Development of a Biomedical Research Center in West Africa

An innovative initiative in the fight against neglected diseases

Supporting research and strengthening local research structures are essential in the development of poor countries. Funds obtained for the phase 3 pediatric clinical trial of the unique vaccine candidate against urinary Schistosomiasis, the most deadly parasitic disease after malaria, has enabled the development of a Senegalese platform for clinical research. Indeed, the investigation of the efficacy of the vaccine candidate named Bilhvax, sponsored by the National Institute of Health and Medical Research (INSERM, France) and partly funded by the Monaco International Cooperation, was assigned to the Biomedical Research Center Espoir Pour La Santé (BRC EPLS) located in the West side of Senegal River Basin.

BRC EPLS, a Senegalese non-profit organization, has been selected for the quality of the medical researches it developed since 1992, mainly on neglected infectious diseases in the African field. During the last five years, RBC EPLS acquired and applied the international commitments for good clinical practices, developed new medical tools and quality control procedures, involving its energy to take advantage of the capacity building the Bilhvax program brought. Today, the WHO and many other international institutions recognize BRC EPLS as an African Center for Clinical Investigation.

The sustainability of this tool is essential to continue to promote the opening of developing countries in medical research of quality and reduce the huge flaw that separates them to the developed world in this field.

A recent event demonstrating the increase of EPLS capacities is its selection by the European Tuberculosis Vaccine Initiative (TB VI). Indeed, this EC program selected among other clinical platforms, three of them in Africa for testing new vaccine candidates against tuberculosis. EPLS in Senegal has been selected as the unique center for West Africa, with Uganda and South Africa for other parts of Africa. In April, the TB VI commissioned four members of its Executive Board for EPLS site audit. They were excited by quality procedures, and by the introduction of new methods of communication with rural people in the context of ethical approach. Today EPLS is integrated in various international scientific networks such as the International Network of Pasteur Institutes or the network "Child Health in West Africa", coordinated by the Institute of Research for Development. However, if the improvement of the BRC EPLS is clearly evident, its sustainability is not yet assured.

To support the preservation of BRC EPLS is an extremely innovative high point whose impact on development is manifold. This is the implementation of a tool for bridging the North and the South in the field of medical research for public health, but also an essential position of the South in the fight against the major but neglected health problems weighing on their populations.
BRC EPLS Laboratories: Immune cell culture for testing latent tuberculosis in humans
(credit BRC EPLS)
BRC EPLS Laboratories: Tests for pathology evaluation of urinary schistosomiasis in children

(credit BRC EPLS)
BRC EPLS Laboratories : Detection of urinary schistosomiasis in children
(credit BRC EPLS)
BRC EPLS in the field: information to population during clinical trials

(credit BRC EPLS)
BRC EPLS in the field: entropometric measurements during clinical examination

(credit BRC EPLS)
BRC EPLS Medical premises: ultrasound tomography for pathology evaluation in schistosomiasis infected child

(credit BRC EPLS)
BRC EPLS in the field: treatments of infected school children
(credit BRC EPLS)
BRC Data Management office: monitoring of the clinical files during trials
(credit BRC EPLS)