

diversity varies according to maternal, placental and umbilical cord blood. Age, gravidity and doses of preventive treatment based on sulfadoxine-pyrimethamine do not interfere with the multiplicity of infections.

PO 8254 LESSONS LEARNT FROM SCALING UP AN ONLINE SYSTEM FOR REVIEW AND MANAGEMENT OF PROTOCOLS IN SUB-SAHARAN AFRICA

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Background The transition from paper-based to online submission of health research protocols using the RHinnO Ethics (RE) platform has been shown to improve efficiency and quality of ethics reviews. However, despite these documented benefits, there are only a total of 40 installations in 12 out of the 54 countries in Africa. We analysed facilitators and barriers to adoption of RE by Research Ethics Committees.

Methods We used a retrospective analysis to identify determinants of adoption or rejection of RE by grouping feedback from users into key emerging themes identified through three stages of RE adoption: 1) contractual 2) trial 3) full implementation.

Results A total of 3947 protocols have been managed through RE by March 2018. Of those reached, 25 per cent adopted and continue to use RE. Of those that rejected, 14 per cent rejected after the trial. At the contractual stage, the key determinants of adoption were the guarantee of sustainable funding, pre-existing good IT infrastructure, and the assurance of technical assistance from the providers. The key determinants of rejection were concerns of cyber security, limited control and ownership by Research Ethics Committees and cost of the annual subscription. At the trial stage, the determinants of continued adoption and use were continued IT support from providers and a proven comparative advantage over the paper-based system. The key determinant of rejection was limited support from organisation leadership. Those who have continued through the implementation stage emphasised financial sustainability and continuous improvement of the RE as key determinants.

Conclusion Accelerated adoption of RE will require increased adaptability of the platform, decrease in cost of annual subscription, improved confidence in security and ownership of data. Developers, Research Ethics Committees and sponsors of RE need to develop a cost-effective funding strategy to increase efficiency, economies of scale and benefits related to harmonised and standardised digital platforms.

PO 8261 CYTOCHROME P450 (CYP2B6*6C.516G>T) VARIANTS IN CONGOLESE INDIVIDUALS WITH HIV AND TB MONO AND DUAL INFECTIONS

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Background The inter-individual genetic polymorphism of cytochrome P450 enzymes (CYP), involved in the metabolism of many drugs, partly modulates drug response and toxicity. Single nucleotide polymorphisms of CYP2B6 for example, G516T have been implicated in high- and sub-therapeutic plasma concentration of the current antimalarial, HIV and TB first-line drugs in various geographical regions and thus undermines effective disease management. At present, there is no data on the frequency of CYP2B6 c.516G>T among the Congolese population, despite a significant number of people undergoing antimalarial, HIV and TB treatment that relies on CYP2B6-based drug clearance or activation.

Methods A total of 418 patients with HIV-1 mono-infection, HIV-1 +TB coinfection and *P. falciparum* infection were genotyped for CYP2B6 c.516G>T polymorphism using PCR-RFLP. The frequencies of the alleles as well as the genotypes (GG, GT and TT) were determined.

Results The frequency of CYP2B6 c.516G>T polymorphism was 69% and frequency of G and T alleles were 45% and 55%, respectively. 17.0% (49/288) of participants were GG (extensive metaboliser), 55.2% (159/288) of participants were GT (intermediate metaboliser) and 27.8% (80/288) of participants were TT (poor metabolisers).

Conclusion This study highlights CYP2B6 c.G516T polymorphism as a potential determinant of drug response and toxicity among the Congolese population, particularly those undergoing antiretroviral, malaria and tuberculosis treatment within the current first-line drug policy framework.

PO 8264 QUALITY CARE CRITERIA IN A CLINICAL TRIAL CONTEXT: PATIENT AND DAFRA AND NANORO CMA HEALTH WORKER PERCEPTIONS IN BURKINA FASO

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Background Participants in clinical trials as well as researchers conducting them, establish a close link between clinical trial and quality care. However, what understanding do they have of the concept of quality of care? This study aimed to answer this question by presenting the criteria which define for them quality care in the context of clinical research.

Methods The data were collected from the participants involved in these clinical trials as well as from the health workers (research teams and other health workers) using a qualitative approach with 70 in-depth interviews. Direct observations of the participants partaking in care activities were also made in both health districts. The data were recorded, transcribed and then analysed on the thematic content basis.

Results For the health workers interviewed, the clinical trials are conducted in optimal conditions which highly contribute to ensure a good quality of care. To them, quality of care in the process of the trial implementation is evident from some availability of qualified human resources, quality medico-technical equipment, as well as good clinical practice strictly adhered to by the researchers.

As for the participants, the quality of care in clinical trials meets specific criteria. To them, quality care delivered by the research team became tangible through laboratory tests before any treatment proposal, the promptness in taking care of any