

The aim was not simply to increase the number of African genomes in global databases. Instead, the team carefully selected populations to address major geographic and ethnolinguistic gaps in genomic data.

But generating large genomic databases requires careful community engagement and consent from participants to share their data. Biological samples for DNA extraction must be collected, and the sequencing performed one base at a time.

We therefore built community engagement and culturally appropriate consent processes into the project from the beginning.

More than 1 000 whole genomes were sequenced from communities that had rarely been included in previous genetic studies. These included:

- hunter-gatherer populations
- Nilo-Saharan-speaking communities
- Afro-Asiatic speakers
- understudied Bantu-speaking populations
- communities from north Africa and the Indian Ocean islands.

Selecting samples required careful consideration of what African diversity actually represents.

Genetic diversity does not map neatly onto modern national borders. Instead, researchers considered a range of additional factors. These included:

- poorly represented geographical regions in genomic databases
- major ancestral population histories
- languages spoken and self-identified ethnic groups
- recent patterns of migration.

In some cases, neighbouring communities may appear close due to geographical proximity, but have distinct genetic histories that reflect population separations thousands of years ago.

### Why studying African genomes benefits science everywhere

African genomes contain more genetic variation than populations on any other continent. This diversity provides a powerful resource for scientific discovery. When researchers study more diverse populations, they are better able to achieve a number of things.

Firstly, they can identify new genetic variants.

Secondly, they can investigate evolutionary forces, such as natural selection, that have shaped the genomes of people in different parts of the world.

And thirdly, they can pinpoint variants that influence health and disease.

More inclusive genomic datasets are also essential as genomics becomes integrated with artificial intelligence systems that analyse medical data and predict health outcomes. Future medical technologies could be biased to work best for whoever is represented in the data.

Ultimately, expanding African genomic representation will help to ensure that the benefits of genomic medicine are shared more equitably. At the same time, it will improve the accuracy and depth of understanding in global genetic science.

Source: The Conversation, 12 May 2026. <https://theconversation.com/africa-has-the-worlds-greatest-genetic-diversity-yet-its-missing-from-research-were-filling-the-gap-278809>.

## Engagement between pharmaceutical industry representatives and healthcare professionals: Legal and ethical expectations

Val Beaumont

Contributions by the health product industries to product knowledge and training for healthcare professionals (HCPs) are valuable, but interactions must be conducted ethically to ensure that professional judgement and patient care are not influenced by inappropriate bias.

The ethical rules of the HPCSA seek to ensure that promotional activities



and industry engagements are ethical, evidence-based, transparent and aligned with patient welfare. The Medicines and Related Substances Act No. 101 of 1965 (Medicines Act) further regulates the advertising of medicines, and prohibits inappropriate or perverse incentives

### Ethical engagement and scientific exchange

Pharmaceutical companies are required to ensure that healthcare practitioners receive accurate, balanced and current scientific information regarding medicines, medical devices and related healthcare products. Representatives function not merely as sales personnel, but also as important channels for scientific communication and product support. Promotional product information should

be truthful, balanced and capable of substantiation. The indications listed in the professional information sheet for each product dictate permissible promotional content.

Representatives must have high standards of professionalism and competence, including having sufficient scientific and product knowledge to provide accurate information regarding indications, dosing, contraindications, adverse effects, precautions and relevant clinical evidence.

### Information on unapproved and off-label use

Promotion of unapproved/unregistered indications is prohibited. Representatives must clearly distinguish between approved prescribing information and scientific information relating to investigational or off-label uses.

Unsolicited requests from HCPs regarding off-label use should be directed to appropriately qualified scientific or medical company personnel, and not addressed by sales or marketing representatives. Responses to off-label use enquiries must be non-promotional, and appropriate records of requests for information maintained.

HCPs should recognise that prescribing outside of approved product information may carry additional professional and legal responsibilities.

### Sampling, gifting and professional independence

Both the HPCSA ethical guidelines and the Marketing Code Authority (MCA) Code prohibit payment to healthcare professionals in exchange for granting access or time to company representatives, and statutory guidelines prohibit payment to HCPs for product promotion.

The escalating tendency of medical practices to actively solicit gifts from industry representatives, for either the practice or an individual practitioner, is contrary to these ethical rules. More particularly, demands by medical practices for meals and even specific menu items to be brought to a practice in exchange for an appointment are of concern to the MCA.

There is increasing international pressure to limit or prohibit promotional gifts and educational items provided to HCPs. Although the MCA Code permits certain limited items, many companies have adopted more restrictive policies. The underlying principle is that industry support should contribute to healthcare delivery and professional education without creating actual or perceived commercial influence.

Sampling of medicines, including complementary medicines, is prohibited under the Medicines Act. Consequently, HCPs may not receive free packs of medicines. Medical devices are currently excluded from these restrictions.

### Pharmacovigilance and product quality reporting

Pharmaceutical companies have regulatory obligations to identify, document and report adverse events and product quality complaints that come to their attention during interactions with HCPs. Companies are required

to maintain appropriate pharmacovigilance systems and ensure that representatives are trained to escalate safety information appropriately.

Reportable information includes adverse drug reactions, adverse events following immunisation, medication errors, lack of efficacy concerns, product quality defects and other safety-related information disclosed during promotional or scientific engagements.

The SAHealth Products Regulatory Authority (SAHPRA)'s pharmacovigilance guidelines place a complementary responsibility on HCPs to report suspected adverse events, medication errors and product quality defects, even where causality is uncertain. Reporting is particularly important for serious or unexpected reactions, newly registered medicines and vaccines, product defects, and increases in the frequency or severity of known adverse effects.

## When conducted appropriately, industry-HCP engagement can contribute positively to clinical education, medicine safety and informed therapeutic decision-making

Spontaneous reporting remains a cornerstone of SA's pharmacovigilance system, and contributes to medicine safety monitoring, signal detection, risk management and regulatory action, where necessary. Pharmaceutical representatives can generally facilitate this reporting through company scientific channels.

Reports may be submitted through the SAHPRA e-reporting portal, the SAHPRA Med Safety App, or by using approved reporting forms.

### Continuing professional development

The MCA Code generally favours involvement by scientific and medical personnel rather than sales and marketing personnel in the organisation and conduct of educational activities. This approach supports compliance with CPD requirements, and helps preserve the educational integrity of such events. Educational programmes should remain independent, scientifically balanced and free from promotional influence.

### Conduct within healthcare facilities

Pharmaceutical and medical device representatives should conduct themselves professionally, ethically and with full respect for the clinical environment when necessarily present in consulting rooms, pharmacies, hospitals, theatres, or other healthcare facilities. Patient welfare, dignity and confidentiality and the integrity of clinical care must always take precedence.

Representatives should enter clinical areas only with appropriate permission, comply with institutional policies and infection-control requirements, respect patient privacy and avoid disrupting patient care or workflow.

Healthcare facilities should have clear guidelines for representatives, and access should be regarded as a professional privilege rather than a right.

### Ethical responsibilities of HCPs in engagements with industry

The HPCSA's ethical guidance on over-servicing, perverse incentives and related matters (Booklet 11) emphasises that healthcare professionals may not accept incentives, gifts, sponsorships, or benefits that could improperly influence clinical judgement, prescribing behaviour, referrals, or procurement decisions. The MCA Code embraces these principles, and member companies enforce compliance protocols and ensure that representatives are conversant with code principles.

Relationships with health product companies should remain transparent, professionally justifiable and directed towards patient benefit and advertising. Promotion must comply with the Medicines Act and registered product standards. HCPs should remain vigilant regarding actual or perceived conflicts of interest, and ensure professional independence.

The MCA and HPCSA codes establish a comprehensive ethical framework governing engagement between industry representatives and healthcare professionals in SA, seeking to balance legitimate scientific exchange and commercial communication with the need to protect patient welfare, professional independence and public confidence in the healthcare system. When conducted appropriately, industry-HCP engagement can contribute positively to clinical education, medicine safety and informed therapeutic decision-making.

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## Investing in health professionals strengthens economies and patient care

SAMA Communications

Investing in health professionals is fundamental to economic stability and sustainable development, and to stronger health systems, according to leaders of the global health professions gathered at a side event hosted by the World Health Professions Alliance (WHPA) on Tuesday 19 May, during the 79th World Health Assembly (WHA) in Geneva.

The event, titled "Health is wealth: Why investing in health professionals pays off", brought together global health leaders to reframe the narrative: health expenditure should not be viewed as a burden, but as a strategic investment that delivers measurable economic and social returns.

Global health stakeholders at the event also heard early-career perspectives underscoring how the future of healthcare will be shaped by the quality of the work environments and the support provided to the next generation entering the profession today.

"The evidence is there: Where we have higher health workforce density, we have longer life expectancy, improved productivity and sustained economic growth," said Howard Catton, Chair of the WHPA and CEO of the International Council of Nurses. "Roughly 75% of the global health workforce is made up of health professionals. The professions need to work together to ensure that national and global health agendas prioritise strategic investment in health professionals, which will ensure decent working conditions, high-quality care and reduced health system costs. Investment in health

### About the WHPA

The World Health Professions Alliance (WHPA) brings together the global organisations representing the world's dentists, nurses, pharmacists, physiotherapists and physicians, and speaks for over 47 million healthcare professionals in more than 179 countries and territories. The WHPA works to improve global health and the quality of patient care, and facilitates collaboration among the health professions and major stakeholders.

The World Health Assembly is the decision-making body of the WHO. It convenes annually in May, bringing together delegations from the WHO's 194 member states, United Nations agencies and international organisations, as well as non-state actors in official relations with the WHO. The WHPA's members are all in official relations with the WHO.

professionals is not only a best buy for global health; it is priceless."

At the WHA this week, WHPA is calling on WHO member states to adopt the draft "Strategy on the economics of health for all", which sets out a transformative approach to building economies that deliver health and well-being for all. An economy of health for all is impossible without sustained, strategic investment in the people who deliver health, WHPA will say.