COMMUNITY ENGAGEMENT IN PREVENTION RESEARCH

Should Good Participatory Practice (GPP) Become a Trial Standard? A Report from the First Global GPP Think Tank

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BACKGROUND

Over 10 years, GPP implementation has evolved to address specific issues arising from research and communities. While not a guarantee of specific outcomes, it is intended to **ensure the effective engagement of stakeholders and helps to strengthen the conduct of clinical trials** so that both researchers and other key stakeholders are ready to act on trial results. Originally written for HIV prevention trials, GPP has been adapted for other research areas (e.g., TB, emerging pathogen, and HIV cure) but the basic principles and practices remain constant. **GPP's visibility has grown through publication of tools, learning initiatives, and peer-reviewed articles,** e.g. *2010 New England Journal of Medicine* article concerning iPrEx trial results. A lack of coordination and value recognition among key implementers and other trial stakeholders are barriers to GPP.

METHODOLOGY

In June 2017, AVAC, FHI 360, the HIV/AIDS Vaccine Ethics Group (HAVEG) and Wits Reproductive Health and HIV Institute (WRHI) convened the **first GPP Think Tank** in Johannesburg, South Africa, with **35 multi-sectoral stakeholders** from **nine countries**, representing research, the pharmaceutical industry, advocacy organizations, and normative, regulatory, and ethics bodies.

GOAL: Identify field-wide actions, standards or models to strengthen GPP globally.

OBJECTIVES:

To **identify successes, gaps, opportunities and emerging models** for GPP implementation at local, national and regional levels

To **strengthen interventions** in order to engage high-level stakeholders – both champions and sceptics alike – in GPP implementation

To **identify targeted opportunities for collaboration and synergies** between attendees and the constituents and organizations they represent

WORKING GROUPS:

Participants were divided into four working groups for the duration of the Think Tank, addressing the following:

- Early engagement of communities and stakeholders
- GPP linkage with - *but differentiation from* - clinical trial outcomes
- Broad expansion of GPP to clinical trials
- Funding for GPP and engagement programs

RESULTS

THE FOLLOWING THEMES OF DISCUSSION EMERGED

1. Demonstrating the value of GPP.
2. Training, skills and empowerment needs for GPP implementation.
3. Identifying core elements of engagement.

PARTICIPANTS AGREED ON THE FOLLOWING ACTIONS:

- Create **GPP COMMUNITIES OF PRACTICE** to build global capacity.
- **ADAPT CURRENT GPP TOOLS,** e.g., training curricula/courses, for emerging areas of GPP implementation.
- **INCREASE PUBLICATION OF PAPERS, ARTICLES OR LETTERS ON GPP;** present GPP in opportune forums.
- Develop a **PUBLICATION TO ARTICULATE THE "ADDED VALUE" OF GPP** to the clinical trials process.
- Establish a **SET OF GPP CORE ELEMENTS**; incorporate into trial oversight processes; build GPP capacity of regulators and other oversight bodies.
- **STRENGTHEN GPP M&E MECHANISMS**; agree on a Theory of Change.
- **EXPLORE NEW FUNDING MECHANISMS FOR RESEARCH ENGAGEMENT**.

CONCLUSIONS

- **Develop a stronger global GPP community of practice.** A common forum to connect GPP implementers will strengthen best practices and support implementation as GPP evolves.
- **Increase peer-reviewed publications about GPP.** Building the evidence base will build advocacy for GPP and serve as an important mechanism for disseminating lessons beyond traditional audiences.
- **Incorporate GPP principles and practices in research oversight processes.**

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