Promoting health and gender equity through health research ethics capacity-building: the Spanish-West African experience

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WHY SEX AND GENDER?

- There is compelling evidence to show that gender and sex affect our health.
- Sex and gender-inclusive research could aid in reducing health inequities.

THE CASE OF WEST AFRICA

High epidemic potential
Elevated gender inequality indices
Disproportionate consequences in health emergencies
Systematic exclusion of pregnant women clinical trials

THE NEED FOR CAPACITY-BUILDING IN RESEARCH ETHICS

- History of research ethics violations & ethics dumping in Africa
- Following the onset of COVID-19, there has been a surge in the conduct of research in West Africa
- Ethics committees are to ensure that research without scientific or social utility or gender-blind or discriminatory research is not conducted

CENTERING HEALTH EQUITY: BEYOND SEX AND GENDER

Health equity is the: absence of unfair, avoidable or remediable differences among groups of people by other dimensions of inequality

Research ethics committees are encouraged to integrate health equity impact assessment in research protocol evaluation.
Who are we? What have we done so far? (i)

We are a partnership between Spain, Senegal, Benin, and Mali.

Our aim is to build capacities in research ethics and gender mainstreaming in the West African region, with a particular focus on clinical trials during health emergencies.

Our project targets National Ethics Committees from the 15 countries of the Economic Community of West African States (ECOWAS).

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Open-access training programmes on the integration of sex and gender considerations in research ethics

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Who are we? What have we done so far? (iii)

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Who are we? What have we done so far? (iv)

Open-access training programmes on the integration of sex and gender considerations in research ethics: where are our participants based?
Who are we? What have we done so far? (iv)

Open-access training programmes on the integration of sex and gender considerations in research ethics: gender parity

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Who are we? What have we done so far? (v)

NRECs capacity building needs assessment

- **82.60%** Do not routinely appraise sex and gender aspects
- **93.50%** Require further training on sex and gender in protocol design and evaluation
- **98.00%** Need for capacity building in gender equality planning

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Who are we? What have we done so far? (vi)

Mainstreaming gender-sensitive SOPs and evaluation tools: the case of Senegal & Guinea-Bissau
Who are we? What have we done so far? (vii)

Production of open access guidelines and tools for sex and gender in research ethics

The ethicist’s practical guide to the evaluation of preclinical research from a sex and gender perspective

A Framework for the Ethical Evaluation of Research Protocols from a Sex and Gender Perspective during the COVID-19 Pandemic and Other Epidemics

Harmonization of gender mainstreaming in health research ethics: towards a community of practice in West Africa

LIVRE BLANC

Guidelines for the Ethical Review of Mental Health Research Protocols from a Culturally-Sensitive Perspective

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Challenges?

- Changes in practice and policy can be a lengthy process due to bureaucracy and the dependency of NRECs on host institutions.
- Resistance to gender mainstreaming - it is often conflated with the promotion of homosexuality and gender diversity, which are taboos in the project-specific regions.
- Occasional rejection of the foreignness of gender mainstreaming and deeming it an ‘imported concept’.
- Gaps in knowledge between researchers and research evaluators on integrating sex and gender in research design.
- Difficulty engaging NREC presidents and directors in needs assessment research and institutional gender diagnoses.

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Some recommendations

- Advocacy for sex and gender in research
- Adoption of culturally-sensitive strategies for gender mainstreaming advocacy with an emphasis on African leadership
- Establish synergies and networking platforms between ethics committees and other research stakeholders for a more effective and harmonised implementation of gender mainstreaming
- Advocate for the autonomy and independence of NRECs
- Closure of the gap between researchers and RECs through training and dissemination of knowledge about the best practices in research design
- Reinforcement of IT and online tools in RECs to facilitate the submission & evaluation of protocols during health emergencies
Thank you for your attention!

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