The current COVID-19 pandemic underscores the importance of robust engagement and ethics review processes for clinical trials.

1. FACTORS IMPACTING ENGAGEMENT AND REVIEW PROCESSES

- Urgency - A need for rapid yet sound decision-making, as the context is one of emergency.
- Uncertainty - Gaps in knowledge e.g. about pathogenesis, immunity and transmission, and few approved treatments of prophylaxis, makes this research essential.
- Disruption - Social and public health disruptions and restrictive public health measures (e.g., lockdown) may affect traditional face-to-face methods of engagement and ethics review.
- Overwhelmed resources - Diminished capacity of various systems to respond e.g. health or regulatory systems.
- Anxiety and mistrust - Stakeholder fear or suspicion triggers the need for heightened transparency.

2. RESEARCHERS' ENGAGEMENT RESPONSES IN COVID 19 TRIALS

Researchers should:

- Be informed by the Good Participatory Practice guidelines for emerging and re-emerging pathogens (GPP-EP) which recommend that “research protocols” include GPP-EP plans and activities, with ample budget allocation and enough time to facilitate participatory approaches (GPP-EP 2016).
- Ensure that stakeholder engagement for COVID-19 clinical trials will be inclusive (involving groups such as civil society advocates and government officials); sustained across the life-cycle; and dynamically responsive to context, as well as adequately staffed and funded.

3. REC REVIEW RESPONSES IN COVID 19 CLINICAL TRIALS

RECs should:

- Ensure that stakeholder engagement plans are explicit in the ethics review process.

4. RESOURCE DOCUMENTS - USEFUL EXTRACTS AND SUMMARIES

RECOMMENDATIONS FOR RESEARCH ETHICS COMMITTEES

WHO- PAHO 2020 Guidance and Strategies to streamline ethics review and oversight of COVID-19 related research

RECs should:

- Ensure that ethics review and oversight processes are rapid, rigorous, and adapted to the emergency context.
- Ensure that review mechanisms are flexible and suited to country characteristics.
- Ensure that procedures enable communication, co-operation and harmonization between RECs; and avoid duplication of efforts and delays/ loss of valuable time e.g. ad hoc RECs for COVID or institutional, provincial, national or regional RECs.
RECs should:
• Have ‘peace-time’ (non-emergency) review of partial or full protocols to support rapid review of final, contextualized protocols.
• Have clear ‘model’ Standard Operating Procedures for public health emergencies, including how multi-site review will be managed to avoid unnecessary duplication.

RECs should:
• Acknowledge different stages of readiness for ethics review during Public Health Emergencies.
• Agree on a process for rapid review (as protocols are submitted versus waiting for scheduled meetings) and communicate this to researchers (e.g. review and communication to Principle Investigator (PI) in 5 days, communication back from PI in 2 days).
• Consider remote/ virtual/electronic meetings and review processes.
• Add to review form items relevant to studies in Public Health Emergencies.
• Request documents from PI, e.g. results dissemination plan for community stakeholders.
• Pre-identify members who will assume the burden of reviews and support as necessary.
• Engage subject experts as needed; and
• Identify persons for communication with stakeholders.

RECs should:
• Use credible regional or international RECs where there is no/ little appropriate local expertise.
• Verify that care/ service-delivery needs are not undermined by the conduct of research.

RECs should:
• Have “efficient systems to improve turn-around time” and “facilitate timely review”.
• Use single or joint review mechanisms to streamline review of multicenter protocols within one state or region.
• Define timelines for efficient ethics review.
• Ensure that research does not “aggravate existing situations of injustice”.
• Ensure mechanisms for “input and feedback” from vulnerable study populations.
• Develop expertise to address ethical issues in a timely fashion.
• “(A)dopt relevant guidelines and Standard Operating Procedures”.
• Use virtual platforms to convene meetings for these emergency-type protocols.
• Develop informed consent templates for outbreak research.
• Train REC staff for efficient documentation and communication of review/decision.
• Conduct research about review procedures to share good practices with other RECs.

RECs should:
• Develop a national Standard Operating Procedure for emergency response ethical review, including for communications between (N)RECs and National Regulatory Authorities.
• Have support to achieve robust but rapid research ethics review.
• Be cognizant of the impact of outbreak uncertainties on participants’ risk of harm.

RECs should:
• Ensure accelerated ethics review through mechanisms such as the advance review of generic protocols (without compromising human participants’ protection).
• Avoid unnecessary duplication in review.
• Learn from previous outbreaks in shaping future response efforts.
• Note that ethics review may be diminished due to outbreak or inadequate expertise/ resources.
• Support and coordinate local capacities for independent ethics review.

WHO 2020 Key criteria for the ethical acceptability of COVID-19 human challenge studies: 6 May 2020

RECs should:
• Review such studies in conjunction with “expert review” by a “specialized independent committee” with expertise in science and ethics of challenge study (e.g. by WHO).
• Ensure rapid ethics review without compromising stringency.

WHO 2020 Ethical standards for Research during Public Health Emergencies: Distilling existing guidance to support COVID R&D:

Researchers should:
• Engage communities at all stages of research, if feasible; ensure local stakeholders take part in decisions about design, implementation, and evaluation; take reasonable steps to ensure that all those concerned—including those who are the most vulnerable and marginalized—are included; and establish community engagement networks in advance as part of emergency preparedness, ensure collaborative partnerships in determining, conducting and ensuring benefits to participating community.
• Build review capacity of Institutional Review Board/Research Ethics Board/Research Ethics Committees, or establish other independent review mechanisms if needed; ensure local and international review, avoid unnecessary duplication; employ generic advance protocols/ templates/ tools to help rapid review without compromising protections.
• Not impede emergency response efforts or take away personnel, equipment, facilities, and other resources required for outbreak response, ensure that research priorities and activities are consistent with response efforts, share findings with response efforts.
• Not take capacity from routine public health services, ensure collaborative partnerships in ensuring benefits to health systems for future emergencies.
• Coordinate with other researchers to avoid wasteful duplication and underpowered studies.

WHO 2017 Vaccination in Acute Humanitarian Emergencies: A framework for decision-making

Researchers should:
• Not impact the emergency response, nor vaccination intervention and ensure that medical care and service delivery take precedence over research in resource-limited settings.
• Obtain the permission of key gatekeepers, such as community leaders, where possible, and where possible the input of affected groups should be obtained.
• Contain clear plans for returning results to participants, recognizing that they may relocate in the months following the humanitarian crisis.

Researchers should:
• Engage with communities to bring their voices to decision-making processes.
• Translate existing ethical standards to salient issues, e.g. impact of restrictive measures.
• Generate high-quality evidence to achieving the goals of public health response plans.
• Promote the prioritization of knowledge needs according to epidemic dynamics.

WHO 2020 - R&D Blueprint novel Coronavirus Good Participatory Practice for COVID-19 clinical trials: a toolbox

Researchers should:
• Consider the context – time, place, restrictions.
• Appreciate other planned research activities.
• “Recognize that different types of research (e.g. hospital-based phase 1 vaccine trial vs a multi-facility, multi-country RCT) will likely require different forms of engagement.”
• Identify and respond to impacts on the community.
• Keep track of community priorities as well as concerns raised, and responses.
• Be truthful with (...) communities to maintain trust.
• Keep in touch through Community Advisory Boards (CABs) and stakeholder engagement.
• Ensure stakeholders’ involvement in shared outputs.
• Ensure stakeholders can raise concerns and input into study planning and implementation.
• Consider that “lockdown may necessitate the increased use of social media.”

WHO 2020 - Working with Community Advisory Boards for COVID-19 Related Clinical Studies

Researchers should:
• Ensure that CAB/G members are not placed at risk of harm (infection, stigma).
• Ensure interactions with CAB/Gs do not undermine, and ideally support local stakeholders particularly Ministries of Health and NGOs.
• Use possibilities like Zoom, Skype or WhatsApp groups or telephone discussions, adapted to low-income communities.
• Begin by working with CAB/Gs that are already in place; set up new CAB/Gs where necessary and possible; or consider whether alternative networks can undertake aspects of CAB/G roles, e.g. networks of Community Health Workers and frontline staff - where pandemic responses will not be undermined.
WHo 2020 Key criteria for the ethical acceptability of COVID-19 human challenge studies: 6 May 2020

Researchers should:
- Consult with public, relevant experts and policy-makers with “rapid, rigorous, mutually informative” activities.
- Engage with the public
  - At local, national and international levels.
  - Immediately, continuing throughout, and afterwards.
  - To assess acceptability, respond to concerns, and understand impact.
  - To use methods appropriate to context e.g. online engagement.
  - To ensure these are regularly updated.
- Engage with experts such as RECs, policy-makers (e.g. in department of health), and others.


A call to action for research funders, governments, and others: (....)
- Invest in putting community engagement mechanisms into emergency research.
- Ensure engagement is a central part of local health systems in the longer term.
- Promote collaborations between research institutions and partners in HIC and LMICs.
- Consider how communities will be involved in planning the research, and whether the research will be sensitive to local values (cf. “ethical compass”).