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# MSI Ethics Review Committee Principles, Processes & Procedures

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## Background

As MSI expands its reproductive health services worldwide, improving the quality and quantity of research can help us learn from experience, both to improve services and share findings with the broader medical, scientific and NGO community. MSI is committed to ensuring that both the design and conduct of research respects the ethical principles that safeguard the dignity, rights, safety and well-being of all actual or potential research participants. The particular context in which MSI works represents some increasingly distinctive challenges to conducting research; namely, in low- and middle-income countries MSI has a responsibility to fulfil its moral duties of justice and respect in the face of poverty, lack of resources, and the potential for exploitation. MSI's services aim to reach the most vulnerable populations, where power relations are often unequal, this raises the potential for issues within the research context: confidentiality, informed consent and a lack of participant understanding of research, as well as access issues to participation benefits<sup>1</sup>. It is for these reasons that MSI has established an Ethics Review Committee (ERC) with the responsibility of assuring ethical practice in research that stretches across the entire MSI partnership.

The ERC provides independent, thorough and expeditious reviews of all research conducted by MSI, or under its auspices, that involves human participants and/or draws on secondary data that contain personal identifiers. The aim of such review is to ensure research is ethically sound and that appropriate safeguards are in place to protect both participants, researchers and the reputation of MSI.

This document details the principles, procedures and processes agreed by MSI and the ERC that enable the ERC's goals and purpose to be achieved.

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## Principles of the ERC

The ERC and MSI have agreed to be guided by the principles laid out within the World Medical Association's Declaration of Helsinki; the Council for International Organizations of Medical Sciences International Ethical Guidelines for Biomedical Research Involving Human Subjects (CIOMS 2016); and The Common Rule of the Federalwide Assurance for the Protection of Human Subjects (FWA).

### *The Helsinki Declaration*

The Helsinki Declaration (amended 2013) states that any research carried out involving human participants must be based upon sound scientific principles, and a properly formulated protocol for the study that has been *"submitted for consideration, comment, guidance and approval to the concerned research ethics committee before the study begins."*<sup>2</sup>

There are compelling reasons for MSI to follow the ethical principles of the Helsinki Declaration. These include:

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<sup>1</sup> The Role of NGOs in Global Health Research for Development, Health Research Policy and Systems, 2005.

<https://health-policy-systems.biomedcentral.com/articles/10.1186/1478-4505-3-3>

<sup>2</sup> WMA Declaration of Helsinki – Ethical Principles for Medical Research Involving Human Subjects, Amended by the 64<sup>th</sup> General Assembly, Fortaleza Brazil, October 2013, <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>

- Protection of the safety, dignity, rights and well-being of all research participants as the morally and ethically correct thing to do. This is of particular importance given the sensitive nature of MSI's work;
- It ensures public accountability of MSI's work through transparency according to international standards;
- There are liabilities if medical or research ethics are violated (e.g., suspension or cancellation of research and/or funding; lawsuits; adverse publicity and reputational damage, etc.);
- Ethical approval is required for publication in an increasing number of peer-reviewed journals;
- Many funders require ethical approval (e.g., European Commission; Wellspring; UK Research Councils; Bill & Melina Gates Foundation, Netherlands Ministry of Foreign Affairs, Hewlett Foundation, bilateral donors like DFID and CAD, DFAT/AusAID);
- In some cases, it is a legal obligation to obtain ethical review. This is the case for clinical trials conducted within the EU, as specified in the EU Clinical Trials and Good Clinical Practice Directives 2001 & 2005, and the UK Medicines for Human Use (Clinical Trials) Regulations 2004 & 2006.

### *The FWA Common Rule*

MSI's ERC adheres to the Common Rule of the FWA. The FWA is positioned as the highest set of global assurance standards and guidelines for the protection of human subjects within research. In compliance with the FWA, MSI and the ERC are governed by a set of principles governing MSI's responsibilities for the protection of the rights and welfare of human research participants. As outlined by the US Department of Health and Human Services, when non-US Institutions, such as MSI, become engaged in research to which the FWA applies, the institution and the Institutional Review Board (IRB) upon which it relies for review of research, at a minimum will comply with one or more of the following:

- The Common Rule (otherwise known as the U.S. Federal Policy for the Protection of Human Subjects)
  - Regular review and revisions to The Common Rule continue to strengthen the protections for people who volunteer to participate in research, while ensuring that the oversight system does not add inappropriate administrative burdens. Consequentially revisions continue to add more flexibility in keeping with today's dynamic research environment.
- The U.S. Food and Drug Administration regulations at 21 CFR parts 50 and 56;
- The current International Conference on Harmonization E-6 Guidelines for Good Clinical Practice;
- The current Council for International Organizations of Medical Sciences International Ethical Guidelines for Biomedical Research Involving Human Subjects;
- The current Canadian Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans;
- The current Indian Council of Medical Research Ethical Guidelines for Biomedical Research on Human Subjects; or
- Other standard(s) for the protection of human subjects recognized by U.S. federal departments and agencies which have adopted the U.S. Federal Policy for the Protection of Human Subjects.

### *Applied Review Principles*

MSI and the ERC recognise that as the nature and methods of research continuously evolve, so too do the associated risks to participants. Consequentially, MSI's ERC draws its mandate from the following specific applied frameworks:

1. The Nuffield Council on Bioethics Report on ethics of research in healthcare within developing countries<sup>3</sup>. This report helps to operationalise the Helsinki Declaration and other frameworks, considering practical issues and challenges for research in low resource settings. It is particularly focused on those designing or conducting ‘externally sponsored’ research in the developing world, which is applicable to MSI;
2. The 2016 version of the Council for International Organizations of Medical Sciences International Ethical Guidelines for health-related research involving humans;
3. MSI’s ERC review of the principles and procedures of the following five IRB’s:
  - a. NGO IRB’s: Medecins Sans Frontieres; Family Health International; and Population Council
  - b. Academic institution IRB’s: John Hopkins University; and LSHTM; and
  - c. The NHS

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## ERC Independence

The amended Helsinki Declaration specifies that a Research Ethics Committee, “*must be transparent in its functioning, must be independent of the researcher, the sponsor and any other undue influence.*”<sup>4</sup> Standard 4 of the WHO’s Operational Guidelines for Ethics Committees (2011) also specifies the need for “*mechanisms to ensure independence of the REC’s operations, in order to protect decision-making from influence by any individual or entity that sponsors, conducts, or hosts the research it reviews.*”<sup>5</sup>

MSI and the ERC have therefore agreed a governance structure (*see Annex 1*) and on clear, transparent, rigorous and effective procedures for ethical approval that ensure the Committee’s independence.

## Conflicts of Interests

Committee members have an obligation to disclose to MSI and the ERC Chair any actual, potential, or perceived conflicts of interest that could arise from any protocol review or in any undertaking of other work as an ERC member. This includes but is not limited to:

- personal involvement or participation in activities undertaken and/or the research to be reviewed;
- financial, material, institutional, social or other interest or affiliation in activities to be undertaken and/or research to be reviewed; and/or
- involvement or participation in competing activities and/or research.

Where it is deemed that the ERC member has a conflict of interest in a given research proposal, measures must be adopted to manage the conflict. Such measures may include but are not limited to:

- exclusion from some or all of the ERC’s deliberations concerning the research to be reviewed; and/or
- exclusion from all meetings and correspondence in relation to the research.

A record of disclosed conflicts and the chosen management strategy will be maintained by MSI.

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<sup>3</sup> Nuffield Council on Bioethics Report, <http://nuffieldbioethics.org/wp-content/uploads/2014/07/Ethics-of-research-related-to-healthcare-in-developing-countries-1.pdf>

<sup>4</sup> WMA Declaration of Helsinki – Ethical Principles for Medical Research Involving Human Subjects, Amended by the 64<sup>th</sup> General Assembly, Fortaleza Brazil, October 2013, <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>

<sup>5</sup> Standard 4, Standards and Operational Guidance for Ethics Review of Health-Related Research with Human Participants, World Health Organization, 2011, Geneva, [https://www.ncbi.nlm.nih.gov/books/NBK310670/#\\_ch2\\_s3](https://www.ncbi.nlm.nih.gov/books/NBK310670/#_ch2_s3)

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## Composition of the ERC

The ERC is made up of voting and non-voting members. It may also seek advice from external experts as and when necessary.

### Voting ERC Members

#### *Recruitment and Required Expertise*

It is in adherence with Standard 4 of WHO's Operating Guidelines for Ethics Committees (2000) and the Declaration of Helsinki that the ERC is compiled of a Chair and at least 5 members, both men and women, from a diverse range of cultures and ethnicities<sup>6</sup>. In order to conduct reviews of MSI's research, MSI and the ERC have agreed that the ERC's Chair and members must have or contribute towards the following required expertise, qualifications and/or experience:

- expertise and experience in sexual and reproductive health research;
- at least one member will have a primary concern for clinical areas, and at least one member will have a primary concern for scientific areas;
- at least one member will have professional experience from Asia, and at least one member will have professional experience from Africa;
- at least one member must be knowledgeable in legal ethics;
- at least two members must be knowledgeable in ethics (with experience in research ethics review);
- at least one member will have primary concerns for non-scientific areas;
- at least three francophone members.

Recruitment of ERC members will be coordinated between the ERC Chair and MSI representatives. Official appointments will be confirmed by the Signatory Official. When a position becomes vacant, existing ERC members will be invited to put forward suggestions for replacement members. If the suggestions do not meet the required criteria, or are otherwise unsuitable, then the position may be advertised.

#### *ERC Chair*

In addition to the above, the Chair should have experience, qualifications and/or expertise in:

- chairing an independent research ethics committee;
- systems and processes required for the effective functioning of an independent ethics committee;
- qualifications and experience in research ethics and ethical review processes;
- the leadership necessary to manage geographically disparate members and the conduct of in-person and remote meetings.

The ERC Chair is appointed by MSI's Signatory Official, following selection by a panel of ERC and MSI representatives. The duration of the appointment is two years, renewable by consensus between the ERC and MSI's ERC Signatory Official.

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<sup>6</sup> Assurance Training, Human Research Protection Program Fundamentals, Office for Human Research Protections  
<https://www.hhs.gov/ohrp/education-and-outreach/human-research-protection-program-fundamentals/index.html/assurance-training>

### *Deputy Chair*

The Deputy Chair is an optional position in the Committee. If the Chair in conjunction with the Evidence to Action and Safeguarding and Protections teams agrees this position is required for the Committee to continue to function effectively, the ERC Chair will lead in selection of the Deputy Chair with approval from MSI.

The Deputy Chair also serves in the role of Chair when the Chair is unavailable. Otherwise s/he serves as an ordinary ERC member.

## **Reimbursement**

All committee members, apart from the ERC Chair, will receive the same standard reimbursement rate for their service provided to MSI's ERC. Reimbursement will be provided as per the terms of members' supplier contracts with MSI.

## **Roles and Responsibilities**

### *ERC Members*

All committee members must commit to completing the following services for MSI. Failure to fulfil the above commitments may result in forfeit of ERC membership

1. Upon commencement, and whenever requested, undertake ethics training including FHI training,<sup>7</sup> MSI ERC E-Learning Module training, etc. All training certificates of completion must be submitted to the Ethics Officer for record keeping.
2. Commit to the following:
  - a. Review of new protocols submissions, resubmissions, amendments, and reports of adverse events, protocol deviations and violations, as requested by ERC Chair, to be completed by specified deadlines;
  - b. Attendance at scheduled monthly meetings by teleconferences, with a maximum of three (3) formal apologies/year;
  - c. Participation in additional non-review activities (e.g. global goods and training webinars), as requested by MSI or ERC Chair, to be completed by specified deadlines;
  - d. Attendance at all MSI ERC annual meetings in person or by teleconference;
  - e. Ensure accuracy of availability on shared calendar;
  - f. Respond promptly to communications from the ERC Chair, Ethics Officer, and anyone else responsible timely management of workflow and deadlines.

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<sup>7</sup> FHI Training, <https://www.fhi360.org/sites/all/libraries/webpages/fhi-retc2/index.html>

### *ERC Chair*

In addition to the above, the ERC Chair is also responsible for the following:

#### Oversight of protocol reviews:

1. Ensure that the ERC carries out its duly authorized initial and continuing protocol review responsibilities in conformity with the requirements of the FWA regulations and MSI policy;
2. Lead and/or oversight ERC review of MSI research and evaluation protocols;
3. Oversee and ensure the recruitment of reviewers and collating reviewer comments;
4. Preside over ERC Meetings, including full review and annual meetings;
5. Ensure compliance procedures are in place for continuing review of ongoing research studies;
6. Liaise with researchers as required before, during and after the review process;
7. Work with MSI to:
  - a. streamline and process exemption and other forms of fast-track, expedited and full committee review applications;
8. ensure proper oversight of open protocols and compliance with monitoring obligations.

#### Ensuring FWA Compliance:

1. Review research and evaluation protocols submitted to the ERC by MSI researchers in accordance with this MSI ERC Principles, Processes & Procedures document, and all other relevant compliance frameworks;
2. Ensure that reports related to adverse events, protocol violations and protocol deviations are reviewed and responded to, according to specified deadlines (*set out within Annex 2*), in order to assist MSI in identifying and mitigating risks relating to study participants, MSI people (collectively referring to MSI employees, volunteers, partners and suppliers) and MSI's reputation that could arise from such incidents. This includes working with MSI to:
  - a. engage with the research team to ensure any ongoing risks are managed;
  - b. engage ERC members in reviews when necessary, and reporting back to the ERC;
  - c. ensure compliance with reporting requirements specified by FWA regulations and MSI policy;
3. Suspend or terminate approval of research that is not being conducted in accordance with the ERC's requirements or that has been associated with unexpected serious harm to subjects;
4. Work with the MSI Signatory Official and Human Protections Administrator to ensure MSI's compliance with FWA regulations.

#### Promoting continuous learning and ERC capacity building:

1. Serve as a key point of contact and liaison between the ERC and the MSI research community to promote communication and understanding on ethical issues;
2. Encourage knowledge-sharing and learning opportunities from experiences of protocol review at sessions/events for the ERC, MSI Global Evidence Network and Evidence to Action team;
3. Recruit additional members to the ERC with the support of MSI;
4. Keep up-to-date on ethical developments and provide continuing ethics education opportunities for ERC members, including by engaging with other international and national ethics committees, NGOs, etc.;
5. Annually revise the ERC Workplan alongside the Ethics Officer;
6. Maintain and revise the ERC Handbook and ERC Terms of Reference in accordance with regulatory compliance framework;
7. Chair closed-session of MSI ERC annual meetings, and agree the agenda for the open session with MSI

## Non-Voting ERC Members

### *MSI Personnel*

MSI personnel may serve as non-voting members of the ERC.

Non-voting ERC members may participate in the review of protocols and provide their comments accordingly, but cannot vote on the outcome of a review. They are responsible for ensuring they do not participate in the review of protocols in which they have a professional, personal or financial interest, or with which they have been involved (e.g., in the fundraising or design), or are conflicted by institutional loyalty or fealty to MSI colleagues.

### *External Experts*

The ERC may seek advice and assistance from experts outside the committee when considering a research proposal, or to understand the context or community in which a research study will be conducted.

Experts are responsible for ensuring they have no actual, potential or perceived conflict of interest in relation in relation to the advice they provide to the ERC.

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## **MSI's ERC Governance Structure**

### *MSI Signatory Official*

In compliance with Federal Wide Assurance and The Common Rule, MSI appoints a Signatory Official from within MSI who has the legal authority to represent MSI and who has the knowledge, authority and ability to commit resources to the operation of the ERC.

The Signatory Official signs the Office for Human Research Protections Federal Wide Assurance and serves as the point of contact for Office of Human Research Protections (OHRP) or delegates this responsibility where there is no conflict of interest in doing so. The Signatory Official is also strongly recommended by the OHRP to complete assurance training.

### *MSI Human Protections Administrator*

MSI appoints a FWA Human Protections Administrator who is an employee or agent of MSI who is required to have comprehensive knowledge of all aspects of MSI's systematic protections for human subjects.

The role of the FWA Human Protections Administrator is to exercise day-to-day operational responsibility for the institution's programme for protecting human subjects. In this context, the Human Protections Administrator is required to complete assurance training.

### *ERC Officer*

MSI appoints an administrative officer to support the work of the ERC. The ERC Officer is accountable to the Director of Evidence to Action, Director of Safeguarding and Protection, and the Chair of the ERC ([see Annex 1 for the ERC's Governance Structure](#)).

The ERC Officer is responsible for:

- Coordinating the review process for protocol submissions and record keeping of the protocol and approval process;
- Facilitating the contracts, finances and governance of the ERC;
- Supporting the ERC Chair and MSI in ensuring compliance to FWA regulations;
- Supporting capacity building initiatives for ethical data activities across MSI; including co-organising and facilitating webinars, ethics trainings, and being the first point of contact for any queries relating to ethical concerns;
- Organisation of annual meetings;
- Supporting in the production of ERC materials, including global goods, forms and guidance's;
- Maintenance of the external website and internal MoreTogether site.

*The ERC Officer and Human Protections Administrator positions may be occupied by the same individual.*

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## Review Processes and Procedures

### Protocol Submission

The [Project Submission Form \(see Annex 3\)](#) describes the documentation required to apply for ethics approval from the ERC. MSI Research Advisors are responsible for the timely submission to [ethics@mariestops.org](mailto:ethics@mariestops.org) of all research protocols, including within the annexes, all study tools, informed consent forms and local ethics approval once obtained.

Ethics approval **must** be obtained prior to research commencing. It cannot be provided retrospectively.

### Host Country Review

All MSI sponsored research must obtain ethical approval from the MSI ERC **and a registered Ethics Committee in the host country**. The protocol should be accompanied by the advice of a local ethics committee in the host country at the time of submission to the MSI ERC. If this advice is not yet available, the ERC should be guaranteed that a review by a locally constituted review committee in the host country is being sought. MSI ERC approval will be conditional on the receipt of local ethics approval. A list of local/national review committees, which exist in most of the countries where MSI operates, can be found here. <http://www.hhs.gov/ohrp/international/intlcompilation/intlcompilation.html>

A request for exemption from local approval can only be submitted to the MSI ERC if:

- there is no available ethics committee in the host country;
- an application to the local ethics review boards incurs increased risk to participants; or
- where research with an important public health benefit is highly likely to be rejected by a local ethics board on ideological grounds (for example by demonstrating previous unreasonable rejections).,

In these circumstances, it is the responsibility of the Country Programme to ensure that all local laws, regulations and cultural practices are accounted for and respected.

## Collaborative IRB Approval

If MSI is involved in collaborative research with other institutions, a lead IRB should be chosen based on which IRB is most suitable or experienced given the research topic (which may not be the institution from the organisation leading the research).

Where MSI is **not** designated as the ‘lead’ or ‘IRB of record’, a reliance agreement may be signed by the Signatory Officials of each institution to enable MSI ERC to review the report from the lead IRB.

Where MSI’s ERC is the lead IRB, a review should be conducted per MSI’s usual processes and a review report submitted to the other institution.

## Review Classifications and Timelines

Applications will be classified by the ERC Chair as requiring one of three types of review, depending on the magnitude, likelihood and type of risk involved. Risk classification determines the type, timeline and number of active reviewers. Details as per [Review Table](#):

Type of review	Fast-tracked	Expedited	Full
<b>Criteria</b>	<p>Protocol adheres to one or more of the following criterial:</p> <ul style="list-style-type: none"> <li>• Protocol has already received approval from an FWA-approved (or similarly accredited) ethics body such as FHI360, Population Council, or the WHO</li> <li>• Protocol is an amendment of a previously approved protocol by the ERC. This is inclusive of a country adaptation of a global protocol.</li> <li>• Protocol is seeking an extension to the existing ERC approval for research studies continuing for more than 12 months.</li> <li>• Studies that are LOW RISK in which the most serious foreseeable negative consequence for participants taking part is discomfort (physical or psychological) e.g. minor side-effects of medication or anxiety or embarrassment induced by an interview.</li> </ul> <p>In all applicable cases, the previously obtained approval notification must be forwarded to the ERC with the application.</p>	<p><i>No more than minimal risk of harm to participants<sup>8</sup></i></p> <p>The study does not involve any of the risks listed in criteria for Full review (next column).</p> <p>In addition, ALL studies involving human participants, or secondary analysis of data with personal identifiers, must go for expedited review.</p>	<p><i>Any study involving greater than minimal risk<sup>9</sup> of harm to participants</i></p> <p>In addition, the study involves either:</p> <ul style="list-style-type: none"> <li>• administration of drugs, placebos or other substances to participants;</li> <li>• invasive or potentially harmful procedures;</li> <li>• involves taking or storing samples of tissue or bodily fluids;</li> <li>• potential harm or repercussions due to disclosure of sensitive topics (e.g., coerced sex); or possible pain or discomfort to participants;</li> <li>• protocols proposing verbal consent;</li> <li>• Participants from any of the following groups who will experience constraints on their capacity to give full informed consent: <ul style="list-style-type: none"> <li>- MSI People whose contracts don't specify that they consent to undertake research;</li> <li>- illiterate people</li> <li>- children and adolescents under 18</li> <li>- people with a health condition where a treatment isn't available</li> <li>- people experiencing a public health or humanitarian emergency</li> <li>- mentally disabled/cognitively impaired people</li> <li>- people involved with criminal activities</li> </ul> </li> </ul>

<sup>8</sup> Minimal risk means that “the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.” See the Common Rule [https://oprs.usc.edu/files/2019/01/PI-ed\\_New-Rule-1.9.19.pdf](https://oprs.usc.edu/files/2019/01/PI-ed_New-Rule-1.9.19.pdf)

<b>Reviewed By</b>	The Chair, or, the Chair and one other reviewer	The Chair and one or more reviewers as required	Full committee = minimum of Chair + 5 members
<b>Review Process</b>	<ul style="list-style-type: none"> <li>Chair conducts the review, collating a formal written response</li> </ul> <p>OR,</p> <ul style="list-style-type: none"> <li>Chair recruits one committee member to assist in the review;</li> <li>Chair and additional reviewer collate a formal written response</li> </ul>	<ul style="list-style-type: none"> <li>Chair convenes a small team of reviewers</li> <li>Team of reviewers conduct the initial review, arriving at a decision by consensus</li> <li>Chair and additional reviewer collate a formal written response</li> </ul>	<ul style="list-style-type: none"> <li>Chair allocates Lead and Second Reviewer to conduct the initial review</li> <li>Protocol reviewed at Live Meeting. Engagement of all committee members present at the Live Meeting is required for decisions to be made by consensus.</li> <li>The Chair and/or Lead Reviewer collate a formal written response</li> </ul>
<b>Initial Review Turnaround</b>	Maximum 10 working days from submission	Maximum 20 working days from submission	Maximum 5 working days after Live Meeting review (every 2 <sup>nd</sup> Tuesday of the month)
<b>Re-submission Review</b>	<ul style="list-style-type: none"> <li>Chair (5 working day), or,</li> <li>Lead and Second Reviewer (10 working days)</li> </ul>	<ul style="list-style-type: none"> <li>The Chair (5 working days), or,</li> <li>Lead and Second Reviewer (10 working days)</li> </ul>	<ul style="list-style-type: none"> <li>Chair (5 working day), or,</li> <li>Lead and Second Reviewer (10 working days), or,</li> <li>Full Committee at Live Meeting (5 working days after Live Meeting Review)</li> </ul>

## Exemption from Review

Classification categories are indicative only. Requests for exemption from ethical review may be sought on the grounds specified above via a submission to [ethics@mariestopes.org](mailto:ethics@mariestopes.org). Final decisions are made by the ERC Chair based on the totality of the information provided at the time of the submission. The Chair will confirm in writing whether a request for exemption has been granted. An exemption from review does not exempt county programmes from compliance with regulatory requirements in the country from where the data originates. National or institutional ethical review may still be required.

*The Data Project Classification System (Annex 4)* provides further guidance on review classifications and grounds for exemption applications.

## Extensions and Modifications to Approved Protocols

The ERC does not accept responsibility for any unapproved research or unapproved changes to research protocols.

ERC approval is granted for a period no longer than 12 months. Once approval has been obtained by the MSI ERC, any changes required (including by a local/national ethics committee or after a pilot test phase), or extensions to a previously-approved protocol must be signed off by the MSI ERC. Sign-off can be obtained by submitting an *Amendment/Continuing Research Submission Form (Annex 5)*. Submissions will be reviewed by the Chair, and where necessary, one or two other reviewers, dependent on the scale of the changes and the level of risk involved.

## French Protocols for Review

In instances where the ERC Chair is unable to conduct reviews of French protocols the Chair will delegate the management of the French protocol to a francophone committee member.

In order to ensure transparency, consistency and record keeping Regional and Evidence Advisors will continue to submit the *Protocol Submission Form (Annex 3)* in English, for classification by the ERC Chair. However, the protocol, instruments and appendices can be submitted in French. Internal reviews, ERC

approval letters and the summary of the review within the ERC response letter will be provided in English. However, the details of the ERC review within the response letter will be provided in French. The ERC will also accept replies from the researchers in French. This enables researchers to address concerns on a point-by-point basis within their resubmission along with the modifications they have made to the protocol.

## Conducting reviews and deciding on outcomes

ERC members will conduct their reviews based on a careful weighting of the benefits and risks involved. They are required to use *Ethics Review Summary Form (Annex 6)* as a checklist that guides the review and decision-making. The small team of reviewers convened by the Chair will make decisions by consensus. Where small teams cannot reach a consensus decision, the protocol will be referred to the full committee for review within the ERC Live Meeting.

Where the full committee cannot come to a consensus, a majority vote will hold sway.

Decisions will be one of three types:

- 1. *Approved as submitted, conditional on the terms laid out within the approval letter***  
The protocol and accompanying documents are approved by the ERC as submitted without changes or modifications.
- 2. *Approved subject to satisfactory ERC review of resubmission based on specified conditions laid out within initial ERC review, and conditional on terms laid out within the approval letter***  
The ERC requires modifications or additions to a protocol or accompanying documents. Human subjects shall not be recruited into, or involved in, the research until approval has been given. In some cases, ongoing review may be requested.
- 3. *Denial of approval***  
The research places the subjects at a risk that outweighs the benefit or value of the knowledge to be gained, or it raises such serious ethical questions that the protocol is unacceptable.

## Denial of Approval

In circumstances where the ERC decide to deny approval on ethical grounds, the ERC will provide detailed formal feedback as to the broad reasons for why approval was denied.

In circumstances where the researchers wish to resubmit the protocol following significant redesign, resubmissions will go through a *de novo* review, which means they will be treated as an entirely new and separate submission. A fresh protocol number will be assigned; along with a new team of reviewers, who were not engaged in lead review roles of the first submission; and should the protocol require a full review, the review discussion at the ERC Live Meeting will not refer the previously declined submission.

## Communicating the Decision

The Chair or designated Lead Reviewer (overseen by the Chair) is responsible for documenting and providing written explanation of the decision - as well as any subsequent clarifications or advice required - to the applicant and (where applicable) the relevant MSI team member.

All effort will be made for decisions to be formally communicated in a letter from the ERC no more than 2 days after:

- the date that Fast & Expedited review teams are scheduled to submit their collated review to the Ethics Officer, **OR**;
- the monthly meeting of the full Committee for full Committee reviews

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## Additional Monitoring & Reporting Obligations

The Helsinki Declaration, paragraph 23 states:

*“The [ethics] committee must have the right to monitor ongoing studies. The researcher must provide monitoring information to the committee, especially information about any serious adverse events. No amendment to the protocol may be made without consideration and approval by the committee. After the end of the study, the researchers must submit a final report to the committee containing a summary of the study’s findings and conclusions.”<sup>9</sup>*

### Continuous Review

As part of its continuous monitoring obligations the MSI ERC requires both an annual study report and a final report to be submitted to the Committee. This report should:

- summarise the progress of the study to date or, if the study is complete, its findings and conclusions.
- update the Committee on anything extraordinary that has occurred during the period since the approval was issued and any lessons learned or reflections pertaining to the management of ethical risk to participants, MSI staff or the organisation as a whole.

Researchers are responsible for submitting both annual and final reports. The ERC Officer is tasked with sending reminders to the Principle Investigator, to submit such reports, at a period of two months prior to the expiration of the existing ERC approval. Failure to comply can result in the revocation of any existing approvals.

### Adverse and Unanticipated Events

The ERC monitors unanticipated and adverse events, including serious adverse events, by requiring the Committee to be notified of such events within timelines specified by the related risk. Both MSI and the ERC solicit such information in the context of a no-blame culture that seeks to maximise openness and disclosure in the service of ensuring any and all risks to staff, research participants and/or the organisation as a whole can be quickly identified and properly addressed.

#### *Serious Adverse Events*

The Office for Human Protection and Research [45CFR46] defines serious adverse events as any untoward or unfavourable medical occurrence to a human subject, including any abnormal sign (for example, abnormal physical exam or laboratory finding), symptom, or disease, temporally associated with the subject’s participation in the research, whether or not considered related to the subject’s participation in the research (modified from the definition of adverse events in the 1996 International Conference on Harmonization E-6 Guidelines for Good Clinical Practice). Adverse events encompass both physical and psychological

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<sup>9</sup> Operational Guidelines Ethics Committees that Review Biomedical Research, World Health Organisation, Geneva, 2000  
<https://www.who.int/tdr/publications/documents/ethics.pdf>

harms. They occur most commonly in the context of biomedical research, although on occasion, they can occur in the context of social and behavioural research.<sup>10</sup>

The FDA [900.2(ss)] defines serious adverse events as an event that may significantly compromise clinical outcomes, or an adverse event for which a facility fails to take appropriate corrective action in a timely manner.<sup>11</sup>

If any serious adverse event is experienced by a study participant enrolled in an MSI research study, the researchers **must**:

- Pause operations immediately to reduce the risk of harm
- Report any adverse events or protocol violations and deviations to the ERC within 5 working days of the incident being discovered (regardless of the event being related to the research) using the [Reporting Adverse Events, Protocol Violations and Deviations Form \(Annex 2\)](#).

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## Administration and Record Keeping

A copy of each decision will be kept on file by the Ethics Officer and the ERC Chair, together with the protocol, all communication of the ERC, and, eventually, the full research report.

The Ethics Officer will also oversee the administration and archiving of ERC business, including the organisation and minutes of review meetings, and maintenance of the external website and MSI's internal MoreTogether site including:

- Any and all relevant establishment and guidance documents including but not limited to MSI ERC Members Terms of Reference, MSI ERC Principles, Processes and Procedures;
- The Ethics Review Form (for ERC members to use for reviews);
- Forms and guidance for applicants/researchers: Proposal Submission Form; Protocol Amendment/Continuing Research Submission Form; Reporting Adverse Events, Protocol Deviations and Protocol Violations Form; ERC Submission Guidelines; Informed Consent guidelines; Guidelines for Research with Minors; Guidelines for Community Engagement;
- Biographies of ERC members;
- Global protocol templates approved by the ERC.

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<sup>10</sup> Unanticipated Problems Involving Risk & Adverse Events Guidance (2007) Office for Human Research Participants, (<http://www.hhs.gov/ohrp/policy/advevntguid.html#Q2>)

<sup>11</sup> Code of Federal Regulations, Title 21, U.S. Department of Health and Human Services  
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## Annexes

*Annex 1:* Governance Structure

*Annex 2:* Reporting Adverse Events, Protocol Violations, and Protocol Deviations Form (for researchers)

*Annex 3:* Project Submission Form (for applicants)

*Annex 4:* Data Project Classification Summary

*Annex 5:* Amendment/Continuing Research Submission Form (for applicants)

*Annex 6:* Ethics Review Summary Form (for ERC members)