Methods The ‘Research for Health Justice Framework’ makes recommendations on how global health research partnerships may foster the ideals of justice through their selection of research populations and questions, research capacity strengthening, delivery of ancillary care and the provision of post-trial benefits. We applied these criteria to collaborative genomics research consortia in Africa (an example of global health research in Africa).

Results The results show that the lack of national health research priorities in most African countries hinders the intention of global health actors to use global health research as a means of promoting global health equity. Furthermore, capacity building efforts need to be more coordinated and monitored. The responsibility for this lies with several actors.

Conclusion The potential for global health research to improve the health capability of countries in Africa will require that attention is paid to research that improves the health of people in Africa and that global health research priorities identify first and foremost, what kind of capacity strengthening is required and who is responsible for this activity. African RECs will increase their visibility, their capacity for advocacy and their recognition as key actors of a responsible ethics research framework at the national, regional and international level.

Background Previous evaluation of the state of ethics regulation in Cameroon revealed: law regulating clinical research is lacking; existing committees lack infrastructure and financial support to sustainably review and effectively monitor approved protocols. The present Cameroon National Ethics Committee (CNEC)-EDCTP project aimed at implementing and evaluating active monitoring of clinical research in Cameroon.

Methods Between 2011–2013, approved clinical trials and protocols involving transfer of biological materials abroad were consecutively monitored. The monitoring tool, a questionnaire on the conformity of key documents e.g. research protocols, ethical clearance, informed consent documents, investigator’s brochure, with a focus on GCP standards was sent to promoters/investigators ten days prior to the field visit. Teams of two-three monitors, made up of CNEC members and independent consultants, were mobilised per site (hospital/research institute/NGO). Reports with key recommendations were submitted to CNEC for review and approval, to different promoters/investigators, and the Regulatory Authority for action; the monitoring summary was submitted to EDCTP.

Results Up to 22 site visits were done throughout the country, monitoring about 30 protocols within 11 hospitals, 9 research institutes, a National Programme and a non-governmental organisation. All sites had ethical clearance and administrative institutes, a National Programme and a non-governmental monitoring about 30 protocols within 11 hospitals, 9 research promoters/investigators, and the Regulatory Authority for action; insisting on the implication of local PI/collaborators with defined percentages of time to be devoted for research and good participatory practice among research communities/participants.

Conclusion Active monitoring shows some formality in the application of ethical/administrative clearance in Cameroon. However, complex issues raised confirm the necessity of continuous monitoring to meet the high standards for clinical research ethics in Cameroon.