6 November 2017

Executive Summary of the Summit on the Standard of Care in Clinical Trials in Low-Middle Income Settings

The South Africa Medical Research Council convened a summit to discuss issues relating to Standard of Care in clinical trials, both of treatment and prevention. Policymakers, regulators, ethicists, experts in the law (as it pertains to medical research) and researchers involved in both HIV and Cancer presented a framework within which Standard of Care principles could be articulated. How and when to include new modalities of treatment and prevention into existing essential medical guidelines was the emphasis of the Summit. Participants involved in the execution of care and the scale up of new interventions, in particular, the roll out of Pre-exposure Prophylaxis, presented the opportunities and challenges when it comes to scaling up interventions, and their experience with demonstration projects of PrEP. Advocates and community members propagated the need to make interventions that could avert HIV infection available as soon as possible. Experts in evidence-based guideline development discussed the nuances in evaluating evidence for policy and the mechanisms for getting medicines on the essential medicine list in South Africa. Given the variability in efficacy in PrEP amongst different populations, scientists and statisticians, discussed the various biological, virological and immunological reasons for this heterogeneity. Input was given as to the impact of introducing PrEP in other HIV prevention trials, and the considerations for the design of both ARV based and non-ARV based HIV prevention trials.

Even when there was uniformity in the data on PrEP, there were differences in implementation models by country and region. In the United States where PrEP is licensed for both MSM and women, research teams provide uniform access to the drug through a national mail order pharmacy. The medical care and long-term monitoring is assumed by treating physicians and adheres to the concept that Standard of Care should be delivered in the medical care system, in order to incorporate the long-term medical issues associated with PrEP into more holistic care for the patient. There was concern expressed by some ECs in North and South America that PrEP counselling and adherence best be managed outside the study milieu as there is inherent bias in study staff involved in trials that are designed to "be better than PrEP". Given that currently PrEP availability is limited in RSA, and that this intervention is not available on the Essential Medicines List in RSA or in the public sector, after deliberation, the following conclusions and recommendations were made for the use of PrEP in HIV prevention research:

1. Standards of Care in clinical trials in our settings are complex.
2. Given the local context, Standard of Care is nuanced and varies from site to site.
3. The guidelines developed both internationally and locally can inform our provision of PrEP in HIV prevention trials.
4. In RSA, it is estimated that less than 7,000 people currently access PrEP. This emphasizes the point that PrEP is far from the Standard of Care for high-risk populations in RSA, and that the use of PrEP for high-risk women and men in the country is likely the aspirational Standard of Care.
5. The support of sites to introduce new interventions, such as PrEP, needs the support of the ECs and the willingness of community to work with sites, which was evident from the consultation.

Recommended

1. The proposal to establish a SAMRC-initiated PrEP fund that will be supported by partners such as the FHCRC, to make available the provision of PrEP and the support of HIV testing to trial sites.
2. That the manner in which the provision of PrEP occurs be left to the trials sites together with the community.
3. That the provision of PrEP is limited to the duration of the study, and that post-trial access could not be supported as funding was limited, and that participants are made aware of this restriction.
4. That the SAMRC immediately make provision for the procurement of PrEP and disbursement to sites as an interim measure.
5. That the investigators interact with the NDoH PrEP technical working group to motivate support of demonstration projects close to the sites.
6. That information is developed to optimise the efficacy of PrEP.

Sincerely,

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