Recommendations

for expediting ethics review during times of crisis

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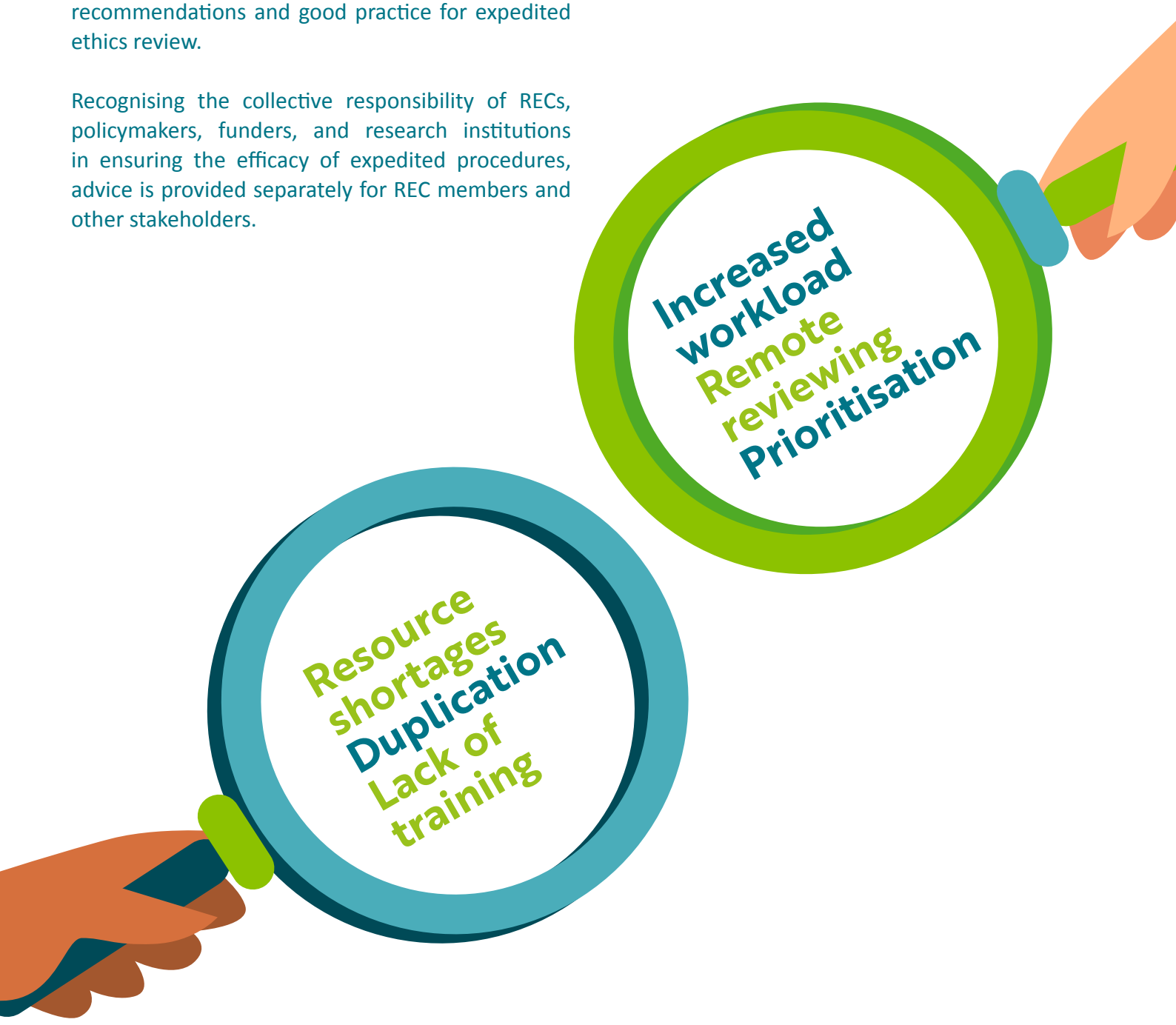
Executive Summary

Research became imperative during the COVID-19 pandemic, which presented unprecedented challenges for communities around the world.

The urgency of the pandemic and the need for accelerated research placed research ethics committees (RECs) under significant strain.

This guidance summarises seven serious challenges for RECs during COVID-19 and identifies recommendations and good practice for expedited ethics review.

Recognising the collective responsibility of RECs, policymakers, funders, and research institutions in ensuring the efficacy of expedited procedures, advice is provided separately for REC members and other stakeholders.



Introduction

The COVID-19 pandemic has presented unprecedented challenges for communities around the world, necessitating a swift and robust response from the scientific community.

During the pandemic, scientific research was seen as an essential tool in informing decision-making and public policy. Some even argued that

"in an emergency context full of uncertainties, research is a real ethical imperative"
(Gainotti et al., 2020, p. 1).

The urgency of the pandemic and the need for accelerated research placed research ethics committees (RECs) under significant strain.

A meeting of ethics review representatives at the World Health Organization (WHO) in September 2022 determined that the consolidation of guidance on expedited REC review procedures is essential to improve readiness for future crises (Wright et al., 2023).

This report summarises seven serious challenges for RECs during COVID-19 and identifies good practices and recommendations for expedited ethics review.

The document is based on literature and scoping reviews on research ethics and integrity challenges during COVID-19 undertaken in eight languages (English, German, Russian, Mandarin, French, Korean, Hindi and Japanese), a qualitative survey of REC members on challenges they faced during the pandemic, an additional focused literature review on fast-track REC review, and an analysis of COVID-19 ethics guidance analysis. The results have been validated in a workshop with REC members.

Recognising the collective responsibility of RECs, policymakers, funders, and research institutions in ensuring the efficacy of expedited procedures, the challenges, recommendations, and good practices are provided separately for REC members and other stakeholders.

Expedited or fast-track procedures

In the following sections, we refer to expedited or fast-track procedures. We define those as institutional protocols for expediting the ethical assessment of research. These are often employed when research, upon initial review, is determined to pose minimal risk and burden to participants. Through a "relaxation of usual restrictions" (Tansey et al., 2010), they can mitigate inefficiencies and financial costs associated with ethics reviews by RECs (Glasziou, et al., 2021).

In addition, **expedited or fast-track procedures have been highlighted as a necessity for the timely advancement of research pertinent to crises** (Hunt et al., 2016).

For example, fast-track procedures advanced research during the H1N1 and severe acute respiratory syndrome (SARS) epidemics, addressing the "delays and missed opportunities" attributed to slow REC review processes (Tansey et al., 2010). Similarly, the WHO called for countries to expedite REC reviews during the COVID-19 pandemic while ensuring that appropriate safeguards and ethical standards were upheld (World Health Organization, 2020b).

Guidance
for Research Ethics Committees

Increased workload

The challenge

A study involving REC chairs' experiences from around the world found that the submission of proposals during the COVID-19 pandemic significantly surpassed pre-pandemic levels (Salamanca-Buentello et al., 2023). Other studies found that REC members' workload doubled during this period (Shekhani et al., 2021; Tamariz et al., 2021; Marzouk et al., 2021; Kadam et al., 2022; Andanda & Mlotshwa, 2023).

The increased workload due to the quantity of submissions was exacerbated by the following:

- the complexity of protocols under review (EUREC, 2022);
- external pressures to make swift decisions within limited time frames (ibid);
- duplication of projects addressing identical or closely related issues (World Health Organization, 2020a) leading to duplicated REC review; and
- the fact that, due to the urgency of the COVID-19 pandemic, researchers often hastily drafted research protocols (Videnoja, 2020) that were often of poor quality (Wright et al., 2023) and therefore required more time investment from REC members to understand them.

Recommendation

Expedited review processes should be aligned with the level of risk to participants posed by the relevant study. A pre-screening process capable of rapidly identifying research proposals eligible for expedited review should be implemented to alleviate the workload of RECs and enable them to focus more time on complicated and urgent protocols. Risk levels should be specified in advance, and processes should be outlined for dealing with emerging findings that have implications for these risk levels (see recommendation below for "Uncertainty").

Good practice

Panama's National Committee on Bioethics in Research adopted a proportional approach by assigning the review of COVID-19 research deemed low risk to seven institutional RECs rather than its National Committee on Bioethics in Research. Lower-risk research proposals, for example, included observational or experimental studies without new therapeutic interventions or commercial products (Pan American Health Organization, 2022).

Switch to remote reviewing

The challenge

During the COVID-19 pandemic, RECs transitioned to online work, conducting meetings, performing administrative tasks, and reviewing protocols virtually. Many REC members faced challenges adapting to remote work due to inadequate technological knowledge, inadequate equipment, and connectivity issues coupled with tight time constraints preventing the establishment of systematic workflows (EUREC, 2022). Some REC members noted that online ethics review meetings were neither effective nor efficient and presented limited opportunities for interpersonal interactions (Hunt et al., 2016).

At the same time, many REC members recognised the necessity and benefits of remote work processes. Online procedures protected them from contracting COVID-19 and reduced travel and commuting times enhanced REC efficiency (Andanda & Mlotshwa, 2023; Shekhani et al., 2021).

Recommendation

Expedited or fast-track review procedures should include clear guidance on remote work procedures. This may include defining procedures for scheduling meetings, selecting appropriate virtual meeting platforms, securing access for all participants, ensuring equitable participation in meetings is possible, establishing channels for asynchronous communication, outlining safeguarding measures for sensitive documentation used in REC reviews, and selecting criteria for software selection.

Good practice

In Pakistan, the National Bioethics Committee introduced a “Rapid Turnaround Review” system committed to delivering REC review results for studies related to public health emergencies 72 hours after receipt of a proposal. This system utilised frequent online discussions. The introduction of online structures for video conferencing was deemed one of its strengths, despite not being previously considered by national RECs before the COVID-19 pandemic, as it facilitated real-time exchange of opinions and consensus building among REC members spread across the country (Shekhani et al., 2021).

Prioritisation of research

The challenge

RECs were compelled to prioritise research protocols amidst a stark increase in COVID-19-related studies. In a survey of global REC chairs, more than three-quarters of high-income-country (HIC) RECs and two-thirds of low- and middle-income-country (LMIC) RECs reported earmarking COVID-19-related research for rapid review (Salamanca-Buentello et al., 2023). However, RECs were often inconsistent in deciding which protocols to prioritise and had varying timelines (ibid).

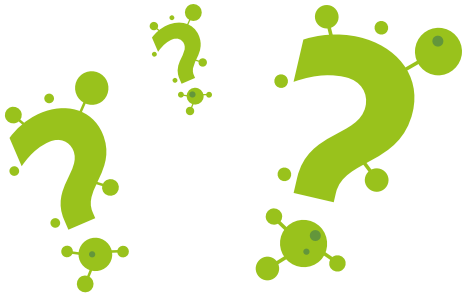
Recommendation

RECs should outline criteria to prioritise research protocols based on their social value, scientific validity, and risk–benefit ratio (see recommendation below on "Uncertainty"). According to the World Health Organization (2020a), social value may be attributed to research projects that address pressing public health needs, drawing from recent studies and their relevance, while scientific validity entails an evaluation of a research project's adherence to scientific standards, considering the latest scientific evidence and the feasibility of conducting the study amidst the current emergency context. Moreover, RECs should specify timelines for both fast-tracked and non-fast-tracked protocols.

Good practice

In China, a green channel was opened for crisis-relevant research, providing the opportunity for expedited review and guaranteeing a 72-hour review time for research related to emergencies such as outbreaks of epidemics (Zhu et al., 2023; Jiang et al., 2021).

Uncertainty



The challenge

REC reviews predominantly focus on evaluating the risks and benefits to human participants, research teams, society, and the environment when they consider a research protocol. These evaluations are grounded in existing scientific data. However, in unprecedented crises, RECs may lack validated information regarding potential risks, thus confronting uncertainties (Hunt et al, 2016).

During the COVID-19 pandemic, REC members voiced uncertainties regarding various crucial subjects. These included decentralised trials (i.e., teletrials) and remote recruitment (All State and Territory Departments of Health, 2020); the adequacy of study sites considering the limitations imposed by the pandemic; the privacy and confidentiality of research participants, including in cases of remote source data verification; compensation for participation in research conducted during the crisis; e-consent and informed consent procedures for incapacitated individuals; the determination of vulnerability; and human challenge and placebo-controlled clinical trials (EUREC, 2022).

Recommendation

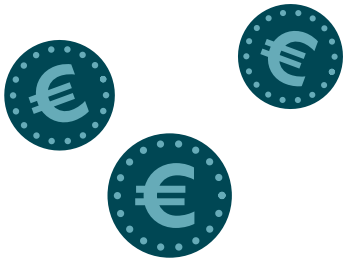
To effectively manage uncertainty and evaluate evolving risks and benefits, RECs should continue to monitor research post-fast-track approval (e.g., Tansey et al., 2010). Researchers submitting protocols should demonstrate their awareness of the latest scientific evidence to anticipate potential risks, acknowledge the likelihood of changes in risks based on emerging data, and commit to staying informed about such developments (Pan American Health Organization, 2022). Researchers should also be encouraged to promptly notify the REC of any alterations to the risks outlined in their protocols. Additionally, RECs can establish an ad-hoc "reserve" of members to offer diverse perspectives during crises (Fiske et al., 2021). Although emerging information may prevent a complete grasp of risks and benefits, interdisciplinary collaboration remains crucial for identifying potential issues. Lastly, RECs should document their findings on the topics listed above for future reference and enhance transparency in their procedures, e.g., by keeping and reviewing redacted minutes from fast-track review meetings.

Good practice

As new evidence emerged regarding the efficacy of hydroxychloroquine as a treatment for COVID-19, the WHO closely monitored emerging findings on the treatment. They then acted promptly to terminate the ongoing Solidarity clinical trial given increased risks and decreased benefits to participants (Pan American Health Organization, 2022, p. 21). Despite initial ethical approval, this decision underscored the WHO's commitment to ensuring ethical conduct in clinical research by utilising ongoing risk–benefit analyses.

Guidance
for Policymakers, Funders, and Institutional Leaders

Resource shortages



The challenge

During COVID-19, REC resources were strained significantly; members and external experts were often unavailable for urgent or expedited reviews, with many dealing with sickness, familial caregiving duties, or heightened work-related pressures. For instance, physicians who served as external advisors were often diverted to frontline duties, reducing their availability for REC responsibilities (Seedall & Tambornino, 2023b). In many cases, these resource shortages were added to an already underfunded system, especially in LMICs (Silaigwana and Wassenaar: 2015).

When asked what kind of support they lacked when confronted with COVID-19-related challenges, REC members most often referred to a dearth of financial support as well as the non-availability of members (EUREC, 2022). These resource shortages were confirmed by a global survey of REC chairs, where the majority of respondents (78.4%) noted that their REC received no additional financial support for implementing operational changes during the COVID-19 pandemic (Salamanca-Buentello et al., 2023). Notably, this lack of support was more pronounced in LMICs (ibid).

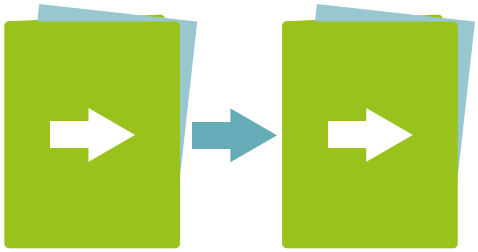
Recommendation

Policymakers, funders, and institutional leaders should commit to providing monetary support for RECs so that they can undertake their important work during a crisis. Consideration must also be given to when and how it might be appropriate to compensate those REC chairs, committee members, and external experts who may take part in reviews without receiving any remuneration. Additional funds should be earmarked to support fast-track review processes (Wright et al, 2023), taking the increased urgency of these reviews as well as the time constraints of REC actors into account. This compensation may not necessarily involve monetary rewards but could instead take the form of a reduction in other responsibilities or duties of REC members.

Good practice

Members of the institutional review board (IRB) at the McGuire Research Institute in Virginia, USA, are compensated for their participation in ethics reviews, and this amount is pegged to the hourly rate they receive for their other work. Funding for this IRB resulted from a “nest egg” built through residual costs from grants and involvement in multisite studies. However, REC members may also receive non-monetary compensation by being relieved of other duties, such as teaching or administration (Relias Media, 2003).

Duplication



The challenge

During the COVID-19 pandemic, researchers worldwide expressed a heightened interest in studying crisis-relevant topics, leading to an influx of proposals addressing similar issues. Consequently, the duplication of studies was reported, further increasing the workload of REC members whose work was also duplicated (Seedall & Tambornino, 2023a). Additionally, many research protocols proposed conducting studies across multiple countries. The review of multi-centre studies experienced delays due to the necessity of obtaining approval from multiple RECs (e.g., Salamanca-Buentello, 2023).

Recommendation

Policymakers and institutional leaders should establish measures to streamline existing REC systems to prevent duplicate submissions and duplicate REC reviews (Bompart 2020). In addition, they can establish bodies specialised in reviewing crisis-relevant research. Systems of mutual recognition of REC approvals can be established in normal times, though care must be taken to ensure that these systems do not replace local authorisation or community involvement (e.g., Rahimzadeh, 2021, p. 46), i.e. community advisory board input or community approvals.

Good practice

Between March 2021 and February 2023, the Korean government established legal and institutional frameworks to streamline REC reviews of research pertinent to public health emergencies. Namely, the Pharmaceutical Affairs Act for Clinical Trial Safety Support Institution and Central IRB (2021.07.20) created specialised bodies tasked with, among others, reviewing clinical trials for drugs, such as COVID-19 vaccines (Millum & Menikoff, 2010) and the review of multi-centre clinical trials (Hwan Chung et al., n.d.).

Similarly, the Provincial Health Services Authority in Canada (n.d.) has an agreement with the University of British Columbia to provide ethical review and approval for research conducted at the Provincial Health Services Authority and its programs. This system enables one streamlined ethics submission and can prevent conflicting reviews between boards (Peute et al., 2020).

Lack of training

The challenge

REC members in Europe described the lack of relevant training as a key challenge preventing them from reviewing urgent research (EUREC, 2022). When implementing a national rapid turnaround review system in Pakistan, REC members recalled that many reviewers were not trained in assessing protocols related to public health emergencies and lacked an understanding of disaster ethics (Shekhani et al., 2021).

Recommendation

To equip RECs to develop and implement effective fast-track procedures, policymakers, funders, and institutional leaders should prioritise the provision of continuous training opportunities targeted at REC members. Such training initiatives should encompass the development of a "community of practice" at both local and international levels, fostering mutual learning and exchange among REC members (Wright et al., 2023). From an ethical standpoint, efforts to enhance research capacity development should remain a priority, extending beyond the immediate emergency context (Pan American Health Organization, 2020).

Good practice

Researchers from the University of Kinshasa in the Democratic Republic of Congo and the Institute of Tropical Medicine in Belgium partnered with the Democratic Republic of Congo's National Ethics Committee in 2021 to create and deliver a short training course for ethics reviewers during public health emergencies, focusing on ethics review of research conducted during outbreaks and other public health emergencies. This training was conducted in French and included information on local circumstances and regulations, providing the participants with up-to-date insights on research ethics and preparedness in public health emergencies. The training course resulted in reflection and knowledge-sharing on good practices across the National Ethics Committee and research ethics committees in the Democratic Republic of Congo (Maketa et al., 2022).

Conclusion

The COVID-19 pandemic has highlighted the importance of scientific research in informing decision-making and delivering solutions during crises. Additionally, the research community has recognised the need for expedited review procedures to facilitate timely research ethics approvals.

Efforts to develop fast-track procedures during crises, while having accelerated urgent research, have largely been fragmented. Namely, RECs have struggled to prioritise research and adjust to increased workloads, remote workflows, uncertainty regarding the risks and benefits of research, a lack of resources and training, and study and review duplication.

However, these challenges can be mitigated through increased transparency and documentation; the specification of procedures related to remote work, the prioritisation of research, and risk levels; and the provision of additional resources, training, and measures to streamline existing REC systems.

To be ready for the next crisis requires investment in system resilience now.

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