3.7 Site selection

3.7.A. Definition

Site selection is the process by which trial funders, sponsors, or networks evaluate sites for funding for a trial protocol, inclusion in a multisite trial, or inclusion in a trial network.

3.7.B. Relevance to good participatory practice

Site assessment of stakeholder engagement programmes or plans for their development is critical to anticipating a site's ability to conduct a trial according to good participatory practice.

3.7.C. Special considerations

New sites may not have the full range of stakeholder engagement plans and advisory mechanisms in place. Optimal sites for selection already have established stakeholder engagement processes and programmes or, in the case of new sites, have demonstrated commitment to establishing such processes.

3.7.D. Good participatory practices for site selection

1. Trial funders, sponsors, or network representatives assess sites with respect to stakeholder engagement programmes, taking into account the following issues:
    a. Evidence of or plans for development and maintenance of meaningful relationships with relevant stakeholders.
    b. Evidence of previous stakeholder engagement activities for sites that have conducted research.
    c. Findings from formative research activities or a workplan for completing formative research activities.
    d. Previous development of multiple stakeholder advisory mechanisms or a workplan to develop them.
    e. Demonstrated awareness and consideration of human rights issues that may be raised by the trial, particularly as they relate to vulnerable, marginalised, or criminalised groups.

2. Trial funders, sponsors, or network representatives continue to monitor site progress towards developing appropriate plans, resolving identified issues, and following good participatory practices during the site development phase of the trial.

3.8 Protocol development

3.8.A. Definition

Protocol development is the process of creating and modifying a trial protocol. The protocol describes the rationale, objectives, design, methodology, statistical considerations, ethical considerations, and organisation of a trial.

3.8.B. Relevance to good participatory practice

A range of stakeholders can provide meaningful input into many aspects of trial protocol development. In particular, community stakeholders bring expertise that can assist research teams in ensuring that protocol designs and procedures are locally appropriate, are acceptable to the trial population, and optimise successful implementation of the trial.

3.8.C. Special considerations

1. Opportunities for protocol review and input by local research teams and relevant stakeholders vary by trial. In some circumstances, particularly multicountry or multisite trials, protocol development may be largely centralised. It is good practice in the protocol development process to incorporate mechanisms to facilitate stakeholder input early in the process.
2. Research teams can consider documenting community stakeholder input into protocol development and sharing these recommendations with protocol review bodies, even when not explicitly required by such bodies.

3.8.D. Good participatory practices for protocol development

1. Trial sponsors and network leadership provide opportunities and time for local research teams to contribute to trial protocol development.

2. Trial sponsors, network leadership, and local research teams provide opportunities and time for local stakeholders, in particular community stakeholders, to contribute to trial design issues and procedures such as products to be tested, trial objectives, recruitment strategies, informed consent materials and procedures, reimbursement policies, counselling approaches, follow-up procedures, and post-trial access to trial products or procedures.
3. Research teams maintain clear and transparent communication about the protocol development process with relevant stakeholders, in particular, formal stakeholder advisory mechanisms.
4. Research teams provide relevant stakeholders with draft versions of the protocol and make technical information as accessible as possible by providing protocol summaries and translated materials, or by facilitating workshops, as necessary.
5. Research teams inform relevant stakeholders of protocol reviews and approval processes and provide regular updates.
6. Trial sponsors or implementers make full, final protocols of trials available and easily accessible to stakeholders.
7. Research teams maintain clear written records of discussions and agreements. This includes relevant stakeholders' recommendations, actions taken by the research team, and any unresolved issues that require follow-up.
8. Trial sponsors ensure sufficient funding and research teams allocate resources and time to support stakeholder engagement in the protocol development process.

3.9 Informed consent process

3.9.A. Definition

Informed consent is a process by which a competent individual is provided with enough information about a trial to make an independent decision whether or not to participate in the trial. In this process, research staff members educate the prospective participant about the trial, including about the potential risks and benefits, trial procedures, and what is expected of the participant.

When an individual provides consent, this is documented on the informed consent form. Informed consent is an ongoing process. Participants may decide to drop out of the trial at any point, even after providing consent to enrol in the trial.

3.9.B. Relevance to good participatory practice

The informed consent process is relevant to good participatory practice because a wide range of stakeholders can help research teams develop locally acceptable and effective informed consent procedures and materials.

3.9.C. Special considerations

Community stakeholders can provide research teams with invaluable advice to improve the informed consent process and materials. However, the actual implementation of the informed consent process between an individual and the research staff is confidential. Only designated research staff members have access to confidential information about the identity of trial participants. The informed consent process itself is conducted in accordance with *Good Clinical Practice*.[2]

3.9.D. Good participatory practices for the informed consent process

1. Research teams discuss the following topics with community stakeholders during development of the informed consent materials and procedures:
    a. Who needs to be consulted locally to enable research teams to invite individuals to join the trial.
    b. What local cultural practices may affect individual decision-making ability, and how working within these structures can be facilitated while ensuring protection of individual autonomy to provide informed consent.
    c. The general literacy level of the population to be recruited and how to assess the literacy level of prospective participants.

d. Considerations and requirements for illiterate participants, including discussion of possibilities of who may serve appropriately as a witness to the informed consent process.

e. The prevalence of different languages in the area and which languages are required for obtaining informed consent from individuals.

f. Local and legal forms of identity (name and age) verification and local practices around the use of names.

g. The legal, local, and trial sponsor definitions of a "minor" and consideration of legal and local determinations of who can serve as a minor's guardian.

h. Locally appropriate reimbursement and compensation.

i. Appropriate strategies to ensure participant rights are protected, including voluntariness of participation, ensuring undue inducement is avoided, and mitigating the influence of social desirability in influencing individual agreement to enrol.

j. Strategies to ensure comprehension of informed consent materials and critical trial-related terms and concepts, including the use of visual or audio formats, flipcharts, props, analogies, and other supportive materials and methods.

k. Techniques to assess comprehension of trial participation and the frequency with which they are to be used.

l. Explanation of potential trial-related harms and how such harms will be addressed (see Section 3.13).

m. Strategies to ensure that follow-up of participants after missed visits respects agreements between the participant and research team about how to contact the participant.

n. Consideration of the length of informed consent forms and the estimated time required to complete the informed consent process.

o. Preferred ways for participants to contact research teams and stakeholders independent from the research team to ask questions or express concerns about trial participation.

p. Ways to pilot informed consent materials.

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*,[5] *CIOMS* guidelines,[7] *The Belmont Report*,[6] *Good Clinical Practice*,[2] the World Health Organization *Handbook for Good Clinical Research Practice*,[3] the *Nuremberg Code*,[29] the *Nuffield Council Guidance on health research in developing countries*,[8, 9] and UNAIDS/WHO *Ethical considerations in biomedical HIV prevention trials,*[10] 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. [30, 31, 32, 33, 34]

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.