Standard Operating Procedures of Institutional Ethics Committee

ICMR – NIRRCH Ethics Committee for Human Studies

Title: Vulnerable Population

SOP Code: 07/V1.5 Dated: 8th November 2024 Pages:131 to 137

The Declaration of Helsinki, National Ethical Guidelines for Biomedical & Health Research Involving Human Participants, ICMR 2017 & CIOMS Guidelines 2016 together state that 'Medical research involving an underprivileged or vulnerable population or community is only justified if the research is responsive to the health needs and priorities of that population or community and if there is a reasonable likelihood that this population or community stands to benefit from the results of the research.'

7.1. Purpose

The purpose of this SOP is to describe how the IEC will ensure that the rights and interests of vulnerable populations are safeguarded. The EC will ensure that individuals or communities included in research are selected in a way that the burdens and benefits of the research are equally distributed.

7.2. Scope

This SOP applies to the process by which the EC will protect the rights and interests of vulnerable population. Additional protection will be ensured depending upon the risk of harm and the likelihood of benefit.

7.3. Responsibility

It is the responsibility of the EC members to identify study proposals including vulnerable population and ensure that these are considered for full board. The EC will ensure that measures for safeguarding rights and interests of vulnerable participants are mentioned in the face sheet, study proposal, Participant /Assent Information Sheet/ and informed consent/assent form. They have the responsibility to ensure that the vulnerable population is not exploited and they will guide the investigators to design protocols and describe the process of informed consent in such a manner that this will be done.

7.4. Flow chart

Sr. No.	Activity	Responsibility
1	Receive the submitted documents	IEC Secretariat
2	Determine protocols including vulnerable population	IEC members and Chairperson
3	Review of protocol by appropriate reviewers and assess whether their inclusion is justified	IEC members and Chairperson
4	Ensure measures for protecting the rights and interests of vulnerable populations are described in the face sheet	IEC members and Chairperson
5	Review the Participant /Assent Information Sheet/ and Informed Consent/Assent form	IEC members and Chairperson

7.5. Detailed instructions

7.5.1 Determine protocols including vulnerable population

When vulnerable individuals are to be recruited as research participants additional precaution should be taken to avoid exploitation/retaliation/reward/credits, etc., as they may either feel intimidated and incapable of disagreeing with their caregivers, or feel a desire to please them. In the first case, they may be subjected to undue pressure, while in the second, they may be easily manipulated. If they perceive that their caregivers want them to participate in research, or if the caregiver stands to benefit from the dependent's participation, the feeling of being pressed to participate may be irresistible which will undermine the potential voluntariness of the consent to participate.

7.5.1 .1 Additional safeguards/protection mechanisms Principal Investigator should take when vulnerable participants are involved

1. Researchers must justify the inclusion of a vulnerable population in the research.
2. As potential participants are dependent on others, there should be no coercion, force, duress, undue influence, threat or misrepresentation or incentives for participation during the entire research period.
3. Vulnerable persons may require repeated education/information about the research, benefits, risks and alternatives, if any.
4. The informed consent process should be well documented. Additional measures such as recording of assent and reconsent, whenever applicable, should be ensured.
5. Research on sensitive issues such as mental health, sexual practices/preferences, HIV/ AIDS, substance abuse, etc. may present special risks to research participants.
6. Researchers should be cognizant of the possibility of conflicting interests between the prospective participant and LAR and should be more careful.
7. Participants may be prone to stigma or discrimination, specifically when the participant is enrolled as a normal control or is recruited from the general population in certain types of research.
8. Efforts should be made to set up support systems to deal with associated medical and social problems.
9. Protection of their privacy, confidentiality and rights is required at all times – during conduct of research and even after its completion.
10. Whenever possible, ancillary care may be provided such as setting up of a facility, school for unattended children of the participants or a hospital, or counselling center.

7.5.1.2 Additional safeguards/protection mechanisms ECs should ensure:

1. ECs must satisfy themselves with the justification provided and record the same in the proceedings of the EC meeting.
2. Additional safety measures should be strictly reviewed and approved by the ECs.
3. ECs should also carefully determine the benefits and risks of the study and examine the risk minimization strategies.

7.5.2 Vulnerable groups: Efforts may be made to ensure that individuals or communities invited for research be selected in such a way that the burdens and benefits of the research are equally distributed. **(ANNEX 1.1, AF/1.1/06/V2.2 See section C, Q 6 a & b) Further, strict compliance by researchers concerning the inclusion of statements for vulnerable groups as well as usage of appropriate assent/consent forms should be ensured.**

Following are some examples of vulnerable populations or groups:

1. Economically and socially disadvantaged (unemployed individuals, orphans, abandoned individuals, persons below the poverty line, ethnic minorities, sexual minorities – lesbian/ gay/bisexual and transgender (LGBT), etc.);
2. Unduly influenced either by the expectation of benefits or fear of retaliation in case of refusal to participate which may lead them to give consent;
3. Children (up to 18 years);
4. Women in special situations (pregnant or lactating women, or those who have poor decision-making powers/poor access to healthcare);
5. Tribal and marginalized communities;
6. Refugees, migrants, homeless, persons or populations in conflict zones, riot areas or disaster situations;
7. Afflicted with mental illness and cognitively impaired individuals, differently abled – mentally and physically disabled;
8. Terminally ill or in search of new interventions having exhausted all therapies;
9. Suffering from stigmatizing or rare diseases; or
10. Have diminished autonomy due to dependency or being under a hierarchical system (students, employees, subordinates, defense services personnel, healthcare workers, institutionalized individuals, under trials and prisoners).

7.5.2.1 Consideration of issues and protection of specific vulnerable groups:

i. Children :

Before undertaking research/trial in children the investigator must ensure that –

a. Children will not be involved in research that could be carried out equally well with adults;
b. The purpose of the research is to obtain knowledge relevant to health needs of children. For clinical evaluation of a new drug the study in children should always be carried out after the phase III clinical trials in adults. It can be studied earlier only if the drug has a therapeutic value in a primary disease of the children;
c. A parent or legal guardian of each child has given consent;
d. The assent of the child should be obtained to the extent of the child's capabilities such as in the case of mature minors from the age of 7 (seven) years up to the age of 12 (twelve) years (verbal assent along with parental/ LAR consent) & from the age of 12 (twelve) years up to the age of 18 (eighteen) years (written assent along with parental/ LAR consent).

e. Research should be conducted in settings in which the child and parent can obtain adequate Medical and psychological support

f. Interventions intended to provide direct diagnostic, therapeutic or preventive benefit for the individual child participant must be justified in relation to anticipated risks involved in the study and anticipated benefits to society;

g. The child's refusal to participate in research must always be respected unless there is no medically acceptable alternative to the therapy provided/ tested, provided the consent has been obtained from parents / guardian;

h. Interventions that are intended to provide therapeutic benefit are likely to be at least as advantageous to the individual child participant as any available alternative interventions;

i. The risk presented by interventions not intended to benefit the individual child participant is low when compared to the importance of the knowledge that is to be gained

ii. Pregnant or nursing women:

Pregnant or nursing women should in no circumstances be the participant of any research unless the research carries no more than minimal risk to the foetus or nursing infant and the object of the research is to obtain new knowledge about the foetus, pregnancy and lactation. As a general rule, pregnant or nursing women should not be participants of any clinical trial except such trials as are designed to protect or advance the health of pregnant or nursing women or foetuses or nursing infants, and for which women who are not pregnant or nursing would not be suitable participants.

a. The justification of participation of these women in clinical trials would be that they should not be deprived arbitrarily of the opportunity to benefit from investigations, drugs, vaccines or other agents that promise therapeutic or preventive benefits.

Example of such trials are,

- To test the efficacy and safety of a drug for reducing perinatal transmission of HIV infection from mother to child,
- Trials for detecting foetal abnormalities and for conditions associated with or aggravated by pregnancy etc.
- Women should not be encouraged to discontinue nursing for the sake of participation in research and in case she decides to do so, harm of cessation of breast-feeding to the nursing child should be properly assessed except in those studies where breast feeding is harmful to the infant. Compensation in terms of supplying supplementary food such as milk formula should be considered in such instances.

b. Research related to termination of pregnancy: Pregnant women who desire to undergo Medical Termination of Pregnancy (MTP) could be made participants for such research as per The Medical Termination of Pregnancy Act, GOI, 1971. (Amendment) Act 2021

c. Research related to pre-natal diagnostic techniques: In pregnant women such research should be limited to detect the foetal abnormalities or genetic disorders as per the Prenatal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, GOI, 1994 and not for sex determination of the foetus.

iii. An audio-video recording of the informed consent process in case of vulnerable participants in clinical trials of New Chemical Entity or New Molecular Entity including the procedure providing information to the participants and her/ his understanding of such consent, shall be maintained by the investigator for record. The Ethics committee may direct the Principal Investigator for consent to obtain participant's permission for studies involving vulnerable populations.

7.6. **ANNEX**

ANNEX 1 Document history AF/01/07/V1.5

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Document history

Author	Version	Date	Description of the Change
Dr. Ragini Kulkarni	Version 1.0	20th March 2013	First approved copy
Dr. Ragini Kulkarni	Version 1.1	24th September 2014	Flow Chart improved on Page 3
Dr. Ragini Kulkarni	Version 1.2	4th March 2016	Inclusion of the paragraph under 5.2.1, bullet iii - regarding AV consent in case of vulnerable participants
Dr. Ragini Kulkarni	Version 1.3	7th November 2017	Pg. 4, 5.2 Point e, modified Pg. 4, 5.2 New points f to j added Pg. 4, 5.2.1(i) c 'Proxy' word deleted Pg. 5, Point iii, 'subjects' replaced with 'participants' Pg. 6, Reference 5 modified, Reference 7 added Annexures 2 to 7, added checklists for Different types of Vulnerable populations
Dr. Beena Joshi	Version 1.4	1st May 2019	SOP no. changed from 9 to 7 Checklists for Vulnerable population were omitted.
Dr. Vikrant Bhor	Version 1.5	8th November 2024	All bullets are numbered. ● 7.5.1.1 Safeguards for Vulnerable participants is updated ● 7.5.2 List of different examples for vulnerable participants updated