

Ethics approval fees constrain early career researchers in Africa: a call for alternative financing for ethics committees

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Although the research outputs of African scholars have increased over the years, the continent contributes less than 5% of global scientific publications.^{1,2} Early career researchers (ECRs) are key in undertaking research that will shape the future of clinical care and public health in Africa, where the burden of infectious and non-communicable diseases is converging.³ An ERC is one within their first 5 years of academic or research-related employment following completion of postgraduate research training.⁴ In Africa, ERCs are usually at assistant lecturer or lecturer level in research institutes, universities, polytechnics or colleges.⁵

The foremost challenge faced by ECRs in Africa is lack of funding.¹ In one survey, ERCs in Africa were reported to receive a median of US\$5000 funding for research projects.¹ This is very low considering the amount of ethics approval fees levied by research and ethics committees (RECs) in Africa. While academic research protocols are reviewed for as low as US\$5, non-student ERCs can be expected to pay up to US\$600 or 10% of the study project budget.⁶⁻⁸ This is often in addition to other permit fees charged by national bodies that regulate institutional RECs. Fees payable to these national bodies range from US\$300 to US\$2000 for clinical trials.⁹ Additional fees are required for protocol amendments and annual renewal of approvals, where applicable. Essentially, ERCs can expect to spend almost 40% of the small research grants they receive on ethics approvals. Clearly, these fees are a barrier for ERCs who have valuable ideas but lack access to substantial funding.

While the World Health Organization (WHO) recommends that REC fees should be based on

the actual costs of reviewing a study protocol,¹⁰ there are no rigorous and transparent methods of calculating these costs in Africa.⁸ Moreover, several challenges arise when RECs use a revenue stream based on a 'fee-for-service approach' to finance their operations. The first challenge is the untoward loss of independence that could arise when RECs review well-funded studies of established researchers who are based at their own institutions.¹¹ In addition, RECs may be loath to reject protocols since protocol review and research projects are a source of income and employment for the institution hosting the REC. As such, RECs may merely 'rubber stamp' approvals in order to secure funds.⁶ This is contrary to the WHO recommendation that funding mechanisms for REC operations should ensure that RECs have no financial incentive to preferentially approve (or reject) some studies.¹⁰

On the one hand, there is an urgent need to abolish these 'user fees' for ERCs. Abolishing REC fees can be an incentive for ERCs to conduct operational research and promote the retention of ERCs in research work. On the other hand, RECs in Africa report a shortage of human, physical and financial resources.¹² In addition, more than 60% of RECs in Africa are unable to remunerate their members.¹³ This calls for alternative financing mechanisms for RECs to ensure that REC members providing critical and independent quality reviews of research protocols are adequately compensated.

One approach is to consider financing RECs through institutional overheads levied off research grants at source. This would necessitate funding agencies to intentionally earmark funds for ethics

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approval. Another approach is to have central governments fund the budgets of RECs to waive fees for ERCs. A modification of this approach is to integrate RECs in the relevant ministries as units or departments. In this case, RECs can access funding through the ministerial budget. Funding RECs is consistent with the Algiers' declaration in which governments pledge to allocate at least 2% of the health expenditure budget to health research and capacity building.¹⁴ Governments in Africa need to recognise the key role that RECs have played in protecting their populations from exploitation and in shaping the continent's research agenda since 1967.¹⁵ Hopefully, these mechanisms can create a balance between promoting research activities among ERCs and the sustainability of RECs.

Author contributions

JBB: conceptualisation, drafting manuscript, editing and final approval.

RO, WK, RN, IIO, AD, CS, CM, JM and FB: conceptualisation, editing manuscript and final approval.


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References

1. Beaudry C, Mouton J and Prozesky H. *The next generation of scientists in Africa*. Cape Town, South Africa: African Minds, 2018.
2. Confraria H and Godinho MM. The impact of African science: a bibliometric analysis. *Scientometrics* 2015; 102: 1241–1268.
3. Remais JV, Zeng G, Li G, *et al*. Convergence of non-communicable and infectious diseases in low- and middle-income countries. *Int J Epidemiol* 2013; 42: 221–227.
4. Bazeley P. Defining 'early career' in research. *High Educ* 2003; 45: 257–279.
5. Salihu Shinkafi T. Challenges experienced by early career researchers in Africa. *Future Sci OA* 2020; 6: FSO469.
6. Kass NE, Hyder AA, Ajuwon A, *et al*. The structure and function of research ethics committees in Africa: a case study. *PLoS Med* 2007; 4: e3.
7. Bain LE, Ebuonyi ID, Ekuwe NC, *et al*. Rethinking research ethics committees in low- and medium-income countries. *Res Ethics* 2018; 14: 1–7.
8. Sambiéni NE. Differences and structural weaknesses of institutional mechanisms for health research ethics: Burkina Faso, Palestine, Peru, and Democratic Republic of the Congo. *BMC Med Ethics* 2018; 19(Suppl. 1): 47.
9. Puppalarwar G, Mourya M, Kadhe G, *et al*. Conducting clinical trials in emerging markets of sub-Saharan Africa: review of guidelines and resources for foreign sponsors. *Open Access J Clin Trials* 2015; 7: 23–34.
10. World Health Organization. *Research ethics committees: basic concepts for capacity-building*. Geneva: World Health Organization, 2009.
11. Rwabihama J-P, Girre C and Duguet A-M. Ethics committees for biomedical research in some African emerging countries: which establishment for which independence? A comparison with the USA and Canada. *J Med Ethics* 2010; 36: 243–249.
12. Silaigwana B and Wassenaar D. Biomedical research ethics committees in sub-Saharan Africa: a collective review of their structure, functioning, and outcomes. *J Empir Res Hum Res Ethics* 2015; 10: 169–184.
13. Mokgatla B, IJsselmuiden C, Wassenaar D, *et al*. Mapping research ethics committees in Africa: evidence of the growth of ethics review of health research in Africa. *Dev World Bioeth* 2018; 18: 341–348.
14. World Health Organization. *Framework for the implementation of the Algiers declaration on research for health in the African Region*. World Health Organization Regional Committee for Africa, Fiftyninth session, AFR/RC59/5. 2009.
15. Kruger M, Ndebele P and Horn L. *Research ethics in Africa: a resource for research ethics committees*. Stellenbosch, South Africa: African Sun Media, 2014.