

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

Farah Nabil, University of Zaragoza, Spain

Farah Nabil<sup>1</sup>, Aminata Suzanne Diop<sup>2</sup>, Annèje Gandaho<sup>3</sup>, Mariam Keita<sup>4</sup>, Samba Cor Sarr<sup>2</sup>, Flore Gangbo<sup>3</sup>, Séckou Diarra<sup>4</sup>, Ángel Gasch-Gallén<sup>1</sup>

1. University of Zaragoza, Zaragoza, Spain
2. Ministry of Health and Social Action, Dakar, Senegal
3. Ministry of Health, Cotonou, Benin
4. Ministry of Health and Social Development, Bamako, Mali

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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**.

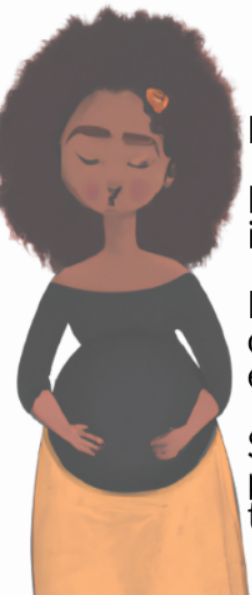
### THE CASE OF **WEST AFRICA**

High epidemic potential

Elevated gender inequality indices

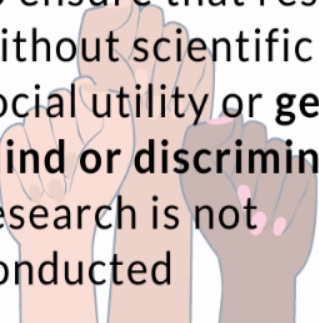
Disproportionate consequences in health emergencies

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.

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# Who are we? What have we done so far? (i)



BCA-WA-ETHICS II  
EDCTP

BCA-WA-ETHICS II is part of the EDCTP 2 programme, supported by the European Union under grant number CSA2020ERC-3079

## BCA-WA-ETHICS II

Building the capacities of West Africa in research ethics

**TRAINING**  
**NETWORKING**  
**REGULATORY SUPPORT**  
**COMMUNICATION & DISSEMINATION**

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).

**CONTACT**  
[www.bcawaethicsii.com](http://www.bcawaethicsii.com)  
[farahnabil@unizar.es](mailto:farahnabil@unizar.es)

Partners:  
Universidad Zaragoza

in collaboration with:  
Ministerio de la Sanidad y Consumo  
Ministerio de la Salud y el Desarrollo Social

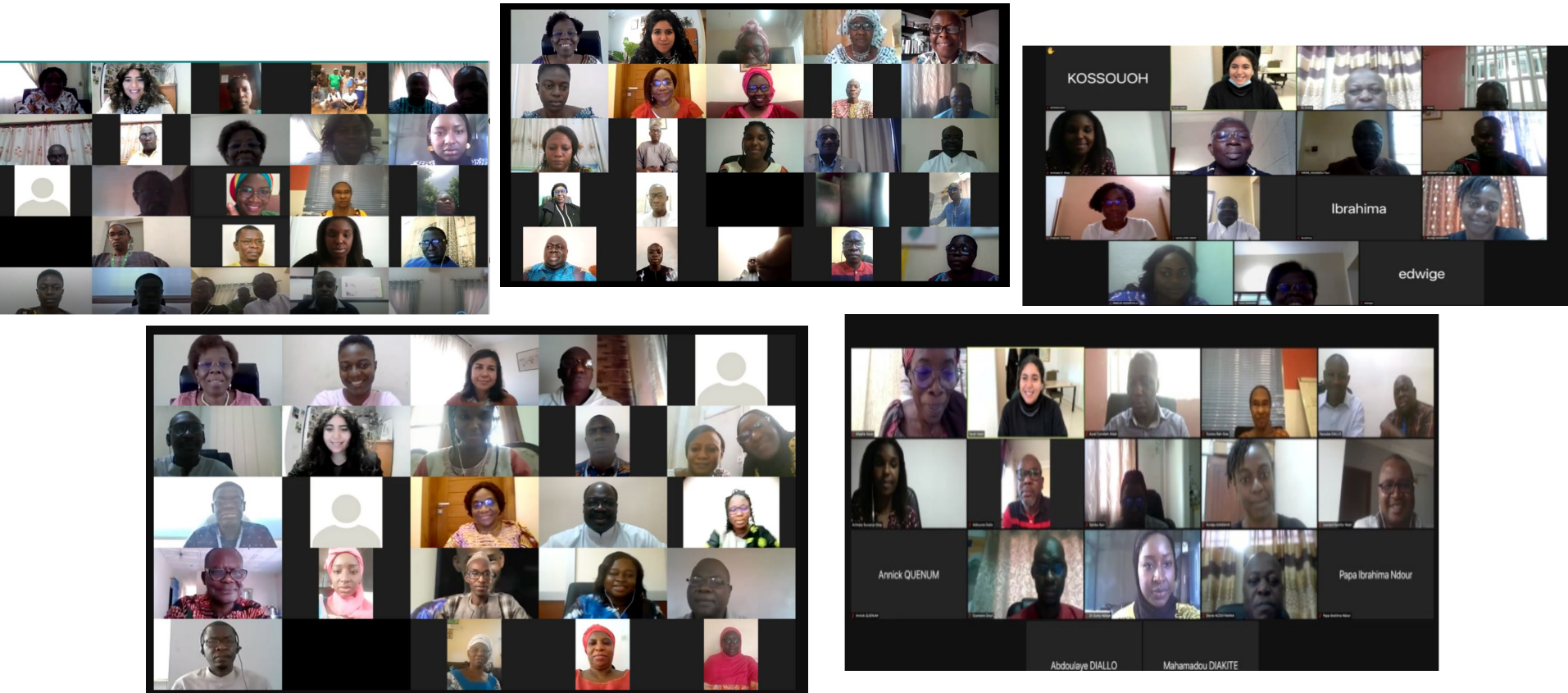
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# Who are we? What have we done so far? (ii)

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

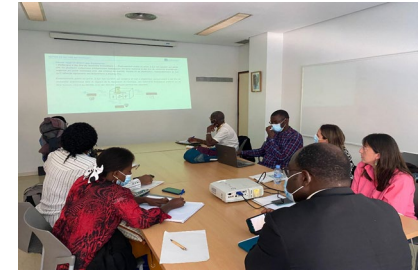


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# Who are we? What have we done so far? (iii)

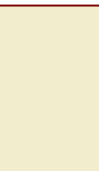
## Open-access training programmes on the integration of sex and gender considerations in research ethics



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

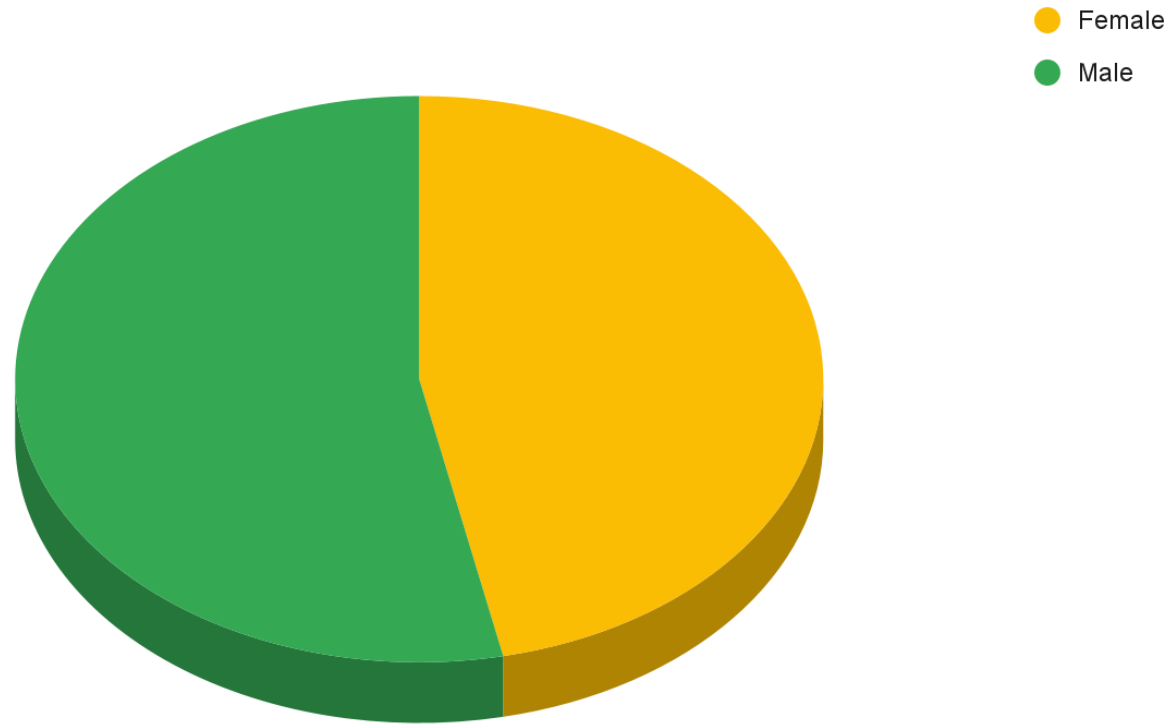
Open-access training programmes on the integration of sex and gender considerations in research ethics: where are our participants based?



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

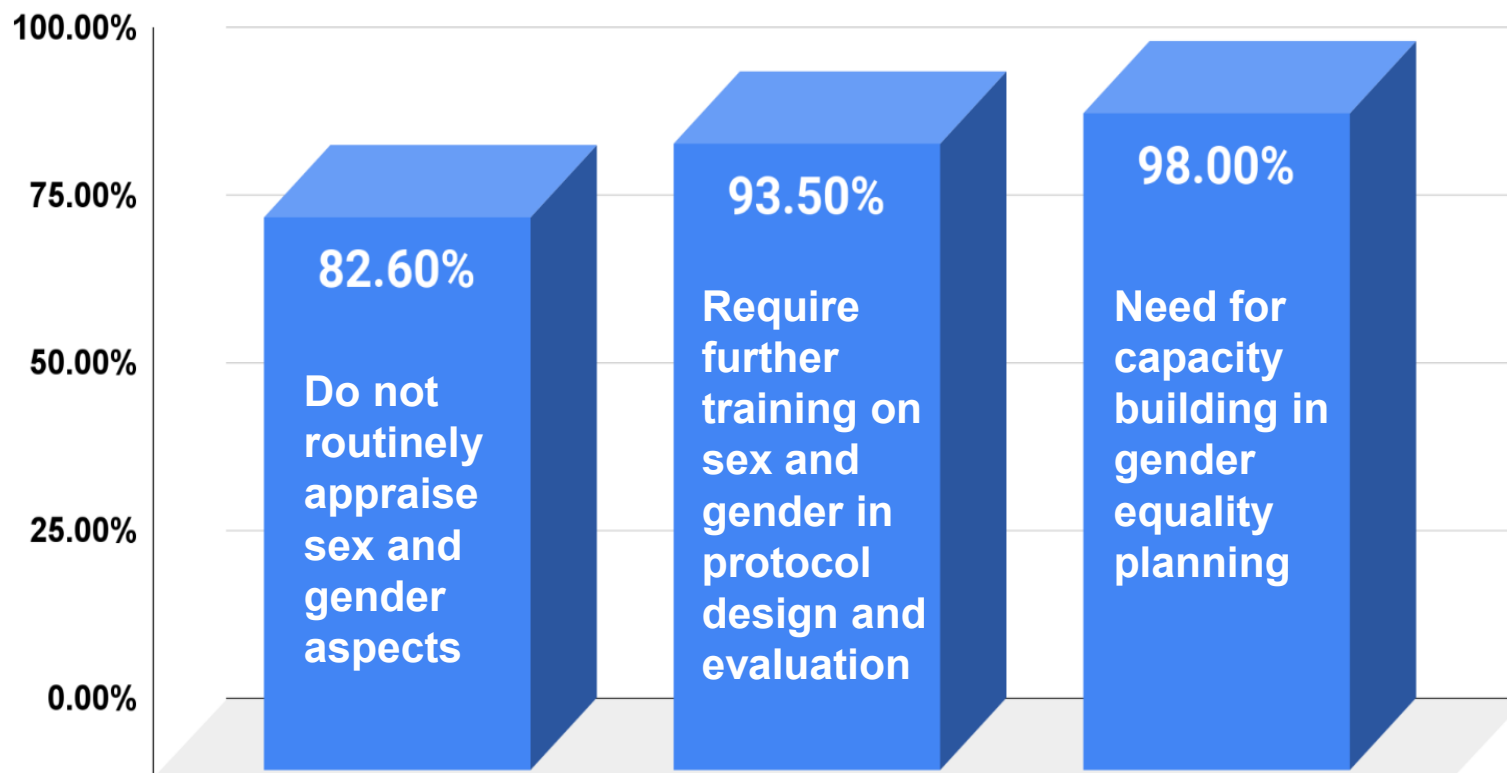
## Open-access training programmes on the integration of sex and gender considerations in research ethics: gender parity



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

## NRECs capacity building needs assessment



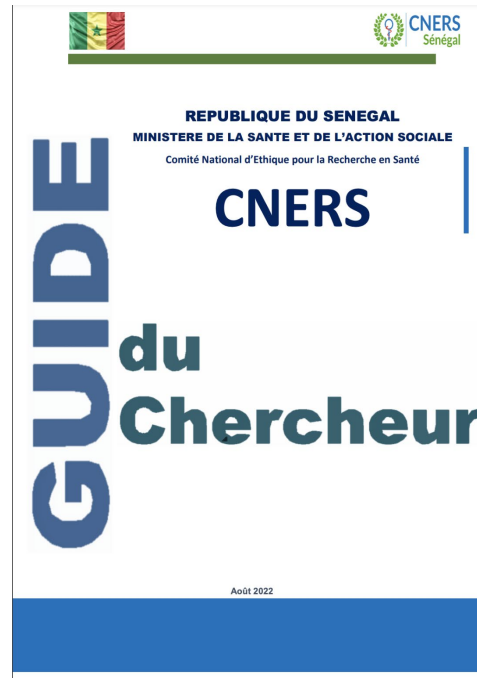
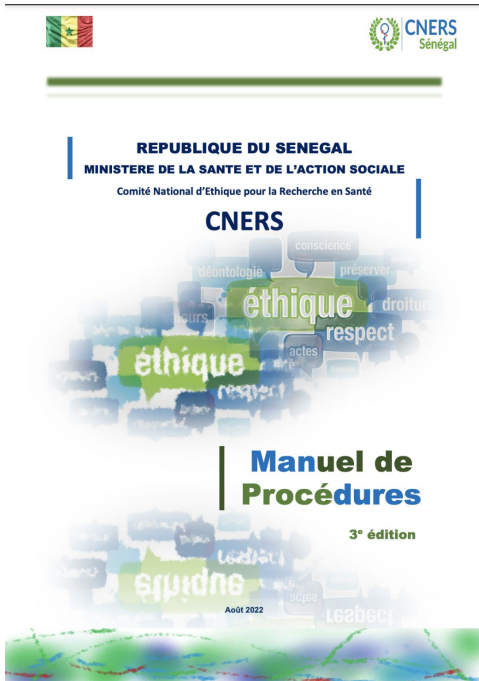
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## Who are we? What have we done so far? (vi)

# Mainstreaming gender-sensitive SOPs and evaluation tools: the case of Senegal & Guinea-Bissau




  
 REPÚBLICA DA GUINÉ-BISSAU
   
 Ministério da Saúde Pública

**Comité Nacional de Ética em Pesquisa na Saúde**
  
**FORMULÁRIO DE AVALIAÇÃO DE ENSAIOS CLÍNICOS**

**DOCUMENTAÇÃO LOCAL**

	C	I	D	NP
<b><u>Idoneidade do investigador e da equipa:</u></b>				
▪ Currículo				
▪ Trajetória de ensaios anteriores (conformidade/cumprimento com os requisitos CEICA)				
▪ Publicações relacionadas ao tema				
▪ Ensaios abertos que podem interferir no recrutamento				
▪ Especialista em género na equipa				
▪ Equilíbrio de género na equipa				
<b><u>Idoneidade do centro/serviço/instalações:</u></b>				
▪ Interferências do ensaio com o trabalho assistencial (lista de espera, adequada dotação do pessoal no serviço...)				
Compromisso do investigador				
<b><u>Relatório económico:</u></b>				
▪ Orçamento por paciente: XOF (        €)				
▪ O orçamento é sensível ao género (distribuição equitativa do orçamento, sem discriminação de género, levando em consideração as necessidades de todos os grupos de género)				
▪ Número de pacientes completos e avaliáveis: _____				
▪ Tempo gasto no ensaio:				
▪ Oferece remuneração/compensação por outros serviços envolvidos (igual para todos os grupos de género)				
▪ Justificativa adequada em caso de custo zero				
▪ Certificado de seguro:				
▪ Limite por ensaio e paciente				
▪ Duração (> 1 ano de conclusão/finalização)				
▪ Cobre danos e prejuízos				
▪ Índice central, pesquisador, título do ensaio e patrocinador cometo				
▪ São oferecidos mecanismos para garantir aos participantes do estudo acesso aos serviços de saúde assistenciais que não agndiam mulheres e homens por motivos de género				
▪ A cobertura do seguro saúde não é prejudicial para um grupo de género em relação ao outro				

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# Who are we? What have we done so far? (vii)

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



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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

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# Thank you for your attention!

Contact

[www.bcawaethicsii.com](http://www.bcawaethicsii.com)

[farahnabil@unizar.es](mailto:farahnabil@unizar.es)



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