

# SETTING THE SCENE:



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# Democratizing trials: Blueprint of inclusive innovation

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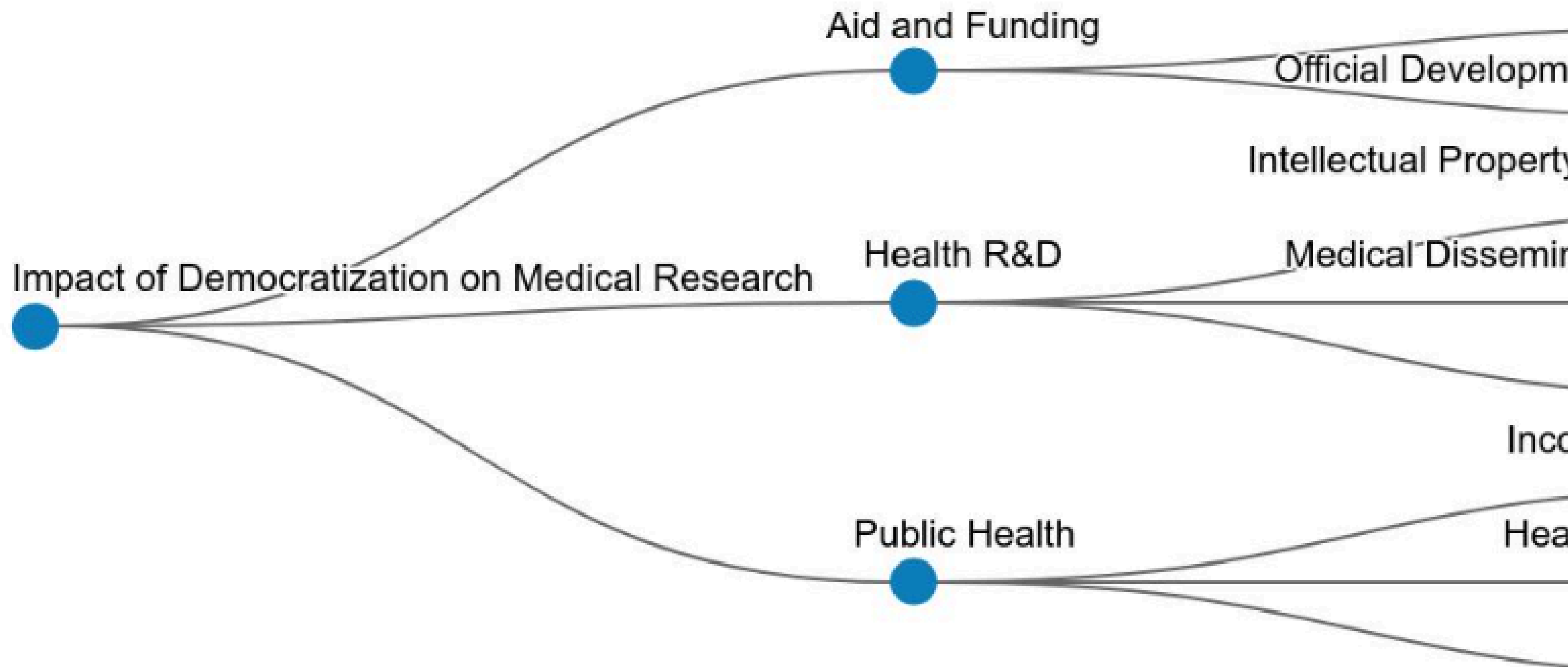
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## Clinical trials diversity : Where are we now ?

**According to WHO in 2023 only 4% of world's clinical trials included Africa**



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Source : IQIVA global site management 2024







## Challenges in Africa / LMICs



**Regulatory hurdles**



**Lack of pharmaceutical industry**



**collaboration, finance, infrastructure**



**health records and biobanks**



**institutional data access, sustainability**



**Social and cultural barriers**



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Source : IQIVA global site management 2024





## **Under-representation impact :**

- Incomplete genetic and biological data**
- Treatment decisions based on non-representative datasets: excluding a continent that carries about 25% of the global disease burden. This risks making treatments less relevant or less effective for African patients.**
- Delays in drug availability and access.**
- Uncertainty regarding safety and efficacy in diverse populations.**
- Missed opportunities for regional innovation and capacity building.**
- Ethical and equity concerns.**



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# Steps for improvement :

## Africa is building up strong clinical trials infrastructure

**Regulatory Harmonization: African Medicines Agency (AMA) launched in 2021 to harmonize medicine regulation and clinical trial oversight across the continent.**

**Clinical Trial Networks : - H3Africa (Human Heredity and Health in Africa Initiative) established biobanking and genomic research platforms across >30 African countries.  
- AORTIC**

**Capacity Building : Training Staff and implementation of research centers and biobanks (e.g MASRI in Egypt)**

**Inclusion in Global Trials initiatives: WHO's Global Clinical Trials Forum**

**Policy and Advocacy for experts and public**



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# EGYPTIAN PIWH as an example of opportunities



**Evidence Based on Real Data**



 **reast Intelligence**

**Egyptian PIWH big DATA Informatics and AI  
(Breastintelligence)**



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## PIWH

KPI: > 60% OF  
INVASIVE CANCERS  
are Stage I or II

Reduce mortality by 2.5 %  
Thereby would avert ٢٥% of breast cancer deaths by ٢٠٣٠ and  
٤٠% by ٢٠٤٠ among women under ٧٠ years of age)

We reached  
80%

KPI: Diagnostic  
evaluation within  
60 days

We reached  
Days 49

KPI: > 80 %  
undergo  
multimodality  
treatment

It's a mandatory  
step for all early  
cases



A return of 1.38 EGPs for each  
1 EGP spent on the campaign

38%



ROI

Economic  
Benefits

+1.2 Billions EGP  
Savings

+27 K  
Life years saved

Global BC Initiative Implementation  
Framework By WHO

Economic Evaluation Report



## Example of Real IMPLEMENTATION:



### Goals :



Internationalization



Digital  
Transformation  
and Integrated  
Solutions



Capacity  
Building



Positioning &  
Visual identity  
empowerment



Innovation  
& industry  
linked  
Research  
Activity



Sustainable  
Resources &  
Funding



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## Achievements :

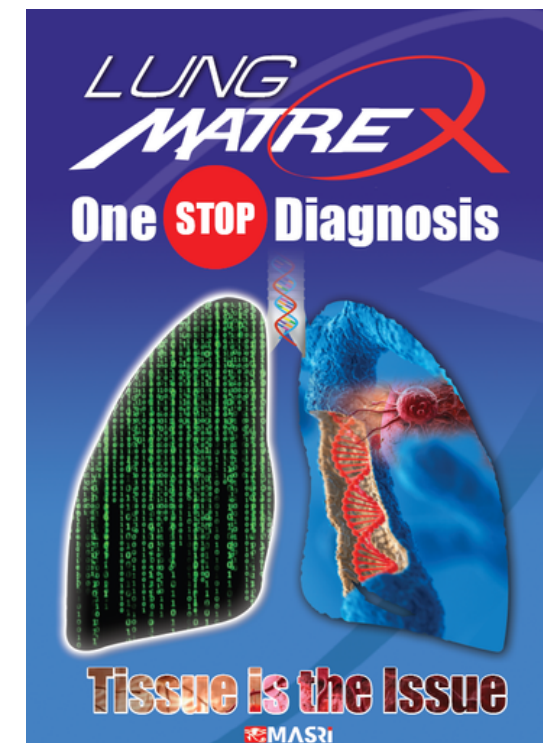
- ACCREDITED Genomic unit & BIOBANK
- Clinical trials with international collaborations : MD Anderson, FUDAN university , UCL , BCNET member (WHO facility) .
- Projects : - MATREX PROJECT , FUDAN PROJECT
- Pharmaceutical companies integration : MARC PROJECT FUNDED BY EVA, HRD PROJECT FUNDED BY ASTRAZENECA, LUNG & BREAST CANCER FUNDED BY PFIZER.
- International publications : NATURE , SCIENCE and NJM



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THE UNIVERSITY OF TEXAS  
MD Anderson  
~~Cancer~~ Center



# The Blue Print



**Internationalization**



**Digital Transformation  
and Integrated  
Solutions**



**Capacity  
Building**



**Positioning & Visual  
identity empowerment**



**Innovation & industry  
linked Research Activity**



**Sustainable  
Resources & Funding**



**Inclusion of all  
subpopulations**



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# Call to Action

WIN- WIN

Recognizing Africa as a partner in international clinical research is not only a matter of equity but a key driver for inclusive innovation. With its unmatched genetic diversity and a population burdened by 25% of the world's diseases, Africa's active participation in global clinical trials is essential to developing treatments that serve all of humanity. By investing in African capacity, infrastructure, and collaboration, we pave the way toward a more inclusive future—one where global health solutions are equitable, effective, and truly universal.

The path to disease eradication cannot be complete without Africa at the table.



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