



# SACRA CLINICAL TRIALS SUGGESTED BUSINESS CONTINUITY PLAN: RESPONSE TO COVID-19

## Contents

Background.....	3
Priorities .....	3
Management of Studies .....	3
Monitoring activities .....	4
Protocol compliance and deviation.....	4
Sites capability to continue to manage trials .....	4
IP supply to participants .....	4
Direct to Participants.....	4
Additional IP supply .....	4
Temporary IP discontinuation .....	5
Studies in start-up stage.....	5
Studies in enrollment stage and treatment/FU stage .....	5
Studies with data base lock (DBL) as next milestone.....	5
Management at site .....	5
Safety reporting for COVID-19 Cases.....	6
Logistics .....	6
Communication .....	6
Reference documents.....	7

## Background

The global COVID-19 pandemic has impacted the world since the beginning of 2020. We keep abreast of updated guidance from the Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), and other national and global health organizations. Additionally, as per the update provided by South African Government 15 and 16 March 2020.

SACRA and its members remain committed to business continuity while also protecting the health and wellbeing of participants, employees, client partners and communities in which we live and work. The situation is evolving, and all member companies within South Africa are advised to continue to take steps to mitigate the risk. [n](#)

SACRA understand that many companies in South Africa are governed by their international principles who would be implementing their own contingency plans. This business continuity plan (BCP) offers suggested local guidance for those groups who may not have such input.

The different ethics committees and regulatory authorities are publishing local guidance for the applicants and research sites. Continue to follow the guidance provided.

## Priorities

The key priorities during COVID-19 pandemic:

- Management of studies
- Monitoring activities
- Investigator and sites
- Participant safety
- Communication

## Management of Studies

South Africa conducts clinical trials at over 1500 sites. This guidance outlines the principles of management of studies in the time of COVID-19 pandemic. We recommend each stakeholder to apply situational analysis through collaborative approach with all associated partners. SACRA provide the below proposal to organizations conducting and managing clinical trials in South Africa.

## Monitoring activities

All industry partners continuously evaluate and reduce non-essential visits without impacting on participant safety, wellbeing and data integrity. Off-site monitoring activities in line with each company procedure should be implemented as much as possible to reduce non-essential travel to sites.

## Protocol compliance and deviation

Tracking of all deviations should be done proactively by sites and all parties involved. Deviations may include delayed participants visits, missing assessments etc. Supply chains may be affected, with resulting lack of Investigational Product (IP) resupply to trial participants. Site staff are urged to clearly document all COVID-19-related deviations in detail, in participant source documentation, to ensure clarity for final statistical analysis and clinical study reporting.

## Sites capability to continue to manage trials

Research activities at sites should be assessed and continued only if they will not pose additional risk to participants, staff and other members of the research team.

## IP supply to participants

Where participants are still on IP, stakeholders should priorities delivery of IP to participants. Sponsor companies have different processes in place that can be evaluated and implemented in line with each company process. Example of processes.

### Direct to Participants

Studies that allow for direct to participants (DTP) IP supply should assess and implement such activities. The PI is key in making the decision based on the participant's voluntary consent when the participant cannot return to site.

If the DTP is not approved as part of current informed consent and protocol, the applicant should communicate to SAHPRA and ethics committee (EC) of how DTP will be made accessible. If a DTP occurs for a participant, local ECs and SAHPRA should be informed.

Such activities should be clearly documented per participant, in source documentation.

### Additional IP supply

Consider, where possible additional IP supply to ensure extension of visits/ delay of visits.

## Temporary IP discontinuation

Where protocol allows for temporary treatment discontinuation, the study management team including the PI should review and accommodate a 'drug holiday'.

## Studies in start-up stage

Considerations should include evaluation of how planned site initiation visits should be managed, minimizing contact depending on risk associated with the sites. Evaluate and implement measures for remote study set up activities if appropriate or delay the start-up activities.

## Studies in enrollment stage and treatment/FU stage

Consider re-evaluating whether to continue screening new participants and employ situational analysis based on the status of the COVID-19 pandemic reaction in the coming weeks.

For example, for participants in screening period, decision can be made by investigators and participants about subsequent study procedures in consultation with the managing organizations (Sponsors/ CROs).

## Studies with data base lock (DBL) as next milestone

Conduct remote monitoring where possible, but do not request site staff to upload / scan documents to non-secure storage locations where confidentiality may be breached, and improper data handling may occur.

## Management at site

Investigators may consider implementation of a visit-by-visit decision tree depending on the risk level per site and protocol. Where participants are still visiting site, discuss with each participant about how to conduct the next follow up visit (on-site visit vs. phone call visit) and communicate with participant to ensure participant's willingness or risk uptake.

For participants who cannot go to site to conduct lab testing/examinations, study team should assess and determine home nursing/ home visit services can also be considered. The participants should provide consent for home nursing/ visit services. The home service/ home nursing should be considered and approved by SAHPRA and ECs. The participants should be allowed to provide voluntary consent. Where participants do not agree to home visits, the participants should be respected. Other alternative to ensure no compromise to participants health should be considered.

Stakeholders guided by ECs and SAHPRA will also ensure continuation of enrolment and follow up of participants. A protocol/ site/ situational risk assessment should be done to ensure that business continuity is in place.

High-risk sites may need to assess the need to move participants for treatment continuation at a different approved study site. The sponsors and CROs together with site may consider re-allocation of participant numbers to other sites if the risk is prevalent in one site.

## Safety reporting for COVID-19 Cases

Safety of participants remains a key priority. Cases of COVID-19 disease will be reported in line with guidelines provided by the sponsors and CROs as well as in accordance to local regulatory requirements. The clinical team should advise the PI on study impact and safety considerations. Each company will provide guidelines to sites on how to report the AEs associated with COVID- 19.

## Logistics

Clinical trials conduct is dependent on logistical services that include ground and air transport. Restriction on air transport may impact shipments of samples to international central laboratories and supply of IP. The sites together with respective study team should be updated on the travel restrictions and cancellation of flights that might impact study conduct.

## Communication

- SACRA will continually liaise with SAHPRA and keep all members updated on changes relating to the pandemic
- Site staff availability to participants
  - Ensure participants have the emergency contact cards or process
  - Ensure the 24-hour contact number is in place at site and functional and that all participants are aware of the number
  - Follow sponsor processes in reporting cases
- Should you need any clarification, we recommend you send through to SACRA in order for SACRA to centralize request to HA which will enable all to produce a Q&A that can be helpful to the industry. Q&A link is available on SACRA website.
- Continue to stay in touch with local ethics
- Contact a SACRA Exco Representative if necessary ([www.sacraza.com](http://www.sacraza.com))

## Reference documents

FDA Guidance on Conduct of Clinical Trials of Medical Products during COVID-19 Pandemic:  
<https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-issues-guidance-conducting-clinical-trials>

EMA\_ Guidance to sponsors on how to manage clinical trials during the COVID-19 pandemic  
<https://www.ema.europa.eu/en/news/guidance-sponsors-how-manage-clinical-trials-during-covid-19-pandemic>