

# Ethics Guidelines for HIV Prevention Research

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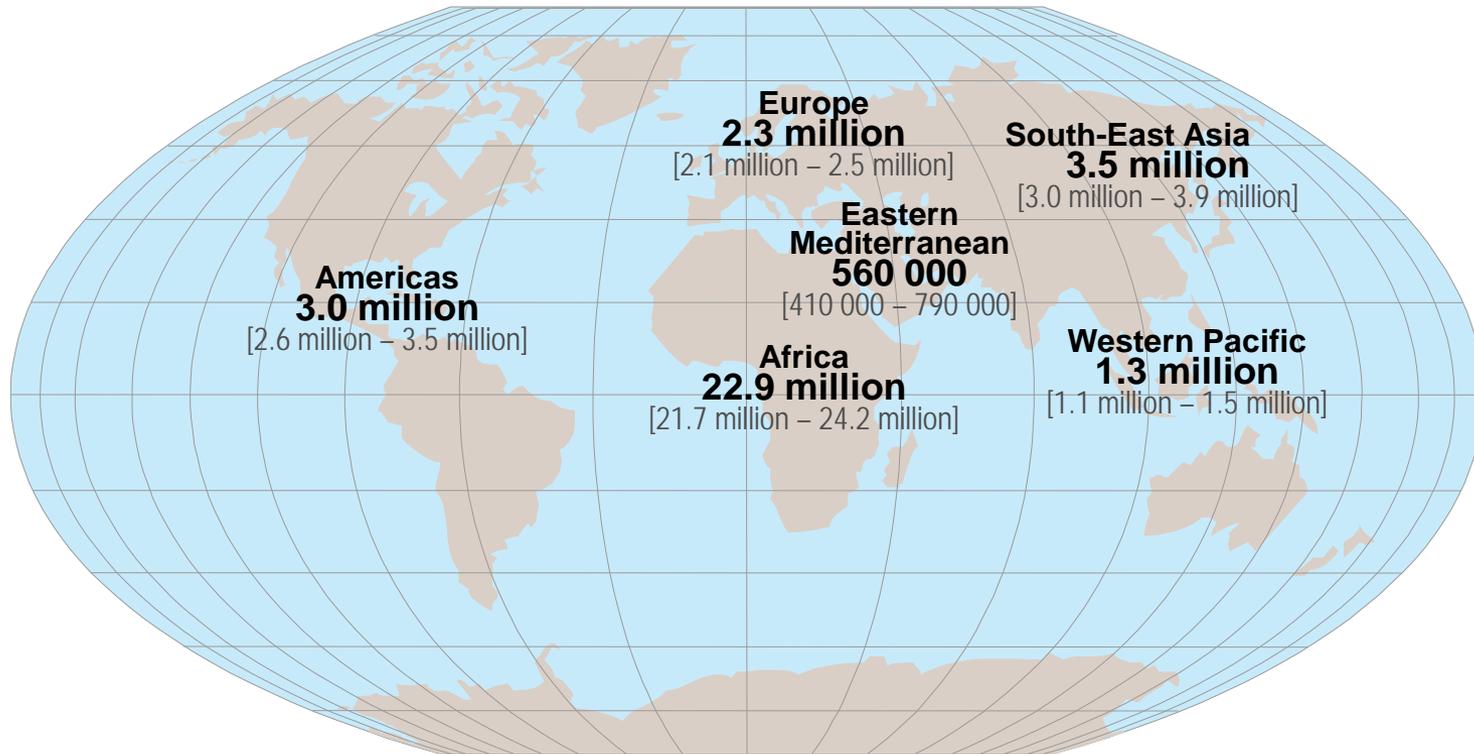
# A Staggering Epidemic

- 34 million people living with HIV
- In 2010
  - 1.8 million people died of AIDS related illnesses
  - 2.7 million people were newly infected with HIV



[http://www.who.int/hiv/pub/progress\\_report\\_2011/en/index.html](http://www.who.int/hiv/pub/progress_report_2011/en/index.html)

# Adults and children estimated to be living with HIV, by WHO Region, 2010

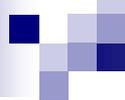


**Total: 34.0 million** [31.6 million – 35.2 million]



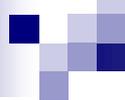
# Background Conditions

- There is a broad moral claim for advances in HIV prevention and treatment
- Research always involves a set of ethical challenges
- The contours of the epidemic and the science of prevention is complicated by even larger problems of social justice and vulnerabilities



# Existing Guidance & Policy

- Nuremburg Code
- Declaration of Helsinki
- CIOMS
- ICH/GCP
- National laws, policies, and regulations



# Evolving Science, Evolving Guidance

- Guidance, rhetoric, and scholarship have been responsive to both successes and failures of research in general and HIV/AIDS research in particular
- Unfortunately, these efforts may conflict and/or may be inadequately sufficiently sensitive to facts and nuance

# HPTN Ethics Guidance Framework

## Mapping the Research Continuum (2003)

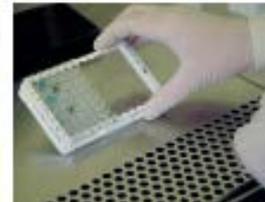
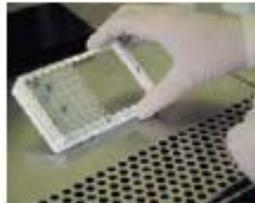
- General considerations
- Meeting local needs and priorities
- Care and prevention
- Informed consent



# Ethical considerations in biomedical HIV prevention trials

# Good participatory practice guidelines for biomedical HIV prevention trials

UNAIDS/WHO guidance document



# And more...

- Global HIV Prevention Working Group. New approaches to HIV prevention: accelerating research and ensuring future access. Menlo Park, California: Global HIV Prevention Working Group; 2006 Aug.
- Institute of Medicine. Lagakos, SW, Gable, AR., Eds. Methodological challenges in biomedical HIV prevention trials. Washington, DC: The National Academies Press; 2008.
- UNAIDS/WHO. Safe, voluntary, informed male circumcision and comprehensive HIV prevention planning: guidance for decision-makers on human rights, ethical and legal considerations. Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS); 2007.



# The Need for Clarification

## ■ Progress

- Increased access to ART
- Successful male circumcision trials
- Attention to ancillary care

## ■ Pitfalls

- Negative trials
- Trials stopped
- Problems with community engagement in PREP trials

## ■ Lingering ethical issues remain

- Standards of care
- Informed consent
- And more

# HIV Prevention Trials Network Ethics Guidance for Research

Revised June 10, 2009

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[www.hptn.org](http://www.hptn.org)



# Format

- 15 guidance points span the continuum of research
- Unlike other guidance documents, some of the points are morally required, while others are aspirational, reflecting the realities and constraints inherent to practice
- Each point identifies those accountable for it



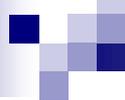
# Before Research

- Ensuring high-quality scientific and ethical research
- Setting research objectives and priorities
- Engaging communities
- Building local capacity and partnerships
- Ethical issues in study design
- Consent, assent, permission and re-consent
- Addressing vulnerabilities
- Ethical review of research



# During Research

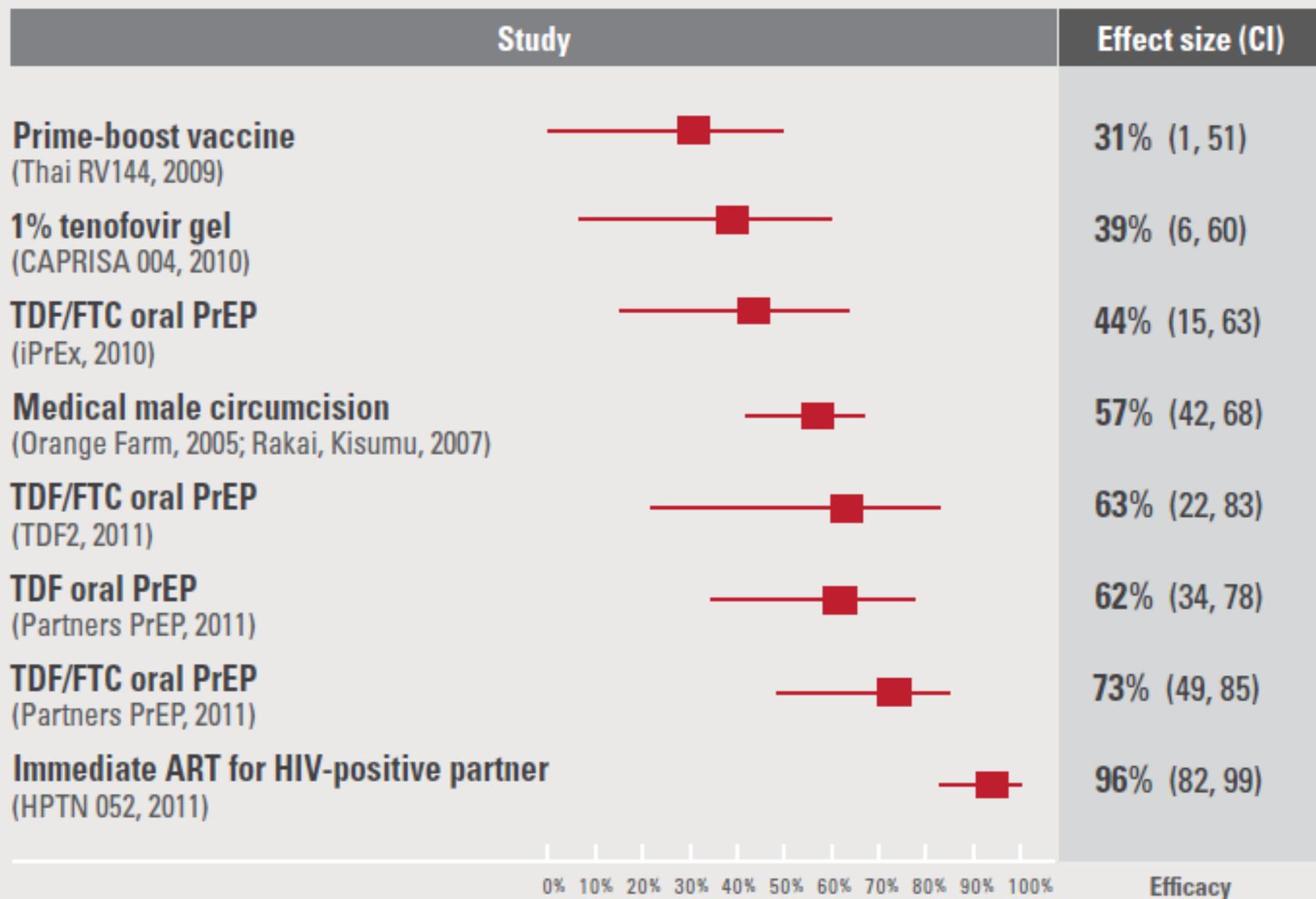
- Standard of prevention
- Standards of care and treatment
- Independent data safety and monitoring

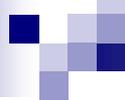


# After Research

- Disseminating research results
- Sustaining capacity-building and infrastructure into the future
- Continuing care for research participants
- Provision of successful research interventions

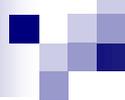
## What Works in HIV Prevention – November 2011





# HPTN Guidance Point 9: Standard of Prevention

In partnership with key stakeholders, HPTN should establish a package of effective, comprehensive and locally sustainable prevention services to be offered to participants in each HPTN study.



# HPTN Guidance Point 9: Standard of Prevention

## **Status:**

- Ethical obligation: Provision of prevention package
- Ethical aspiration: Content of the prevention package

## **Responsible and accountable:**

- Protocol team



# Reality Strikes

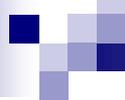
- Prevention paradox
- Evidence
  - Efficacy and safety
  - Context
- Appropriateness
  - Cultural/religious
  - Legal
  - Equity
- Resource constraints
  - Primary goals
  - Stewardship



# Necessary Conditions

- Effective
- Practically achievable
- Reasonably accessible

Guidance Document	Standards of prevention
<p><b><i>HIV Prevention Trials Network (HPTN) Ethics Guidance for Research (2009)</i></b></p>	<p>Minimum established prevention methods are obligatory, additions to prevention package depend on sustainability, legal, cultural, scientific and other factors (Guidance Point 9)</p>
<p><b><i>UNAIDS (2007) Ethical considerations in biomedical HIV prevention trials</i></b></p>	<p>All participants must receive appropriate counseling and access to state of the art HIV risk reduction methods (Guidance Point 13)</p>
<p><b><i>World Medical Association (2008) Declaration of Helsinki</i></b></p>	<p>The benefits, risks and burdens of a new intervention should be tested against the best current method (Paragraph 32)</p>
<p><b><i>CIOMS (2002) International ethical guidelines for biomedical research involving human subjects</i></b></p>	<p>Research subjects in control group of a preventive intervention trial should generally receive an established effective intervention; alternative comparators may be ethically acceptable (Guideline 11)</p>



# HPTN Guidance Point 10: Standards of Care and Treatment

In designing the care and treatment package to be provided to study participants, HPTN will meet and strive to exceed local standards of medical services, while taking into account the implications of those standards for research participants, and the potential impact that research associated care may have on local communities.



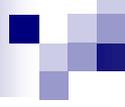
# HPTN Guidance Point 10: Standards of Care and Treatment

## **Status:**

- Ethical obligation (establishing standards of care and treatment)
- Ethical aspiration (content of standards)

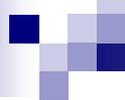
## **Responsible and accountable:**

- Site Principal Investigator
- Protocol team



# Domains of Care

- Care and treatment for those screened but failing to meet study inclusion criteria due to a medical condition (such as HIV infection)
- Care and treatment provided to participants for study-related reasons
- Care and treatment provided to participants for medically significant findings occurring during study participation ('ancillary care')
- Care, treatment and/or monetary compensation for research-related injuries



# HPTN Guidance Point 5: Ethical Issues in Study Design

HPTN investigators will design HIV-prevention research capable of answering important research questions or producing valuable information while minimizing risks and maximizing benefits to study participants and their communities.



# HPTN Guidance Point 5: Ethical Issues in Study Design

## **Status:**

- Ethical obligation

## **Responsible and accountable:**

- Investigators, protocol team



# Design Questions of Special Relevance

- Control and comparison groups
- Selecting study populations
- Early phase research
- Second generation trials
- Innovative designs



# Changing SOC/Prevention

- Evolving science/Evolving guidance
- Equipoise and trial integrity
- Transparency



# Concluding Comments

Although there are ethical challenges related to HIV prevention science, there are clear ways to enhance the protection of the rights and welfare of research participants and their communities.