The Good Participatory Practice Guidelines for Biomedical HIV Prevention Trials (GPP) provide a systematic framework for stakeholder engagement. GPP has been applied at site, network and sponsor levels to enhance trial-specific and general site operations. GPP contains recommendations not requirements and no entity is established to ensure implementers’ compliance. There is increasing interest in incorporating GPP into national trial oversight processes as a way to strengthen positive impact on research conduct and for concerned stakeholders.

**THAILAND**

A national GPP framework was formulated out of consultations with experienced trial sites in throughout the country. Sessions included trial implementers, CABs, civil society representatives, local/regional REC members, and NSP committee representatives.

A GPP role for REC members has been explored within biomedical HIV prevention trial review. Training efforts for REC members were reviewed, identifying outstanding needs, especially training on community and stakeholder engagement. As a first step, an REC member-specific training component is being developed as part of the AVAC Online GPP Training Course.

Recently published regulations for health research with human participants recommend consultation with representatives from the participating community or other relevant stakeholders—strengthening the legal framework for stakeholder consultation in South African health research.

**THAILAND**

By 2012, HIV prevention research centers throughout the country recognized GPP as standard practice for community engagement and systematically implemented engagement efforts according to GPP workplans. Building out of this work, in 2013, TNCB led the establishment of a NCAB. The NCAB consists of CAB members from four research institutions and one MSM research-focused CAB. The NCAB serves as a coordinating mechanism for CABs, increasing their research competency and ability to provide independent input to host research organizations.

In 2014, NCAB members have began to influence national level research oversight committees regarding stakeholder priorities for the research agenda and GPP implementation. The National Sub-Committee on Biomedical HIV Prevention, for instance, has asked NCAB members to develop a national GPP plan.

**NATIONAL MODELS**

**UGANDA**

UNSCST oversees ethical and regulatory approval of research nationally. In 2012, UNCST initiated a revision of national guidelines for research involving humans to reflect contemporary best practices in participant protection.

GPP programs have been implemented at trial site level since 2010. GPP was cited in publications about Fem-PreP and Partners PreP, two key trials conducted in the country.

Research organizations engaged UNCST in GPP efforts. Consequently, UNCST incorporated GPP principles in their national guidelines revision, setting GPP as standard practice for research.

**SOUTH AFRICA**

A GPP role for REC members has been explored within biomedical HIV prevention trial review. Training efforts for REC members were reviewed, identifying outstanding needs, especially training on community and stakeholder engagement. As a first step, an REC member-specific training component is being developed as part of the AVAC Online GPP Training Course.

Recently published regulations for health research with human participants recommend consultation with representatives from the participating community or other relevant stakeholders—strengthening the legal framework for stakeholder consultation in South African health research.

**THAILAND**

By 2012, HIV prevention research centers throughout the country recognized GPP as standard practice for community engagement and systematically implemented engagement efforts according to GPP workplans.

Building out of this work, in 2013, TNCB led the establishment of a NCAB. The NCAB consists of CAB members from four research institutions and one MSM research-focused CAB. The NCAB serves as a coordinating mechanism for CABs, increasing their research competency and ability to provide independent input to host research organizations.

In 2014, NCAB members have began to influence national level research oversight committees regarding stakeholder priorities for the research agenda and GPP implementation. The National Sub-Committee on Biomedical HIV Prevention, for instance, has asked NCAB members to develop a national GPP plan.

**ACRONYMS AND REFERENCES**

- **NCSST**: National Council for Science and Technology
- **UNCST**: Uganda National Council for Science and Technology
- **TNCB**: Thai NGO Coalition on AIDS
- **AVAC**: AIDS Vaccine Initiative partner
- **HIV/AIDS Vaccine Ethics Group**: Networking HIV/AIDS Community of South Africa
- **FACTS**: Critical Path to TB Drug Regimens
- **HIVR4P**: HIV Research for Prevention
- **MSP**: Men who have Sex with Men
- **REC**: Research Ethics Committee
- **NCAB**: National Cross-CAB Forum
- **NSP**: National Strategic Plan
- **HIV**: Human Immunodeficiency Virus
- **May**: May
- **National Cross-CAB Forum**: June 2014
- **Ongoing**: Ongoing

**RESULTS AND NEXT STEPS**

**NATIONAL GPP IMPLEMENTATION EFFORTS HAVE ACHIEVED INTERIM RESULTS IN EACH COUNTRY. NEXT STEPS ARE PLANNED TO MOVE TOWARD GREATER IMPACT.**

**GPP ACTIVITIES AND MILESTONES**

- **GPP rolled out with International AIDS Vaccine Initiative partner research centers in South Africa and Uganda**
- **GPP implementation as core component of FACTS 001 trial in South Africa begins**
- **GPP cited as standard for community engagement in clinical trials by US President Obama’s Commission for Bioethics**
- **GPP presented at Uganda Annual National Research Ethics Conference as guidance for engagement in research and national adoption**
- **GPP Online Training Course launched, adaptation for South Africa REC members begins**
- **GPP themed Cross-CAB Forum held in Uganda**

**CONCLUSIONS**

Initial steps to incorporate GPP into national mechanisms and ethics-legal frameworks supports the following conclusions:

1. National adoption can enhance sustainability of engagement beyond individual trials.
2. Guidelines and policies at national level will only be realized when put into practice.
3. Current experiences provide models for other countries.