Terms of Reference MSF Ethics Review Board Nov 2016

TERMS OF REFERENCE

MSF ETHICS REVIEW BOARD

Version 1, November 2016

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1. BACKGROUND

Médecins Sans Frontières (MSF) aims at providing medical care to victims of natural and man-made disasters. However, what counts as the best intervention is not always established or clear. As a result, MSF is committed to trying new approaches, learning from experiences and pro-actively researching new intervention strategies. While doing so, it is imperative that MSF's research activities are done ethically, following relevant ethical principles drawn from medical, public health, humanitarian and research ethics. This aim is particularly important given MSF's role as both a provider of medical humanitarian assistance and a promoter of research in this area.

Epicentre is an association affiliated with *Médecins Sans Frontières* that seeks to improve the quality of medical field interventions through research activities. While Epicentre carries out research on behalf of MSF, it may also act as sponsor of research projects implemented independently from MSF. In some instances, Epicentre may thus directly request advice from the MSF ERB. Unless otherwise stated, MSF research refers to research carried out by MSF and/or Epicentre.

Although MSF often works in close collaboration with scientific institutes that have their own ethical review mechanisms, MSF as an organisation has the obligation to endorse with confidence any research proposed to take place under its responsibility. It is for this reason that it was decided in 1999 to organise an Ethics Review Board (ERB) specifically for MSF.

The MSF ERB was instituted in 2001. It is an independent and qualified ethics review board composed of a diverse group of professionals coming from different continents, with an understanding of humanitarian and NGO realities.

2. OBJECTIVE

MSF seeks to ensure that research carried out by or with MSF is ethically sound.

To attain this, the MSF ERB contributes through the review of research protocols to be carried out by or in cooperation with an MSF mission or team. In this way, the dignity, rights, safety and well-being of all actual or potential research participants and of their communities as well as the researchers are, from the research ethics point-of-view, safeguarded; respect for MSF's principles is ensured and the MSF charter is upheld.

The ERB likewise has a role in sensitizing and educating MSF researchers in research ethics. Members of the ERB are also available as a resource for broader ethical issues and difficult ethical challenges that MSF may face. In such cases, MSF may approach the ERB for guidance or perspectives.

Furthermore, the ERB is internationally renowned in humanitarian research ethics and is committed to ongoing reflection on ethical challenges of research, especially in humanitarian settings, and to speak out and publish on such challenges and proposed solutions.

3. COMPOSITION OF THE ETHICS REVIEW BOARD

The ERB consists of a Chair, a Vice-Chair, an Executive Officer and at least 5 regular members; there may also be advisers.

3.1. Regular members, including the Chair and Vice-Chair, shall fulfil the following conditions[1]:

- The members must have the professional competence to review the research;
- The majority of members should be health professionals or health researchers, with at least one of them having ethical expertise;
- The board may not consist of members from only one profession;
- At least one member should have a professional legal background;
- At least one member should be an expert in the discipline of ethics;
- At least one member should be a social scientist;
- The board must consist of both men and women;

Since MSF research often involves vulnerable populations, one or more member(s) must be knowledgeable and experienced in working with such populations.

3.2 The Executive Officer is not *pro forma* a regular ERB member. The position is a part of the MSF International Office Medical Team coordinated by the International Medical Coordinator, with reporting line directly to the Chair of the ERB. Requirements for the position include having a doctorate degree in public health, or having a master's degree in public health and a strong research experience with knowledge of various research methods. The Executive Officer also functions as the ERB Secretariat.

3.3 Special advisers are drawn from former regular members of the ERB.

3.4 *Ad hoc* reviewers with specific expertise not available from ERB regular members may be called upon to review specific protocols or to provide particular advice.

The Board strives for diversity in a variety of ways including academic disciplines, gender and geography.

[1] Some members may satisfy more than one criterion, for example a female lawyer with knowledge of ethics may meet three requirements for a board composed otherwise of four male scientists.

4. TERMS AND CONDITIONS OF APPOINTMENT

4.1. The Chair of the ERB is appointed by the MSF Medical Directors and accepted by consensus by the ERB members. The duration of appointment is six years, renewable.

4.2. The Vice-Chair is proposed by the Chair in consultation with the International Medical Coordinator and is accepted by consensus by the ERB members and the Medical Directors. The duration of appointment is three years, renewable.

4.3. New regular members of the ERB are appointed by consensus by current ERB members. The duration of the appointment of regular members is three years, renewable by consensus during the annual ERB meeting. The Medical Directors are informed.

4.4. The ERB Executive Officer position is a full-time long-term salaried position in MSF; decisions regarding employment are made by the International Medical Coordinator and the Chair of the ERB.

4.5. One or several special adviser(s) can be appointed by consensus by current ERB members, to be called upon to review high risk or complex protocols, or be consulted for sensitive issues.

4.6. The ERB Chair can appoint one or two *ad hoc* members for the duration of a specific protocol review, as needed.

5. CONFLICT OF INTEREST

5.1. To avoid conflict of interest and to promote independence, members of the Board (with the exception of the Executive Officer) should not have a working or governance (associative) relationship with MSF or Epicentre during the time of their appointment. This implies that:

- ERB members should not be employed by MSF or Epicentre during the time of their appointment; and
- They cannot be members of the board of an operational centre or Epicentre or of any other MSF or Epicentre entity (partner section, branch office, delegate office, etc.) during the time of their appointment.

5.2. If an ERB member has an interest in a research protocol or a matter under consideration by the ERB, he or she must disclose all information regarding his or her interest (notably any personal interest or affiliation with a co-investigating institution should be disclosed, e.g. employment or consulting arrangements, memberships on boards, other research relationships etc.) and shall abstain from that particular review.

6. CONFIDENTIALITY

6.1. The protocols submitted for review and the individual reviews and deliberations of the Board are confidential. ERB members are bound to respect such confidentiality.

6.2. All experts invited to review protocols must commit to maintain confidentiality regarding the ERB's work.

6.3. Protocol attribution and the identity of the individual reviewers are also confidential; the ERB will not disclose outside of the Board the names of specific members reviewing particular protocols.

7. WORKING PROCEDURES

7.1. The standards of the MSF ERB will be consistent with, and will build upon, established international standards for the ethical conduct of research, which are itemised in Section 16.

7.2. The language of communication within the ERB and between the ERB and MSF will be English.

7.3. MSF line managers and medical advisors are responsible for the timely submission of research proposals to the ERB Secretariat through the Medical Director or the duly recognised delegate of their own operational centre.

7.4. In exceptional cases where Epicentre is planning research with no direct MSF involvement, Epicentre can directly submit research protocols to the ERB. In this case, research proposals will be submitted to the Chair of the ERB through the Director General of Epicentre.

7.5. The ERB conducts ethics reviews of protocols and amendments to previously approved protocols. The Board also conducts continuing ethics reviews including extensions of ethics approval and provides advice on ethical issues in research.

7.6. The review of research protocols and amendments to previously approved research protocols will address the main issues as outlined in the MSF ERB Ethics Framework for Review.

7.7. ERB approvals for any protocols are valid for 12 months. For studies deemed by the ERB to be of low risk (based on the MSF ERB Risk Matrix), the ERB can consider granting a longer initial approval validity period of 18 months, if requested by the Medical Director of the MSF operational centre concerned or the Director General of Epicentre.

7.7.1. Where any study is not completed during the approval validity period, a request for extension must be submitted to the ERB.

7.7.2. If the study is not initiated within 12 months after approval, the approval of the protocol is no longer valid. A request for amendment must be submitted to the ERB at least one month before the end of validity of the ERB approval, indicating the changes in the study time schedule and the reasons for delay in implementation.

7.8. A study is considered completed when there is no more contact with study participants and when all data are collected, de-identified, cleaned and analysed.

7.9. The working procedures for review, amendments, and continuing reviews (extension of ethics approval, declaration of end-of-study) are detailed in the respective MSF ERB Standard Operating Procedures. A list of MSF ERB SOPs, templates, forms and documents is provided in Section 17.

8. REVIEW CATEGORIES

The ERB recognizes different types of ethical review requirements.

8.1. Full review, requiring participation of at least eight reviewers, is warranted if:

8.1.1. The effectiveness, efficacy or safety of a given procedure or therapy is tested on human subjects; and/or

8.1.2. The research involves collecting body/tissue samples with hypothesis testing (e.g. all clinical trials and some operational research projects); and/or

8.1.3. If the protocol is a complex social science research involving sensitive issues and/or highly vulnerable populations; and/or

8.1.4. The executive officer, with the concurrence of the chair and/or the vice-chair classifies the research to be of high-risk, based on the MSF ERB Risk Matrix.

8.2. Delegated review, requiring participation of a minimum of two and a maximum of five reviewers, is deemed sufficient if the research poses only low or low-to-moderate risk. This may include descriptive studies involving monitoring and evaluation as a means to test a new approach, non-complex social science research in health and health systems, prevalence and incidence studies, and surveys deemed by the ERB to be of low or low-to-moderate risk.

8.3. In case of emergency research and researches conducted within a narrow window of opportunity (research which is urgent and time-sensitive), the ERB is willing to pre-approve generic protocols. The details will then be filled in for review by the ERB (estimated turn-around time of 48 hours) when operationalizing the protocol in a specific setting.

8.4. In cases of research in emergencies that cannot be foreseen and where generic protocols are not possible and/or feasible, the Board can review in an *emergency mode (estimated turn-around time of 1-2 weeks)* provided that the emergency nature of the protocol is well-justified by the Medical Director.

8.5. The MSF ERB exempts the following from review, if the Medical Directors take responsibility for addressing the ethical issues:

- *A posteriori* analysis of routinely collected clinical data from pre-existing, established programs; and
- Surveys using the MSF ERB pre-approved standardized protocols for
  - Vaccination coverage survey;
  - Mortality survey; and
  - Nutrition survey

The full criteria and details of these exemptions are provided in the respective MSF ERB documents.

8.6. Monitoring and evaluation as part of normal implementation of projects does not require ERB review.

8.7. Any MSF research not exempt from review should be submitted to the ERB.

8.8. The Board will not retrospectively review any research or any amendments to previously approved research protocols that has been started or that has taken place without prior ERB approval.

9. RESPONSIBILITIES OF MSF SUBSEQUENT TO APPROVAL

The Medical Director of each operational centre, or in the case of Epicentre, the Director General is responsible for:

9.1. Submitting to the ERB any amendments in the protocol and obtaining further ethics approval of the amendment(s).

9.2. Reporting of any serious and/or unexpected adverse events and protocol deviations[2] and violations[3] occurring during the course of the study to the ERB.

[2] A protocol deviation is a change in a protocol previously approved by the ERB, which is made for an *individual research participant* when it is in the best interest of that research participant and/or is necessary for research purposes (e.g., data completion), but was implemented without prior ERB approval. Protocol deviations do not increase risk or decrease benefit (do not have a significant effect on the participant's rights, safety or welfare, and/or on the integrity of the data)

[3] A protocol violation is non-compliance with the ERB-approved protocol or is a change in a protocol previously approved by the ERB that was implemented without prior ERB approval, either of which were made for an *individual research participant* when it is in the best interest of that research participant and/or is necessary for research purposes (e.g., data completion), and which has a major impact on the study participants' rights, safety or well-being, or the completeness, accuracy and reliability of the study data.

9.3. Completing the request for extension of ethics approval form and obtaining extension of ethics approval from the ERB.

9.4. Providing interim reports to the ERB.

9.5. Providing copies of any presentations and/or publications relative to the said study to the ERB.

9.6. Completing and submitting to the ERB the end-of-study notification form once the study is completed or if the study is stopped prematurely; and providing the (final) report.

9.7. The Medical Director of each operational centre, or in the case of Epicentre, the Director General is also responsible for documenting exemptions from ERB review and sending copies of the exemption certificates and exempted protocols to the ERB on an annual basis.

10. MONITORING, AUDITS, VIOLATIONS AND SANCTIONS

10.1. The ERB will monitor compliance of MSF and Epicentre to ERB procedures, as described in these Terms of Reference and the specific SOPs and exemption documents.

10.2. The ERB will conduct regular audits of protocols exempted by Medical Directors from ERB review, as specified in Subsection 8.5.

10.3. The ERB will routinely check outputs of approved protocols. This includes, among others, reported and/or published outcome measures(s) against the outcome measures initially approved in the protocol, etc.

10.4. The ERB may also monitor publications of MSF where the ERB is mentioned.

10.5. In cases of research misconduct, the ERB will send a statement regarding the misconduct to the president of the board of the concerned operational centre for appropriate action. A copy will be furnished to the Medical Director of the said operational centre.

10.6. The ERB reserves the right to withdraw any ethics approval or exemptions granted in cases of noncompliance, violation or misconduct.

11. DOCUMENTATION AND ARCHIVING

All documentation and communications of the ERB will be filed and archived by the Executive Officer. All ERB members should have access to these archives[4].

Documents to be filed include:

- Curriculum vitae of all ERB members
- Curriculum vitae of the special advisor(s)
- Identity and Curriculum vitae of ad hoc experts appointed
- Terms of Reference and Standard Operating Procedures of the ERB
- Framework for ethics review and the guidance document
- Official MSF ERB forms, templates and documents
- One copy of all research proposals submitted
- Deliberations of the ERB
- A copy of the decisions, advice and requirements sent to applicants and their reply(ies)
- One copy of the final, approved research protocol and related documentation (including local ethics and other regulatory approvals)
- All written documentation received during follow-up (e.g. resubmission, amendments, extension request, suspension, premature cessation, noncompliance, protocol violations, termination of study)
- Final (summary) report of study and/or publication(s)
- Copies of protocols exempted from review and corresponding exemption certificates issued by respective Medical Directors
- Other documents related to or as a result of the outputs of the ERB

Of these the following will be publicly available[5]:

- Terms of Reference of the ERB
- Framework for ethical review and the guidance document
- Short CVs of ERB members

12. MEETINGS

Unlike typical ethics committees, the geographical diversity of the ERB members precludes frequent regular face-to-face meetings. Such a meeting of the ERB members and with MSF is scheduled annually. This is hosted by MSF.

[4] The MSF ERB has an online repository provided by MSF and is accessible only to the ERB at https://sharing.oodrive.com/workspace/repository-msf.

[5] Available from http://fieldresearch.msf.org/msf/handle/10144/618667

13. REPORTING

The ERB shall prepare:

13.1. MSF ERB meeting reports, which will contain the presentations made during the sessions, the issues discussed, and the decisions made. The meeting report will be distributed to the attendees, which may include the International Medical Coordinator, the Medical Directors, other MSF attendees and the ERB members.

13.2. Annual activity reports, which will contain the total number of reviews, amendments, extensions, and advice conducted/provided by the ERB for the current year; a brief description of the protocols reviewed, in terms of trends in research designs and topics; turn-around-times for the different ERB activities; breakdowns of submissions per Operational Centre; and lists of exempted protocols for the year, as submitted by the Medical Directors.

14. COSTS AND ALLOWANCES

All costs related to initial protocol review and follow-up will be charged to the operational centre (or Epicentre) that sends in the protocol. Most communication is done through e-mail with no additional costs attached.

The chair and vice-chair will be offered a stipend relative to their workload within a previously agreed upon amount with the DirMed Platform[6]; time investment of regular ERB members and special advisors is considered to be on a voluntary basis and will not be reimbursed.

Expenses for ERB meetings and direct expenses incurred by ERB members for official ERB activities will be covered by MSF.

15. INDEMNITY

MSF will maintain appropriate insurance cover, and will indemnify all members of the ERB against any claims made against them which may arise corollary to their membership of the Board, provided that they have acted in good faith in reaching the decisions made.

[6] The stipend for the Chair and the Vice-Chair are computed based on fulfillment of duties for the MSF ERB as stated in their respective Terms of References

16. INTERNATIONAL REFERENCE DOCUMENTS FOR ETHICAL REVIEW

The Nuremberg Code [http://ohsr.od.nih.gov/guidelines/nuremberg.html]

World Medical Association Declaration of Helsinki. Ethical Principles for Medical Research Involving Human Subjects. Revised version October 2013 and further updates [http://www.wma.net/en/30publications/10policies/b3/]

The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research. The (US) National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, National Institutes of Health 1979 [http://ohsr.od.nih.gov/guidelines/belmont.html]

International Ethical Guidelines for Epidemiological Studies, Council for International Organizations of Medical Sciences (CIOMS) in collaboration with the World Health Organization (WHO), CIOMS Geneva 2009 and further updates. [http://www.ufrgs.br/bioetica/cioms2008.pdf]

International Ethical Guidelines for Biomedical Research Involving Human Subjects Prepared by the Council for International Organizations of Medical Sciences (CIOMS) in collaboration with the World Health Organization (WHO), CIOMS Geneva 2002 and further updates. [http://www.fhi.org/training/fr/retc/pdf_files/cioms.pdf]

Standards and Operational Guidance for Ethics Review of Health-Related Research with Human Participants. World Health Organization 2011 [http://www.who.int/ethics/publications/research_standards_9789241502948/en/index.html]

Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, Social Sciences and Humanities Research Council of Canada, Tri-Council Policy Statement 2: Ethical Conduct for Research Involving Humans, 2014 and further updates. [http://www.pre.ethics.gc.ca/pdf/eng/tcps2-2014/TCPS_2_FINAL_Web.pdf]

Public Health Ontario. A Framework for the Ethical Conduct of Public Health Initiatives 2012 and further updates. [http://www.publichealthontario.ca/en/eRepository/PHO%20%20Framework%20for%20Ethical%20Conduct%20of%20Public%20Health%20Initiatives%20April%202012.pdf]

17. RELATED MSF ERB DOCUMENTS, TEMPLATES AND FORMS

17.1. Standard Operating Procedures

17.1.1. SOP number 1: SOP for protocol review, version 1 2016 and further updates
17.1.2. SOP number 2: SOP for review of amendments to a previously approved protocol, version 1 2016 and further updates
17.1.3. SOP number 3: SOP for continuing review (extension of ethics approval and annual reporting), version 1 2016 and further updates

17.1.4. SOP number 4: SOP for continuing review (declaration of end of study), version 1 2016 and further updates

17.2. Templates

17.2.1. MSF ERB Research Review Template and Guidance Document, version 2 2016 and further updates
17.2.2. MSF ERB Continuing Review / Request for Extension Template version 2 2016 and further updates
17.2.3. MSF ERB Request for Amendment Template, version 1 2016 and further updates
17.2.4. MSF ERB End of Study Notification Template, version 1 2016 and further updates

17.3. Review and approval forms

17.3.1. MSF ERB Protocol Review Form
17.3.2. MSF ERB Ethics Review Approval Form
17.3.3. MSF ERB Amendment Approval Form
17.3.4. MSF ERB Extension of Ethics Approval Form

17.4. Other documents

17.4.1. Exemption Document number 1: Exemption criteria for retrospective analysis of routinely collected clinical data from pre-existing, established programs, version 2 2016 and further updates
17.4.2. Exemption Document number 2: Exemption criteria for surveys using the MSF ERB pre-approved standard survey protocols on nutrition and mortality and vaccination coverage, version 1 2016 and further updates
17.4.3. MSF ERB Risk Matrix