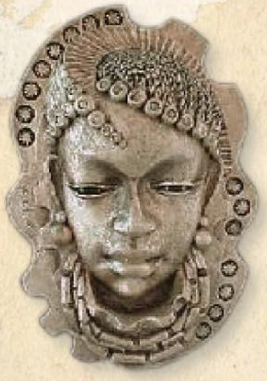

ARESA

ADVANCING RESEARCH ETHICS
TRAINING IN SOUTHERN AFRICA

Vol. 5 No 2 **Dec 2015**

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Prof. Stuart Rennie, Bioethics Center, University of North Carolina, Chapel Hill (USA)

Dear REC Members,

As we draw to the close of another productive year, it is rewarding to reflect on the achievements of the ARESA program over the past 4 years. In total 40 mid-career professionals from the African continent have graduated with the Postgraduate Diploma in Health Research Ethics. All our trainees have conducted research (both empirical and conceptual) and have added significantly to the body of knowledge in research ethics in resource depleted contexts. We have hosted 4 ARESA Seminars attended by delegates from throughout the continent and this year the Research Ethics Committee Association of Southern Africa (REASA) was launched. This issue of the newsletter reports on the recent ARESA Seminar and highlights achievements of our trainees and Faculty.

Looking to the future, 2016 will be an important year to encourage all our trainees who have not already done so, to publish their research and develop training initiatives in their own countries. It will be a busy time for REASA as the steering committee finalises structures, processes, committees and membership. The 5th Annual ARESA Seminar will be held in May 2016 and the rest of the year will be spent strategizing about next steps.

We wish you all a safe and joyous festive season and look forward to continuing our conversations and deliberations around research ethics in the new year.

Keymanthri Moodley and Stuart Rennie

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HIGHLIGHTS FROM THE 4th ANNUAL ARESA RESEARCH ETHICS SEMINAR

17 & 18 September 2015

This year 100 delegates from various South African RECs attended our annual seminar. Several new countries were represented: Zimbabwe, Swaziland, Lesotho, Zambia and Kenya. A wide range of stimulating talks were delivered by South African speakers (Prof Himla Soodyall, Prof Anne Pope, Prof Akin Abayomi, Prof Johann Schneider, Prof Keymanthri Moodley, Dr Malcolm de Roubaix and Ms Melany Hendricks). International speakers hailed from University of North Carolina (Prof Stuart Rennie), the WHO (Dr Abha Saxena and Dr Godwin Enwere), the San Rights Council (Mr Keikabile Mogodu), University of Utrecht (Prof Hans van Delden) and National University of Singapore (Dr Calvin Ho).

Engaging with Community Advisory Boards in Lusaka Zambia: perspectives from the research team and CAB members
Dr Alwyn Mwinga

An esteemed ARESA graduate, Alwyn Mwinga, presented the findings of a retrospective review of the processes used to form Community Advisory Boards (CAB) in Lusaka Zambia and factors that enabled or restricted its functions from the perspective of the research team and CAB members. Fourteen informal interviews were conducted with a member of the research team (8) and a CAB member (6) from eight studies. Formation of a CAB was included in the protocol for seven of the eight studies.
Members were selected from within the community using the Broad Community Model. The main roles of the CAB included acting as a link between the research team and the community; serving as a conduit of information: enhancing acceptability of the study by presenting correct information of the study; and participating in ensuring recruitment and retention in the study. Selection of CAB members from within the community or existing structures was perceived to contribute to CAB effectiveness due to the trust that the community had developed in the members. Using members of existing structures was associated with lower levels of commitment due to competing responsibilities and varying levels of literacy in these members impacted their ability to adequately communicate correct messages. Support to the CAB was restricted to transport refunds for meeting attendance, training, and logistics for carrying out CAB functions.

Though no allowances were provided the use of transport reimbursement was seen as possibly affecting the independence of the CAB from the study team. Though the CAB was involved in review of the protocol and study instruments, this tended to occur after finalization of the protocol and not during the design phase of the study. This paper concluded that earlier involvement of the community in research is critical.

Community Engagement strategies for Health Research in Africa
Dr Paulina Tindana

Community engagement (CE) has been recognised as an important process in the ethical conduct of health research in Africa. It is broadly defined as a process of working collaboratively with a group or groups of people on a common goal or shared interest. In the context of research, this process may involve a range of activities; consultation meetings with community gatekeepers, community meetings to exchange information between the research team and the community and focus group discussions with a

section of the target community such as women groups, youth groups or village networks to solicit their views on various aspects of a proposed research project.

One of the most cited examples of community engagement is the community advisory board (or the CAB) model. CABs are selected community representatives who serve as a liaison between the research team and the community. They can be established for specific studies or specific communities. The roles of these CABs are to provide inclusive community insight to researchers to direct a needs-driven and locally relevant research. In the context of genomic research CABs can provide an opportunity to engage with the target community beyond the sample and data collection stage. They can also provide community input on culturally acceptable future uses of samples.

Despite the compelling support for community engagement, the process is not without challenges. These include defining the target communities, identifying relevant community representative, power imbalance between researchers and between communities and meeting community's expectations. Community engagement can be time-consuming and expensive in some contexts. It is therefore important to start the process early and anticipate these potential challenges.

Community engagement is about establishing relationships and building authentic partnerships with communities that are involved in and affected by research. While there is no 'one-size-fit-all' approach, there are several methods and models that can be explored by researchers and research institutions.

Rationale and development of an educational video on HIV cure research

Dr Malcolm de Roubaix

South Africa currently has the highest number of people living with HIV in the world, about 6.8 million. Approximately 3.4 million people are on treatment. Treatment is effective but requires compliance and life-long commitment. Even with effective measures such as the prevention of mother to child transmission (PMTCT), there are 1000 new infections in South Africa each day. To successfully eradicate HIV, prevention and treatment alone will not be enough. We need a cure.

Early phase cure trials are starting to enrol patients around the world. Formative stakeholder interviews revealed limited knowledge about cure research. Due to the high burden of disease and research experience, South Africa is likely to host a number of cure trials. The Centre for Medical Ethics and Law decided to develop a video that reinforces the importance of prevention and treatment and also introduces cure research.

The storyline follows three HIV positive individuals, a mother, her baby and a friend. They find out more about prevention and treatment at a clinic, before moving to Tygerberg Hospital where the mother learns about cure research. Prof Mark Cotton tells her about the "Berlin patient" who has been cured of HIV and other cases e.g. the Mississippi Baby who was thought to have been cured of HIV, but in whom tests later indicated a resumption of the infection. The making of such a video raises unique ethical concerns such as educating communities without raising therapeutic misconception or undue hope, endorsement of cure research and the challenge of discussing cure research without encouraging usage of false or quack cures.

Launched in May 2015, the video will be made available to HIV clinics. "I have a dream: a world without HIV" is also available on YouTube. Requests for a copy should be sent to ciarastaunton@sun.ac.za

ARESA/WHO Biobanking Workshop

Export of Biological Samples from West Africa during the recent Ebola Crisis - what needs to be done next, and how can it be achieved?

The Centre for Medical Ethics and Law, Department of Medicine, Faculty of Health Sciences at Stellenbosch University, was designated as a WHO Collaborating Centre in Bioethics in April 2015. It joined the network of 7 Collaborating Centres internationally and became the first such centre on the African continent. The Centre has been hosting an NIH funded Health Research Ethics training program and Annual Seminar for the past 4 years. This year, in keeping with the terms of reference of the CC and WHO, and based on a request from Dr Abha Saxena of WHO, a workshop on biobanking was held after the 4th Annual ARESA Health Research Ethics Seminar.

The purpose of this workshop was to elicit views from interdisciplinary experts in Africa and international delegates at the ARESA Seminar, on the collection and export of biological samples from West Africa based on findings that emerged from the Sierra Leone WHO meeting that had been attended by Dr Abha Saxena and Prof Akin Abayomi earlier in 2015. Three salient points were discussed, namely governance of samples that have already been obtained, the role that African researchers can play in the use of these samples and safeguards that can be put in place for the collection of samples in future epidemics.
Structure of Workshop

The experts were broken into 3 groups and given one hour to discuss the following issues:

Group 1: Governance

1. Given that blood samples have already been collected in West Africa, what sort of governance mechanisms can be put in place to protect the interests of the African populations, without making the process bureaucratic? Who represents the African population?
2. What is the role of National Research Ethics Committees regarding the use of samples that were collected under their oversight?
3. What is the role of WHO, if any?

Group 2: Researcher aspects

1. How can researchers in African countries have a say in priority setting, and in developing and answering their own research questions?
2. Can this opportunity be used to raise capacity of researchers in African countries?
3. Samples collected during the current Ebola outbreak are currently being held in various research centers outside Africa. What conditions should be fulfilled before research is allowed on these samples?

Group 3: Safeguards for future collections

1. What safeguards can be put in place to improve the consent process for future collection of samples whether for Ebola or other epidemics for storage in biobanks?
2. Do MTAs offer researchers and participants from donor countries adequate protection? If not how can they be improved upon?

Conclusions and the way forward

There appeared to be agreement that an audit on the volume of samples taken out of West Africa is necessary. Based on this volume of samples that are in existence, it is possible to ascertain the value of the samples and whether a waiver of consent is necessary. If the number of samples that can be used for research is limited, this would increase the social value of the samples.

RECs would need to examine the justifications for the removal of samples.

Furthermore qualitative research on what happened during the epidemic is necessary. It is important to explore community views on removal of blood samples from the 3 West African countries.

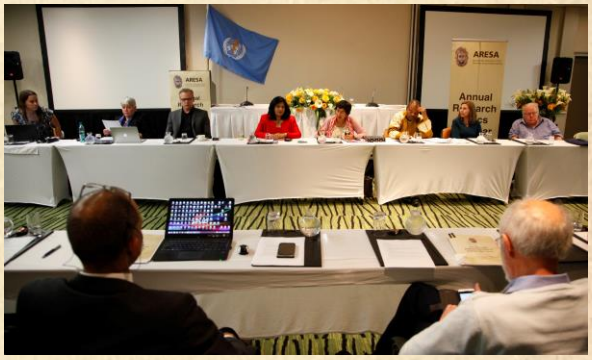
There appeared to be agreement that there is a role for international funders and international journals. International journals can query the source and consent linked to the samples and not being able to publish is a powerful sanction and important deterrant to similar conduct in the future. Funders can require that local capacity and skills are developed and this should not only focus on development of laboratory based skills, but be much wider to include anthropologists.

There was considerable discussion on what to do about the samples that were taken without consent. It was argued that the samples were taken in circumstances where obtaining informed consent may not have been possible as there were not enough treatment centres with insufficient staff. There was the suggestion that a waiver of consent may be acceptable under such circumstances. However there was the concern that this would condone the behaviour and samples are precious. It was also noted that the provision of a waiver of consent generally applies for samples that were taken as part of clinical care and their use in research was not discussed at the time of donation. Samples were both taken and removed from the countries without consent. Timing may also impact on the applicability of a waiver: samples taken during a crisis may perhaps be subject to a waiver, but once the crisis has passed, there is time for consent. Thus a graded response in terms of consent requirements according to the proximity to the crisis may be appropriate.

Consent during Ebola is problematic and a discussion on what can be done in advance of an emergency is necessary. There did not appear to be much agreement on the development of template protocols and informed consent forms. Experiences from the Ebola outbreak demonstrated that RECs struggle to deal with a very generic protocol as the context is lacking, it is unclear who the participants are, where the study will take place and the treatment to be provided. However templates will prepare researchers for the future and can be adapted to the context when an outbreak occurs. It was noted that template MTAs worked in Indonesia.

There was agreement that a quick response from RECs is necessary and the usual speed of REC reviews cannot occur. Thus rapid response global RECs were recommended by some, a suggestion already raised by the SAGE Working Group on immunisation during humanitarian crises and other groups within WHO. Not only can they respond quickly but they also are invaluable in a country that does not have a functioning research ethics regulatory system.

Finally, it was recommended that, after reviewing the epidemic, WHO should develop a guideline on the operational management and governance of biological samples obtained during epidemics based on lessons learned from the Ebola epidemic.



REVISION OF CIOMS GUIDELINES

Prof Hans van Delden

In 2010 the Executive Committee of CIOMS decided to revise the CIOMS Ethical Guidelines for Biomedical Research. The document was last revised in 2002. Since then, several developments have taken place, both in the

field of biomedical research itself and in the field of research ethics.
Among the latter developments is the recent revision of the Declaration of Helsinki in 2013.

The research and research ethics community, as well as the wider public, are now cordially invited to provide the Working Group of CIOMS with comments until **1 March 2016**.

The current version of the CIOMS guidelines is a draft. Although guidelines address specific issues, such as choice of the control, individual informed consent, and research with children, the CIOMS guidelines should be read and understood as a whole. In the final version the Working Group will add introductory texts, a glossary and appendices.

The draft guidelines have been based on the results of literature searches and ethical reflection within the Working Group. Certain papers and guidelines have been particularly valuable for the current draft guidelines, such as the Declaration of Helsinki of the WMA and documents of UNAIDS and the WHO. All sources used will be acknowledged in the final document.

Most guidelines have been substantially revised. At the same time, new guidelines have been added to address new, pressing issues that require ethical guidance (such as disaster research or implementation research). The scope of the guidelines has been broadened from biomedical research to health-related research with humans.

The proposal of the Working Group is now open for comments:
http://www.cioms.ch/index.php/guidelines-test
We are grateful for your support of this important project and hope the revised CIOMS Guidelines will help to foster ethical research worldwide.

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LAUNCH OF THE RESEARCH ETHICS COMMITTEE ASSOCIATION OF SOUTHERN AFRICA (REASA)

The Research Ethics Committee Association of Southern Africa, which was launched on 17 September, is an initiative of the Advancing Research Ethics Training in Southern Africa (ARESA) programme. ARESA signifies a successful collaboration between the Centre for Medical Ethics and Law at Stellenbosch University, and the US Centre for Bioethics at the University of North Carolina. To date, the programme has successfully built research ethics capacity and strengthened research ethics networks throughout the Southern African region.

REASA, as an extension of this winning partnership, is the first membership association of this kind in Southern Africa. Its focus is to merge the isolated spaces in which the region's research ethics committees currently operate. The launch took place in tandem with the 4th Annual ARESA Research Ethics Seminar at the Southern Sun Hotel in Newlands, Cape Town. REASA stirred the interest of individuals and organisations involved in research ethics governance across Southern Africa. The launch was attended by approximately one hundred individuals representing among other research ethics committees at higher education institutions, the National Health Research Ethics Council, Human Sciences Research Council, Medical Research Council, as well as previous and current ARESA trainees.

Professor Anton van Niekerk positioned research ethics at the heart of philosophy, whilst Professor Deborah Posel's presentation raised awareness of the importance to create spaces for active discourse about the substantive ethical questions that researchers are likely to confront during the research process.

REASA's vision 'Connecting research ethics committees in Southern Africa' mirrors a commitment to co-construct lasting research ethics committee (REC) networks in Southern Africa.

REASA will accomplish its vision through the 5 "C's":
1. Co-operative engagement to promote the philosophy and practice of ethical human and animal research in Southern Africa;
2. Communication by providing pertinent information;
3. Care by fostering a sense of community among its members;
4. Connection by establishing regional networks for the discussion of topics of mutual interest; and
5. Capacity building through a mentoring, consulting and advocacy service for its members.

REASA membership is open to people residing in or with an affiliation to Southern Africa, who are or have been one of the following:
• Individual Research Ethics Committee (animal or human) members
• Research ethics office bearers (chairpersons and secretariat)
• Research integrity officers

Join us on the REASA facebook page!

For more information contact:
secretary.reasa@gmail.com

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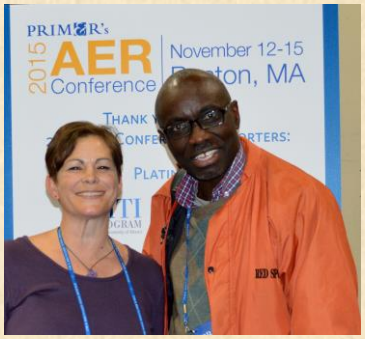
ARESA ALUMNI AT PUBLIC RESPONSIBILITY IN MEDICINE AND RESEARCH (PRIM&R) 2015

Prof Brenda Morrow & Prof Walter Jaoko



We would like to thank the ARESA program for supporting our attendance at the 2015 PRIM&R Advancing Research Ethics Conference in Boston USA. Prof Morrow is an established REC member, with a special interest in paediatric research, whilst Prof Jaoko hopes to join an IRB/REC in the future. We therefore chose different Congress Streams.

Prof Jaoko attended a session on Institutional Review Boards 101, which presented how federal regulations relate to research involving human subjects and their application in protocol review. Case studies of protocols were followed by very interactive discussions. He attended a session on protocol review and regulatory considerations in the IRB review process, which presented the concept of 'triage' for reviewing protocols – determining whether IRB review is required, whether a protocol qualifies for exemption, expedited review or full board review.

Both Profs Morrow and Jaoko attended a session on IRB oversight and the boundaries between evidence-based practice (EBP), research and performance/quality improvement (QI). This session highlighted the fact that all processes could result in dissemination (including publication), with or without REC approval and this should not therefore be used as a criterion for REC review exemption. Similarly, QI/QA/EBP may include systematic collection of data, although the intent differs from that of research data collection.

Other highlights of the conference for Prof Morrow were a session presenting the options for post-trial access (from ideal to real), which

attempted to define and contextualise the concept of post-trial access, post-trial care and expanded access; as well as present some of the arguments for or against provision of post-trial medications in different contexts. She attended a session on defining vulnerability, which concentrated on relative vulnerability as opposed to group "labelling"; and a session on innovative approaches to child assent, in which a group presented a board game which they developed to explain the concept of research and present the child's rights as research participant, in a fun and age-appropriate way.

The final key-note address by Robert Massie, entitled "A Song in the night: Lessons from a Life of resilience", was exceptional. He spoke of personal experiences with a number of life-threatening chronic diseases, including participating in multiple research studies and receiving experimental medical treatments.
This congress provided an extremely valuable networking opportunity for both delegates, with considerable interaction and debate amongst people from many diverse backgrounds, all with a common interest in Human Research Ethics.

WORLD CONFERENCE ON RESEARCH INTEGRITY

Ms Adri Labuschagne

The fourth World Conference on Research Integrity (WCRI) (www.wcri2015.org) was held from 31 May to 3 June 2015 in Rio de Janeiro, Brazil. The WCRI was launched in 2007. The second WCRI held in Singapore in 2010 had the widely used *Singapore Statement on Research Integrity* as an output.
The 3rd WCRI released the *Montreal Statement on Research Integrity*, which builds on the Singapore Statement, but focuses mostly on the responsibilities of research partners in collaborative studies and on the accountability of authors. To seek insight into research excellence for different research systems, the 4th WCRI focused on "Research Rewards and Integrity: Improving Systems to Promote Responsible Research". It was attended by 450 international delegates.

Three workshops were held the day before the Conference started: handling research misconduct allegations in a global context; a doctoral forum, and a COPE workshop for editors.

The conference consisted of eight plenary sessions, followed by concurrent sessions and partner symposia. There were focus tracks on improving research systems and an education track. The focus racks considered the roles of funders, countries, and institutions.

There were three keynote addresses:

1. *What is holding us back in the prevention of questionable research practices?* by Lex Bouter from VU in Amsterdam, Netherlands. He looked at what determines bad practice. Positive results are popular, and that leads to non-publication of negative results and selective reporting. He concluded that these are larger evils than research misconduct.
2. *Six changes in the research system to reinforce integrity: evolving research assessment in China*, by Wei Yang of the National Natural Sciences Foundation in China. He described six changes in the research system in China to reinforce research integrity, such as checks for similarity, ghost writing and plagiarism and annual press conferences on research misconduct cases.
3. *Threat to research integrity: publish (whatever) or perish*, by Paulo Beirao, Director of Science, Technology and Innovation of FAPEMIG, Brazil. He discussed the reproducibility of published scientific data, the possibility of having research integrity as a condition of funding, and that CVs should recognise effective contributions to science, not just numbers of publications.

The themes of the concurrent sessions included among others:

- Countries' systems and policies to foster research integrity
- The research environment and policies to encourage research integrity
- Funders' role in fostering research integrity
- Education and guidance on research integrity: Country differences
- Plagiarism and falsification: Behaviour and detection
- Systems and research environments in institutions
- Peer review and its role in research integrity
- Training programmes for research integrity at different levels of experience and seniority
- The causes of bad and wasteful research: What can we do?
- The interface of publication ethics and institutional policies
- Reproducibility of research and retractions
- Responsible conduct of research and country guidelines

Posters were arranged in themes and were exhibited for the duration of the Conference. Oral poster presentation sessions were held at the end of the first day, where each poster exhibitor had 5 minutes to present their posters. The poster themes were:

- Authorship and publication ethics
- Education, training, promotion and policy
- Ethics and integrity intersections
- International perspectives
- Perspectives on misconduct
- Views from the disciplines

CHATHAM HOUSE PROJECT: STRENGTHENING DATA SHARING FOR PUBLIC HEALTH

Dr Tyson Welzel

I was invited to participate in the round table discussion around the ethical issues of data sharing in public health at Chatham House, London, on 23 Oct 2015. This project aims to develop guidelines on how to create the right environment for public health data sharing and achieve good practice.

Large cross-border public health outbreaks such as the SARS outbreak in 2003, the H1N1 pandemic in 2009 and the more recent Ebola outbreak have stressed how vital the sharing of public health data has become. At the same time, many countries are still loathed in sharing data, as they feel that it potentially exposes the country, and potentially the public trust in public institutions for sharing their data. Though a number of groupings has looked at creating a framework that would enable such large-scale data sharing, no uniformly adopted recommendations exist to date.

The project will take these recommendations to key stakeholders within global health to provide support for pushing the established norms for data sharing towards a model where data are shared as openly as is possible and appropriate.
Chatham House has a long tradition in securities studies, having only relatively recently looked at Public Health issues. The visit was extremely well organised and the discussion expertly coordinated. It was an enriching pleasure to experience and to be able to participate in the high-level discussion. In addition to the technical and ethical round tables, there was also a legal roundtable. The first working paper combining the insights of these multiple rounds will be circulated in the near future.

More under:
https://www.chathamhouse.org/about/structure/global-health-security/strengthening-data-sharing-public-health-project

IMPRESSIONS OF THE OXFORD GLOBAL HEALTH AND BIOETHICS INTERNATIONAL CONFERENCE

Prof Stuart Rennie

The first biennial global health and bioethics international conference was held in Oxford from 28-29 September 2015. The words 'first' and 'biennal' is evocative, since they indicate a commitment on the part of the organizers to establish this conference on the global bioethics map in the future. The Old World setting for the conference, Keble College, is spectacular: the producers of the Harry Potter films originally wanted to shoot their scenes there, but out of shortsightedness or perhaps English curmudgeon-ness, the College demurred. The films were shot at nearby Christchurch College, which has raked in tourist revenue ever since.

A few impressions. The recent Ebola crisis in West Africa left its mark on many sessions in the conference. Apparently anthropologists were sent to that region during the crisis, Vinh-Kim Nguyen spoke vividly of the tensions and ethical challenges he experienced there. What kind of research should be done in such situations? How can information during the epidemic be shared responsibly? What role should bioethicists play when they happen? Fortunately, the organizers created a diverse program that inoculated participants against a wild outbreak of Ebola-related bioethics talks.

Community engagement was critically examined in a number of interesting talks.

Measurement of success in engaging the community has been a preoccupation among academics for some time (to please their funders, perhaps), but the more interesting question is: can everything that is valuable be measured? Besides that, I was quite taken by Dorcas Kamuya's suggestion that communities should cultivate healthy forms of distrust towards researchers. I also personally enjoyed Jim Lavery's suggestion that general ethical principles ('autonomy', 'beneficence', 'justice'), if used a mere labels, can be impediments to nuanced, creative and progressive ethical thought. An important point for bioethics education: the famous Georgetown principles can be a convenient hook to hang ideas on when first starting out in bioethics, but ultimately you need to dive into the particulars of each ethical challenge to say anything useful about them.

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ASSAF INAUGURATES PROF MOODLEY

Prof Keymanthri Moodley, Director of the Centre for Medical Ethics and Law at SU's Faculty of Medicine and Health Sciences, is one of 31 leading scientists recently inaugurated as members of the Academy of Science of South Africa (ASSAF). These new members were inaugurated at ASSAF's annual Awards Ceremony in Stellenbosch on 14 October, bringing the total membership to 472.

As the official Academy of South Africa, ASSAF serves to honour the country's most outstanding scholars by electing them to membership of the Academy. ASSAF members are drawn from the full spectrum of disciplines. New members are elected each year by the full existing membership, and ASSAF membership is a great honour in recognition of scholarly achievement.

Prof Moodley recently participated in an International Summit on Gene Editing co-hosted by the Chinese Academy of Sciences, the Royal Society, US National Academy of Medicine, and

US National Academy of Science from 1 to 3 December in Washington D.C.
She was part of a panel discussion on international approaches and perspectives on human gene editing.

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TRAINEE NEWS

Retha Visagie presented at the 26TH International Council for Open and Distance Education (ICDE) World Conference in October 2015 in Sun City, South Africa. Her topic "On the strategic engagement of research ethics committees: a textual encounter" was based on her ARESA research assignment.

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ARESA ALUMNI NEWS

Tanya Coetzee recently published the work she completed during the ARESA programme entitled "An Evaluation of Research Ethics in Undergraduate Health Science Research Methodology Programs at a South African University" in the *Journal of Empirical Research on Human Research Ethics*.

Brenda Morrow's ARESA research assignment "Informed consent in paediatric critical care research – a South African perspective" has been published in *BMC Medical Ethics.*

Tina Malan gave a talk on "Oncology Research Ethics" to the Oncology Department at Tygerberg Hospital in October. Her research assignment entitled "Phase 3 Oncology Clinical Trials in South Africa: Experimentation or Therapeutic misconception" has recently been accepted for publication in the Journal of Empirical Research on Human Research Ethics.

Farayi Moyana recently started his M Phil with the Centre for Applied Ethics at Stellenbosch University.

Tumalano Sekoto presented at the 22nd Canadian Conference on Global Health in November 2015. Her paper "Recruitment of participants into medical research in Botswana: Knowledge, attitudes and practices of research ethics by recruitment officers" was based on her research assignment.

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UPCOMING CONFERENCES & EVENTS

5th Annual ARESA Health Research Ethics Seminar (May 2016)
Details to follow

International Association of Bioethics 13th World Congress of Bioethics (14-17 June 2016)
Edinburgh, Scotland
http://iab2016.com/

21st International AIDS Society Conference (18-22 July 2016)
Durban, South Africa
http://www.aids2016.org/

Public Responsibility in Medicine and Research (PRIMR), Advancing Ethical Research Conference, California (14-16 November 2016)
This is the largest annual conference in the United States devoted to research ethics and regulatory issues for research involving human participants. The conference has a Global Research Scholarship Program open to REC members, administrators and researchers in low- and middle-income countries

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