing the specific considerations and circumstances in the countries, in other words the priority research for health issues. What is important in a specific country in the Region is not necessarily appealing for international journals, this in turn may skew the topics chosen for research.

2.6 Improving transparency and accountability in clinical trials – a medicine regulatory perspective

Dr Mohamed Ramzy, WHO Regional Office for the Eastern Mediterranean

The Good Governance for Medicines programme aims to contribute to health systems strengthening and prevent corruption by promoting good governance in the pharmaceutical sector. Currently 26 countries worldwide are participating in the programme, 10 of which are from the Region. Regulation of clinical trials is the role of governments, by providing the legal framework for the regulation of clinical trials. The aims of regulation are to protect the safety and rights of the participants, ensure that clinical trials are adequately designed to meet scientifically sound objectives and prevent any potential fraud and falsification of clinical data and information.

The increase in clinical trial outsourcing to the Region calls for increased transparency and accountability in this sector. The reasons for outsourcing include savings on cost and time and less burdensome regulatory environments. The population of the Region is equivalent to almost 10% of the world's population, and health expenditure in the Region is about 30.8% of the total global expenditure on health.

Discussion

The participants stressed the right of the public to information regarding rejection of specific clinical trials, whether from an ethical or scientific point of view. It is the responsibility of the national bioethics committee to report on clinical trials that have been rejected. This serves to protect the participants and as well as the sponsors, and contributes to reducing the risk of corruption (pressure to approve a previously rejected clinical trial protocol). Thus, countries need to establish and make publically available a framework for regulation. Some of the participants mentioned that their countries have received requests to conduct clinical trials about products approved in Japan but not the United States for example. Are these considered observational, since some countries have approved and others have not? In similar cases, it was agreed to wait for approval instead of rushing into acceptance of conducting such clinical trials. Prequalification of

clinical trials conducted on vaccines is a successful example of WHO's work, and WHO has established international standards in this respect.

2.7 Existing registration software

Mr Ghassan Karam, WHO headquarters

WHO can help in the design of the clinical trial registry model; the estimated cost for software is: US$ 10 000–15 000 in the Middle East/Asia, and US$ 50 000 in Europe and the United States. The hardware requirements for a registry include: application, database and backup servers; internet connectivity; desktops/laptops; mail server or secure email accounts; licensed equipment/software; and power generators. A demonstration was given of the Australian New Zealand Clinical Trials Registry, the Chinese Clinical Trial Registry and the BIREME model for Brazil, which is characterized by being an open source and multilingual clinical trials registry platform.

Discussion

The discussions acknowledged that the system of registration works on the basic principle of transparency. The participants discussed the interface/link between the institutional review boards and registration, as these are two different functions. The registry should require a copy of the institutional review board approval before uploading a protocol. Clinical trial registration should be promoted among the public to increase their access to the registries. The initial resource needs for establishing a clinical trial registry are manageable: one full time administrator (researcher) and part time information technology and administrative support. Sustainability of the registry is a major challenge that should be considered carefully.

2.8 Utilizing existing registries versus establishing a regional registry: what are the pros and cons?

Dr Ludovic Reveiz, WHO Regional Office for the Americas

The alternatives for creating clinical trial registries at the national level are to: adhere/participate in the creation of a regional registry; develop national registries (partner registry) that contribute with the essential information to a regional primary registry endorsed by WHO's ICTRP; develop national registries linked to WHO primary registries network (i.e. Brazil and Cuba); or establish agreements with any existing registry so that it serves as the regional primary registry.

Just as the Region of the Americas has categorized the countries into four groups according to the number of trials registered per year, the Eastern Mediterranean Region also has four groups: around 850 trials (Islamic Republic of Iran), 50–100 (Egypt), 20–50 (Lebanon, Pakistan, Saudi Arabia and Tunisia), and fewer than 19 trials (all other countries). Given this variation, there are some countries which do not need to establish a national registry due to the small number of clinical trials conducted per years.

The pros of having a regional registry include: promotes regional integration; adapted to the regional context; easier detection of duplicate studies; facilitates the identification of regional research priorities; could be adapted to local regulations; contributes to research governance; and easier to monitor and control. The barriers are illustrated in: identifying the source of resources;

definition of the sponsor; different legislation and standards in each country; language and translation (differences between countries); depends on the number of registered trials; political issues; ensuring compliance and quality; and compliance with WHO standards.

Discussion

The participants discussed the feasibility of establishing a regional clinical trial registry, bringing together the collective efforts and resources of Member States. The Regional Office is centrally positioned to host this registry, and there is a commitment from WHO both at headquarters and regional level to support clinical trial registration among Member States. This effort will need to be followed by legislation to encourage researchers to register at the national level. Having a regional registry which is a primary registry in the ICTRP allows that there can be up to 100 partner registries in countries. Other countries which have the capacity and resources can start establishing their own national registries and then choose to sustain as a partner registry or promote to a primary registry.

The success of this initiative also calls for promoting clinical trial registration among governments and editors of medical and health journals in the Region. To initiate a regional registry, there is a need to have data on what is happening in the countries (how many clinical trials conducted in various Member States); this can be achieved through a survey to the ministries of health referring to the recent Regional Committee resolution and follow-up to this consultation.

One of the advantages of a establishing a regional registry is having all the information for Member States available in one place and avoiding scattering of the limited resources available. A regional registry may also assist in duplication of registration, especially in multi-site studies. If the Eastern Mediterranean succeeds in establishing a regional registry, it will be the first of its kind and serve as an example for other regions.

3. COUNTRY AND INSTITUTIONAL PRESENTATIONS

3.1 Registering clinical trials: an ethical necessity

Dr Ali Abu-Alfa, American University of Beirut

The Human Research Protection Programme (HRPP) and Clinical Research Institute at the American University of Beirut (AUB) ensures that ethical standards (Belmont Report) are abided by in all research conducted by the university. The institutional review board at AUB was established in 1996, and currently operates under the HRPP which was launched in 2010. As a domestic United States institution, AUB has signed a Federal Wide Assurance with the U.S. Department of Health and Human Services. The online training programme of the Collaborative Institutional Training Initiative is an institutional requirement for all individuals conducting and/or participating in research that involves human participants.

The responsibility on the researcher’s side is to ensure successful and trustworthy research by promoting and ensuring integrity, highest ethical conduct, professionalism, training and mentorship, discipline and organization, commitment and patience, and adherence to regulations and guidance. The institution’s plans to develop an electronic institutional review board process that provides a

searchable database for all studies, as well as a searchable database with information on grants and awards, faculty expertise and interests, and ongoing trials. In the Lebanese context there is need to explore infrastructure to support creation of a unified registry of clinical trials versus individual feeder registries. As well, a common standard is needed for institutional review boards and ethical review committees to facilitate and standardize the clinical trial registration process.

3.2 Iranian Registry of Clinical Trials (IRCT): path and challenges

Dr Masoud Solaymani-Dodaran, Iranian Registry of Clinical Trials

A videoconference presentation was made on the experience of the Islamic Republic of Iran in establishing and maintaining a national clinical trial registry, which is the only primary registry in the Region. There were two clear motives for establishing a national clinical trial registry:

- Internal (inside the country): 'culture of transparency' responsibility of physicians towards patients to provide the necessary information and the need to inform patients, to promote this.
- External: Introduce the work of the nation to the rest of the world in addition to the international movement (that had started from 2004.

Leading researchers in the country developed a 26-item national ethical guideline in 1997 to meet a growing need for standards on how to conduct and regulate studies that involve human participants. The Iranian Registry of Clinical Trials (IRCT) started with three doctors as staff, and has gradually increased to include now: one information technology, one administrative, and five doctors responsible for providing feedback to the applicants. Based on the Iranian experience, there are a few challenges related to establishing a clinical trial registry: engaging with various stakeholders (researchers, journal editors, authorities), resources and political support (human and financial), issues relating to information technology, and most importantly developing a culture of transparency.

3.3 Institutional experience: King Hussein Cancer Center

Dr Raja' Sammour, King Hussein Cancer Center

The Scientific Affairs and Research Office of the King Hussein Cancer Center is responsible for both clinical research and clinical trials. The Center has an independent institutional review board which is responsible for the ethical considerations of research involving human subjects. The Center abides by the Jordanian Food and Drug Administration law no. 2 (2011) and the International Committee on Harmonization of Technical Requirements for Registration of Pharmaceuticals for Human Use regulations regarding conduct of clinical trials. The clinical trial registry represents a simple index of clinical trials that are conducted by the Center. The information (updated on a monthly basis) is not shared with the public, but is available for tracking purposes only.

3.4 Bahrain

Dr Mohamed Al-Sowaidi, Salmaniya Medical Complex

There is no clinical trial registry in Bahrain or a research database. However, there are a number of research and ethics review committees in the country; one in the Ministry of Health,

three in medical schools and one in the school of nursing. Compliance with the Declaration of Helsinki is unknown. The Cardiac Society has a registry and collects data for the GCC region; however, it does not relate to or abide by specific country regulations.

3.5 Egypt

Dr Nadia Rajab, Ministry of Health

The Ministry of Health is supporting clinical trials as a means of innovation and testing new therapies. The Ministry issued a decree (no. 95, 2005) necessary to govern the conduct of clinical trials in the country and established in 2007 a scientific and research ethical committee to oversee the process. This committee is registered with the Office for Human Research Protection and runs a database registry that tracks all trial submissions and follows them up. The data do not include all clinical trials conducted in the country, but only information related to clinical trials submitted to the Ministry for scientific and ethical approval. Some of the information included in the registry is confidential; therefore the registry is not publically accessible. The database includes data for both observational and interventional studies.

Dr Rajab outlined the main challenges in respect to clinical trial registration in the MOHP; weak intra/intersectoral collaboration to document clinical trial registration, lack of a strategic vision and poor research priority identification, absence of national research guidelines and national standards regarding registration of clinical trials and weak infrastructure (insufficient resources; human, financial or institutional) at the MOHP to support a clinical trials registry that fulfils international standards. Nevertheless, there is high political commitment in the country to support and promote to research for health and the activities related to it.

3.6 Jordan

Dr Mohammad Rawabdeh, Jordan Food and Drug Administration

The Jordanian Food and Drug Administration is the national authority responsible for clinical trial registration in Jordan. Law no. 2 (2011) regulates the conduct of clinical trials in the country and complies with the Declaration of Helsinki. The Administration has an accredited institutional review board as well as a clinical studies committee. The Administration is responsible for licensing hospitals, laboratories and clinical research organizations to conduct clinical trials, as it is responsible for monitoring and conducting regular inspections to ensure adherence to regulations. The Administration has successfully developed a timeline chart to regulate the process of clinical research protocol approval. (4–6 weeks on average). It also maintains and ensures ongoing communication with international regulatory authorities to keep up with best practices in the field of clinical trials. In conclusion, Jordan does not have a clinical trial registry yet, but is very close to establishing one.

Discussion

The participants discussed the importance of having a law/decree in order to establish a national clinical trial registry. The law/decree is one of the key steps, but not the only requirement, as sometimes there are laws but not necessarily enforced. A possible solution could be that WHO passes a resolution that requests Member States to issue a law for governing clinical trial

registration before a set date. The participants also discussed the ethical considerations regarding follow-up on adverse effects of a clinical trial and not only registration itself. In the Region, the majority of clinical trials are funded by private sponsorship, thus there is no reporting/publishing of negative results.

3.7 Kuwait

Dr Manal Bouhaimed, Kuwait University

There is no national ethics review committee in Kuwait, but there are individual entities in various academic institutions. The Health Science Centre has an institutional review board which is now functioning in collaboration with the Ministry of Health to establish a national ethics review committee. There are no enforcement mechanisms that facilitate clinical trial registration in the country. The Declaration of Helsinki is mentioned in all informed consent forms.

3.8 Lebanon

Dr Pascale Salameh, Lebanese University

There is no official clinical trial registry in Lebanon and there is no national regulatory authority. Nevertheless, there are some private clinical trial registries (for example those of drug companies performing trials in Lebanon, private hospitals, universities) as well as local institutional review boards. There are several clinical research organizations in Lebanon which carry out clinical research projects, mainly for pharmaceutical companies. The country currently does not have an enforcement mechanism to facilitate clinical trial registration, nor does it have a requirement to comply with the Declaration of Helsinki.

3.9 Pakistan

Dr Rozmin Jamal, Aga Khan University

Dr Jamal provided an overview of the status of clinical trial registration both at institutional and national level. Pakistan does not have a national clinical trial registry or any other form of research database with information on clinical trials at the national level. There is a national ethics review committee that came into effect eighteen months ago, but with the new structure of the government (provincial instead of federal level), many challenges arise. There is no specific enforcement to facilitate clinical trial registration, but there is a 2005 law that regulates bioequivalence studies.

The case for Aga Khan University is a bit different as the university started cataloguing research two years ago, which also included some clinical trials. The university also initiated a research database compiling information related to research supported by the university. The university has an institutional review board which is responsible for reviewing ethical considerations in research and clinical trial protocols. The oversight mechanisms include the ethics review committee as well as the clinical trial unit which is responsible for compliance aspects in specific.

3.10 Sudan

Dr Najeeb Suliman, National Health Laboratory

There is no registry for clinical trials in Sudan, but an ethics review committee to review clinical trial protocols was established in 2009. This committee acts under an independent regulatory authority, and to date a number of protocols have been received, reviewed and either accepted or rejected. The committee will review its bylaws to ensure that the Declaration of Helsinki is advocated and complied with.

3.11 Syrian Arab Republic

Dr Ghada Bsiki, Ministry of Health

The Syrian Arab Republic does not yet have a national clinical trial registry, but a law was passed in 2008 to regulate clinical trials in the country and six months ago a clinical trial centre was established as an administrative entity to collect data. As there is no research database, the Ministry of Health is currently working to establish a link on its website to a database that will include information on clinical trials, pharmaco-vigilance and other research. The national bioethics committee that was established in 2006 serves as the oversight mechanism for all research protocols and clinical trial interventions conducted in the Syrian Arab Republic. Law no. 37 for 2008 states that ‘registration is a requirement for all clinical trials by a recognized health authority’. The Declaration of Helsinki guides the work of the national bioethics committee and is stated as a research methodology guideline in the Ministry of Health.

3.12 United Arab Emirates – Abu Dhabi

Dr Mohammed Abuelkhair, Health Authority Abu Dhabi

The Health Authority Abu Dhabi (HAAD) is the regulator for the health sector including research that involves human participants. Medical liability law no. 10 (2008) states that HAAD is responsible for regulating research that involves human participants in the Emirate of Abu Dhabi. The top five priority areas for health in Abu Dhabi include cardiovascular disease prevention and management, road safety, tobacco control, cancer control and mental health.

HAAD is the institutional agency for regulating clinical trial research in the Emirate and maintains a registry of all research protocols involving human participants that are submitted to the research ethics committees in Abu Dhabi. HAAD is responsible for licensing all health care facilities and health care professionals in Abu Dhabi. HAAD requires that facilities register clinical trials and all other research involving human participants as part of the research authorization process. Enforcement of HAAD policies is compelled by HAAD health facility licensing and audit. HAAD policy governing research involving human subjects complies with: the Nuremberg Code, the World Medical Association Declaration of Helsinki and the Belmont Report. Thus, registration of clinical trials is a requirement for obtaining ethical approval and this is achieved through HAAD’s research authorization process.

Discussion

The participants discussed Abu Dhabi's unique setting in providing insurance for all the population and how this relates to participation in clinical trials. Insurance for participation in research is different from that involved in provision of health care. Investigations are not always covered by insurance companies and this is commonly stated in the contracts. In Abu Dhabi, the drug companies, which sponsor clinical trials, are required to provide proof of insurance for the participants before the clinical trial starts. HAAD is responsible for clinical trials conducted in Abu Dhabi, but there is also a national research committee trying to bring together all the Emirates data.

Discussion

The different country presentations and discussions showed that the importance of clinical trial registration is recognized in many countries, and some countries already have mechanisms in place to regulate this. In general, the intent is to protect the rights and well-being of human participants involved in clinical trials. Registration is only one aspect; others are issues related to reporting (for example publication policy, adverse effects, etc.). One issue commonly faced by countries in the Region is implementing strategies from developing countries that do not necessarily take into account national and regional needs and priorities. In this context, tackling the issue of clinical trial registration as a Region may serve as a more cost-effective mechanism given the dearth of resources and the similarity of status among the countries.

4. GROUP WORK: WHAT ARE THE CRITICAL ISSUES FOR TRIAL REGISTRATION IN THE REGION?

The driving factors for clinical trial registration are rooted in the principles of transparency, accountability, etc. Information is collected to be made available for all relative stakeholders (decision-makers, researchers, the public, etc.) in a timely manner. The issue is not just establishing a registry; sustainability and institutionalization are key aspects. Are the required resources and political commitment available? The commitment is present in the Regional Committee resolution, but how to translate it at national level for each country is also a key issue. The groups need to identify whether a regional database is desired just for the sake of having it, or whether there is commitment for a high quality database that is comparable to other registries. Clinical trials as a concept needs to be promoted as an important contributor to health development.

The participants were divided into two groups and the groups brainstormed on two main issues: 1) the vision for trial registration in the Region: national registries versus a regional registry; and 2) the barriers to achieving comprehensive registration of all clinical trials recruiting participants

In general, it was agreed that there is need for coordination at country level, whether the option is a national or regional registry. The practical approach for the time being is to establish partner registries at the national level (i.e. the main activity of registration is at country level) which report to a regional primary registry. There needs to be common software for regional and national registries to facilitate this option.

The first group opted for a regional registry as follows.

Pros	Cons	Barriers
Data management/control is possible at regional level	There may be preference for registering elsewhere instead of regional (at international level)	The issue of legislation may come out late in some countries
Catalytic force that the registry can play in fostering clinical research in the Region		Waste of resources (investigator point of view) if they have registered elsewhere
An opportunity to engage researchers to collaborate and avoid intercountry duplication		Lack of awareness of researchers regarding the importance of clinical trial registration
WHO is a leader in the health field in the Region and has the infrastructure necessary to establish a registry		
When WHO manages the registry, the multinational drug companies will conclude there is a watchdog monitoring the conduct of clinical trials in the Region		
Being part of a regional registry promotes ownership among countries		

The second group discussed the pros and cons of each option as follows.

Pros	Cons
National clinical trial registry	
Enforcement of registration at the country level	Cost and human resources
Easier query	Maintenance (software, hardware, data, etc.)
Increase local capacity and expertise	
Common language	
Regional clinical trial registry	
Cost-effective solution	No build-up of capacity
Maintenance is managed centrally	
Enables multi-site studies, without duplication	
Easier access to research and clinical trials conducted across the Region	
Promotes networking among researchers	

5. CONCLUSIONS

Clinical trial registries need be established in the Region. All clinical trials conducted in the Region must be registered and must conform with international standards. This is increasingly important given the fact that the number of clinical trials is growing in the Region. All clinical trials need to be registered in a publically accessible database that is in line with WHO standards.

In terms of the feasibility of establishing national registries, the discussions were very encouraging. There is evidence that the resources (human/financial) are available in some countries. Almost in all countries, the process will not be starting from scratch, as some initiatives

already exist. Some participants also stated that there are laws supporting clinical trials registration in their respective countries (e.g. Egypt, Jordan, Syrian Arab Republic).

The objective is for all clinical trials to be registered prospectively and published in a publically accessible database. It is up to the individual countries to decide the method that they would like to follow to ensure clinical trial registration. WHO can play an important active role in clinical trial registration in the Region.

There are three options for support from WHO to Member States:

- Support to establish a national clinical trial registry that complies with the requirements of a WHO primary registry;
- If the country is not ready to establish a primary registry, support to establish a partner registry, where the Regional Office will act as an intermediary by providing a regional registry;
- If both options are not feasible, a regional clinical trial registry (supported by the Regional Office) will be available for all other cases.

Establishing a regional clinical trials registry will lead to systematic and regulated collection of high quality evidence that serves to scientifically support health care decisions. This will enable the Region to serve as a hub for high standard clinical practice that is evidence-based and promotes transparency, accountability and public availability of relevant health information.

The Regional Office will prepare a document (concept note) with information related to clinical trial registration to share with the health authorities. Health authorities will then be asked to name a focal person to coordinate with in relation to clinical trials.

6. RECOMMENDATIONS

Member States and WHO

1. Secure political support and mobilize resources for the establishment, management and sustainability of a regional clinical trial registry.

WHO

2. Map the clinical trial landscape across the Region as well as the presence of ethics review committees.
3. Advocate the importance of legislation to safeguard clinical trial conduct in countries.
4. Study the feasibility of establishing a network for individuals involved in clinical trials in the Region.

Annex 1

PROGRAMME

Monday, 31 October 2011

8:30	Registration	
09:00 – 10:00	Welcome, introduction and overview of the meeting	
09:00 – 09:30	Welcome and introductions Objectives of the meeting/expected outcomes Participants' introduction	Dr N. Al-Gasseer, ARD
09:30 – 09:45	Importance of clinical trial registration	Dr M. Fathalla – Chair ACHR
09:45 – 10:00	The ICTRP Introduction to the ICTRP Standards for clinical trials registries	Mr G. Karam, HQ
10:00 – 10:30	Discussion	
11:00 – 13:00	National experiences and perception	
11:00 – 11:15	Institutional experience from the Human Research Protection Programme and Clinical Research Institute	Dr Abu-Alfa, AUB
11:15 – 11:30	Institutional experience from the King Hussein Cancer Center	Dr R. Sammour, KHCC
11:30 – 12:30	Selected country presentations (1/2)	Country participants
12:30 – 13:00	Discussion	
14:00 – 17:30	Successful examples of clinical trial registries	
14:00 – 14:45	Selected country presentations (2/2)	Country participants
14:45 – 15:00	Discussion	
15:00 – 15:15	PAHO perspective: a roadmap toward transparency of clinical trials in the Americas	Dr L. Reveiz, PAHO
15:15 – 15:30	Ethical issues in relation to clinical trials in developing countries	Dr A. Saleh
15:30 – 16:00	Discussion	
16:15 – 17:00	Improving transparency and accountability in clinical trials – a medicines regulatory perspective	EMRO
17:00 – 17:30	Wrap up	

Tuesday, 1 November 2011

08:30 – 09:00	Brief recap of previous day	
09:00 – 10:15	Models for achieving comprehensive registration	
09:00–09:30	The Iranian Registry of Clinical Trials (IRCT), Primary Registry in the WHO Registry Network Difficulties faced in setting the registry Process to becoming a primary registry	Dr M. Dodaran, IRCT
09:30 – 10:00	Existing registration software	Mr G. Karam, HQ

10:00 – 10:30	Discussion	
11:00 – 11:30	Utilizing existing registries versus establishing a regional registry: what are the pros and cons?	Dr L. Reveiz, PAHO
11:30 – 12:00	Discussion	
12:00 – 17:00	What are the critical issues for trial registration in the Region?	
12:00 – 16:00	Group work: What is the vision for trial registration in the Region? What are the barriers to achieving comprehensive registration of all clinical trials recruiting participants in countries?	EMRO
16:15 – 17:00	Report back from group work and discussion	
17:00 – 17:30	Wrap up and concluding remarks	Dr N. Al-Gasseer, ARD

Annex 2

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