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## Research Ethics Committees in Nigeria: A Survey of Operations, Functions, and Needs

## Table 1. Criteria for Assessing Conformity of Participating Ethics Committees to Guidelines<sup>1</sup>

S/N	Criterion
1	Criteria for membership
2	Membership criteria requiring gender representation
3	Multiprofessional membership
4	Commitment to training
5	Training at least once every two years
6	Availability of standard operating procedures
7	Quorum requirement: not less than 50% of members present
8	Included in review elements: scientific validity, study design, risk-benefit assessment,
	and informed consent process
9	Specified application forms
10	External consultation when necessary
11	Continuing oversight
12	Records kept for at least three years
13	Review turn-around time of not more than three months
14	Availability of resources (at least 5 of 11 items listed)
15	Compliance with other international guidelines
16	Registration with both the NHREC and OHRP

<sup>&</sup>lt;sup>1</sup> Adapted from World Health Organization, Operational Guidelines for Ethical Committees That Review Biomedical Research, Geneva: World Health Organization, 2000, and Federal Ministry of Health, National Code for Health Research Ethics, Abuja, Nigeria: Federal Ministry of Health, 2007.

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Table 2. **General Characteristics and Training Practices** 

Question concerning	Ν	Category <sup>1</sup>	n (%)
Respondents	25	chairperson other members	19 (76%) 6 (24%)
Age of RECs*	21	under 10 years 10 years more than 10 years	14 (67%) 1 (5%) 6 (29%)
Location of RECs	25	urban area rural area	22 (88%) 3 (12%)
Region of RECs	25	Southwest South South Northwest North Central Northeast Southeast	7 (28%) 2 (8%) 2 (8%) 7 (28%) 4 (16%) 3 (12%)
Type of institution hosting REC	25	teaching hospital research institute federal medical center nongovernmental organization other	15 (60%) 1 (4%) 7 (28%) 1 (4%) 1 (4%)
REC membership (multiple responses)	25	physician lawyers bioethicist both Christian and Muslim clergy community member or layperson	25 (100%) 16 (64%) 7 (28%) 3 (12%) 14 (56%)
Ownership	25	public private	24 (96%) 1 (4%)
REC provides training for members	25	yes no	16 (64%) 8 (32%)
Types of training provided*	16	workshop or seminar only online course only both of the above	10 (63%) 1 (6%) 5 (31%)
Required frequency of training for REC members*	14	once every 2 years once a year more than once a year	6 (43%) 5 (36%) 3 (21%)
Members trained in the past 2 years* prior to data collection	16	mean mode standard deviation	6.69 2 5.49

 $<sup>^{*}</sup>$  Data is missing.  $^{1}$  "No" and "don't know" responses are reported only if they constitute more than one-quarter (25%) of all responses.

Table 3. REC Operations and Review Processes

Question (paraphrased)	N	Response <sup>1</sup>	n (%)
Does the REC have SOPs?	25	yes	20 (80%)
What is the frequency of	25	only as needed	7 (28%)
REC meetings?		at least quarterly	17 (68%)
		every 2 weeks	1 (4%)
What is the quorum requirement?*	23	at least 50% of the members present	21 (91%)
		at least 25% of the members present	2 (9%)
Is primary review required before a committee meeting?*	24	yes	21 (88%)
Are there different review	24	yes	13 (54%)
procedures according to risk?*		no	11 (46%)
Does the committee usually seek the input of outside consultants when conducting a review?*	23	yes	18 (78%)
How often is the presence of	25	decided on case-by-case basis	17 (68%)
investigators required during		always	4 (16%)
the review process?		never	3 (12%)
		most of the time	1 (4%)
Which, if any, international ethics	25	World Medical Association's Declaration of Helsinki	20 (80%)
guidelines does the REC use?		Belmont Report principles	14 (56%)
(Multiple responses could be		CIOMS ethical guidelines	13 (52%)
chosen.)		International Council for Harmonisation's Harmonised Tripartite Guidelines	11 (44%)
		Common Rule (CFR 45 Part 46) of the U.S. Federal Regulations	6 (24%)
		UNESCO's Universal Declaration on Bioethics and Human Rights	5 (20%)
Does the REC use the Nigerian	22	yes	15 (60%)
National Code of Health Research Ethics?*		no	7 (32%)

<sup>\*</sup> Data is missing.

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<sup>&</sup>lt;sup>1</sup> "No" and "don't know" responses are reported only if they constitute more than one-quarter (25%) of all responses.

Table 4. **REC Continuing Oversight, Record Keeping, and Workload** 

Question N		Response <sup>1</sup>	n (%)	
What is the validity period	24	one year	9 (38%)	
of approvals for studies?*		more than one year	1 (4%)	
• •		the entire length of the study	14 (58%)	
Does the REC conduct	22	yes	15 (68%)	
continuing oversight?*		no	7 (32%)	
How is continuing oversight	15	investigators required to submit progress report	5 (33%)	
conducted?		visit to study site by the ethics committee	3 (20%)	
		both of the above	7 (47%)	
Does the REC keep written or electronic records of meetings and reviews?	25	yes	24 (96%)	
How long are records kept after	21	5 years or less	7 (33%)	
completion of a study?*		6-10 years	7 (33%)	
		more than 10 years	2 (10%)	
How long is the application	25	less than one month	8 (32%)	
processing time?		1-3 months	17 (68%)	
How many protocols did the	24	fewer than 30	13 (54%)	
REC review in 2008?*		30-70	8 (33%)	
		more than 70	3 (13%)	
What proportion of reviewed studie	s 24	under 25%	20 (83%)	
have international collaboration		25-50%	3 (13%)	
or funding?*		51 - 75 %	1 (4%)	
What proportion of reviewed studies 24 have no international collaboration		under 25%	1 (4%)	
		50-75%	9 (38%)	
or funding?*		75-100%	14 (58%)	

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 $<sup>^{*}</sup>$  Data is missing.  $^{1}$  "No" and "don't know" responses are reported only if they constitute more than one-quarter (25%) of all responses.

Table 5. **Resources Available to RECs** 

Questions concerning		Responses <sup>1</sup>	n (%)	
REC material resources (multiple responses)	25	dedicated office space dedicated space for committee meetings lockers, cabinets, and room for keeping records computer, printer, and Internet access	11 (44%) 20 (80%) 12 (48%) 11 (44%)	
Types of staff members serving the REC*	24	secretary administrative officer clerical assistants	24 (100%) 13 (54%) 7 (29%)	
Whether the REC has a dedicated budget line covered by the host institution*	22	yes no	3 (14%) 17 (77%)	
Whether the REC charges fees for review*	24	yes no	14 (58%) 10 (42%)	
Whether the REC charges different fees for international and local research	14	yes	13 (93%)	
Other sources of funding for the REC		review fees paid by applicants Ministry of Health medical or health research council European Union (EDCTP)	8 (57%) 2 (14%) 2 (14%) 2 (14%)	
Remuneration for REC members*	21	yes no	5 (24%) 16 (76%)	

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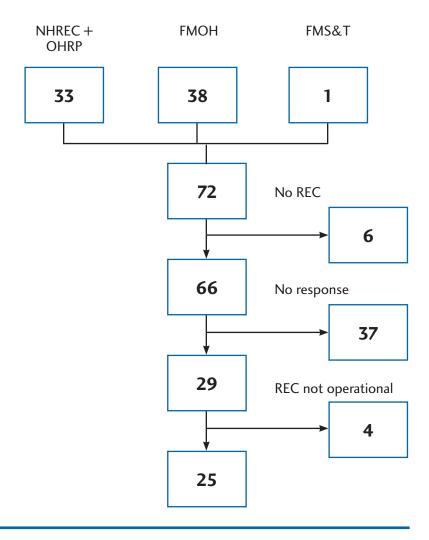
 $<sup>^{*}</sup>$  Data is missing.  $^{1}$  "No" and "don't know" responses are reported only if they constitute more than one-quarter (25%) of all responses.

Table 6.
Association between REC Characteristics and the Degree of Conformity with Guidelines

			Result of Fisher's exact test			
		< 40%	41-59%	<i>≤</i> 60%	Total	exact test
Year of establishment	less than 10 years ago	2 (14.3%)	4 (28.6%)	8 (57.1%)	14 (100%)	P = 0.487
	more than 10 years ago	1 (14.3%)	4 (57.1%)	2 (28.6%)	7 (100%)	
REC's location	urban area	5 (22.7%)	7 (31.8%)	10 (45.5%)	22 (100%)	P = 0.57
	rural area	0 (0.0%)	2 (66.7%)	1 (33.3%)	3 (100%)	
Chairperson with	yes	0 (0.0%)	7 (50.0%)	7 (50.0%)	14 (100%)	P = 0.067
prior bioethics training	no	3 (33.3%)	2 (22.2%)	4 (44.4%)	9 (100%)	
Registration with both the	yes	0 (0.0%)	7 (63.6%)	4 (36.4%)	11 (100%)	P = 0.013
NHREC and OHRP	no	5 (35.7%)	2 (14.3%)	7 (50%)	14 (100%)	
Registration with OHRP only	yes	2 (66.7%)	0 (0.0%)	1 (33.3%)	3 (100%)	P = 0.128
	no	3 (13.6%)	9 (40.9%)	10 (45.5%)	22 (100%)	
Registration with NHREC only	no	5 (20.0%)	9 (36.0%)	11 (44%)	25 (100%)	constant

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Figure 1.
Schema for Recruitment of RECs



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