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REPORT FROM A TECHNICAL WORKING GROUP
MEETING ON SOCIAL AND BEHAVIOURAL
RESEARCH PRIORITIES IN HIV VACCINE TRIALS

GENEVA
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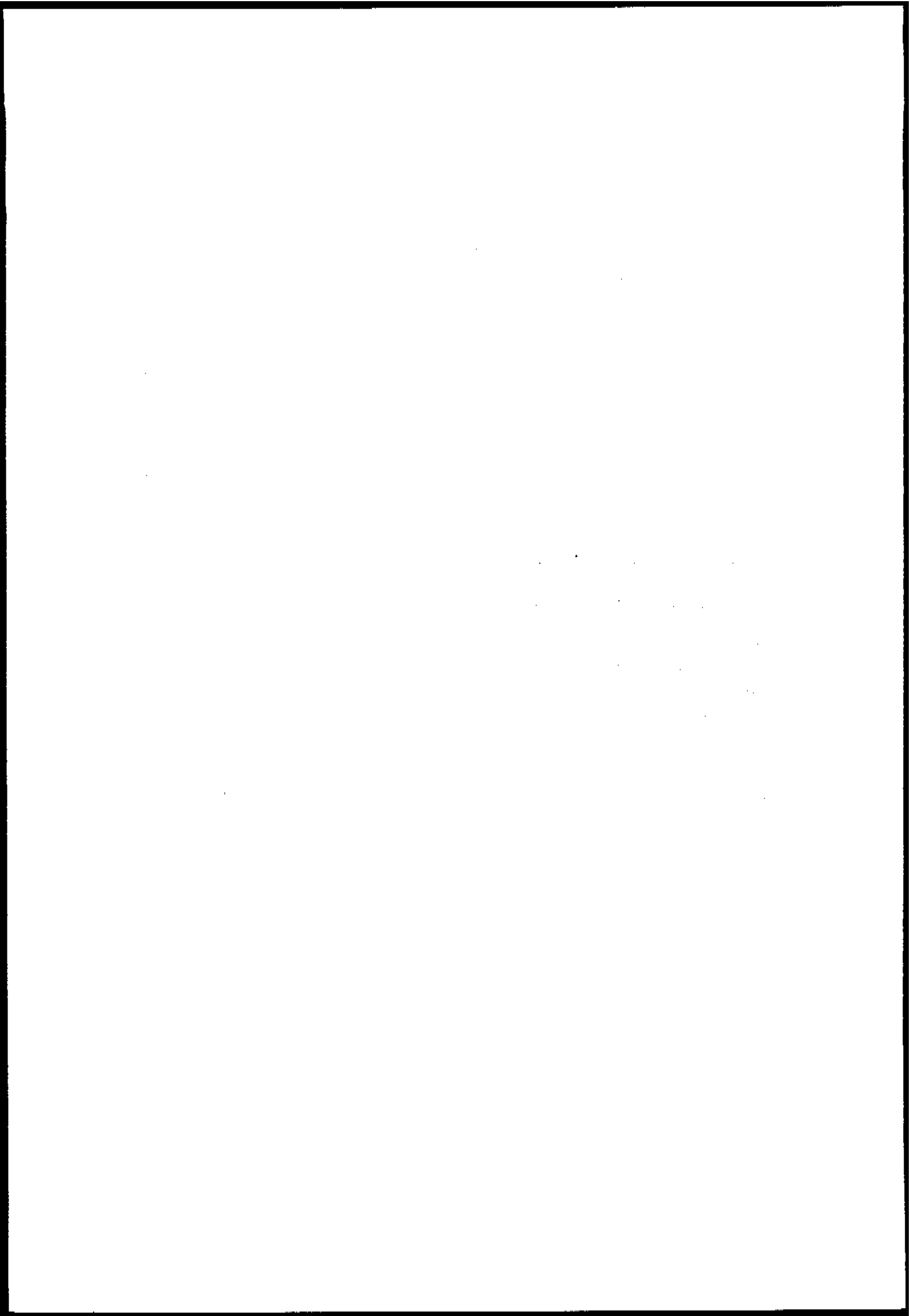
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Geneva, 26-28 January 1994

CONTENTS

	<u>Page</u>
1. Background	1
2. A Rationale for Social and Behavioural Research	1
3. Key Social and Behavioural Research Issues	2
Motivation to Participate	2
Monitoring Risk Behaviour	4
Informed Consent	5
Counselling and Educational Interventions	6
Vaccine Representations and Social Impact	7
Post-trial Issues	8
4. Critical Tasks	9
5. Recommendations	9
Annex I: Agenda	11
Annex II: List of Participants	12



1. Background

A Technical Working Group meeting was held at WHO headquarters, Geneva, on 26-28 January 1994, to establish a framework and priorities for social and behavioural research in HIV vaccine trials. This report provides details of the issues discussed and recommendations made at the meeting. The agenda for the meeting can be found in Annex 1, and a list of participants in Annex 2.

2. A Rationale for Social and Behavioural Research

This report focuses on social and behavioural issues which have a bearing on preparation for Phase III HIV vaccine trials. It is essential that Phase III trials be designed and implemented in ways that take account not only of epidemiological, clinical and ethical principles, but of the social contexts in which they occur. Without input from the social and behavioural sciences, the efficacy or otherwise of a vaccine cannot be properly assessed.

Social and behavioural issues to consider in relation to HIV vaccine trials include: recruitment, informed consent, counselling, measurement and behaviour, treatments and interventions, and social impact. Given the number, range and complexity of issues to be considered in preparing for HIV vaccine trials, the value of collaboration between social/behavioural and biomedical scientists cannot be underestimated.

When conducting HIV vaccine trials, it is important to take into account the fact that unlike many other viruses, HIV is transmitted by practices and behaviours over which people have some control. An uncritical adoption of protocols and practices associated with successful vaccine trials in the past, where such individual control over infection was not possible, may prove less than useful in the case of HIV vaccine trials.

Social science has two vital roles to play in HIV vaccine trials: the first is to promote scientifically and ethically sound vaccine trials, and the second is to ensure the social acceptability of such trials. The two roles are closely related. The social acceptability of any vaccine trial is to some extent dependent on the scientific and ethical conduct of the trial and, in particular, on the ways in which the trial is implemented and its social impact managed. In turn, the scientific soundness of any trial is to some extent dependent on its social acceptability, since without this, trial recruitment, compliance with trial procedures may prove difficult to achieve and the interpretation of trial outcomes may be invalid.

Trials which ignore critical cultural processes may lead to faulty findings, limited participation, and/or the unethical treatment of some or all participants. Trials must take into account culturally specific medical beliefs and practices, sexual values, social organization and political structures, as well as the risk perceptions of the population groups involved.

It is crucial to consider the immediate and future social and behavioural 'side effects' or consequences of vaccine trials, in particular the impact of the anticipation of a preventive vaccine on risk behaviour, and the implications of this for preventive education. News of prophylactic vaccines may easily be misinterpreted by the lay population as a cure for AIDS, and such misinterpretation may result in the continuation or increase of risk practices, thereby representing a greater threat to public health.

Globally, phase III vaccine trials may require the participation of thousands of individuals whose behaviour may place them at risk of acquiring HIV infection. Participants' behaviours, particularly certain sexual and injecting drug use behaviours, are the key issues in the trials. Much of the discussion that follows relates to 'risk' behaviours and the problems associated with measuring and monitoring them, at the same time as advising against them.

3. Key Social and Behavioural Research Issues

This report identifies and describes six research issues with reference to a number of key concerns: maintaining harm minimization practices before, during and after the conduct of the trial; improving the scientific quality of the trials by ensuring appropriate data collection methods; enhancing the interpretability and evaluation of trial results; minimizing the adverse social impact of the trials; and ensuring the feasibility of future trials.

The six social and behavioural research issues discussed in this report are as follows:

- (a) Motivation to Participate
- (b) Monitoring Risk Behaviour
- (c) Informed Consent
- (d) Counselling and Educational Interventions
- (e) Vaccine Representations and Social Impact
- (f) Post-trial Issues

These broad issues need to be addressed in different ways depending on the particular site at which the HIV vaccine is tested. At each site, studies should be conducted to address each of these issues. (*The studies which have priority are listed first and are double starred.*)

(a) Motivation to Participate

The size of any sample needed to test the efficacy of a vaccine is dependent not only on the incidence of HIV in any population, but also on the success of maintaining the sample for follow-up. In general, the confidence of the community in the scientific soundness and ethical standards of current and earlier trials will influence participation. The more positive the social impact of trials, the greater the confidence of the population in the trials, and the more likely it is that people will be motivated to participate and comply with trial procedures.

In order to successfully recruit trial participants, to minimize withdrawal from the trial, and maximize compliance with trial procedures, a sound understanding of the motives of the potential trial participants is required. The motives of volunteers will be influenced by cultural and social understandings, expectations of the trial, the participant's group membership, and interpersonal networks. Individual participation may also depend on the individual's understanding of the vaccine's relative efficacy.

Strategies that are the most effective in initially motivating volunteers, however, may not always be the most appropriate in the long term. Strategies which create false expectations, for example, may in the longer term lead to high levels of non-compliance with the procedures of the trial and a large degree of withdrawal. Participants who enter the trial with needs or wants that cannot be met may be among the first to withdraw. Strategies which appear to be coercive may result in a feigned compliance and thus pose a serious threat to the validity of self-reported behaviour (see sections (b) and (c) below). In general, strategies which maximize freedom of consent and minimize coercion (implicit and explicit) are more likely to be successful in encouraging both initial recruitment and compliance with trial procedures. Studies are needed to assess which processes of recruitment maximize freedom of consent and minimize regret.

Studies assessing the social and psychosocial characteristics of trial participants or those likely to volunteer, and comparing them with the characteristics of those who are not trial participants or who are not likely to volunteer, are necessary prior to the implementation of any trial. It is particularly important to ascertain the volunteers' reasons for participating in the trial.

Feasibility studies measuring demographic, psychological, and psychosocial characteristics of potential trial participants, as well as assessing their group identity and community affiliations, support networks, and aspects of their quality of life such as access to health services, would provide invaluable information prior to the implementation of a trial. These studies would allow the identification of features distinguishing potential trial participants from non-participants. An assessment of conditions under which individuals may or may not volunteer would also be useful. More specifically, studies are needed to:

- document and investigate reasons for non-participation, drop-out and non-compliance with trial procedures, as well as to assess appropriate levels of compensation and payment, and the balance between payment and coercion. This would include an investigation of the relationships between potential trial participants and the institutions, communities and systems from which they are recruited;
- investigate the potential barriers to participation, especially structural barriers such as the location of study sites, in order to assess possible problems/best arrangements for trial participants;

- assess societal levels of motivation and attitudes of key ideological and political figures, and religious or other leaders of the community;
- investigate the psychological motivations of potential trial participants;
- investigate group cohesiveness and group dynamics amongst trial participants;
- compare alternative strategies of recruitment with reference to participation rates;
- examine the ways in which non-inclusion in trials is perceived locally;
- assess the eligibility of the population chosen. What are the criteria for inclusion in addition to HIV incidence: access, population size, evidence of high-risk behaviour?

(b) Monitoring Risk Behaviour

Unlike many other Phase III vaccine trials, HIV vaccine trials require the monitoring of risk behaviours. An important focus in the trial should be the relationship between the nature and the frequency of risk behaviours, and the occurrence of infection. Such a focus will improve the scientific quality of the trial by taking into account individual differences in the frequency of risk practices. An efficacy trial may need to be able to distinguish, for example, a person who has one episode of unprotected intercourse with a partner of unknown serostatus in the course of the trial, from another who has over 500 such episodes. This monitoring will improve the quality of the trial.

The major concern, therefore, is to try to enhance the quality of the trial by the repeated collection of reports of individual risk behaviours over the course of the trial. It is important to monitor risk behaviour accurately. It is important to monitor not only the occurrence of unprotected sexual intercourse, for example, but also the frequency of occurrence of such behaviours, and the contexts in which they occur, that is, whether they occur within committed sexual relationships in which the HIV serostatus of each partner is known, or whether they occur between 'casual' partners. In other words, the greater the detail with regard to the contexts - physical, interpersonal, and social - of such behaviours, the greater the precision and the quality of the trial.

This data collection and associated monitoring, relying as it does on self-reported behaviour, may be complicated by the education and counselling of the trial participants to abstain from risk behaviours. It is important to maximize the validity of self-report. Validity is likely to be enhanced and socially desirable responses minimized by ensuring that those who collect the behavioural and social data are different from those involved in the counselling and intervention arms of the trial, and that these counsellors are, in turn, different from those running the biomedical and epidemiological aspects of

the trial. Enhancing the perception of confidentiality in all phases of the trial should also increase the validity of reported occurrences of risk behaviours.

The main focus of studies here is the measurement and monitoring of risk behaviours. Individual exposures to HIV need to be monitored and evaluated throughout the trial. Studies are also needed to assess the eligibility of populations chosen in terms of HIV incidence, access, and population size. Specific studies are needed to:

- assess and monitor individual risk-related sexual behaviours and validate such assessment;
- synthesize findings from data already available to determine how best to assess levels of risk including comparison of various modes/styles of data collection, e.g. face-to-face, telephone, group testing, different wording of questions, and so on;
- assess whether independence of the clinical, data collection and counselling arms of the trial makes any difference to self-report;
- synthesize the findings regarding the interpersonal and social contexts of behaviour.

(c) Informed Consent

Individuals who consent to participate in HIV vaccine trials must be fully informed about trial procedures and likely outcomes. In particular, they must understand that their participation in the trial may not confer protection against HIV infection. They should also be reminded that HIV is a behaviourally preventable disease. Not only is individual informed consent an essential ethical prerequisite for participation, but it is likely that the greater the understanding the participants have of the trial, the better their compliance with trial procedures. Confidence in the scientific soundness and ethical standards of the trial will influence trial participation.

The implications of individual informed consent and collective consent need to be considered. In certain circumstances both forms of consent may be critical for the trial. For example, group or institutional endorsement of a trial and its procedures may facilitate the informed consent process by raising issues of importance to the group for discussion, as well as diminishing individual anxieties. Cultural differences with regard to the age at which consent might legitimately be given need to be addressed. However, it should be borne in mind that the individual's decision to participate or not takes precedence over the collective view.

Studies examining various processes for obtaining informed consent are necessary. In particular, studies are needed to better understand individual decision-making in relation to health matters and to identify which strategies are useful for reaching consensus between those running the trial and the trial participants as well as the communities from which trial participants are drawn. Studies should include an examination of the nature of relationship between those running the trial and the trial participants, in order to ensure that genuinely informed consent is not compromised.

It is necessary to study what kinds of communication are effective in conveying information about the trial and trial procedures, particularly the presumed levels of probability of vaccine efficacy (which may not be known, at least in the initial trials) and the impact of different sources of information regarding the trial on trial participation. It is also important to assess the best ways of ensuring a comprehensive understanding of the issues involved in being a trial participant and the range of possible outcomes of the trial - including possible stigma, discrimination, physical harm, and so on. Studies are also needed to assess under what conditions informed consent is compromised and to assess the balance between consent, incentives, and coercion. Specifically, studies are needed to:

- compare understanding of trial procedures before and after informed consent is obtained, paying particular attention to two questions: What is the minimum level of information about scientific procedures of trials to ensure non-manipulation? What media best convey trial procedures (e.g. video, focus group discussions)?
- assess whether or not participants have understood what informed consent means, and determine the best methods for informing participants, for example, how best to describe the range of possible outcomes of the trial;
- evaluate ways to optimize the process of obtaining informed consent; for instance, ascertain who is the best person to approach, (e.g. community leader, husband, wife); and investigate the influence of family members and significant others on consent and the influence of the clinician or other trial managers on consent;
- assess participants' understanding of the probability of efficacy of the vaccine.

(d) Counselling and Educational Interventions

The major concern here is the effectiveness of the counselling and educational interventions, and the impact of such counselling on the trial process. As noted earlier, there is an inevitable element of contradiction in simultaneously testing the efficacy of the candidate vaccine and ensuring the effective education and counselling of individuals to abstain from risk behaviour. The preventive aspects of education and of the vaccine need to be seen as complementary, and the maintenance of harm minimization practices must remain the priority.

In order to enhance the efficacy of the interventions, studies are needed to assess the best methods of educating the various groups involved in the trial (both professional and lay participants) about trial procedures, outcomes, probability of efficacy of vaccine, and so on. Both the form and the content of interventions should be assessed in this regard. At the same time, and as noted in section (b) above, it is important to minimize negative effects by ensuring that the behavioural data collection component of the trial is independent of, and is seen to be independent of, its counselling and educational intervention component.

The needs of those who acquire HIV infection while participating in the trial, as well as the needs of their families and friends, should be addressed. Studies are needed to monitor the impact of HIV infection on other trial participants, as well as on the wider community.

Research is needed to determine which specific educational interventions would be most effective in helping trial participants minimize risk behaviours. Such research should build on existing knowledge about protective behaviours, and investigate which strategies are most effective in promoting behaviour change in target populations, at the individual, group, and community levels. Specifically, studies are needed to:

- investigate perceptions of health, illness, disease, cure, determinants and consequences of HIV infection, including a local, cultural understanding of risk behaviours/practices and their determinants;
- synthesize findings of studies concerning effective strategies for promoting behaviour change within trials;
- assess the impact of the nature of the intervention programme on further recruitment into the cohort and on compliance with trial procedures and follow-up;
- investigate perceptions of significant others of risk status of trial participants;
- assess perceptions of therapy and preventive vaccines;
- investigate the effect of trial participation on the maintenance of safe behaviour.

(e) Vaccine Representations and Social Impact

It is important to examine the impact of vaccine trials on the prevention strategies that are currently in place. Vaccine trials, and the way in which the vaccine is described and presented to the local population, and understood by them, are likely to have an impact on individual participants' behaviour, and on the population as a whole. This impact needs careful monitoring.

In the event that an HIV vaccine trial does in fact have a disinhibiting effect on individual protective behaviours to the extent that prevention efforts may be harmed, trial managers and/or safety committees monitoring HIV trials need a clear policy with regard to stopping a trial. Such policies should cover eventualities such as there being a substantial increase in risk behaviour among the trial participants - especially in the case of a candidate vaccine where efficacy is yet to be established, or is thought to be low.

Research is needed to investigate whether trial participation has a negative effect on prevention strategies at both the individual (trial participants and others) and more general community level. It is important to assess whether communities experience a break-down of the 'safe sex/safe needle use' ethic. It is important to do this research prior to an HIV

trial, as well as during and after the trial. Indicators of negative social impact, other than the adoption of risky sexual behaviour, should also be developed.

Studies should be undertaken to monitor the impact of intervention programmes on the wider community. Studies should also examine the impact of trials on the maintenance of trial cohorts and the willingness of potential participants to volunteer for future vaccine trials. Such studies should:

- explore the symbolic meaning of vaccines and vaccination in general for the population; their attitudes towards vaccination and how they talk about it;
- investigate and monitor perceptions and public opinion about HIV trials, including beliefs and attitudes regarding the desirability of trials;
- assess the impact of successful/unsuccessful trials on society including response to further trials and an examination of the effects of trials on stigmatization and discrimination;
- assess the impact of conducting the trial on prevention strategies already in place.

(f) Post-trial Issues

There is a need to devise a strategy to develop a comprehensive HIV prevention strategy which includes both vaccine and behavioural methods of prevention. Questions such as "At the point at which there seems evidence that a protective vaccine has been developed, what might a comprehensive prevention strategy look like?" are extremely important ones, and are related to others such as: "What is the relationship between the ultimate development of the vaccine and the health care delivery system and the ability of the system to deliver the vaccine?"

Finally there is also the important issue of the availability of vaccines in the developing world. Vaccine trials should be undertaken in countries only if guarantees can be made that the vaccine, if proven effective, would be made available to the population after the trials.

Studies which document the ways in which the actors and authorities at the local sites negotiate the post-trial phase are needed. Research should also address the possible societal impact of successful as well as unsuccessful trials on trial participants and on the community's responses to future trials, as well as provide pointers to the societal impact of trial problems that have arisen during the trial themselves. Such research should include an assessment of the possible impact of the running and outcome of one trial on the next, and so on. Specifically, studies should:

- assess the medium-term and long-term social and cultural impact of the trials;
- assess the impact of illness and death, during and after the trials, on the way in which the trial is perceived and on possible future trials;

- assess the relationship between the vaccine and the health care delivery system.

4. Critical Tasks

A number of critical tasks could be considered for action:

The establishment of a technical advisory group on social and behavioural research priorities in HIV vaccine trials should be envisaged to support such trials, to advise on the design of behavioural research relevant to their conduct, and to review local research proposals. Such a group might draw its membership from the GPA Steering Committee on Social and Behavioural Research and the GPA Steering Committee on Vaccine Development.

With the support of such a group, proposals might be made to:

- (a) encourage the development of research networks and coordination with special reference to the four WHO sites already selected;
- (b) develop a technical guidance programme with reference to protocols, instrument prototypes, training and research capabilities and technical support; and
- (c) provide technical assistance to local research efforts and technical workshops.

A paper might be prepared for publication on issues arising out of this Technical Working Group meeting on social and behavioural research priorities in HIV vaccine trials. This paper could clarify the role of social and behavioural research in the conduct of HIV vaccine trials. It could provide a synthesis of major research issues, especially with regard to informed consent, recruitment, adherence to trial procedures, intervention procedures, and monitoring of individual sexual behaviour. A review of the literature on vaccine trials would provide some insights for such a synthesis.

5. Recommendations

The recommendations of the Technical Working Group derive from the view that social science has a key role to play in providing a conceptual framework and a set of research principles to inform the conduct of HIV vaccine trials, and to guide the behavioural and social components of the trials at local sites. The recommendations are as follows:

- that there be continued collaboration between all parties involved in HIV vaccine trials: epidemiologists, clinicians, and social and behavioural scientists;
- that specialists in social and behavioural science, counselling, and media management, as well as representatives of the group(s) from which the trial participants are drawn, be involved in the conduct of HIV vaccine trials;

- that existing internationally agreed ethical principles be adhered to in all HIV vaccine trial protocols;
- that in view of the on-going preparation of vaccine trial protocols, the two GPA units concerned (Vaccine Development, and Social and Behavioural Studies and Support) organize technical workshops involving epidemiologists, clinicians and social and behavioural scientists, to ensure appropriate social and behavioural input into the design and management of the trials;
- that GPA plays a leading role in development and coordination of the social and behavioural research agenda for HIV vaccine trials and in the provision of technical assistance and guidance with respect to the trial procedure at site level;
- that GPA provides leadership in the development of research protocols for social and behavioural studies related to trials of HIV vaccines, provides technical leadership in the development of model protocols for intervention, informed consent, and risk assessment, and assists with the implementation of social and behavioural studies at the local level;
- that formal coordination between the GPA Steering Committee on Social and Behavioural Research and the GPA Steering Committee on Vaccine Development be established, when discussions of HIV vaccine trials are taking place;
- that the establishment of an international technical advisory group on social and behavioural research issues in HIV vaccine trials be considered, so that social and behavioural scientists can play a more active and supportive role in all discussions related to HIV vaccine trials;
- that the membership of Data and Safety Monitoring Boards and local committees includes social and behavioural scientists;
- that considering the critical importance of social science issues in HIV vaccine trials, appropriate funding should be provided at both WHO/GPA and site levels to assist WHO/GPA in providing the above guidance and coordination.

Annex 1

AGENDA

1. Opening
 - Nomination of Chairperson
 - Adoption of Agenda
2. WHO/GPA/ HIV vaccine trial activities
3. Social and behavioural issues in HIV vaccine trials, and their interrelationships
4. A conceptual framework for HIV vaccine-trial related social and behavioural research.
5. Key social and behavioural research priorities and agenda of work.
6. Research methodologies.
7. Guidelines and methodologies for priority studies at site level.
8. Networking, coordination, technical support, and research capability strengthening.

Annex 2

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