

2. Research teams maintain clear written records of discussions and agreements. This includes community stakeholder recommendations, actions taken by the research team, and any unresolved issues that require follow-up.
3. Trial sponsors ensure sufficient funding and research teams create a budget and allocate funds and staff time to allow informed consent materials to be properly developed, piloted, translated, and implemented, including materials to assess participants' ongoing consent.

### 3.9.E. Additional guidance

1. Informed consent is the cornerstone of ethically conducted research and is explicitly discussed in guidance documents that address the overall ethical conduct of research, such as the *Declaration of Helsinki*,<sup>5</sup> *CIOMS guidelines*,<sup>7</sup> *The Belmont Report*,<sup>6</sup> *Good Clinical Practice*,<sup>2</sup> the World Health Organization *Handbook for Good Clinical Research Practice*,<sup>3</sup> the *Nuremberg Code*,<sup>29</sup> the *Nuffield Council Guidance on health research in developing countries*,<sup>8, 9</sup> and UNAIDS/WHO *Ethical considerations in biomedical HIV prevention trials*,<sup>10</sup> and in relevant national guidelines.
2. There are extensive literature and other resources on the development of informed consent processes in multiple contexts, including a range of innovative approaches to measure and assess participant understanding, to address literacy issues, and to accommodate the desire of participants to consult with families and friends.<sup>30, 31, 32, 33, 34</sup>

## 3.10 Standard of HIV prevention

### 3.10.A. Definition

The term “standard of HIV prevention” refers to the package of comprehensive counselling and state-of-the-art HIV risk reduction methods provided or made available to participants in biomedical HIV prevention trials.

### 3.10.B. Relevance to good participatory practice

Helping trial participants reduce their risk of acquiring HIV is a key ethical obligation of research teams. Determining the components of the HIV prevention package is a joint effort between research teams and relevant stakeholders. Trial sponsors and implementers must work with relevant stakeholders in establishing the type, scope, and process by which participants are provided with, or referred to, services to access the full HIV prevention package. How trial sites help participants prevent HIV acquisition is often at the forefront of community stakeholder concerns. Therefore, successful negotiation with stakeholders about the prevention package to be provided to trial participants is likely to have a significant influence on community stakeholder perceptions of a trial.

### 3.10.C. Special considerations

1. Deviations from expected standard HIV prevention packages at a trial site or among trial sites in multisite studies may be caused by national legal restrictions.
2. When funding-body restrictions limit which prevention methods can be paid for by trial funds, research teams have the responsibility to find other ways to provide these methods, such as through alternative funding streams or linkages with non-governmental organisations or community-based organisations.
3. Research teams may need to review the HIV prevention package regularly, taking into consideration new HIV counselling models and risk reduction methods that are scientifically validated and, when appropriate, approved by national bodies for use.
4. To improve relevant stakeholder understanding of the prevention package offered and the clinical trial process, research teams can describe the trial as comparing the study product plus the HIV prevention package, with the placebo (or comparator arm) plus the HIV prevention package.

### 3.10.D. Good participatory practices for standard of HIV prevention

1. Research teams and relevant stakeholders negotiate the HIV prevention package during the protocol development phase of the trial.
2. Research teams determine which stakeholders already provide HIV prevention services, what types of services they provide, and their capacity to provide adequate services. This will enable research teams to provide optimal referrals and make linkages when necessary.
3. Research teams and relevant stakeholders discuss and negotiate the comprehensive HIV prevention package and consult local HIV prevention service providers when appropriate. All scientifically validated methods are discussed, and their appropriateness for the trial design and population assessed, including:
  - a. Risk assessment and risk-reduction counselling—including partner and couple counselling.
  - b. Male and female condoms—with appropriate instructions and demonstrations.
  - c. Testing for and treatment of sexually transmitted infections.
  - d. Sterile injecting equipment and drug substitution treatment.
  - e. Medical male circumcision.
  - f. Post-exposure prophylaxis.
  - g. Other novel HIV risk-reduction strategies as they become available.
4. Research teams and relevant stakeholders discuss and negotiate the comprehensive HIV prevention package, taking account of the following:
  - a. The HIV prevention package required as a minimum for the trial protocol.
  - b. Current HIV prevention standards and services available nationally and locally.

- c. Current national laws on HIV prevention strategies and services, as well as national ethical guidance on research.
  - d. The trial's funding source, any implications this may have for the prevention package, and how these will be addressed to ensure participants are offered a comprehensive package.
  - e. The HIV prevention services and options that will be offered through referral mechanisms.
  - f. The HIV prevention services that will be available to partners of trial participants.
  - g. The impact that any services offered by the trial, as well as those to which participants will be referred by the trial, could have on local services.
- 5. Research teams and relevant stakeholders discuss how the HIV prevention package will be implemented and monitored, including uptake and standards of referral services.
  - 6. Research teams maintain clear written records of discussions and agreements. This includes recommendations, actions taken by the research team, and any unresolved issues that require follow-up.
  - 7. Trial sponsors ensure sufficient funding and research teams create a budget and allocate funds and staff time to ensure provision of the comprehensive HIV prevention package.

### 3.10.E. Additional guidance

- 1. *Ethical considerations in biomedical HIV prevention trials* (Guidance Point 13, page 45, Standard of HIV Prevention).<sup>1</sup>
- 2. *Ethical considerations in biomedical HIV prevention trials* (page 13, selected circumstances in which biomedical HIV prevention trials should not be conducted).<sup>1</sup>
- 3. *Mapping the Standards of Care at Microbicide Clinical Trial Sites*.<sup>35</sup>
- 4. *The challenge of defining standards of prevention in HIV prevention trials*.<sup>36</sup>

## 3.11 Access to HIV care and treatment

### 3.11.A. Definition

Access to comprehensive HIV care and treatment refers to care and treatment services made available to individuals who are identified as HIV-positive during the screening process and to trial participants who acquire HIV infection during the trial. Comprehensive HIV care includes all preventive, psychosocial, psychological, and clinical components of HIV care. HIV treatment refers to antiretroviral therapy regimens internationally recognised as optimal for the management of HIV.

### 3.11.B. Relevance to good participatory practice

Trial sponsors and implementers are ethically obligated to ensure that participants who acquire HIV during trial participation have access to clinical evaluation, and stage-appropriate HIV care and treatment. This issue is often at the forefront of community stakeholder concerns. Therefore, how access to HIV care and treatment is negotiated with relevant stakeholders and how it is provided to trial participants are likely to have a significant influence on community stakeholder perceptions of a trial.

### 3.11.C. Special considerations


1. HIV care and treatment guidelines vary by country.
2. Treatment options may improve over time and research teams may need to modify their HIV care and treatment access plans in line with updated national guidelines.
3. Mechanisms to provide HIV care and treatment require long-term logistics planning as people living with HIV require lifelong care and treatment, and, for some participants, HIV treatment may begin after trial exit or completion.

### 3.11.D. Good participatory practices for access to HIV care and treatment

1. Research teams identify local HIV care and treatment services, local HIV non-governmental organisations or community-based organisations, and HIV support groups, determine

their capacities, and seek their views and perspectives. This enables research teams to design optimal referral mechanisms in consultation with service providers.

2. During protocol development, research teams and relevant stakeholders discuss access to HIV care and treatment for the following:
  - a. Individuals who are identified as HIV-positive during the screening process.
  - b. Individuals who become HIV-positive during the trial.
  - c. Women who are identified as HIV-positive during the screening process or who acquire HIV during the trial, and when appropriate HIV-positive men, for provision of information about the risk of mother-to-child HIV transmission and the benefits of vertical transmission prevention services.
3. Research teams and relevant stakeholders discuss the HIV care and treatment package, taking account of the following:
  - a. The HIV care and treatment package required as a minimum for the trial protocol.
  - b. Current national HIV care and treatment guidelines and policies and local provision of HIV care and treatment services.
  - c. Anticipated numbers of people likely to be found HIV-positive during screening and the anticipated numbers of participants likely to seroconvert during the trial.
  - d. Current national laws that could affect a person's right or ability to access HIV care and treatment.
  - e. HIV care and treatment services that will be offered through referral mechanisms.
  - f. The possibility of negotiating provisions for priority access to national care and treatment programmes, at the time needed, for individuals who become HIV-positive during a trial.

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- g. Treatment regimens that will be available if the technology under study has the potential to give rise to antiretroviral resistance.
  - h. Local health institution responsibilities and proposed trial sponsor and implementer commitments regarding:
    - Who will finance and who will deliver specific HIV care and treatment services.
    - The duration of HIV care and treatment services being provided by each partnering stakeholder.
  - i. The impact that any services offered by the trial, or to which participants will be referred, could have on local services.
4. Research teams include a description of the HIV care and treatment package in informed consent forms for screening and enrolment.
  5. Research teams and relevant stakeholders discuss optimal referral procedures and the most appropriate way to ensure that all individuals screened and enrolled are aware of how to access the HIV care and treatment services.
  6. Research teams and relevant stakeholders discuss how to monitor access to HIV care and treatment services. They consider how to gather and analyse information on numbers of seroconverters who access HIV care, barriers to accessing HIV care and treatment programmes and other issues that may arise.
  7. Research teams maintain clear written records of discussions and agreements. This includes relevant stakeholder recommendations, actions taken by the research team, aspects of HIV care and treatment that will not be offered and why, and any unresolved issues that require follow-up.
  8. Trial sponsors ensure sufficient funding and research teams create a budget and allocate funds and staff time to ensure that the locally agreed HIV care and treatment package can be effectively delivered.



### 3.11.E. Additional guidance

1. *The Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects.*<sup>5</sup>
2. *Ethical considerations in biomedical HIV prevention trials* (Guidance Point 14, page 48, Care and Treatment).<sup>1</sup>
3. *Ethical considerations in biomedical HIV prevention trials* (page 13, selected circumstances in which biomedical HIV prevention trials should not be conducted).<sup>1</sup>
4. *Mapping the Standards of Care at Microbicide Clinical Trial Sites.*<sup>35</sup>

## 3.12 Non HIV-related care

### 3.12.A. Definition

Non HIV-related care refers to health and social care services provided or made available to trial participants that are not directly related to HIV prevention, HIV care and treatment, or trial-related harm. The non HIV-related care services appropriate for trial participants will depend on the trial population and local health priorities. Examples could include provision of female or male sexual and reproductive health care, management of infectious diseases, nutritional health, psychiatric care, and psychosocial services.

### 3.12.B. Relevance to good participatory practice

Access to non HIV-related care can provide benefits for participants, contribute to their welfare, and improve clinical trial outcomes. Negotiating the range of non HIV-related services available to participants at the trial site or via referral will assist in ensuring that relevant stakeholders clearly understand the breadth of services available and reasons for inclusion and exclusion of certain services.

### 3.12.C. Special considerations

Non HIV-related care packages may vary from site to site, depending on local health priorities and local standards of care.