Africa's Covid-19 research must be tailored to its realities – by its own scientists

Monique Wasunna

Trust is essential in the pandemic and scientists here can set the priorities that make the most sense for our people.

Research to find a cure and effective treatment for Covid-19 is well under way, with hundreds of trials already announced. But very few involve African researchers, and this is a mistake.
Although Africa has yet to feel the full force of the coronavirus, preventing severe cases is a higher priority than it is elsewhere. Africa needs research that is tailored to our reality.

Even hospitals in New York are overwhelmed; hospitals in many African countries barely have enough ventilators to fill one room. So research needs to be directed towards preventing hospitalisations, potentially though treatment of mild cases as early as possible.

If research is not conducted in Africa, potential life-saving innovations will be delayed, not least because regulatory authorities in Africa will require local data on Covid-19 patients to register any new drug.

Local researchers are also more likely to maintain the trust of the population. Outrageous comments made recently by two French researchers about using Africa as a testing ground for vaccines have sparked fury throughout the continent. The indignation is understandable: just because there is a health crisis does not mean research ethics can be violated.

Such careless talk threatens to undermine years of work by African scientists to gain trust among people.

I am an infectious diseases researcher in Nairobi and a medical doctor. I have dedicated my career to developing better treatments for kala-azar, the “black fever”, a deadly parasitic illness that affects the most vulnerable people across eastern Africa. Too many patients - especially children - die because of the lack of effective tests and treatments for this disease.

I see doctors on the news in New York and Milan telling their harrowing experiences of battling for patients with Covid-19 in the absence of a cure. As it knocks on our doors, I see their helplessness as a mirror of my own: when the treatment you need to save a life simply does not exist.

I believe that our response to Covid-19 can be informed by our experience with kala-azar research.

To find an effective treatment, I have travelled to the remotest areas of Kenya to sit with local leaders and gain their trust - explaining why clinical trials are vital to their communities. They have welcomed us as African researchers. As the Covid-19 threat looms, I feel this goodwill is at risk.

In 2003, scientists, doctors and ministries of health from Kenya, Sudan, Ethiopia and, eventually, Uganda decided that we needed to set our own research priorities for kala-azar. Collectively, we ran large multi-country clinical trials to improve the toxic, ineffective, burdensome treatment options for kala-azar at the time.

It was not easy – clinical sites were in areas marked by conflict and extreme poverty. But we endured, bringing clinical trial sites up to international standards, and together delivered an effective, shorter-course treatment that is now recommended by the World Health Organization (WHO).

We need to now come together in the same spirit to develop adapted solutions for Covid-19 in Africa.

The Solidarity trial being run by the WHO has begun to include African countries, which is a good sign. A recently launched Clinical Research Coalition for Covid-19 is another important move,

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With kala-azar research, African countries showed that we could run high-quality clinical trials by working together, along with our international partners. This was research for Africans, by Africans. There are other examples: the Democratic Republic of the Congo led research, along with neighbouring countries, for the first all-oral treatment for sleeping sickness. Against all odds, Congolese researchers brought world-class clinical research to the most remote areas of the country.

African-led clinical research can help us continue to build trust and confidence within our communities by showing them that our scientists are setting the priorities that make the most sense for our people.

We must continue to work together and take control of our own research agenda. This is the best way to support our fellow African doctors, who have been on the frontline of so many disease outbreaks in the past and will be again very soon.

Dr Monique Wasunna is director of the Drugs for Neglected Diseases initiative’s Africa regional office

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