

Discussion question asked after presentation and answers:

- 1) *Will the clinical trial insurance requirement include other areas of research studies such as biomedical research that does not use medicines and medical devices?*

Globally including Zimbabwe, the trend is that the clinical trial insurance cover is specifically for clinical trials of medicines and vaccines i.e. Investigational products as defined in the ICH E6(R2) section 1.12 definition of a clinical trial. Medical devices may only be included if they are defined as medicines. In most countries, medical devices that are not defined as medicines are regulated under other legislation or regulatory agencies. In Zimbabwe, the Medicines and Allied Substance Control Act makes provision for regulation of medical devices that currently includes, gloves, male and female condoms. The regulations will also be expanded to include blood and blood products, and in vitro diagnostics.

- 2) *What are the follow up post trial for clinical trial insurance claims?* It depends with the benefit-risk profile of the product and if it is known to cause long term side effects that may occur post trial. So the study sponsor insurance policy plan or certificate of insurance would have discussed aspect as well. It is also difficult to make claims post trial as already discussed in the presentation. That is Insurance is generally written on a "claims made" basis, i.e. the claim must be made in the policy period during which the insurance is in force.

Usually within study period, or up to 3 years. Again it also depends on country specific guidance and regulations e.g. Insurance and compensation in the event of injury in Phase I clinical trials Guidance by the Association of British Pharmaceutical Industry (ABPI) I emailed you already.

- 3) *How do you determine risk levels for a clinical trial such as ARVs study?* The benefit/risk levels are usually determined through use of benefit/risk level matrix e.g. Phase 1 clinical trial being highest risk, treatment intervention studies lie ARVs being moderate risk depending on the benefit/risk profile of each study medicine. This also depends on evidence-based benefit risk profiles of study medicines including incidence/prevalence of SAEs/ADRs and product labelling package insert/ Summary of Product Characteristics (SPCs). Important to note is that treatment intervention studies usually benefit the participants in treating the disease hence are usually therefore low risk and will hence require less amounts of insurance cover.

- 4) *Is there capacity for local insurance companies to give researchers fair clinical trial insurance cost (prize)?* Not necessarily depending on capacity of the local insurance company. Sometime the researchers calculate insurance cover amount based on risk and set aside funding in the study budget to cover trial related injuries such as serious adverse event (SAE) management.

- 5) *The presentation talked about generating timely and accurate study data. How can we be sure of non-manipulated data given the feasibility challenges of not having e-health records?*

The ECs and NDRAs are required to have a monitoring system for studies including safety and quality monitoring, ADR/SAE reporting form etc. and do causality assessment to compare notes with Investigator/sponsor causality assessment and corrective/preventative action take. For example, in Zimbabwe it is a legal requirement to monitor clinical trials and mandatory for researchers to report ADRs/SAEs. There is also the national pharmacovigilance Committee that meet once every month and do causality assessment of the ADRs/SAEs/AEFIs report to

determine benefit/risk. There is both manual and electronic reporting systems for ADRs/SAEs. The WHO-African Vaccine Regulatory Forum (AVAREF) is looking (ADRs at ways of capacity building of Ecs/NDRAs in Africa to have shared database of Individual Case Safety Reports (ICSRs) (ADRs/SAEs/AEFIs).

- 6) *Will clinical trial insurance requirements not hamper research for example medical/University students will not be able to do research?* Clinical trial Insurance requirements should have provision for healthcare worker professional certificate or exemptions as well where applicable and as mentioned in the presentation i.e. professional liability insurance.
- 7) *How much sensitization of insurance companies should be done about clinical trial insurance?* A lot of regular sensitization is required as already mentioned in presentation that engagement of key stakeholders is key. In Zimbabwe for example we have held some workshops over the years with researchers, insurance companies and Ecs/NRA. For external sponsor, insurance cover may also be provided by international insurance companies.
- 8) *Who leads the clinical trial insurance claim process if the participant is deceased? There is also an element that the next of kin may not be aware of the deceased participant's enrolment in the study.* Serious adverse events (SAEs) for study participants include death hence a system that does independent causality assessment of the safety report should determine the benefit /risk and advise accordingly as to the cause of death. It is important to remember though that death is an event and may not necessarily be related to the study products nor research participation. As for next of kin not being aware of deceased participant's enrolment in study, it's an unfortunate scenario and should be dealt with on case by case basis.
- 9) *What happens if the participant suffers from unknown side effects of the investigational product (s).* Yes this may happen e.g. 10 years ago the "Elephant Man drug trial" in UK where only participants who took active test product, phase 1 novel monoclonal antibody had anaphylaxis reactions and ended up in Intensive care Unit(ICU) but participants who took placebo did not have any reactions.