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**South
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SARETI

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DEVELOPING RESEARCH ETHICS IN AFRICA

SARETI

South African Research Ethics Training Initiative

Newsletter

2015-2016

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Prof N.J. Mkhize, SARETI Deputy Co-PI

On behalf of the Executive Committee (Exco) of the South African Research Ethics Training Initiative (SARETI), it is my pleasure to highlight some of the milestone achievements of the programme, during the period 2015-2016. In the 15 years of its existence, SARETI has grown in leaps and

Editorial

bounds, attracting students across the African continent, and collaborating with leading universities and research centres, locally and internationally.

Commensurate with the primary goal of SARETI – to build African capacity for the ethical review of health-related research – the Newsletter begins with articles highlighting the impact made by 3 SARETI graduates: Dr. Paul Ndebele, Ms. Pamela Selormey, and Mr. Francis Kombe. Dr. Ndebele, a SARETI fellow and PhD graduate, was appointed Director of the Medical Research Council in Zimbabwe, having made his mark on the development of research ethics capacity in Southern Africa and internationally. Ms. Selormey is a SARETI Master of Social Science graduate and member of the Ghana Association of Administrators of Research Ethics Committees (GHAAREC), where she participates in initiatives to develop a National Research Ethics Committee. Similarly, Mr. Kombe, a SARETI fellow and recipient of a 2016 Masters scholarship, was appointed to the Research Ethics Committee of Pwani University, Kenya. The aforementioned bear testimony to the success of SARETI's capacity building initiative on the continent.

The current Newsletter also reports on the following activities:

- SARETI's history in a nutshell: 2003-2016
- Collaborations with nationally esteemed research centres and other Fogarty-funded initiatives, to facilitate experiential learning, thus bridging the gap between theory and practice

- Publications by SARETI affiliated staff and students, 2015-2016: Advancement of knowledge through research and publications is an important hallmark of the SARETI programme. During this period, SARETI students and affiliated staff have accounted for well over 50 publications, including research-based articles, book chapters, and an edited book. The book, titled *Research Ethics in Africa: A Resource for Research Ethics Committees*, can be downloaded at no cost, by anyone residing in Africa:

<http://www.sun.ac.za/english/faculty/healthsciences/paediatrics-and-child-health/Documents/9781920689315%20Research%20Ethics.pdf>

Clearly, the SARETI programme is making a major impact on research ethics capacity development and ethics scholarship on the African continent. The SARETI Exco extends its thanks to the NIH's Fogarty International Center for its continuing support. We also thank members of the International Advisory Board, teaching and administrative staff, UKZN and all affiliated universities and centres, past and present, for their support in hosting the programme. Last but not least, a message of goodwill goes to all SARETI students, from whom we have learnt so much, and on whose broad shoulders rests the responsibility to advance the scholarship of health research ethics in Africa, for Africa, in collaboration with the global community, in the service of humanity.

Nhlanhla Mkhize, Ph.D.
Deputy Co-PI: SARETI

Activities and Achievements 2015-2016

2015 and 2016 were busy and productive years for SARETI. New students were enrolled, past students graduated, and SARETI grew its reputation internationally. SARETI presented a week-long training course on ethics in research in Kenya, and SARETI staff attended a world renowned intensive course on ethics at Georgetown University in the USA in June 2016.

There were 24 applications for places at SARETI at the beginning of 2015. 4 students were selected, 3 men and a woman. Applications came from students all over Africa. The final four were from Malawi, Cameroon, and Uganda. There was an additional student who had not enrolled the year before because she was pregnant, who began at SARETI at the beginning of 2015.

SARETI received scholarship funding from the Columbia University-SA Fogarty AIDS Training programme, which allowed two students from South Africa to be enrolled. Applications were also accepted from two self-funded students from South Africa.

New staff members were appointed, including Dr Heidi Matisonn, who replaced the late Dr L Schoeman. A SARETI graduate, Dr Paul Ndebele, was appointed as external examiner for SARETI.

A highlight of the year, both professionally and in terms of public identity, was the request from Kenya's Medical Research Institute (KEMRI) to run a week long workshop on the development and training of Research Ethics Committee personnel. Feedback from participants was very positive.

In 2016, five of 17 applicants were awarded scholarships, but only two were able to take up the offer. These were students from Kenya and Tanzania. There were applications from self-funded students from South Africa, and these were accepted as well. There are also students studying various SARETI modules for non-degree purposes.

In June 2016, three SARETI staff members, Drs Nicole Mamotte, Heidi Matisonn, and Zaynab Essack, travelled to Washington D.C. to attend the annual Intensive Bioethics Course 42 run at Georgetown University's Kennedy Institute of Ethics. https://guevents.georgetown.edu/event/intensive_bioethics_course_42. This course has been run 42 times (hence the name) and was a very enriching and educational experience for the staff.

SARETI Student Wellcome in UK

Ms Limbanazo Matandika is a SARETI Masters Scholar from Malawi. She was awarded a six-week internship placement with Wellcome Trust UK from 31 August to 11 October 2016, to develop an academic paper arguing the grounds for an ethically acceptable approach to biobanking policy in Malawi.

Her placement activities started with a visit to the Wellcome policy department to work with the policy team, reviewing the Wellcome Trust's policy on data and sample sharing in low- and middle-income countries. She also observed a biobanking ethics and governance council meeting and held meetings with members of the policy team.

In the second week she visited the Nuffield Council on Bioethics (NCOB) where she reviewed NCOB guidelines, and reports from healthcare-related research in developing countries. Her aim was to capture how these are currently being used, and if they reflect any changes following recent additions to the discussion on international ethical guidelines such as the Declaration of Helsinki and the Council for International Organizations of Medical Sciences (CIOMS) draft 2015.

Ms Matandika visited the Ethox Centre at the University of Oxford, where she attended a community engagement workshop, and several seminars.

Ms Matandika was previously awarded a travel scholarship to the Global Forum for Bioethics in Research conference held in Annecy in France in November, 2015. Her attendance at that conference enabled her to engage with the policy department team of the Wellcome Trust UK and discuss her interest in biobanking. Malawi, her native country, has restrictive guidelines on the use of samples and data for secondary future research. This caused her to develop an interest in how policy may impact research, especially in settings with limited resources, and to learn different approaches to influence and change both policy and current perceptions of public and stakeholder engagement.

Wellcome Trust UK, Nuffield Council on Bioethics, and the Ethox Centre contributed to her placement, both financially and in terms of sharing information and research. Ms Matandika was hosted by the Ethox Centre.

Ms Matandika received a scholarship from SARETI, through their Fogarty



Ms Limbanazo Matandika

grant (Fogarty Grant number 5 R25 TW 001599-16) which allowed her to begin on this journey. She expressed her thanks to those responsible for making her placement possible, with particular mention of Professor Douglas Wassenaar, Principal Investigator SARETI UKZN. She anticipates launching a long-term project on the potential for an ethically acceptable approach in biobanking in Malawi. ■

Reviewing CIOMS – SARETI Students Contribute

As part of the course work for their 2015 SARETI Masters programme at the University of KwaZulu-Natal, 9 students from SARETI worked on review comments for the draft 2016 CIOMS International Ethical Guidelines for Biomedical Research Involving Human Subjects.

Professor Carel IJsselmuiden led a group of students from all over Africa during the last module of the course in October 2015. As a group they were part of the process for the CIOMS consultation, deciding to use this opportunity to contribute to global research ethics

through a class assignment.

The students divided themselves into groups of two (or three) and read through all the Guidelines. Every day a set of guidance points was completed, according to the main interests of the students. One group would review in-depth, all others would read. The next day, the lead group would present and all others could provide further comments.

A summary report was prepared – and was sent to CIOMS. The group asked CIOMS to consider changing some parts of the text, while understanding that

their opinions are not the only ones, and that they may not be convincing enough to succeed. Their requests to change were intended to be read as 'for consideration'.

Students gathered as much published evidence as possible from elsewhere to back up requests for change and consideration.

Professor IJsselmuiden was an 'observer' at the CIOMS Guideline review, and the work sent to CIOMS was to the credit of the 2015 SARETI students. ■

Success is Sweet for SARETI Graduate

Ms Samantha Chareka of Zimbabwe is pleased to have graduated with a Masters degree in Social Sciences in Health Research Ethics but it wasn't always a smooth ride to graduation.

There were problems with money. She is the first-born and has always worked hard at her studies, being the first in her family to get a Masters degree. Her father supported her financially, and emotionally, with many words of encouragement.

'Almost every week he would remind me how proud he was of me. Being the first-born child, a female and excelling in school, and the first Chareka to get a Masters degree was enough motivation for me,' she said.

Her father worked to help her financially, but she also brought her part, working as a waitress.

'My father struggled to get money for my studies. This really motivated me because he used to say that I am doing something bigger than myself and he had to help me achieve it.'

Working as a waitress 'slowed down my progress because I never had enough time to work on my project. Working as a waitress also made me doubt my studies and that is when depression and anxiety kicked in. I wanted to give up studying because I felt it wasn't worth it and thought that going back to Zimbabwe was better than trying to finish my thesis.'

Her supervisor, Professor Douglas Wassenaar, reassured her and supported her during those difficult times. Hard times made family ties stronger. 'My studies actually made



Ms Samantha Chareka

our relationship stronger. I couldn't have done it alone. When I felt trapped and depressed they kept encouraging me. As the first person to get a Masters degree in my whole family, my extended family members also supported me.'

Ms Chareka's thesis focused on Black UKZN students' perceptions of the use of their medical records for research purposes.

'I wanted to find out under what circumstances [students] were willing to let researchers access their medical records. That is, whether they wanted researchers to get consent every time they wished to use the records, how they thought confidentiality would be maintained, and why they allowed or denied researchers access to their records,' she said.

Her research highlights important ethical issues that researchers have to take into account when they are accessing an individual's personal records. She found that most people are supportive of research when they know there will be no breach of confidentiality and that it will help the community.

She thanked her family, friends and supervisor for their support and also the Columbia University-Southern African Fogarty AIDS International Training and Research Program (AITRP) through the Fogarty International Center, National Institutes of Health, for providing funding for her research. Ms Chareka plans to pursue a PhD in the future. ■

Staff Learning in the USA – The Intensive Bioethics Course 42



SARETI Faculty members, Drs Zaynab Essack, Nicole Mamotte and Heidi Matisonn, having a sunny break in Georgetown.

The Intensive Bioethics Course 42 was held at the Kennedy Institute of Ethics at Georgetown University in June 2016. It was the 42nd annual course in this week-long intensive programme, with delegates from all over the globe.

SARETI endeavours to sponsor all its Faculty to attend this programme at least once. In the past, all SARETI fellows were also funded to attend. The programme in bioethics is designed for health care practitioners, policy makers, and clinical researchers. The course provides an intensive introduction to key principles of bioethics in a setting that allows for sustained dialogue through lectures and small discussion groups involving course delegates and faculty. The course is truly intensive, with much of the intellectual exchange occurring over shared meals and in extra discussions organised around participants' special interests. Core lectures took place on central ethical topics such as autonomy,

beneficence and non-maleficence, justice, pharmaceuticals and bioethics, euthanasia, and virtues in the caretaking professions. Participants attended more informal, faculty-facilitated discussions on special topics such as religious ethics, futility, animal ethics, and feminist bioethics.

Attendees had full access to the Bioethics Research Library, the world's largest collection of bioethics resources, as well as research assistance from KIE Bioethics Research Library staff. There was a half-day clinical ethics programme designed to provide participants with the opportunity of seeing how faculty from Georgetown's Center for Clinical Bioethics describe the current challenges in clinical ethics; structure the hospital ethics committee and ethics consultation team; and conduct ethics rounds and ethics reviews. The workshop included an overview of the current state-of-the-art clinical thinking on bioethics; an exploration of its methods and tools, e.g., ethics committees, consult

teams, case records, methodologies, evaluation strategies; and a concluding case study to facilitate application of this material.

There was also a Research Ethics Post-Session where participants workshopped a clinical research dilemma at a half-day session in Georgetown's innovative Ethics Lab. This workshop was facilitated by KIE director Dr Maggie Little and the Lab's design faculty, and attendees were invited to bring their own research ethics problems for intensive scrutiny and exploration.

Three SARETI staff members, Drs Heidi Matisonn, Zaynab Essack, and Nicole Mamotte, were privileged to attend this week-long course. All of them found the experience extremely useful and educational, and the opportunity to network with others has resulted in potential synergy in work between SARETI and other academic structures working in the field of research ethics education. ■

(Based on an article by Heidi Matisonn)

SARETI in Kenya - Ethics for a New Africa



Participants at the KWTRP-SARETI workshop entitled "Institutionalising Ethical Review of Health Research", Kilifi, Kenya.

In Kilifi County, health research is carried out in various fields important to the people of Kenya. There are three main institutions that review and/or approve health research proposals: the KEMRI-Wellcome Trust Research Programme (KWTRP), Kilifi County Hospital (KCH), and Pwani University (PU). There are 3 research ethics committees (RECs) operating in these institutions, each mandated to grant certificates of research approval, or to get approval from the Kenya Medical Research Institute (KEMRI).

Having multiple RECs reviewing health research results in parallel and multiple submissions and reviews/approvals, and unproductive duplication of effort. This has led to much confusion, particularly when RECs make different recommendations on how research should be conducted, or what focus the research should have.

KWTRP has been leading efforts to streamline the research review process and build the capacity of REC members within the three institutions. Given the existing relationship between SARETI (South African Research Ethics Training Initiative) and KWTRP, and the value of SARETI ethics training, it was decided to invite SARETI to present an intensive week-long workshop on health research ethics in Kilifi, Kenya. This was held from 30 May to 3 June 2016. Different methodologies and interactive sessions were used to present and debate key

ethical dilemmas for ethics review in Kenya. The blend of highly experienced scientists and relatively new researchers provided a rich opportunity for engaging in informative discussions and sharing experiences in the reviewing of proposals.

Below follow short descriptions of the sessions conducted during training.

Historical overview of the development of research ethics guidelines

The first workshop discussed the history behind the development of research ethics guidelines, including research atrocities that resulted in the development of existing ethical guidelines. While most well-documented available case studies on atrocities are from developed countries, it was enlightening to have some African case studies presented.

The Emanuel framework as one approach to guide review of health research protocols

The Emanuel framework is a mechanism for REC members to unpack the "universal" ethical principles into processes that can be applied in different settings. Some of the benchmarks presented raised intense debate, such as how fair risk-benefit could be adequately assessed.

Issues in ethics review

International perspectives on ethics review of research and various issues that arise during ethics review were explained. REC members were reminded to take into account that the ethics review system's ultimate goal is human participant protection. There needs to be capacity building of REC members, to develop understanding of ethical issues presented by new and innovative research designs.

Guidelines and processes for conducting health research in Kenya

The Kenyan national framework for conducting health research was described. The role of the National Commission for Science, Technology and Innovation (NACOSTI) and the powers delegated to accredit RECs were presented. RECs must ensure researchers follow national ethics guidelines. Most REC members were not



Ad hoc SARETI Faculty,
Ms M Haskins



SARETI Fellow, Mr F Kombe



SARETI graduate,
Dr R Musesengwa



SARETI graduate
Mr F Mutenherwa

aware of the laws that relate to research in Kenya.

The processes required for establishing a Research Ethics Committee (REC)

Training was conducted in the structural needs in developing an REC, and practical issues such as budgeting and information technology.

Critical issues in health research ethics

There was then a workshop and discussion on issues around research ethics, including the use of data, and its future use, as well as the storage and sharing of such data. Issues of consent and informed consent were discussed. There was an understanding that these issues cannot be legislated uniformly, and each research context has its own ethical dilemmas.

Health research in vulnerable populations and children

In a related discussion, the ethics around research in vulnerable communities was examined. The need to follow the law and research guidelines was noted. It was

emphasized that participant protection is important, and REC members need to avoid making emotional decisions.

Ethical issues in Phase I and II clinical trials

RECs need to understand the product development sequence in clinical trials, and the ethical issues that arise in each phase. The issue of consent without inducement was discussed. The need for guidelines on compensation and reimbursement of research participants was noted as key. South Africa has developed national guidance on payment that could be a useful way forward:

(see [http://research.ukzn.ac.za/Files/National%20Guidelines%20for%20Payment%20of%20Participants%20in%20Clinical%20Trials%20\(2012\).pdf](http://research.ukzn.ac.za/Files/National%20Guidelines%20for%20Payment%20of%20Participants%20in%20Clinical%20Trials%20(2012).pdf)).

Introduction to RHInno ethics software, a web-based online ethics review platform

Participants received an overview of RHInno ethics software <http://rhinno.net>. Accessing the platform involves a one-off installation fee of USD 6000 and an annual subscription fee of USD 3000.

International collaborative research

There was an examination of the ethics involved in international collaborative research. The research must be relevant to the health needs of the host country, and issues over samples and data ownership, sharing and shipping, capacity building of local scientists and post-trial issues, must be considered. Intellectual property of host countries must be protected:

(see <http://rfi.cohred.org/> on *Research Fairness Initiative*).

Ethics review of social science research

Reviewing social science studies is important. Social science studies can be problematic in terms of research conduct or academic value, and may expose participants to severe psychological and emotional harm. RECs must ensure all studies are reviewed by those members with expertise in social science methodologies and proper training in research ethics:

(see <http://www.oxfordhandbooks.com/view/10.1093/oxfordhb/9780199739165.001.0001/oxfordhb-9780199739165-e-19> and https://www.researchgate.net/publication/305711143_Ethics_Review_of_Social_and_Behavioural_Research_in_an_African_Context).

The ethics of biobanks and bio-sample research in developing countries

Biobanks and bio-repositories present complex ethical issues as it is difficult to obtain comprehensive informed consent. Researchers need to obtain consent from research participants that authorises storage and the use of samples for future studies. Different models for obtaining consent were presented, including restrictive, tiered and broad consent. ■



Participants being briefed on RECs.

SARETI Faculty Research Ethics Publications:

2015

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- Mamotte, N.**, & **Wassenaar, N.** (2015). Measuring voluntariness of consent to research: an instrument review. *Journal of Empirical Research on Human Research Ethics*, 10(2), 121–131. Epub 2015 Feb 20.
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- Newman, P., Rubincam, C., **Slack, C.**, **Essack, Z.**, Chakrapani, V., Chuang, D.-M., Tepjan, S., Shunmugam, M., Rongprakhon, S., Logie, C., Koen, J., & **Lindegger, G.** (2015). Towards a science of community stakeholder engagement in biomedical HIV prevention trials: an embedded four-country case study. *PLoS ONE* 10(8):e0135937.doi:10.1371/journal.pone.0135937.
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- Rautenbach, C., **Lindegger, G.**, Slack, C., Wallace, M., & Newman, P. (2015). 'I'm positive, but I'm negative': Competing voices in informed consent: Implications for HIV vaccine trials. *Journal of Empirical Research on Human Research Ethics*, 10(2), 151–156.
- Silaigwana, B., & **Wassenaar, D.** (2015). Biomedical Research Ethics Committees in sub-Saharan Africa: a collective review of their structure, functioning, and outcomes. *Journal of Empirical Research on Human Research Ethics*, 10(2), 169–184. Epub 2015 Mar 6.
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- Strode, A.**, Toohey, J., Singh, P., & **Slack, C.** (2015). Boni Mores and consent for child research in South Africa. *South African Journal of Bioethics and Law*, 8(1), 22–25.
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SARETI Students’ Research Ethics Publications:

2015

Adewale, B., Schoeman, L., & Roussouw, T. (2015). Knowledge and perceptions of research participants in Nigeria about clinical trials. *Indian Journal of Medical Ethics*, 12(4), 196–198. Accessible at <http://imsear.hellis.org/handle/123456789/180131>.

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Chapters in Books:

Kasule, M., Wassenaar, D., Ijsselmuiden, C., & Moipolai, B. (2016). Improving quality and efficiency of research ethics committees to enhance public health practice in Africa. In D. H. Barrett, L. Ortmann, A. Dawson, C. Saenz, A. Reis & G. Bolan (Eds.) Chapter in *Public Health Ethics: Cases Spanning the Globe*, pp. 310–314. New York: Springer.

Personal Reflections on Learning at SARETI

The South African Research Ethics Training Initiative (SARETI) is a comprehensive multidisciplinary education programme in health research ethics for Africa. Its aim is to build African capacity for the ethical review of health research and strengthen Africa's institutional training capacity.

I was selected for the Masters degree programme in 2012 and started my course in 2013. SARETI provided a variety of educational programmes for its students in terms of courses and staff representatives. During my stay with SARETI, I acquired advanced knowledge of the concepts surrounding research ethics, which has served as the basis for further adventures in the field. With the training received from SARETI, I can hold my own in any discussion on ethical issues related to science.

Upon my return from SARETI training I organised a research ethics conference in Ghana (the first research ethics conference) which was a great success. The writing and communication skills I acquired from SARETI made it possible for my abstract to be selected for a poster presentation at the World Congress of the International Association of Bioethics

(IAB) in June, 2016. Financial constraints made it impossible for me to attend, unfortunately.

So was the SARETI training a success? Yes, it was. I would want to recommend that the practical aspect should be changed to allow a full practical session covering all the categories of the course structure. This will equip trainees with first-hand practical experience in dealing with specific situations.

I feel that making it compulsory for trainees to return home and finish the course from home makes it difficult for them to do effective work. The return to work, family life and other distractions to their research work make completion difficult. I would suggest that the course be re-structured so that trainees return for a short time to collect necessary data and then return to SARETI to finish off on



Ms Pamela Selormey and Ms Samantha Chareka at their graduation.

campus under SARETI supervision.

SARETI is a very good programme and thanks to Fogarty and SARETI, I have successfully graduated with a Masters degree in Health Research Ethics. I am currently finalising a paper for publication from my Masters thesis. I have been empowered to make a difference in the research arena. My sincere gratitude to SARETI for the opportunity granted to me by my supervisor, Professor Douglas Wassenaar, Ms Carla Pettit and all SARETI staff. ■

SARETI TRAINEES : 2002 – 2016	
COUNTRY	STUDENTS
Botswana (2)	Mrs Boitumelo Mokgatla-Moipolai; Ms Dimpho Njadingwe
Burkina-Faso (1)	Dr Abdoulaye Diallo
Cameroon (4)	Mr Primus Chi; Mrs Perpetua Akindeh; Mr Justice Muh; Mr Hilton Ndimuangu
Ethiopia (1)	Dr Wellington Oyibo
Ghana (4)	Ms Evelyn Anane-Sarpong; Ms Hannah Frimpong; Ms Pamela Selormey; Ms Irene Tsey
Kenya (4)	Ms Caroline Gikonyo; Dr Moses Limo; Mr Dickens Aduda Omondi; Mr Francis Kombe
Libya (1)	Dr Omran El-koha (CUSA)
Malawi (4)	Ms Janelisa Musaya; Mr Abdallah Chilungo; Ms Limbanazo Matandika; Ms Tiwonge Mtande
Mali (1)	Juriste Awa Keita
Nigeria (13)	Dr Olubayo Fasola; Dr Olawunmi Fatusi; Prof Karniyus Gamaniel; Dr David Irabor; Dr Ogenna Manafa; Dr Benjamin Olley; Dr Kolawole Oyedeji; Dr Felix Chukwunkeke; Dr Odidika Umeora; Dr Babatunde Adewale; Dr Patrick Okonta; Dr Eucharua Anunobi; Dr Joseph Alimasunya (CUSA)
South Africa (6)	Prof Pauline Kuzwayo; Ms Matsie Ratsaka-Mothokoaa; Dr Yandisa Sikweyiya; Dr Elizabeth Lutge (CUSA); Mr Bhekamazwide Nxumalo (CUSA); Ms Shenaaz Raiman (CUSA)
Tanzania (6)	Prof Muhsin Aboud; Mr Cuthbert Kabero Butendeli; Mrs Joyce Ikingura; Dr Asungushe Kayombo; Dr Lumuli Mbonile; Dr Mrisho Mgallah
Uganda (3)	Dr Elizabeth Kwagala; Dr Erisa Mwaka; Mr Claude Kirimuhuzya
Zambia (3)	Mr Bornwell Sikateyo; Ms Nancy Soko; Mr Jonathan Chinyama
Zimbabwe (9)	Mr Owen Mapfumo; Mrs Rosemary Musesengwa; Dr Paul Ndebele; Dr Aceme Nyika; Ms Sithembile Ruzariro; Mr Farirai Mutenherwa; Mr Claudius Madanhire; Ms Samantha Chareka (CUSA); Ms Florence Mutevedzi

Learning by Presenting: Norway to Edinburgh



SARETI Fellow Mr Justice Muh (Cameron) was selected to attend this sponsored event.

The programme opened with a welcome from Dr Joseph Millum from the Clinical Center Department of Bioethics/Fogarty International Center. He explained that the early career programme is aimed at providing a forum for early career researchers to interact and learn from senior researchers from the US National Institutes of Health and the University of Bergen, Norway. SARETI has long-standing collegial ties with the faculty of this programme, especially with Prof R. Lie, Dr J. Millum and Dr N. Barsdorf.

Dr Millum used examples to highlight best practice in writing a good conceptual paper in bioethics, emphasising the importance of a good structure. Clarity of argument and definition of the problem are vital. Over time, scholars gain skills in design and procedure that should produce a good conceptual paper.

Dr Dave Wendler (Head, Section on Research Ethics, Department of Bioethics at the US National Institutes of Health (NIH)) spoke about empirical bioethics research while Prof Reidar K. Lie (Head of Philosophy at the University of Bergen, Norway) and Dr Barbara Sina (Fogarty International Center at the US National Institutes of Health) coached scholars on how to develop a bioethics research profile and craft grant applications to the

US National Institutes of Health.

Scholars separated into small groups to workshop their research in progress. Mr Muh attended a group where Prof Reidar led the discussion. Scholars received criticism and suggestions from peers on how to proceed with their research. Mr Muh presented his ongoing research, titled *An evaluation of the ethical concerns of research ethics committees in Cameroon, using the principles and benchmarks proposed by Emanuel et al (2004)* and received valuable suggestions and feedback. These included that he be clearer about his choice of and justification for using the Emanuel approach, including possible limitations, and a need to amplify his research design.

He was asked to consider all comments

made from the audience, particularly those regarding references to the Emanuel principles (for example, if an REC does not refer to a concept by name, but alludes to it), and to design a reproducible methodological approach for capturing this kind of indirect referencing. He was advised to describe a method of collecting data so that his findings are robust, reproducible and consistent.

At the International Association of Bioethics conference on June 15, 2016, Mr Muh was given the opportunity to describe his research in a short presentation. This session was chaired by Prof Laurie Graeme (Professor of Medical Jurisprudence at the University of Edinburgh and Founding Director of the JK Mason Institute for Medicine, Life Sciences and the Law, and a Wellcome Trust Senior Investigator) with representatives from the Wellcome Trust, WHO ethics department and other conference participants. He was then given feedback to further help him overcome challenges in the project. ■

From a report by Mr Justice A. Muh (Cameroon) on the Joint NIH-University of Bergen Early Career Scholars Program and the International Association of Bioethics Conference in Edinburgh, UK on June 14-17, 2016

Collaboration for Maternal Health: SARETI Graduates Plan for Peace



Mr Primus Chi and Dr OUI Umeora dwarfed by the statue of a tiger in Oslo, Norway.

Two SARETI graduates are collaborating in a project run under the auspices of the Peace Research Institute Oslo (PRIO) in Norway. Primus Che Chi (Primus) and Dr. Odidika Umeora (OUJ) are working together on the project *Armed Conflict and Maternal Health in Sub-Saharan Africa* which has been in progress since July 2014, and will finish in June 2017. Primus is now a doctoral researcher at the Centre for the Study of Civil War, Peace Research Institute Oslo (CSCW/PRIO). He is a project team member, and enrolled for a PhD in International Health at the Faculty of Medicine, University of Oslo, Norway, while OUJ is a practising obstetrician and gynaecologist, and a SARETI graduate. OUJ is on the Advisory Board for the project, and is on the staff of the Federal Teaching Hospital, Abakaliki, Nigeria.

They were both delegates at a workshop jointly organised by the “Armed Conflict and Maternal Health in Sub-Saharan Africa” project and a related project on the impact of development aid in sub-Saharan Africa, which recently took place in Oslo.

Primus and OUJ are also leading a Cochrane systematic review on interventions for improving maternal, newborn and women’s reproductive health in crisis settings within the project. This review should be completed in the coming months.

The primary objective of the “Armed

Conflict and Maternal Health in Sub-Saharan Africa” project is to improve our understanding of how conflict affects maternal health, and how to help improve maternal health in post-conflict societies – crucial for formulating humanitarian policies to improve women’s health after conflict.

More about the review can be found here:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4561524/>

More about the project is available at:
<https://www.prio.org/Projects/Project/?x=1643>