Good Participatory Practice: meaningful engagement that strengthens the science

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Good Participatory Practice: meaningful engagement that strengthens the science

The origin of good participatory practice (GPP)

What differentiates GPP for clinical trials of HIV and TB from GPP for emerging and re-emerging pathogens (GPP-EP)?

What is GPP-EP?

Origin of the GPP Guidelines

- PrEP (pre-exposure prophylaxis *[for HIV prevention])* trial controversies in 2004 and 2005
  - Misunderstandings and poor communication among research stakeholders in Cambodia , Cameroon, and Nigeria
- What happens in one trial, with one product, in one area, has potential to affect all biomedical HIV prevention trial stakeholders:
  - Participants, research teams, funders, sponsors, community stakeholders, product developers

GPP History

2004: Cambodia: trial initiation stopped by Prime Minister Hun Sen

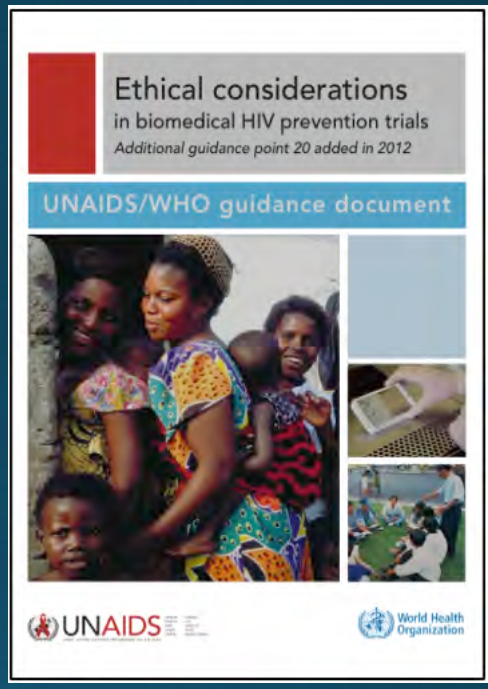
2005: Cameroon and Nigeria trials discontinued (Cameroon by Minister of Health Urbain Olanguena Awono)

GPP-HIV Guidelines Development

- Building effective partnerships among all research stakeholders to decrease risk of future misunderstandings
- **Relationship between research entities and stakeholders** should be **guided by a set of guidelines**, just as other aspects of clinical trial conduct are informed by guidelines
- 1st Edition developed by an international, multidisciplinary working group with global input from stakeholders
- 2nd Edition developed after feedback from global consultations and piloting in LMIC and key populations in HIC

GPP Guidelines Development

- Companion document to the UNAIDS/WHO guidance "Ethical Considerations in Biomedical HIV Prevention Trials"
- GPP guidelines describe **HOW** Ethics Guidance Point 2 "Community Participation" can be applied



Guidance Point 2:

Community Participation[2]

To ensure the ethical and scientific quality and outcome of proposed research, its relevance to the affected community, and its acceptance by the affected community, researchers and trial sponsors should consult communities through a transparent and meaningful participatory process which involves them in an early and sustained manner in the design, development, implementation, and distribution of results of biomedical HIV prevention trials.

Good Participatory Practice (GPP) Guidelines for Biomedical HIV Prevention Trials

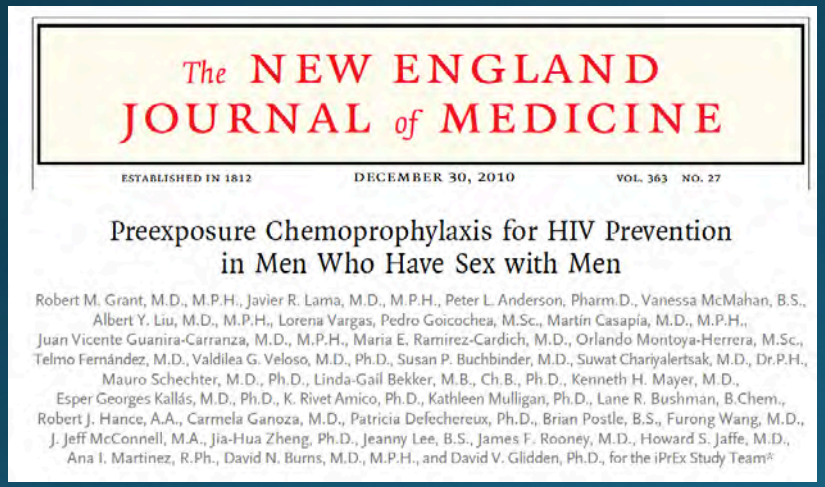
Beyond: 'community' to all stakeholders

Beyond: Nothing about us without us!

Principles underpinning GPP

First citation of GPP

- In the research methodology section of the NEJM publication of the results of the iPrEx trial of pre-exposure prophylaxis (PrEP) for HIV among men who have sex with men:



The NEW ENGLAND JOURNAL of MEDICINE

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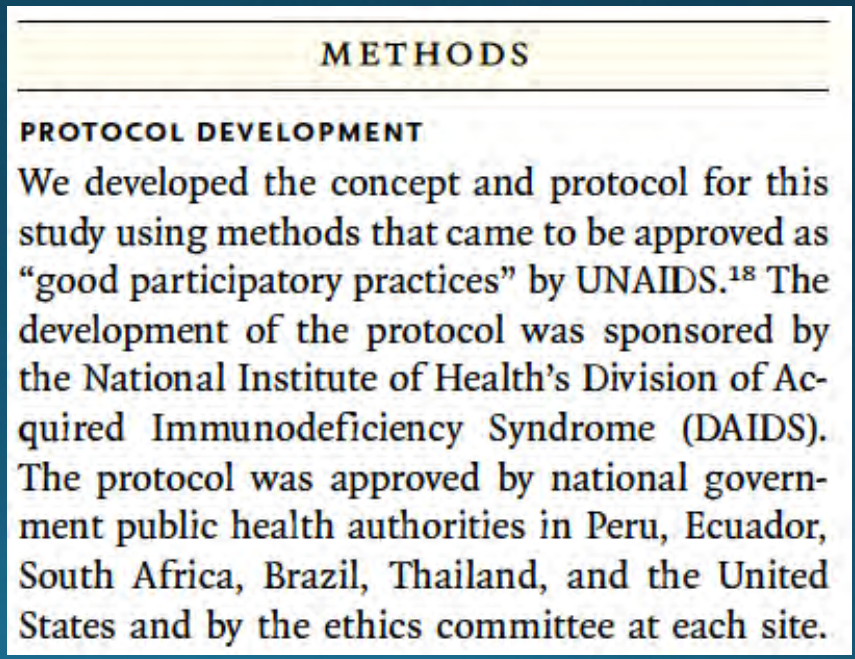
Preexposure Chemoprophylaxis for HIV Prevention in Men Who Have Sex with Men

Robert M. Grant, M.D., M.P.H., Javier R. Lama, M.D., M.P.H., Peter L. Anderson, Pharm.D., Vanessa McMahan, B.S., Albert Y. Liu, M.D., M.P.H., Lorena Vargas, Pedro Goicochea, M.Sc., Martín Casapía, M.D., M.P.H., Juan Vicente Guanira-Carranza, M.D., M.P.H., Maria E. Ramirez-Cardich, M.D., Orlando Montoya-Herrera, M.Sc., Telmo Fernández, M.D., Valdilea G. Veloso, M.D., Ph.D., Susan P. Buchbinder, M.D., Suwat Chariyalertsak, M.D., Dr.P.H., Mauro Schechter, M.D., Ph.D., Linda-Gail Bekker, M.B., Ch.B., Ph.D., Kenneth H. Mayer, M.D., Esper Georges Kallás, M.D., Ph.D., K. Rivet Amico, Ph.D., Kathleen Mulligan, Ph.D., Lane R. Bushman, B.Chem., Robert J. Hance, A.A., Carmela Ganoza, M.D., Patricia Defechereux, Ph.D., Brian Postle, B.S., Furong Wang, M.D., J. Jeff McConnell, M.A., Jia-Hua Zheng, Ph.D., Jeanny Lee, B.S., James F. Rooney, M.D., Howard S. Jaffe, M.D., Ana I. Martinez, R.Ph., David N. Burns, M.D., M.P.H., and David V. Glidden, Ph.D., for the iPrEx Study Team*

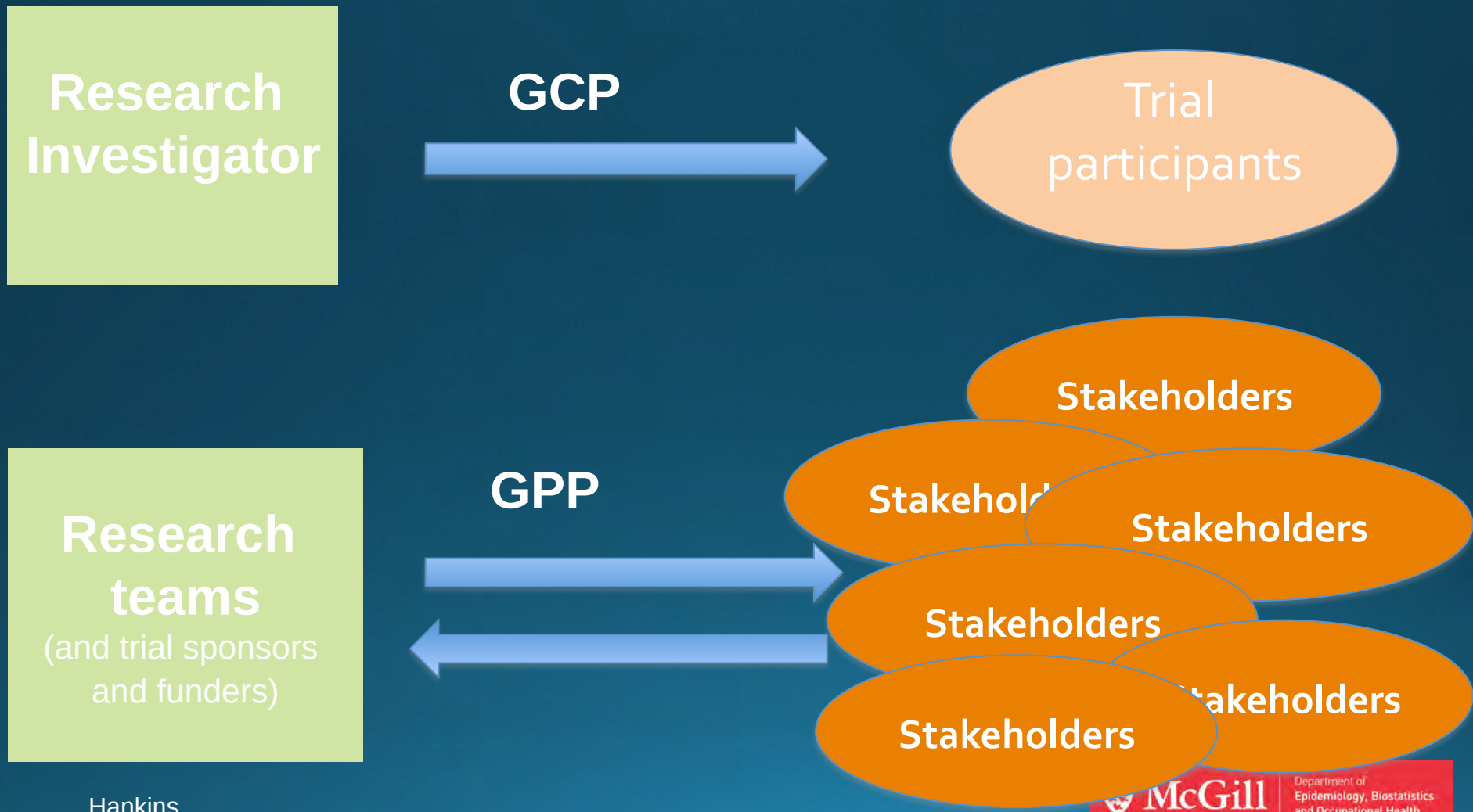


METHODS

PROTOCOL DEVELOPMENT

We developed the concept and protocol for this study using methods that came to be approved as "good participatory practices" by UNAIDS.[18] The development of the protocol was sponsored by the National Institute of Health's Division of Acquired Immunodeficiency Syndrome (DAIDS). The protocol was approved by national government public health authorities in Peru, Ecuador, South Africa, Brazil, Thailand, and the United States and by the ethics committee at each site.

How is GPP different from Good Clinical Practice (GCP)?



Implementation globally

- National GPP plan and N-CAB in Thailand
- National CAB Forums, incorporation into ethics review processes in South Africa
- Incorporation into ethics guidelines in Uganda

- Adaptation to other fields, e.g., TB, Ebola
- "Global" GPP/CE Forum, Q3 2015
- Endorsement by Presidential Bioethics Commission
- Global consultations, e.g., proposed ECHO trial, MTN-017
- Stakeholder Engagement CoP

- GPP training, tools for sites
- FACTS 001
- iPrEX
- ASPIRE – results prep
- IAVI partner research centers

Courtesy: Colonel Nelson Michael

Resources

- GPP for HIV Prevention

http://www.avac.org/good-participatory-practice

- Training & Implementation Tools:

http://www.avac.org/gpp-tools

- Online Training Course:

http://www.avac.org/gpp-online-training-course

- GPP for TB

http://www.cptrinitiative.org/resources/gpp-tb-resource-document/

- Stakeholder Engagement Toolkit:

http://www.avac.org/resource/stakeholder-engagement-toolkit-hiv-prevention-trials

- WHO: GPP guidelines for emerging and re-emerging pathogens

http://www.who.int/blueprint/what/norms-standards/GPP-EPP-December2016.pdf

What is GPP-EP?

- **principle-based guidance** on how to effectively engage stakeholders in the design and conduct of prevention and treatment trials for emerging and re-emerging pathogens

- outline **stakeholder engagement activities** required for:
    - development
    - planning
    - implementation
    - conclusion
    - results dissemination.....

  .....of trials conducted in emergency or crisis settings

- help establish **shared standards, expectations, and accountability** for **effective and outcome-driven engagement** throughout all phases of emerging pathogen trials

Primary audience for GPP-EP guidelines

All those involved in designing, financing, and implementing prevention and treatment trials for emerging pathogens:

- governments
- government-sponsored research networks
- non-governmental organisations
- academic institutions
- foundations
- public–private partnerships
- pharmaceutical companies
- other private or public sector entities
- research teams

Emerging or re-emerging pathogens likely to cause severe outbreaks in the near future and for which we have few or no medical countermeasures (2018 update WHO)

WHO R&D Blueprint for action against epidemics
http://www.who.int/blueprint/priority-diseases/en/

- Ebola virus disease
- Crimean-Congo haemorrhagic fever (CCHF)
- Marburg virus disease
- Lassa fever
- Middle East respiratory syndrome coronavirus (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS)
- Nipah and henipaviral diseases
- Rift Valley fever (RVF)
- Zika
- Disease X

Diseases to watch carefully and consider at next annual review:

- Arenaviral hemorrhagic fevers other than Lassa Fever
- Chikungunya
- Highly pathogenic coronaviral diseases other than MERS and SARS
- Emergent non-polio enteroviruses (including EV71, D68)
- Severe Fever with Thrombocytopenia Syndrome (SFTS)

GPP-EP guidelines cover 9 aspects of trials

- Formative research
- Stakeholder engagement plan
- Communications and issues management plan
- Protocol development
- Informed consent process
- Standard of prevention and care
- Policies on trial-related harms
- Trial accrual, follow-up, and exit
- Trial closure, results dissemination, and post-trial access to trial products or procedures

Subsections:

A. definition and relevance to good participatory practice
B. special considerations
C. good participatory practice.

Rationale for the GPP-EP guidelines - 1

Constructive long-term stakeholder engagement is indispensable for ensuring:

- **ethical and scientific quality** of research
- **merit and relevance** to local stakeholders
- **likely uptake** of interventions found efficacious

…. And for **promoting understanding of local cultures, norms and values**, including

- concerns of vulnerable or marginalised populations
- local priorities
- the dynamics of community practices that may facilitate or prevent epidemic spread

Rationale for the GPP-EP guidelines - 2

When partnerships with stakeholders are not in place prior to an emergency, following GPP-EP guidance **facilitates timely stakeholder dialogue and strengthening of partnerships** to help ensure that research conduct is:

- acceptable
- ethically sound
- scientifically rigorous
- and that it contributes to the epidemic response

Accelerated research processes in health emergency contexts

- **moral obligation to conduct timely research**: limited evidence base for effectively
  - preventing further spread of emerging pathogens
  - reducing morbidity and mortality for individuals, families, and communities
- well-designed and well-conducted emerging pathogen prevention and treatment trials and studies are essential to **discovering additional options to prevent, diagnose, and treat** new infections
- research conducted in a health emergency **must actively contribute to the epidemic response** and be designed to **enhance long-term system capacity for both research and effective epidemic prevention and response**, while **respecting the rights of the involved population**

Emerging pathogen trial stakeholders

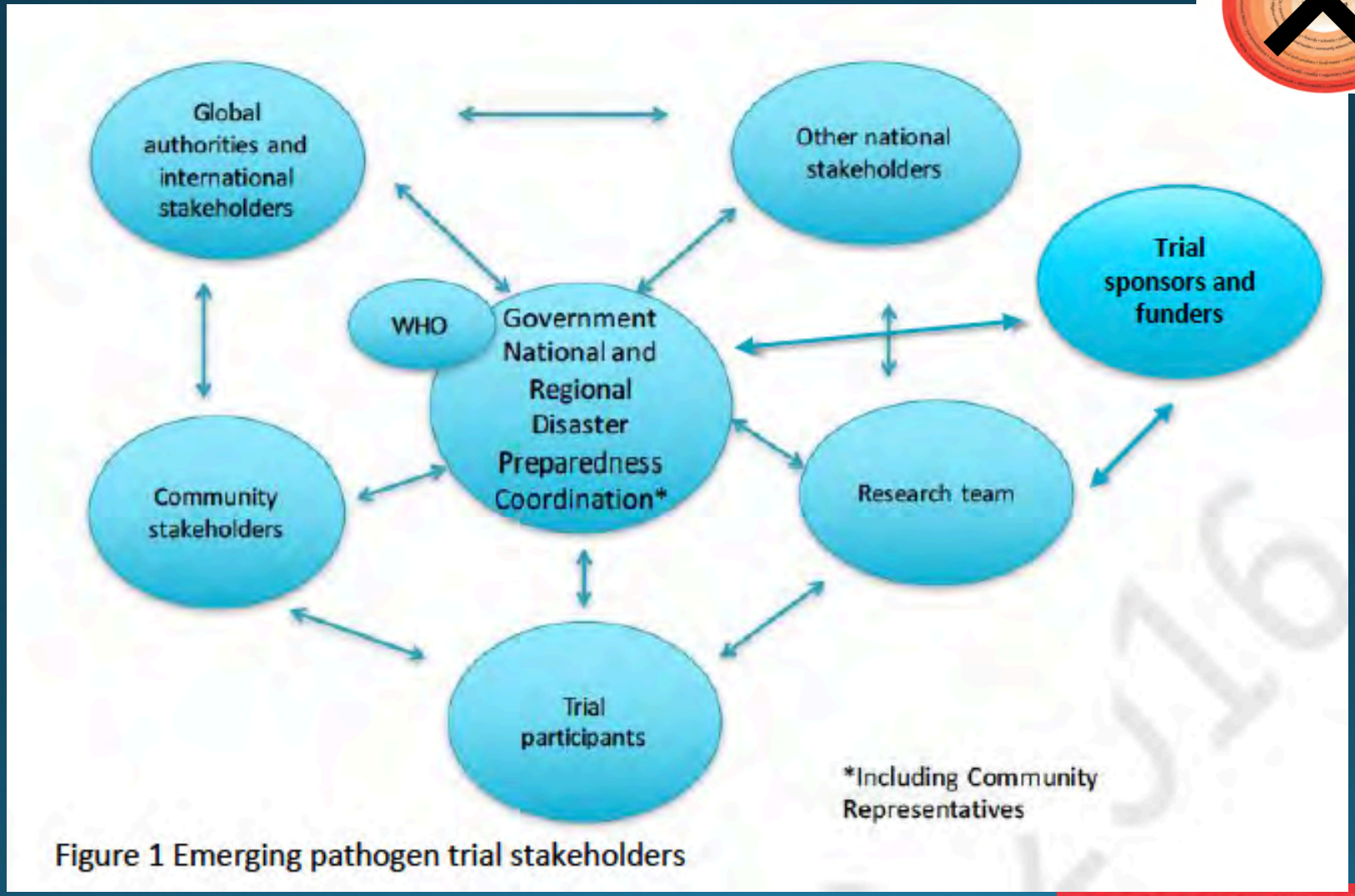


Figure 1 Emerging pathogen trial stakeholders

Research and response

- an emerging pathogen epidemic can negatively affect trade, tourism, national security, gross domestic product, development indicators, citizen well-being……
- important that trial conduct not contribute to these effects
- **government disaster preparedness bodies** at national and regional level, leading and coordinating the epidemic response, play a **central role** in:
  - overseeing, approving, and monitoring the emergency research agenda and trial conduct
  - facilitating timely national scientific and ethical review processes
  - ensuring that trials synergize with the emergency response, while abiding to ethical and research principles including good clinical practices
  - ensuring that trials contribute to the national emergency response and do not compromise it by drawing away resources that are critical for public health actions and appropriate clinical care

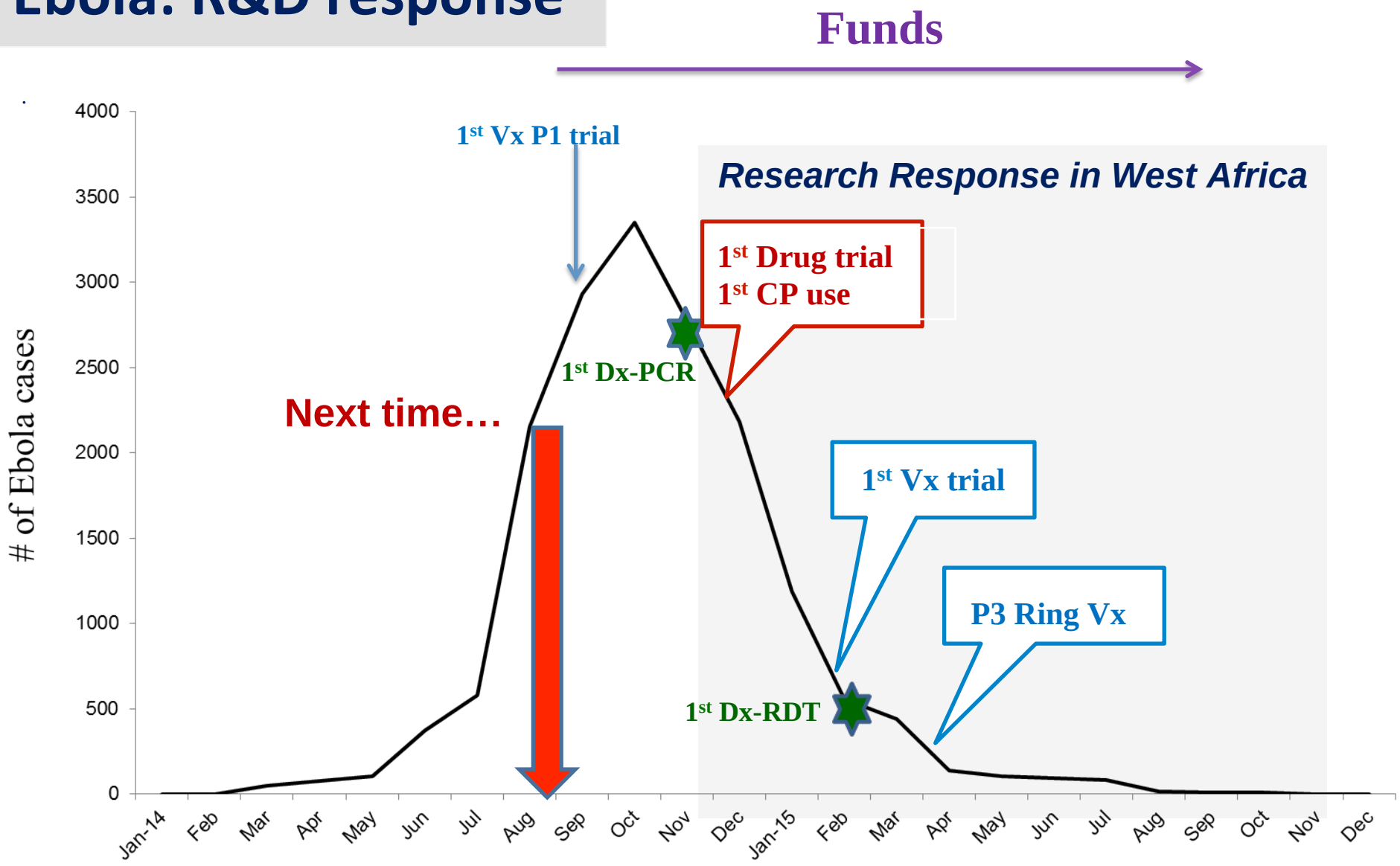
Stakeholder engagement helps ensure:

- research questions are pertinent
- trial procedures are culturally sensitive and appropriate, thus improving recruitment, retention, adherence, and eventual uptake and use of proven research products
- inequalities that already exist are not reinforced
- sensitivity of research staff to the needs of vulnerable populations is increased
- stakeholder knowledge and understanding of the research process is increased, building research literacy and competencies
- stakeholders are enabled to contribute more effectively to the process of guiding research
- the power imbalance between research teams and community stakeholders is addressed

Who can require that GPP-EP guidelines be followed in a trial?

- Funders and trial sponsors can require trial protocols to include GPP-EP activities and plans, with ample budget allocation and time
- National governments can require regular reporting on GPP-EP
- Ethics Committees or institutional review boards (IRBs) can require them
- Stakeholders can have explicit contracts with research teams
- Medical journal editors can require reviewers to assess whether and how GPP-EP was followed during trial conduct

Ebola: R&D response



World Health Organization

GPP-EP Action Plan

KEY ACTIONS for good participatory practices in trials of emerging (and re-emerging) pathogens – GPP-EP	WHO SHOULD TAKE THE LEAD	HOW LONG THIS MAY TAKE
1. DURING STUDY DESIGN SELECTION and PROTOCOL WRITING PERIOD		
2. BEFORE THE TRIAL STARTS		
3. DURING TRIAL IMPLEMENTATION 4. AFTER THE TRIAL		

Section references in the Action Plan are to the WHO GPP-EP guidelines for emerging and re-emerging pathogens
http://www.who.int/blueprint/what/norms-standards/GPP-EPP-December2016.pdf

GPP-EP Action Plan:
http://www.who.int/blueprint/what/norms-standards/KEY-ACTIONS-GPP-EP_20161207.pdf

Thank you for your attention

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Formal stakeholder advisory mechanisms

Typically involve established groups that develop an ongoing relationship with the research team at a particular trial site

Examples include:

- **trial participant groups** (former or current participants)
- **professional groups** (local scientists, health care providers, local media, or experts on local socio cultural issues)
- **government-convened** research coordination meetings
- **non-governmental** organisation (NGO) advisory groups (with representatives from different NGO or community based organisations)
- **community advisory boards**

Informal stakeholder advisory mechanisms

Events or less formal means that assist research teams in learning about relevant stakeholders' views on proposed or ongoing research.

Examples include:

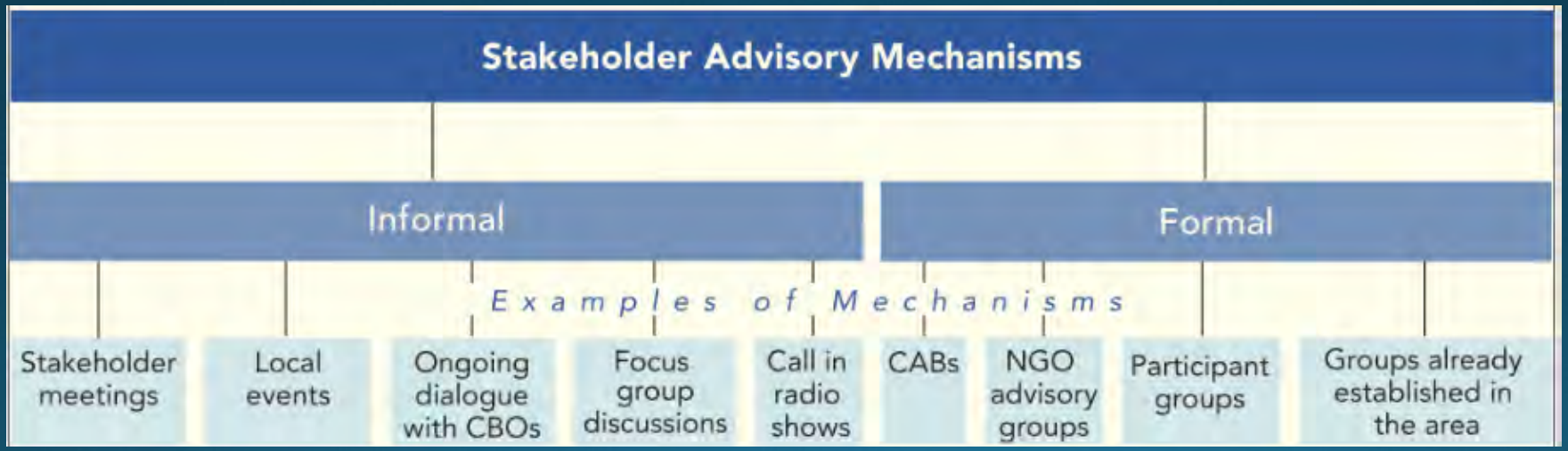
- stakeholder meetings
- local events
- focus group discussions
- interviews
- consultations
- suggestion boxes

Participants may include individuals & representatives of:

- existing organizations
- local employer associations
- local government or traditional committees
- other advocacy, charitable, cultural, political, religious, or social groups

Examples of how to engage

- CABs are often necessary, but seldom sufficient for adequate stakeholder engagement plans
- There may be many more effective ways for research teams to engage with other stakeholders

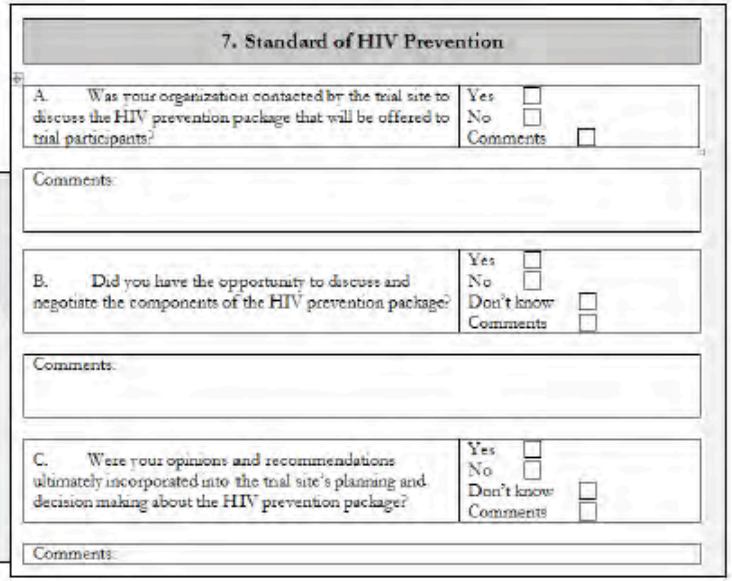


Monitoring stakeholder engagement

- Research teams can assess themselves
- Community stakeholders, for example, community groups or community advisory boards, can assess research teams
- Trial monitors can conduct assessments
- Trial sponsors can explicitly ask for reporting on stakeholder engagement
- Ethics, regulatory, and governmental bodies who approved the conduct of a trial can require regular reporting

Implementation Tools

- GPP Blueprint
- Trial site binder/file
- Planning templates
- Assessment toolkit

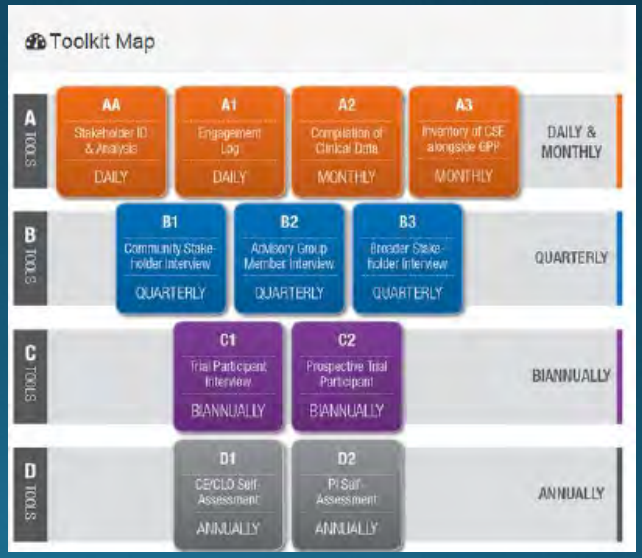


7. Standard of HIV Prevention

A. Was your organization contacted by the trial site to discuss the HIV prevention package that will be offered to trial participants?	Yes ☐ No ☐ Comments ☐
Comments:	
B. Did you have the opportunity to discuss and negotiate the components of the HIV prevention package?	Yes ☐ No ☐ Don't know ☐ Comments ☐
Comments:	
C. Were your opinions and recommendations ultimately incorporated into the trial site's planning and decision making about the HIV prevention package?	Yes ☐ No ☐ Don't know ☐ Comments ☐
Comments:	

GPP monitoring and evaluation toolkit

- Set of tools for monitoring engagement activities
- Online database for data entry and standardized reporting
- Developed with TB Alliance, input of working group
- Piloted with multiple trial sites
- Introduced Sept 2014
- Official launch Q3 2015



Evaluating GPP: What was the impact of the stakeholder engagement?

Key questions:

- How did the engagement improve the research?
  - Did stakeholders provide useful feedback during the research lifecycle?
- How do various stakeholders feel about the quality of the engagement process and the relationships?
  - Do community stakeholders feel their inputs and feedback were listened to and addressed?
- As with monitoring, all stakeholders can be involved in the evaluation process and give their perspectives

Does stakeholder engagement make the research better?

- A wide range of stakeholders can give research teams advice about research questions, procedures, and conduct

- Stakeholders, especially community stakeholders, have critical knowledge about local cultures and dynamics of epidemics that trial entities may lack. Their feedback can help ensure that the research and procedures are culturally sensitive and appropriate

- This advice can lead to better recruitment, better retention, better adherence, better data, and better likelihood of uptake of interventions should they be proven to be safe and effective