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Research ethics in The Union: an 8-year review of the Ethics Advisory Group

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Setting: The Ethics Advisory Group (EAG) of the International Union Against Tuberculosis and Lung Disease (The Union) was established in 2004 to provide ethical guidance and promote ethical standards within The Union, including reviews of proposed research projects associated with The Union.

Objectives: To describe research proposal reviews conducted by the EAG in the period 2005–2012 in terms of 1) annual numbers, 2) the Union departments in which the proposals originated, 3) study designs, 4) regions and countries where studies were to be conducted, 5) study topics, 6) problems encountered by the EAG, and 7) review outcomes.

Design: Descriptive study of application records of the EAG.

Results: A total of 292 applications were reviewed; 79% were proposals for operational research; 85% were from Africa and Asia, with 64% from India, South Africa, Malawi, Kenya and Zimbabwe. Tuberculosis was the topic in 68%; only three studies in the 8 years were on other lung diseases. Several problems encountered are highlighted. All applications were approved except six, either immediately or after modification.

Conclusion: The proposal review process of the EAG serves to maintain ethical standards of research within The Union. Ideas for expanding the scope of the EAG are discussed.

The Ethics Advisory Group (EAG) of the International Union Against Tuberculosis and Lung Disease (The Union) was established in 2004 with the mandate to provide ethical guidance on The Union's research at national and international levels and to promote ethical standards in lung health services. Similar to other ethics committees, its role within The Union in research is to safeguard the dignity and rights of study participants and ensure that appropriate ethical standards are applied.[1–3] Details of the activities and procedures of the EAG have been described elsewhere.[4]

The EAG consists of six members from several countries (current members are in Africa, Asia, North America and Australia), each with different professional backgrounds, and all with extensive experience in health and social care and systems. They meet once a year during the Union Conference on World Lung Health, and conduct reviews by e-mail and by teleconferencing if needed. Updates in bioethics and research ethics are organised regularly and relevant papers are circulated among members. The EAG reviews every research protocol in which a Union staff member or consultant is the principal researcher, an intended co-author or a named collaborator, or if The Union funds or sponsors the study.

Through a formal application process, the EAG evaluates the societal value of the study; methods used (poor science is unethical); informed consent procedures and forms; risks to participants; confidentiality of participant and record information; the involvement of local communities, local researchers and local health services; local ethics committee approval; and plans for disseminating study results. Studies involving record reviews and existing data without the direct involvement of human subjects are reviewed by the EAG through an expedited procedure by the Chairperson or designate. All other studies are reviewed by the full committee. If the EAG has concerns and suggestions about ethical issues, these are communicated to the applicants and approval provided when the necessary revisions to the study protocols are made. Approvals for record review studies generally take a few days, for other reviews up to 2 weeks.

The objective of this article is to describe applications for ethics review of protocols made to the EAG in the 8-year period from 2005 to 2012 in terms of 1) annual numbers, 2) the Union departments in which the proposals originated, 3) regions and countries where studies were to be conducted, 4) topics to be studied, 5) study designs, 6) problems encountered by the EAG, and 7) review outcomes.

STUDY POPULATION, DESIGN AND METHODS

Each application was analysed using the original submitted documents and the annual summaries generated and maintained by the EAG. Ethics approval and informed consent of applicants was not deemed necessary, as this was a review of records without names.

RESULTS

Number per year

A total of 292 applications were reviewed during the 8-year period. Annual numbers are shown in Figure 1.

Union departments from which applications came

In Table 1, the departments from which research applications originated are listed by year of application: 79% of all Union research in the 8 years was developed during operational research courses. Over half the total were from participants in courses run by The Union

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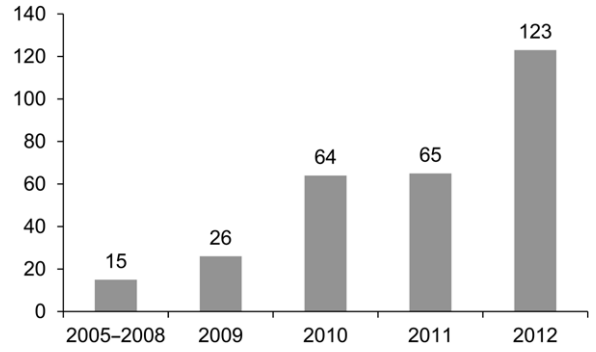

FIGURE 1 Number of applications to the Ethics Advisory Group per year.

TABLE 2 Geographic regions from which applications were received, 2005–2012

Region	Applications *n* (%)
Africa	135 (46)
Asia	114 (39)
Pacific	27 (9)
South America	5 (2)
Middle East	1 (1)
Eastern Europe	1
Madagascar	1
Multiple developing countries	8 (3)*
Total	292 (100)

*Africa and Asia (n = 5), India and Australia (n = 1), Africa, Asia and Europe (n = 1), many developing countries (n = 1).

Centre for Operational Research (COR), described elsewhere,[6] with increasing proportions in recent years. Other operational research (OR) courses added 78 applications, of which 42 were from the South-East Asia Union region (funded by the Global Fund and TREAT TB[5]) and 36 from the Operational Research Assisted Programme, Desmond Tutu TB Centre, Stellenbosch University, Cape Town, South Africa (funded by TREAT TB).

Regions and countries

Regions from which applications came are shown in Table 2. The majority (85%) were from Africa (46%) and Asia (39%). The world map (Figure 2) shows countries where the research was to be conducted. Almost three quarters of those in Africa were from four countries: South Africa (37%), Malawi (17%) and Kenya and Zimbabwe (9% each). Just over three quarters of those in Asia were from India (66%) and Bangladesh (11%). Countries most represented overall were India (26%), South Africa (17%) and Malawi (8%). Eight studies were to be conducted in two or more developing countries.

Topics of research

Tuberculosis (TB), including multidrug-resistant TB (MDR-TB), was the research topic in 68% of all applications. This proportion decreased over the 6 years from 100% during the 2005–2008 period to 57% and 64% in 2011 and 2012, respectively. An increase in research on MDR-TB, diabetes with or without TB, human immunodeficiency virus (HIV) and aspects of health services was noticeable in 2012 applications. The number of studies on other lung disease and tobacco was low. Other infectious diseases, obstetric and gynaecological problems were topics of Médecins Sans Frontières (MSF) staff on Union-MSF COR courses (Table 3).

Study designs

Table 4 gives details of study types. Most studies (n = 217, 74%) were reviews of records or existing data from other studies. A further 57 descriptive studies included 42 that used interviews or questionnaires. There were 13 applications for intervention studies (5% of all).

Problems noted in the review process

A total of 212 applications (73%) were approved after the initial review. Of the 80 referred back to principal investigators for clarification and/or amendment, the main problems were inappropriate information and consent forms (n = 29, 36%), inappropriate or problematic methods (n = 26, 33%), incomplete application forms (n = 20, 25%) and inadequate provision for confidentiality (n = 5, 6%). Very few researchers described how their results would be presented to study participants and their communities. A number of applications had problems in all of these areas (Table 5).

Local ethics approval

The approval status of local ethics committees in the countries where the studies were to be carried out was documented only from 2010 (for 252 applications). The majority (198, 79%) received local approval. Four results remained outstanding at the time of this report (July 2013). Forty-seven applicants (19%) from 22 countries reported that an ethics committee to which they could

TABLE 1 Sources of EAG applications, 2005–2012

			OR courses (n = 231, 79%)				
Year	Union general	TREAT-TB[5]	COR	ORAP TREAT-TB-funded	South-East Asia Region	South-East Asia Region TREAT-TB-funded	Total
2005–2008	15	—	—	—	—	—	15
2009	6	3	15	—	1	—	25
2010	10	2	26	11	15	—	64
2011	13	3	42	7	—	—	65
2012	10	1	70	15	14	13	123
Total, *n* (%)	54 (18)	9 (3)	153 (52)	33 (11)	30 (10)	13 (4)	292 (100)

EAG = Ethics Advisory Group; OR = operational research; COR = Centre for Operational Research; ORAP = Operational Research Assisted Programme.

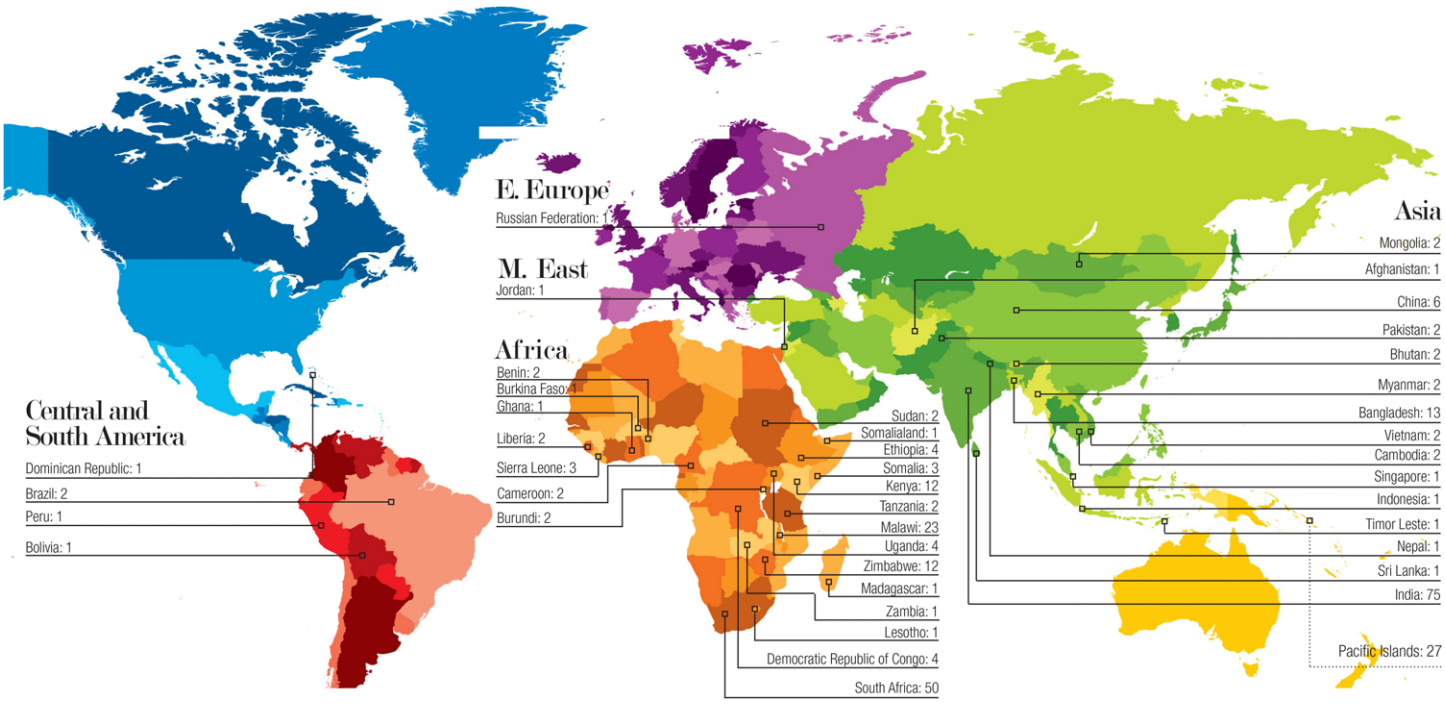

FIGURE 2 Distribution of applications to the Ethics Advisory Group, with number of applications per country, 2005–2012.

TABLE 3 Health problems and diseases to be researched

	2005–2008	2009	2010	2011	2012	Total *n* (%)
TB	15	19	48	37	79	198 (68)
General	7	9	22	15	40	93
Diagnosis	4	2	5	6	4	21
Children		2	4	1	7	14
TB-HIV	4	5	11	11	13	44
MDR-TB	0	1	6	4	15	26
HIV/AIDS		6	7	4	11	28 (10)
Health services (utilisation, evaluation, private services)			3	7	8	18 (6)
Diabetes (with or without TB)			2	3	11	16 (6)
Malnutrition			1	7	1	9 (3)
Tobacco				1	5	6 (2)
Infectious diseases			1	1	5	7 (2)
Obstetrics and gynaecological (cervical cancer, sexual violence, fistulas)				4	3	7 (2)
Lung health (child lung health, asthma, lung cancer)			2	1		3 (1)
Total	15	25	64	65	123	292 (100)

TB = tuberculosis; HIV = human immunodeficiency virus; MDR-TB = multidrug-resistant TB; AIDS = acquired immune-deficiency syndrome.

TABLE 4 Types of studies

	Record review	Descriptive with interviews	Descriptive with other tools	Case control	Cohort	Intervention	Total
2005–2008	8	4	1	1		1	15
2009	22	2				1	25
2010	36	16	5	3		4	64
2011	48	9	3		1	4	65
2012	103	11	6			3	123
Total, *n* (%)	217 (74)	42 (14)	15 (5)	4 (1)	1 (0.3)	13 (5)	292 (100)

TABLE 5 Ethical problems with applications

	2005–2008	2009	2010	2011	2012	Total *n* (%)
Total	15	25	64	65	123	292
Problems	5	3	23	15	34	80 (27)
Information and consent forms	2	1	14	4	8	29
Methods	2	2	2	7	13	26
Incomplete forms or unclear description	1		5	3	11	20
Confidentiality			2	1	2	5

apply did not exist in the country. Three said that their local ethics committee did not require approval of record review studies.

Outcomes of applications

All applications except six were approved. These six were subsequently cancelled by the researchers or course organisers. Five others that had been approved by the EAG were also cancelled.

DISCUSSION

During the period of this report, an increasing number of applications were reviewed by the EAG. This increase was largely attributable to OR courses, particularly those run by the COR. Union-initiated, sponsored or funded research was carried out in many countries during the period, most frequently in India, South Africa, Malawi, Kenya and Zimbabwe. TB and HIV were the conditions most frequently studied. However, there was an increase in research on diabetes in 2012. Very few applications were related to lung health problems other than TB. Record reviews contributed 75% of all types of studies. The majority of the studies presented no ethical problems. Of those with problems, the most common were inadequate and poorly worded informed consent forms and inappropriate and poorly described study methods. Local ethics committee approval could not be obtained for 19% of applications from 2010.

This review is the first by The Union's EAG and reflects the considerable amount of research being conducted by the organisation. The Union's mission, to provide 'innovation, expertise, solutions and support to address health challenges in low- and middle-income populations',[7] and the commitment of its staff, ensure that priority topics are researched with the aim of benefiting research participants and their communities. This philosophy is in line with ethics principles of distributing knowledge gained through research and ensuring access to benefits.[8] This makes the task of the EAG satisfying, despite the workload. There is no doubt of the importance of the principle that all research proposals must be evaluated by an independent group. This is emphasised by many international declarations and recommendations.[1–3] It is assumed that all research within The Union is presented to the EAG, but this is dependent on the knowledge and practice of Union staff and consultants and on Union sponsored and funded researchers.

Inadequate informed consent documents were of concern, as respect for potential study participants requires that they receive information about the intended study in language and style appropriate to the group. People who feel obliged, for whatever reason, to participate without understanding the process and implications are being subjected to coercion. While information and consent forms must vary according to the population being studied, there are universal principles. Suggested outlines are available on The Union EAG website (http://www.theunion.org/who-we-are/ethics-advisory-group). Although dissemination in scientific reports and journal publications was always cited, few researchers appear to understand the importance of providing study results to participants and communities. An ethical responsibility is to share knowledge gained about health problems and possible solutions with local communities, thus empowering them and encouraging them to exercise their rights regarding health and other services.

Asthma, child lung health and other lung health problems and their risk factors were rare topics of research in The Union, despite their prevalence in poor countries and the expanded scope of The Union's work.

A weakness in the review and approval process, not unique to the EAG, and highlighted elsewhere,[8] is the possibility of discrepancies between what is presented in application forms, and what is actually done at research sites. This applies especially to how information is provided and consent obtained. A future area of development for the EAG will be to investigate ways of monitoring how data are collected, potentially through collaborations with local ethics bodies and communities.

The co-approval of local ethics bodies has proved a problematic issue. The EAG believes that external ethics committees, including The Union EAG, should not be the sole bodies to adjudicate the ethical merits of research to be carried out in developing countries. This includes studies of existing records, usually the subject of expedited reviews. Local experts are far more likely to understand local conditions, cultures and expectations, and are thus essential collaborators. This must not mean the additional burden of submission to a 'maze of committees'.[9] To address this burden in its own framework, the EAG has created a partnership with the MSF Ethics Review Board (ERB), wherein the EAG exempts applications for studies of existing records from course participants of MSF-led Union-MSF COR courses from EAG review if the MSF ERB has already approved the study.

Ensuring local ethics approval has proved time consuming and confusing. If an application is approved by the EAG, but local ethics committee approval is not yet obtained, the EAG approval is sent stating that it is provisional until a copy of the local approval is sent as soon as it is available. In the case of clinical trials, EAG approval is not granted until local approval is confirmed. Applicants often forget to send in the local approval and have to be reminded. Local committees often take months (up to a year in a few cases) to review, causing serious delays in implementing studies. For OR course participants with time deadlines, this means that local approval is not obtained before their studies start. Some countries do not have an ethics body to which researchers can apply, if they are not affiliates of academic or specific institutions. However, researchers' statements about their availability vary within the same country, and this has led the EAG to wonder if the 'no ethics committee' statement is an attempt to escape from the often prolonged process of approval. The EAG intends to confirm the reported absence of ethics committees in countries where this is mentioned by researchers, and has started to develop a compendium of ethics committees in Africa. In places where they are absent, the EAG will seek collaboration with other ethics and research institutions to encourage and assist local ethics capacity development, as recommended.[10,11] A workshop on research ethics conducted during the Conference of the Union Africa Region in Rwanda in 2013 was successful in creating awareness about and ethical thinking for the research process, and will be replicated at other Union events.

The expedited review process for studies of records and existing data is the responsibility of the EAG Chairperson. The task is an onerous one, and there is perhaps need to further refine the already simplified 'record review' application form.

In conclusion, the EAG believes that the process of ethics review and approval for research conducted in The Union is transparent and satisfactory; however, future improvements are required, as outlined in this report. There is a need to build research ethics capacity in the regions of The Union. This article has focused on its role in protecting research participants and in promoting awareness about ethical issues in research. The EAG does have a mandate beyond research ethics reviews in relation to lung health service delivery to the poor, and it looks forward to expanding and strengthening its contribution to ethical reflection within The Union.

References

1 World Medical Association. Declaration of Helsinki. Ethical principles for medical research involving human subjects. General Assembly 2008. Ferney-Voltaire, France: WMA, 2013. http://www.wma.net/e/policy/b3.htm Accessed November 2013.
2 Council for International Organisations of Medical Sciences. International ethical guidelines for biomedical research involving human subjects. Geneva, Switzerland: CIOMS, 2002. http://www.cioms.ch/frame_guidelines_nov2002.htm Accessed November 2013.
3 Office for Human Research Protections, US Department of Health & Human Services. Code of Federal Regulations. Title 45 Public Welfare, Department of Health and Human Services. Part 46 Protection of Human Subjects. Washington DC, USA: HHS, 2009. http://www.hhs.gov/ohrp Accessed November 2013.
4 Edginton M. The Union's Ethics Advisory Group [Editorial]. Int J Tuberc Lung Dis 2011; 15 (Suppl 2): S1–S2.
5 International Union Against Tuberculosis and Lung Disease. Treat TB. Paris, France: The Union, 2013. http://www.theunion.org/index.php/en/what-we-do/tuberculosis/treat-tb Accessed November 2013.
6 Harries A D, Rusen I D, Reid T, et al. The Union and Médecins Sans Frontières approach to operational research. Int J Tuberc Lung Dis 2011; 15: 144–154.
7 International Union Against Tuberculosis and Lung Disease. Mission, vision and values. Paris, France: The Union, 2013. http://www.theunion.org/index.php/en/who-are-we/mission-vision-and-values Accessed November 2013.
8 Benatar S R. Reflections and recommendations on research ethics in developing countries. Soc Sci Med 2002; 54: 1131–1141.
9 Gilman R H, Barcia H H. Ethics review procedures for research in developing countries: a basic presumption of guilt. CMAJ 2004; 171: 248–249.
10 Hyder A A, Wali S A, Khan A N, Teoh N B, Kass N E, Dawson L. Ethical review of health researchers: a perspective from developing country researchers. J Med Ethics 2004; 30: 68–72.
11 Emanuel E J, Wendler D, Killen J, Grady C. What makes clinical research in developing countries ethical? The benchmarks of ethical research. J Infect Dis 2004; 189: 930–937.

Contexte : Le Groupe Conseil d'Ethique (EAG) de l'Union Internationale Contre la Tuberculose et les Maladies Respiratoires a été créé en 2004 pour donner des directives éthiques et promouvoir des standards éthiques au sein de L'Union, y compris la révision de projets de recherche proposés en association avec L'Union.
Objectifs : Décrire les révisions de proposition de recherche conduites par l'EAG dans la période de 2005–2012 en termes de 1) nombres annuels, 2) départements de L'Union d'où provenaient les proposition, 3) schémas d'étude, 4) régions et pays où les études doivent être menées, 5) sujets d'étude, 6) problèmes rencontrés par l'EAG et 7) résultats des révisions.
Schéma : Il s'agit d'une étude descriptive des dossiers soumis à l'EAG.
Résultats : On a revu 292 projets soumis, desquels 79% étaient des propositions de recherche opérationnelle ; 85% venaient d'Afrique et d'Asie, dont 64% d'Inde, d'Afrique du Sud, du Malawi, du Kenya et du Zimbabwe. Le sujet était la tuberculose dans 68% des projets ; au cours des 8 années, trois études seulement concernaient d'autres maladies pulmonaires. Différents problèmes rencontrés sont exposés. Toutes les demandes ont été approuvées, soit immédiatement soit après modification, à l'exception de six.
Conclusion : Le processus de révision des propositions à l'EAG sert à maintenir des standards éthiques de recherche au sein de L'Union. On discute diverses idées pour l'expansion de l'objectif de l'EAG.

Marco de referencia: En el 2004 se conformó el Grupo Consultivo sobre Ética (EAG) de la Unión Internacional contra la Tuberculosis y las Enfermedades Respiratorias, cuyo propósito es aportar orientación en materia de ética y fomentar altas normas de ética en La Unión, entre otras actividades, con la revisión de los proyectos de investigación propuestos, en los cuales participa La Unión.
Objetivos: Describir el examen de los proyectos de investigación realizados por el EAG en el período del 2005 al 2012 con respecto a 1) las cifras anuales; 2) los departamentos de La Unión de los cuales emanan los proyectos; 3) los métodos de los estudios; 4) las regiones y los países donde deben tener lugar las investigaciones; 5) los temas de los estudios; 6) los problemas encontrados por el EAG; y 7) los resultados del examen de las propuestas estudiadas.
Métodos: Fue este un estudio descriptivo de los archivos de las propuestas estudiadas por el EAG.
Resultados: El grupo revisó 292 solicitudes, de las cuales 79% consistían en proyectos de investigación operativa; 85% provenían de África y Asia y de ellos 64% eran de la India, Suráfrica, Malawi, Kenia y Zimbabwe. La tuberculosis era el tema de 68% de los proyectos; solo tres estudios en los 8 años trataban sobre otras enfermedades respiratorias. Se destacan algunas de las dificultades encontradas por el grupo. Con la excepción de seis, se aprobaron todas las solicitudes de inmediato o después de modificaciones.
Conclusión: El procedimiento de examen de las propuestas por parte del EAG contribuye a mantener altas normas éticas en la investigación auspiciada por La Unión. En el artículo se analizan ideas encaminadas a ampliar el ámbito de acción del grupo.

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