MSF ERB Ethics Review Application Form

**Form to be filled out and submitted with the research protocol when requesting ERB review**

**Please first read the MSF Research Ethics Framework Guidance document below on page 4 (version 6, September 2023), which provides you with detailed guidance to fill in the application form.**

Preferably, complete the form with brief summaries and reflections on ethical considerations in non-technical language rather than direct copy-paste from sections of the protocol or simply referring to the protocol sections.

(**NOTE**: This document is a confidential document between MSFERB and MSF Operational Centers submitting the research protocol. Research context and concerns that may not necessarily be included in the main protocol can be detailed in this application form).

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| 1. **Research Protocol** |
| ***(0.1) Title:*** |
| ***(0.2) Version number:*** |
| ***(0.3) Date:*** |
| ***(0.4) Expected duration of proposed study:*** |
| ***(0.5) Principal Investigator (PI):*** *Name, institution/organization, country, MSF Operational Center* |
| ***(0.6) Study site and country:*** |
| ***(0.7) Collaborating Institutions/Organisations:***  *Please provide information about all Institutions/Organizations collaborating in this research and enclose supportive evidence - preferably by letters of intent to collaborate - that a solid, formal collaboration plan is in place.* |
| ***(0.8) Is the protocol being submitted for approval by the National/ Local Ethics Review Committee(s) and/or regulatory authorities?***  *Please indicate when and to which committee the protocol will be submitted. Please give the names and contact details of the committee(s) to which the protocol will be/has been submitted. Please submit copies of approval letters as soon as available.* |
| ***(0.9) Does the proposed study have the support of the relevant health authorities of the host countries, e.g., the Ministries of Health?***  *Where the relevant authorities* are not *among the collaborating institutions/organisations, please provide evidence of their support, such as formal letters of support, authorization, or an explanation for their absence.* |
| ***(0.10)* *Did the protocol undergo a scientific peer review in the Operational Centre (OC) or via another mechanism?***  *If no, please provide the reason.* |
| **1. Research Question and Methodology** |
| * 1. ***What is the research question? Why is it important?***   *Please briefly present context and the rationale (including what is currently known about the issue and what the study intends to contribute) and explicitly state the research question(s).* |
| ***(1.2) How is the methodology and proposed analysis appropriate given the research question(s)?***  *Please comment in relation to the study setting, study design, data collection, storage, and analysis plan.* |
| ***(1.3) What relevant resources have been secured to conduct the study, including the dissemination phase (for example, dissemination to the community, policy briefing, open access publishing, etc.)?***  *This would include the materials, budget, and human resources.* |
| ***(1.4) Do the research staff have the relevant scientific expertise?***  *Please list the qualifications and experiences of key investigators with respect to their roles in this research (short CVs are expected to be submitted). Please make sure that all areas of expertise relevant for this project are covered.* |
| ***(1.5) What is the training plan for the research team with respect to the study and research ethics?*** |
| ***(1.6) What protections will be in place for the research staff, including data collectors and any other field research staff?***  *Also describe if there are conflict of interests with research team and MSF staff, and possible double roles possibly constituting conflicts of interest.* |
| 1. **Community Engagement and Collaborative Partnerships** |
| ***(2.1) What community engagement activities or plans related to the study are in place? How has this influenced the research design?***  *Apart from the routine operational engagement, please describe how the views and concerns of the community have been considered when designing the research; and how they will be considered when conducting it.*  *If you deem that explicit community engagement strategies are not feasible, please justify explicitly.* |
| **(2.2) *How are collaborative partnerships planned with research institutions/organisations of the host countries?***  *Please describe the collaboration with research institutions in the study country. Please include a short description of the role of the collaborative partners, and a short description of the expected outcome of the collaboration, such as joint authorship on publications, capacity strengthening, mutual learning and so forth. Please provide letters of intent to collaborate, or more elaborate documents like a research agreement or memorandum of understanding, for each collaborative partner. If you deem that such collaborative partnerships are not feasible, please justify explicitly.*  *Ministry of Health or Ministry of Science of the study country may often be gatekeepers and authorizing bodies. Please describe if these authoritative bodies have scientific role in the study, and whether this could mean a conflict of interest.* |
| **(2.3) *Are there any other parties (for example, other NGOs, international agencies, manufacturers of investigational products) involved in the research?***  *If so, list these parties and explain what potential interests of these parties might conflict with MSF’s mission and values.* |
| **3. Respecting and Protecting Research Participants and Communities** |
| ***(3.1) What are the anticipated harms and benefits, for both individual participants and communities?***  *Briefly describe the mitigation plans to minimize anticipated harms.* |
| ***(3.2) What are the plans for obtaining consent?***  *Describe the informed consent, assent, witnessing process, and plans for translation, validation, as applicable. (Informed consent and assent forms expected to be part of the submission).* |
| ***(3.3) How do you plan to protect confidentiality?***  *Please refer to footnotes 1, 2 & 3 on page 7 of the Guidance Document for the ERB’s definitions of anonymous, anonymised and coded/pseudonymised.* |
| ***(3.4) How do you plan to access, store, and share any collected biological material (including for future research, if applicable)?***  *Include information on consenting and sharing of biological material and data for future use* |
| **4. Implications and Implementation of the Research Findings** |
| ***(4.1) How and to whom will the findings be disseminated?***  *Please describe the dissemination plan to study participants, study community, scientific community, policy makers and any other relevant stakeholders. If publication in peer-reviewed journals is planned, please indicate if it is open access papers.* *Include plans for information-sharing should results be negative.* |
| ***(4.2) How will the findings be implemented?***  *Describe the obligations of MSF for the study participants and how to assure benefits of the outcome of the study to the study community and other similar groups.* |
| ***(4.3) What will happen if the research is prematurely completed, or discontinued before its planned completion?***  *Describe here what possible circumstances may lead to termination of the study before the planned completion, and how the data, biological samples and resources will be handled in such circumstances.* |

***MSF ERB Ethics Framework for Review Guidance Document***

Version 6, September 2023

The framework is based on accepted ethical principles for research involving humans and builds upon the most influential international guidelines. It attempts to capture the diversity of research carried out by MSF.

The framework consists of an introduction termed "Research Protocol" followed by 16 main questions, structured into four broad sections following a temporal logic. Section 1 addresses issues to be considered in defining the research and developing the methodology. Section 2 asks questions related to community engagement and collaborations. Section 3 is about study participant protection. Finally, section 4 is about what will occur once research has been completed or stopped.

Introduction (12 items)

Section 1. Research Question and Methodology (6 main questions)

Section 2. Community Engagement and Collaborative Partnerships (3 main questions)

Section 3. Respecting and Protecting Research Participants and Communities (4 main questions)

Section 4. Implications and Implementation of the Research Findings (3 main questions)

The format of using questions is adopted as a way to help MSF researchers and ERB members in their deliberations about ethical issues. When necessary, each main question is followed by a short explanatory statement and sub-questions. *The sub-questions are for illustration only and are not supposed to be an exhaustive list of relevant considerations*. The relevance of these sub-questions will depend upon the detail of the proposed protocol’s research question and methods. All relevant sub-questions should be considered and used to shape the answers to the main questions when filling out the ethics review research template.

1. **Research protocol**

Briefly, this section is to complete the research title, version number, date, name of PI, MSF operational site, study site and collaborators. Scientific review status within MSF and ethical approval process in the study site country are also to be completed.

***(0.7) Collaborating Institutions/Organisations:***

Please list all institutions/organisations that will collaborate actively in the research indicating the role of and contribution expected from each in the research.

Please provide supportive evidence of solid formal collaboration plans, preferably by means of letters of intent to collaborate from each collaborating institution/organisation or an equivalent documentation. This will help to understand the presence of a real collaboration and exchange of experience especially with local research and academic institutes.

***(0.8) Is the protocol being submitted for approval by the National/ Local Ethics Review Committee(s) and/or regulatory authorities?***

Please indicate when and to which committee the protocol will be submitted.Please give the names and contact details of the committee(s) to which the protocol will be/has been submitted. Please submit copies of approval letters as soon as available.

By default, an MSF ERB ethics approval is contingent upon local ethics approval. It is therefore essential that applicants specify when and where local ethics approval will or has been sought. Once local ethics approval is obtained, a copy of the approval letter must be provided. Should the applicants foresee difficulties related to local ethics approval, please contact the ERB upfront for advice.

Please also note that other local approvals may be needed depending on the kind of research, for instance a National Regulatory Authority approval in case of clinical trials, in some cases the approval of the relevant Data Privacy body.

***(0.9)*** ***Does the proposed study have the support of the relevant health authorities of the host countries, e.g., the Ministries of Health?***

Please provide evidence that the proposed study has the support of a local health authority, preferably with a letter from this authority evidencing such support, or equivalent information. The local authority is usually the Ministry of Health, possibly represented by a regional health authority. If this authority is among the collaborating institutions/organisations and has provided a letter of intent to collaborate or is included in a formal research agreement or Memorandum of Understanding, no separate letter of support is necessary.

If neither letter of support nor letter of intent to collaborate is available, applicants need to explain their efforts to obtain at least a letter of support and explain why they propose to go ahead with the research without it.

***(0.10)* *Did the protocol undergo a scientific peer review in the Operational Centre (OC) or via another mechanism?***

The ERB encourages internal scientific peer review before submission to the ERB as this will improve the protocol and expedite the ethical review process. If no internal scientific review is done, please explain the reasons.

**1. Research Question and Methodology**

***(1.1) What is the research question? Why is it important?***

The research question should be the central element in any protocol. Where there is more than one question they should be presented in a logical order.

1. Why is the research question(s) scientifically innovative and important for clinical medicine or public health? What relevant knowledge gap will it fill?
2. Why is the research question(s) important to the community affected?
3. If other alternative research questions are possible, why was the particular question selected?
4. What potential harms might arise if the research is not conducted?

***(1.2) How is the methodology and proposed analysis appropriate given the research question(s)?***

It is important that the proposed method and analysis will not only allow the researchers to answer the question that they have set, but that it is the best way to do so.

1. How will the research design and analysis provide the best means of answering the proposed question (e.g., sample size[[1]](#footnote-1) and method, selection of study population and research setting, etc.)?
2. How have ethical considerations shaped the proposed methodology? For example, what justification exists for any standard of care in the proposed research?

***(1.3) What relevant resources have been secured to conduct the study, including the dissemination phase (for example, community engagement activities, dissemination to the community, policy briefing, open access publishing, etc.)?***

1. What is the budget for the research? Is it secured? Who will finance the research?
2. What additional infrastructure is required? Is it secured?
3. How will human resources for the project be secured? Will current field staff be working in this research? Will new staff be recruited and trained?
4. What possible changes might occur in the study context/area during the course of the research? What plans are in place to respond to such alterations?
5. Is there an explicit operational commitment for the expected time of the study? This is an essential prerequisite for starting the research.

***(1.4) Do the research staff have the relevant scientific expertise?***

Do the research staff have the required expertise to carry out the research?

For each of the areas of expertise relevant for your study (e.g., epidemiological, clinical, social sciences…) please indicate the responsible researcher and briefly describe that they have adequate knowledge and skill to lead on those aspects of the protocol (this can be described in the CV).

***(1.5) What is the training plan for the research team with respect to the study and research ethics?***

What research-related training has been conducted with the research staff, or how will this be provided?

***(1.6) What protections will be in place for the research staff, including data collectors and any other field research staff?***

a. What risks and/or harms might researchers be exposed to? How can these be minimised/mitigated?

b. Have any of the research staff double allegiances (e.g., being both carer and researcher, researchers evaluating their own program, etc.)? How will potential conflicts of interest be avoided?

Please give particular attention to training on protection of field staff, including field data collectors and others.

**2. Community Engagement and Collaborative Partnerships**

***(2.1) What community engagement activities or plans related to the study are in place? How has this influenced the research design?***

1. Please describe existing and planned community engagement and how it has influenced or shaped the proposed research.
2. How have the community’s views about their needs and research priorities been taken into account? What is the researchers’ strategy to engage the community as part of the research process?
3. The following considerations may be helpful to shape/plan Community Engagement:

* The concept of ‘community’ can be used in a number of different ways. Most commonly, it is used in a descriptive sense to pick out a particular geographic, linguistic, functional or socio-cultural entity with characteristics such as shared interests and experiences, values, common fate or cultural affinity.
* The definition of the study community for a given study depends on the study topic and context. For instance, the community could be the whole population in a given context. It could be patient groups of a certain disease e.g., HIV, or could be hospital staff and patients if the study is conducted in a hospital, etc.
* Sometimes a community will have a pre-existing structure, such as a village committee, that may be used as gate keepers for facilitating engagement by conveying the purpose of the study to the target population and bringing feedback to the research team that could influence the study design and dissemination strategies.

However, care needs to be taken to avoid assuming that such structures represent all relevant interests in the community; otherwise, there is a danger of reflecting prior repressive or coercive structures, potentially interfering with the voluntariness of decisions about participation. In some conflict-ridden environments where MSF works, the social structure has been damaged or destroyed. In such contexts it is especially important to consider carefully who would best represent the interests of the relevant population.

* Certain studies may not fit a formal strategy for community engagement; if so, please state this explicitly and give the reasons why.

***(2.2) How are collaborative partnerships planned with research institutions/organisations of the host countries?***

Collaborative partnerships with research institutions or research organisations of the host country.

1. What collaborative research partnerships exist in relation to this project? What engagement has occurred with in-country research institutions/organisations?
2. How is it assured that partnerships are structured in a fair and equitable manner? Reflect on challenges, if any, and how they are addressed.
3. How will the researchers use and enhance local research capacity with this project?

It is preferable, at least for more complex research projects, that the collaboration is formalised in a formal and more detailed research agreement or memorandum of understanding.

If you deem that such collaborative partnerships are not feasible, please justify explicitly. This should include a description of the effort you have made to identify suitable partners.

If the Ministry of Health or another authority participates in the research (as opposed to authorising or supporting the research) and is a research partner itself, please reflect on any possible conflicts of interest. For instance, in case of research involving health care workers or members of vulnerable populations, the MoH's interest to access the raw data may conflict with the participants' interest to have data treated confidentially.

***(2.3) Are there any other parties (for example, other NGOs, international agencies, manufacturers of investigational products) involved in the research?***

If so, list these parties and explain what potential interests of these parties might conflict with MSF’s mission and values.

1. Who may benefit directly and indirectly from the research?
2. Where other parties (e.g., companies) benefit from the research, how will the interests of participants, community and MSF be protected?
3. What are the potential benefits relating to spin-off interests or intellectual property etc.? How will they be apportioned? How will it be ensured that IP provisions will not be an obstacle to future access?

**3. Respecting and Protecting Research Participants and Communities**

***(3.1) What are the anticipated harms and benefits, for both individual participants and communities?***

Considering all relevant harms and benefits is an essential part of assessing whether a proposed piece of research is ethical. As MSF works mostly with populations at risk, there are multiple opportunities for considerable harm. It is also essential to remember that harm is NOT only medical harm.

1. It can be useful to reflect on/ elucidate some the expected specific vulnerabilities of participants and communities; and what additional measures proposed to take for who are considered vulnerable.
2. Given the best available evidence and any relevant experience, what are the anticipated (medical and non-medical) harms and benefits of the research? How likely and how significant are any harms and benefits to research participants?
3. What are the potential wider social harms and benefits to communities?
4. What protections will be put in place to avoid or mitigate anticipated (medical and non-medical) harms?
5. Benefits and burdens of research may be unequally distributed between subgroups. How are harms, and benefits distributed between participants and communities? Have researchers ensured that any proposed inclusion/exclusion criteria are fair?
6. What is the process to monitor unknown harms and/or new information arising in the study or in relation to it? In the specific case of clinical trials, for instance, how are safety data collected, managed and communicated?

***(3.2) What are the plans for obtaining consent?***

Informing participants and getting their informed consent is essential to showing respect and promoting participants autonomy and welfare.

This usually includes the following elements: the reasons for doing research; details about who is doing the research; why the potential participant is being asked to be involved; how the potential participant was selected to be asked to be involved; details about what any intervention might involve and any ongoing commitments of participation; details about anticipated risks, harms, and benefits; details on plans for use of data and/or samples beyond the study; confidentiality measures, the fact that participants are free to refuse or withdraw at any time; that any findings will be communicated back to the participants etc. However, this list may be adapted depending on the specific kind of research, and on specific law requirements in the study country.

The information given should be proportionate to any risks, but this does not mean that the higher the risk, the more information ought to be provided.

Sometimes, calling attention clearly to a common or significant particular risk is more important than listing every possible remote risk.

1. Clearly explain the recruitment plans e.g., how and by whom will participants be identified and approached? What information will be provided to them at the recruitment stage? If participants will be recruited by accessing medical records, who will be in charge of this? Have patients consented to their medical records being accessed for this purpose?
2. Providing information does not guarantee that it has been understood. How will information be provided at an appropriate linguistic level, without jargon or technical terms, and appropriate to the local language and culture?

It is recommended to regularly use some tests to assess comprehension and to determine that the information has been understood by participants.

1. Will information be provided in oral and/or written form? Why?
2. How will the consent process and, when applicable, assent process, be conducted and documented? You may want to consider issues such as: who will secure the consent; where they will do so (is the place appropriate to allow a confidential discussion); will a witness to the consent be required; how much time will be offered to consider whether to be involved?

How will the act of consent be documented (e.g., signature, thumbprint, recording etc.)?

Prior engagement with communities is a useful way to ensure that the consent and assent process meets local expectations and sensitivities.

1. Guardians' consent and minors' assent need to be developed where potential participants are minors (consider differentiating between children and adolescents). Other circumstances that will need ad hoc approaches include emancipated minors (such as minor parents), people suffering from short or long-term incapacities etc.

Please inquire in the host country about who are allowed to be representatives (LARs) for provision of consent for minors and others who are incompetent to give consent (e.g. parents, care givers, legal representatives).

1. It should not be assumed that a long and complicated information sheet is necessary, and in exceptional cases the Ethics Committees can approve an informed consent waiver. Where researchers believe that this is appropriate, they should be careful to provide reasons for this in the protocol.
2. Describe some consideration on the assessment of voluntariness especially among vulnerable populations. Such assessment include not just obvious coercion but also certain other factors, including systematic factors, which could pressure the participants and what information ought to be provided in this case.

***(3.3) How do you plan to protect confidentiality?***

Data will include all information (medical and non-medical) about or derived from participants.

1. What data security policies are in place?
2. Where will data be gathered and stored? Who will have access to it? Where will it be taken to? How will stored data be protected against unauthorised access, and who will be responsible for the protection of stored data? For how long data will be stored?
3. Will data and samples be anonymous[[2]](#footnote-2), anonymised[[3]](#footnote-3) or pseudonymised[[4]](#footnote-4)? Will it be linked, or could it be linked, to other data sets and/or to biological materials? If so, what protections are in place? In case of pseudonymised data: who will have access to the coding key, and how will the coding key be protected against unauthorised access?
4. Will data be placed in the public domain (in line with the MSF data sharing policy) or be shared? How will confidentiality be protected? Where data will be shared, there should be a Data Sharing Agreement in place. Please submit a copy.
5. MSF OCs are due to ensure compliance with the EU GDPR. Furthermore, corresponding legislation may need to be complied with in specific contexts (for instance, POPIA in South Africa).

***(3.4) How do you plan to access, store, and distribute any collected biological material (including for future research, if applicable)?***

1. How will biological material be collected, retained, labelled, stored, shared, exported, or destroyed? If so, how will collection, retention, storage, sharing, transport, destruction be conducted? If collected for one purpose, could it be used for another purpose?
2. If samples are stored, whether in a formal biobank or not, for future research, what are the governance arrangements for this? (e.g., which biobank? who will be responsible for storage, who will have access, how will data confidentiality be ensured? how authorisation from the donor will be obtained and how it can be retracted? etc.)
3. Where is transfer of material planned? What national or international regulations are relevant? Have the necessary authorisations been sought? Please submit a copy of the Material Transfer Agreement.
4. Have these plans been communicated to the participants in the information sheet? Is the relevant consent obtained?
5. If samples (and related data) are stored long term for future research, the governance should be fairly shared with local stakeholders and research institutions in the study country, to the benefit of the community. Please describe how this is assured.

**4. Implications and Implementation of the Research Findings**

***(4.1) How and to whom will the findings be disseminated?***

1. How will the results, whether positive, negative, or inconclusive, be disseminated? For instance, through reports, policy briefs, peer-reviewed publication(s) and/or oral/poster presentation(s)? Where? Will the published articles be available through open access or on the MSF website? Will copies of presentations or research reports be available on the MSF website?

Please differentiate by target group (patients, communities, local/national decision makers, scientific community, etc.).

1. How will MSF communicate the results of the research directly to the community/participants involved?
2. Include plans for information-sharing should results be negative.

***(4.2) How will the findings be implemented?***

It will not be possible, before results are known, to establish all the details about implementation. However, it is often possible to think about such issues in advance.

1. What is MSF’s obligation to the research participants? E.g., providing them with the relevant findings while protecting confidentiality and avoiding harm; and (b) in clinical trials and other interventions, if found beneficial to individual participants, ensuring that they continue to get it and for how long.
2. What is MSF’s obligation to others in the immediate programme or community where the research occurred?
3. What is MSF’s obligation to others in the same situation elsewhere?
4. How will MSF fulfil any post-research obligations entailed by the results of the research?
5. Is there an (advocacy) plan in place to assure access to benefits of the study results if applicable? This is particularly important where individuals and communities are unable to access an intervention for some reasons (e.g., it is too expensive).

***(4.3) What will happen if the research is prematurely completed, or discontinued before its planned completion?***

Good planning for a project should consider how it will end.

1. Under what conditions would you consider discontinuing the project earlier than planned?
2. What will happen to the data and biological materials collected if the project is stopped prematurely? How shall the study participants and communities be informed?
3. What will happen to investments in infrastructure, equipment, human and other resources, when the research is complete or ends prematurely?

1. If the sample size is given by pragmatic considerations, please demonstrate that the study has sufficient power to answer the research question. [↑](#footnote-ref-1)
2. Data and samples are anonymous if no one, not even the researcher, can connect these to the individual who provided it. They are never labelled with personal identifiers when originally collected; no identifying information is collected from the individual, including direct identifiers such as name, address or identification number (national ID, social security, hospital patient ID, etc); neither is a coding key generated. Researchers should be aware that collection of indirect identifiers (i.e., information regarding other unique individual characteristics) might make it possible to identify an individual from a pool of subjects. For example, a study participant who is a member of a minority ethnic group might be identifiable from even a large data pool. [↑](#footnote-ref-2)
3. Anonymised data and samples are often initially coded but where the link between the study participants’ identifiers and the unique code(s) or the data between the study participants’ identifiers and the samples is subsequently deleted. Once the link has been deleted, it is no longer possible to trace the data and samples back to individual subjects through the coding key(s). Anonymisation is intended to prevent study participant re-identification. As anonymised samples and associated data are not traceable back to the study participant, it is not possible to undertake actions such as sample withdrawal, or the return of individual results, even at the study participant’s request. [↑](#footnote-ref-3)
4. Pseudonymised data and samples are labelled with at least one specific ID code and do not carry any personal identifiers. It is possible to trace the data or samples back to a given individual with the use of coding keys. Samples and/or data are indirectly traceable back to a study participant via his/her unique coding key. It is possible to undertake actions such as sample withdrawal, or the return of individual results in accordance with the study participant’s request.

   Definitions available from <http://www.ich.org/fileadmin/Public_Web_Site/ICH_Products/Guidelines/Efficacy/E15/Step4/E15_Guideline.pdf> [accessed 25 Nov 2016]

   Additional definition of anonymous data taken from <http://research-compliance.umich.edu/data-security-guidelines> [accessed 25 November 2016] [↑](#footnote-ref-4)