NATIONAL INSTITUTE FOR MEDICAL RESEARCH

STANDARD OPERATING PROCEDURES FOR

THE NATIONAL HEALTH RESEARCH ETHICS COMMITTEE

3rd Edition

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FOREWORD

It is with great pleasure that we have prepared these Standard Operating procedures (SOPs) for the National Health Research Ethics Committee (NatHREC), a Sub-committee of the Medical Research Coordinating Committee (MRCC) of the National Institute for Medical Research (NIMR), Tanzania.

These SOPs are detailed written instructions to achieve uniformity and maintain standards in the performance of the functions of NatHREC. These instructions have detailed procedures guiding the establishment of Research Ethics Committee (RECs) and their basic functions. The document outlines procedures for structuring and administering RECs, reviewing as well as monitoring of health research during the phase of implementation.

NatHREC followed these SOPs since 2007 but with time it was realized that certain procedures outlined in the SOPs require modification to ensure their practical implementation and address recent transformations in health research. This, coupled with the fact that it was always envisaged that the SOPs would be a dynamic document that would be revised when the need arises, the NatHREC decided to revise the SOPs in 2014 and later in 2019, a second revision was done following Guidelines update to reflect current needs and evolving ethical challenges.

As a dynamic and living document, these SOPs will be reviewed from time to time in the future, and NIMR will endeavour to ensure the full participation of all stakeholders.

PROF. SAID S. ABOUD
CHAIRMAN, MEDICAL RESEARCH COORDINATING COMMITTEE
DIRECTOR GENERAL

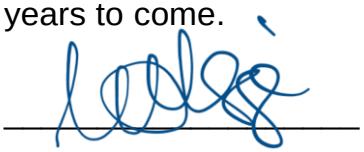
ACKNOWLEDGEMENT

The third edition of these Standard Operating Procedures (SOPs) has been a result of the collaborative efforts of the National Research Ethics Committee (NatHREC) and the National Institute for Medical Research (NIMR) staff and management. Their hard work and dedication are gratefully acknowledged.

I would like to acknowledge the technical and advisory contributions of the following: Dr. Khadija Malima, Dr. Ally Olotu, Prof. Eligius Lyamuya, Prof. Theonest Mutabingwa, Prof. Raphael Sangeda, Ms. Renatha Kato, Dr. Elisha Osati, Dr. Emmanuel Balandya, Dr. Ester Ngadaya, Dr. Mwanaidi Kafuye, Dr. Godfrey Mubyazi, Dr. Otilia Gowelle, Dr. Paul Kazyoba, Dr Ndekya Oriyo, Dr. Vivien Barongo, Dr. Ahmed Abdallah, Ms. Sia Malekia, Ms. Dina Ngaka, Dr. Rebecca Balira, Dr. Ruby Mcharo, Mr. Jonathan Mcharo, and Mr. David Machaku.

The Committee wishes to thank the NIMR management for facilitating the preparation of this document and much appreciation to the United States President's Emergency Plan for AIDS Relief (PEPFAR) through the U.S. Centers for Disease Control and Prevention (CDC) for financial support in the development and finalization of this document. Additionally, the NatHREC committee takes this opportunity to express sincere gratitude towards the teams that worked in different sittings and collaborating projects who participated in developing the first and second versions of this document developed in 2007 and 2014.

Finally, the NIMR wishes to express sincere appreciation to all those who in one way or another facilitated and/or contributed to the preparation and finalization of these Standard Operating Procedures. Their valuable contribution will be cherished for many years to come.



DR. MARY T. MAYIGE
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ABBREVIATIONS AND ACRONYMS

AEs	Adverse Events
AVAREF	African Vaccine Regulatory Forum
CIOMS	Council for International Organization of Medical Sciences
CV	Curriculum Vitae
DSMB	Data and Safety Monitoring Board
GCP	Good Clinical Practice
ICH	International Conference on Harmonization
IMP	Investigational Medicinal Product
IP	Investigational Product
IRB	Institutional Review Board
REC	Research Ethics Committee
MOH	Ministry of Health
MRCC	Medical Research Coordinating Committee
NatHREC	National Health Research Ethics Committee
NIMR	National Institute for Medical Research
NRD	Non-Research Determination
PI	Principal Investigator
PO-RALG	President's Office-Regional Administration and Local Government
REIMS	Research Ethics Information Management System
SAE	Serious Adverse Events
SOPs	Standard Operating Procedures
SUSARs	Suspected Unexpected Serious Adverse Reactions
TMDA	Tanzania Medicines and Medical Devices Authority
UN	United Nations
WHO	World Health Organization

INTRODUCTION

Health research in Tanzania like in all developing countries, and in particular Africa, is on the rise because of many discoveries that are being made in biomedical sciencesand new diagnostic procedures, drugs, vaccines and devices that need testing. However, much as this is a positive development, the high disease burden, ignorance, poverty, and inadequate ethical review frameworks may expose people in these regions to abuse of human rights by researchers who may not be inclined to observe health research ethics stipulated in international guidelines. In addition, this may also expose the population in these areas to potential exploitation. Such situations are further compounded by limited awareness and knowledge among local health research scientists about the existence of international guidelines or their understanding for those who have come across or heard about them.

The need for good basis, applied and clinical research practices are the basis for the establishment of various health research guidelines that include, the Declaration of Helsinki, International Ethical Guidelines for Biomedical Research involving Human Subjects such as Council for International Organizations of Medical Sciences (CIOMS), the World Health Organisation (WHO), International Council for Harmonisation (ICH) Guidelines for Good Clinical Practice and Guideline on Ethics for Health Research in Tanzania (3rd edition, 2023). Compliance with these guidelines helps to ensure that the dignity, rights, safety, and well-being of research participants are promoted and that the results of the research are credible.

The National Health Research Ethics Review Committee (NatHREC) was established by the Medical Research Coordinating Committee (MRCC) of the National Institute for Medical Research (NIMR) which was mandated to carry out, control, coordinate, register, monitor, evaluate and promote health research in Tanzania, or elsewhere on behalf of or for the benefit of the Government of Tanzania (NIMR Act of Parliament in 1979).

Purpose of SOPs

The purpose of this document is to outline the process for reviewing, authorizing, archiving, and amending Standard Operating Procedures (SOPs) for the NatHREC and other Research Ethics Committees (RECs) operating in the country.

These SOPs for health research ethics have been articulated to give guidance to health RECs for the protection and furtherance of the rights of research participants while appreciating the key roles of relevant health research in improving the welfare of humankind.

The procedures are written in immediate future tense using active verbs and written in simple language so that any reader who is unfamiliar with the procedures, would be able to understand and apply the procedures accurately in proper time sequence by following this document.

SOP 01: ESTABLISHING THE NATIONAL HEALTH RESEARCH ETHICS REVIEW COMMITTEE

Purpose

The purpose of this SOP is to describe procedures for establishing the National Health Research and Ethics review Committee (NatHREC), its composition, terms of reference and ethics basis. It also gives membership conditions of appointment, resignation, or disqualification and replacement.

Responsible

Director General of the NIMR is responsible for appointing NatHREC members.

Membership Appointment

1. NatHREC members are selected based on their capacity, interest, ethical and/or scientific knowledge and expertise, as well as their commitment and willingness to volunteer the necessary time and effort for the Committee's work.
2. Membership shall be for 3 years, renewable once, under the discretion of the Chairperson of the Medical Research Coordinating Committee (MRCC).

Condition of Appointment

1. Willingness to publicize their identity, name, profession and affiliation to the Committee.
2. Willingness to sign a Confidentiality Agreement at the start of their term and abide by the Confidentiality Agreement regarding meeting deliberations, applications, protocol submissions, information on research participants and related matters which they have had the privilege to have as a result of being members of the Committee. Confidentiality protects the privacy and confidentiality of all parties whose information may be disclosed to the Committee in the course of its work.
3. Willingness to disclose any Conflict of Interest, whether financial, professional, or otherwise in any project or protocol under ethical clearance consideration.

4. Any member who has any vested interest in a protocol submitted to the Committee for ethical review may provide the Committee with information about the protocol, but shall not participate in the deliberations on the protocol.

Committee Composition

The Committee shall consist of not less than nine (9) and up to fifteen (15) members who collectively have the relevant qualification and experience to review and evaluate the science, medical and ethics aspects of health research protocols. The Committee shall be composed of members with varying backgrounds to promote a complete and adequate review of health research protocols commonly received by the NatHREC.

The NatHREC shall include the following category members:

- Medical scientists
- Biomedical scientists
- Social scientists
- Legal representative
- Unaffiliated community representatives
- Representatives of religious or Faith-Based Organizations
- Representative from the President's Office-Regional Administration and Local Government (PO-RALG)
- Representative from the Tanzania Ministry of Health
- The Director General may appoint additional apart from those mentioned above depending on the need for expertise and/or representation and not exceeding the maximum number of members.

Terms of reference

The Committee shall operate within specified SOPs, which are detailed, written instructions presented in a format that describes all activities and actions to be

undertaken by an organization for achieving uniformity in the performance of specific functions.

The aim of the SOPs and their accompanying checklists and forms is to simplify the organization and documentation of operations, whilst maintaining a high standard of performance. They facilitate and support ethical review by improving the standard and uniformity of the decision-making and assure and gain the confidence of the public in the works of the NatHREC. SOPs promote transparency and efficiency in the communication and operations of the NatHREC.

Ethics review basis

1. The Committee shall function in accordance with national and international standards and guidelines on health research.
2. The Committee shall be guided by the ethical principles expressed in the Declaration of Helsinki, International Ethical Guidelines for Biomedical Research involving Human Subjects such as the Council for International Organizations of Medical Sciences (CIOMS), the World Health Organisation (WHO), International Council for Harmonisation (ICH) Guidelines for Good Clinical Practice, Guideline on Ethics for Health Research in Tanzania (3rd edition, 2023) and any other relevant applicable guidelines.
3. The Committee recognizes that the protocols it approves may first be reviewed and approved by the Institutional or Zonal Research Ethics Committees prior to submission to this Committee.
4. In evaluating health research protocols, the Committee shall be aware of the diversity of laws, cultures, and practices governing health research and medical practices in various communities in Tanzania.
5. The Committee shall attempt to get as much information, where possible, of the requirements and conditions of the various localities where the health research in question is being considered.

Resignation, Disqualification or Replacement of Members

1. A member of the NatHREC may resign from his/her position by submitting an official letter of resignation to the MRCC Chairperson;
2. A member of the NatHREC may also be disqualified from his/her membership should the appointing authority provide adequate written reasons to the NatHREC and there is unanimous agreement;
3. The NatHREC shall request a replacement of any member under the following circumstances:
    i. Protracted illness, which does not permit the member to participate in the deliberations of the Committee;
    ii. Persistent absenteeism or missing three (3) consecutive Committee meetings;
    iii. Voluntary withdrawal or resignation;
    iv. Ethical misconduct(s);

Dissolving the NatHREC

The Chairperson of MRCC who is also the Director General of NIMR, following written official notification to each member, may dissolve the Committee at any time.

SOP 02: CONFIDENTIALITY

Purpose

The purpose of this SOP is to describe procedures for maintaining confidentiality of the review proceedings and NatHREC documents.

This SOP applies to all kinds of handling, distribution, and storage of submitted study protocols, Committee documents and correspondence with reviewers as well as the IREC auditors.

Responsible

NatHREC members, reviewers and Secretariat

Detailed procedure

A. Committee members

i. It shall be mandatory to maintain the confidentiality of study Committee documents, and correspondences.

ii. All newly NatHREC appointed members or reviewers shall:

- Obtain two copies of the Confidentiality Agreement form (Form 1a) from the NatHREC Secretariat upon their appointment as NatHREC members or consultation as NatHREC reviewers;
- Read through the context of the Form 1a very carefully and fill in all the details as required on the Form 1a;
- Ask questions, if any, and the NatHREC Secretariat shall explain and clarify the context;
- Sign and write a date in both copies and return the Form 1a back to the NatHREC Secretariat;
- Keep a single copy of the signed Form 1a for their records and the other signed copy shall remain with the NatHREC Secretariat.

iii. Committee members who have signed and maintained confidentiality agreements with NIMR at the beginning of their term of service to the Committee shall have access to confidential documents.

B. Committee review proceedings

i. All NatHREC members shall be required to sign the Confidentiality Agreement form (Form 1a) before the commencement of any review proceedings.
ii. The NatHREC members and Secretariat must keep any information provided during the review proceedings completely confidential.
iii. Any external reviewers who are invited to give an opinion to the NatHREC meetings or review proceedings about a particular research protocol should keep the information confidential.
iv. All NatHREC members shall keep, and shall prompt the Institutions affiliated with them to keep confidential all matters relating to any application submitted for ethical review.
v. An outcome of the ethical review may only be disclosed to a third party when either reasonably necessary as determined by the NatHREC Chairperson or when otherwise required by law or Regulatory Authority.
vi. Irrespective of their Institutional affiliation, NatHREC members must be able to discuss freely the ethical review applications submitted to them; and the content of such discussions must be kept confidential.
vii. Any breach of confidentiality by NatHREC members shall result in termination of their membership.

C. Confidential documents

i. Confidential documents shall include documents reviewed by Committee members (Protocols and related documents, case report forms, informed consent documents, diary forms, scientific documents, expert opinions or reviews).
ii. They shall also include NatHREC documents (meeting minutes, advice, and decisions) and correspondences (experts, auditors).
iii. Copies of documents, including draft and sequential versions, are considered to be confidential and are not permitted to be taken out except when a document is needed for day-to-day operations.

D. Authorization of acquisition of copies

i. Only members of the NatHREC with a specific task on a particular protocol shall be

allowed to ask for copies and only staff members of the Secretariat shall be allowed to make such copies.

ii. Hard copies shall be filed in locked cabinet and accessible to the NatHREC Secretariat. Access of documents in REIMS portal shall be user assigned and password protected and controlled by the Secretariat.

E. Copies Issued to Non-Members of the Committee

i. If non-members of the Committee, such as NatHREC reviewers need copies of original documents, it shall be at the discretion of the Secretariat to provide such copies and NIMR shall ensure that REIMS is regularly updated with latest security features.

ii. It is understood that the sources of violation of confidentiality are usually found in the day-to-day use of copies of original documents; therefore, it shall be mandatory for all members of the Committee and staff of the Secretariat to maintain confidentiality of study Committee documents, and correspondences.

SOP 03: CONFLICT OF INTEREST DECLARATION

Purpose

The purpose of this SOP is to ensure that NatHREC members and reviewers will declare any Conflict of Interest to all protocols under review process during their particular proceedings.

Responsible

NatHREC members and reviewers are responsible to declare Conflict of Interest, if any, to all protocols under review.

Definitions

Conflict of Interest refers to any circumstance whereby the expert or his/her partner ("partner" include a spouse or other person with whom s/he has a similar close personal relationship), or the administrative unit with which the expert has an employment relationship, has a financial or other involvement that could unduly influence the expert's position or opinion with respect to the subject matter being considered.

An apparent Conflict of Interest exists when interest would not necessarily influence the expert but could result in the expert's objectivity being questioned by others.

A potential Conflict of Interest exists with an interest which any reasonable person could be uncertain whether or not should be reported.

(*World Health Organisation {WHO} Declaration of Interests for WHO Expert*)

Detailed procedure

1. Before accepting protocol(s) to review, a NatHREC member or reviewer shall declare Conflict of Interest, if any, by completing Form 1b: Conflict of Interest Declaration.
2. A NatHREC member or reviewer with a Conflict of Interest shall not participate in the review of a protocol(s) they declared to have a Conflict of Interest except in circumstances where further information is requested by the NatHREC.
3. A NatHREC member or reviewer shall be considered to have Conflict of Interest (other than monetary) in any of the following circumstances:

i. A NatHREC member or reviewer (or member of his/her immediate family) is a member of the research team or advisory committee involved in the design, conduct, or reporting of the research protocol;
ii. A NatHREC member or reviewer (or member of his/her immediate family) is related to a member of the research team or advisory committee involved in the design, conduct, or reporting of the research protocol;
iii. The Principal Investigator (PI) of the research is a NatHREC member's or reviewer's immediate supervisor or the supervisor of the member's or reviewer's immediate family member;
iv. A NatHREC member or reviewer (or member of his/her immediate family) has an interest in competing research or is competing directly for resources such as funding or sponsorship;
v. Other Conflicting Interests which may appear to preclude objective assessment of the research protocol, at the NatHREC Chairperson's discretion.

4. The NatHREC Secretariat shall keep all copies of the signed Form 1b: Conflict of Interest Declaration as the NatHREC's official records in a Conflict-of-Interest Declaration file.

SOP 04: ADMINISTRATION AND FUNCTIONS OF THE NATIONAL HEALTH RESEARCH AND ETHICS COMMITTEE

Purpose

The purpose of this SOP is to describe the administration, office bearers, and their functions within the National Health Research and Ethics Committee (NatHREC).

Responsible

The NatHREC Secretariat, Chairperson, Secretary, members and reviewers, the NIMR Director General (Chairperson of the MRCC) are responsible for the NatHREC administration, office and functions.

Detailed procedure

NatHREC Secretariat

1. The officers of the NatHREC shall comprise the Chairperson and Secretary.
2. To be able to maintain the autonomy of the NatHREC, the Chairperson shall be elected from among appointed members of the Committee but s/he shall not be an employee of NIMR.
3. The NatHREC Secretary shall always be an employee of NIMR.
4. The Chairperson shall be a respected person in the community, who has the qualifications of health and/or health-related science, who is concerned about human rights and ethical issues, and who is well informed on regulations relevant to the use of human participants in research.
5. The Committee shall have its Secretariat at NIMR managed by the Committee Secretary and administrative supporting staff who are also employees of NIMR.
6. NIMR shall also provide the necessary office space for the operations of the Secretariat.

Functions of the NatHREC Chairperson

1. To chair NatHREC meetings in accordance with all the Committee's regulations.
2. To approve and sign minutes of the Committee meetings, as appropriate.
3. Immediate consult with the NatHREC secretariat on conflicting issues which may arise

during the review process.

4. Chair Committee meetings in accordance with all regulations.
5. Facilitate the provision of training and educational programs to new Committee and continuing Committee members and the health and social scientific community of Tanzania. The training shall include programs about the basic principles of human participant protection, current literature, regulations and guidelines affecting the Committee and NIMR.
6. Review and accept revisions that were made as per the committee recommendation pending protocol approval.
7. Determine submissions that could be exempted from review, and notify the Committee and the submitting investigator of such exemptions.
8. Assign responsibilities and duties to any other member in his or her absence and assign responsibilities to other members of the Committee.

Functions of the NatHREC Vice-Chairperson

In the absence of the NatHREC Chairperson, the Vice-Chairperson will take on the official responsibilities and functions of the Chairperson.

Function of the NatHREC Secretary

1. The NatHREC Secretary will be in charge of the day to day running on the NatHREC Secretariat;
2. The NatHREC Secretary is responsible for communication between the Committee and NIMR;
3. The NatHREC Secretary is required to report to the MRCC on NatHREC activities;
4. To undertake all administrative procedures in providing training and educational programs to new and continuing NatHREC members, and the scientific community in Tanzania on issues related to health research ethics;
5. To support the NIMR Director General in the recruitment of new Committee members;
6. To prepare and submit annual Committee operational budget and plan to the NIMR management;
7. To determine ethical clearance submissions that could be exempted from full review

and notify the Committee and respective PI of such exemptions;

8. To prepare the Annual Almanac and compilation of the quarterly and annual reports of the Committee;
9. To sign minutes concerning NatHREC meeting deliberations; and
10. To coordinate any other activities relevant to the functions of the Committee.

Functions of the NatHREC Secretariat

1. To undertake all administrative procedures in providing training and educational programs to new and continuing NatHREC members, and the scientific community in Tanzania on issues related to health research ethics;
2. To communicate with PIs submitting protocols for review at all times throughout the submission and review process, while remaining independent of the researcher's protocol operations;
3. To advise PIs submitting protocols on preparation and submission of protocols for review according to relevant SOPs and Guidelines;
4. To prepare, maintain, and distribute protocols and NatHREC meeting materials for review by NatHREC members and reviewers.
5. To organize NatHREC meetings according to the meeting Almanac.
6. To support the NatHREC Secretary with the conduct of Committee meetings.
7. To prepare and maintain NatHREC meeting agenda and minutes.
8. Maintenance and oversight of the Committee's documentation, records, files of all correspondences and archive.
9. To communicate with NatHREC members, reviewers and applicants.
10. To arrange for continuing education activities and/or training for NatHREC personnel and Committee members.
11. To periodically review, update and distribution of NatHREC SOPs and Guidelines under the coordination of the NatHREC Secretary.

Responsibilities of NatHREC members

1. NatHREC members shall:
   a. Review, discuss and consider health research protocols submitted for ethical

clearance evaluation;

b. Review research study progress reports and monitor on-going studies as appropriate;
c. Review reports on Adverse Events (AEs), Serious Adverse Events (SAEs) and/or Suspected Unexpected Serious Adverse Reactions (SUSARs) as well as any other safety reports and recommend appropriate actions;
d. Maintain professional confidentiality of documents and deliberations of the Committee review proceedings and meetings;
e. Declare Conflicts of Interest when they exist;
f. Participate in continuing education activities in biomedical ethics and research;
g. Undertake Committee duties assigned to them by the NatHREC Chairperson;
h. Attend NatHREC meetings regularly and participate actively during deliberations;
i. Participate in the review of NatHREC SOPs; and
j. Conduct research site monitoring visits as deemed necessary.

Responsibilities of the NIMR Director General

1. The Chairperson of the MRCC, who is the Director General of the NIMR shall:

i. Provide a statement of assurance when required by regulation, guidelines, or sponsor requirements;
ii. Ensure the provision of the necessary logistics and financial support for the smooth operations of the NatHREC; and
iii. Sign ethical clearance certificates.

SOP 05: SELECTION AND RESPONSIBILITIES OF NatHREC REVIEWERS

Purpose

The purpose of this SOP is to provide procedures for selection and engaging different experts as NatHREC reviewers.

Responsible

The NatHREC Secretariat, members and any other individuals nominated as NatHREC reviewers.

Detailed procedure

1. The NatHREC and NIMR can identify reviewers based on their different expertise, capacity, interest, ethical and/or scientific knowledge, as well as their commitment and willingness to volunteer the necessary time and effort for the Committee's work.
2. NatHREC or the NIMR Director General shall select the reviewer based on criteria including their most current CV, availability, and independence.
3. Once approved by the NIMR Director General, they shall receive an official letter of appointment from the MRCC Chairperson.
4. Newly appointed reviewers shall sign a Confidentiality Agreement form (Form 1a). and Conflict of Interest Declaration (Form 1b).
5. The Secretariat shall provide assign protocols to the appropriate reviewer for review depending on their expertise and the protocol's research area/specialty.
6. Protocols are assigned to one (1) to three (3) reviewers depending on the type of application and size of the application.
7. Reviewers are anonymous to each other as well as to the applicant.
8. The reviewer shall be expected to review the protocol submission and prepare a review report to be reviewed by the Committee in their regular meetings or ad hoc meetings.
9. The Reviewers' Guide shall be used to guide the review of protocols.
10. When requested, the reviewer may attend NatHREC meeting to participate in the review of the study protocol as a non-voting member.

11. The reviewer's review report shall become a permanent part of the research study file.
12. The reviewer shall abide by protocol review timelines.

SOP 06: VALIDATION OF STUDY PROTOCOLS

Purpose

The purpose of this SOP is to describe how the NatHREC previews and validates protocol documents submitted for approval on the Research Ethics Information Management System (REIMS).

Responsible

Investigators, NatHREC Secretariat, members and reviewers

Detailed instruction

1. The submitted research protocol shall include the title of the protocol, protocol version number and date, Principal Investigators and Co-investigators, funding agency, budget, study design, data collection tools in English and Kiswahili and project status whether a new application or revised and proof of payment. Other information to be included in the summary shall be type of review requested whether regular, expedited, or emergency.

Validation of submitted protocols

1. NatHREC Secretariat shall validate the protocol based on a checklist provided in the Research Ethics Information Management System (REIMS) as an applicant resource for ethical clearance applications.
2. Upon receipt of the application, NatHREC Secretariat shall confirm that all stated application criteria are met and validate the application.
3. An e-mail notification acknowledging receipt and successful validation of the application shall be sent to the PI or Applicant by NatHREC within two (2) working days from the date of receipt.
4. Applications that do not meet the required criteria shall be returned to the PI or Applicant with guidance on actions to take and re-submit.
5. Non-research determination (NRD) will be done at the validation stage and if the protocol is identified as non-research, it will be transferred to the NRD desk for further handling.

SOP 07: PROTOCOL SUBMISSION AND REVIEW PROCEDURES

Purpose

To describe the procedures for review of research protocols submitted for ethics clearance to the NatHREC.

Responsible

The Principal Investigators (PI), NatHREC Secretariat, members and the MRCC.

Detailed procedure

1. PIs or Applicants shall submit all required documents at least two (2) months prior to the commencement of the research study.
2. PIs or Applicants shall select either an expedited or ordinary review (for the case of clinical trials, an accelerated review) and pay accordingly. The decision to approve an application as expedited shall be at the discretion of the MRCC, Committee and Secretariat.
3. An application to the NatHREC for a request for ethical review for a research study shall be made by the PI for that study. Applications should not be submitted by the Sponsor(s) on behalf of the PI.
4. Protocols must have a protocol version number and date.
5. A duly completed application includes the successful upload of all required documents through the electronic submission system, Research Ethics Information Management System (REIMS).
6. For all applications, the NatHREC Secretariat shall identify relevant reviewers to review the research protocol.
7. Following successful validation of an application to the REIMS, a unique protocol submission identifying number shall be generated from the system; this unique identifier shall be used in reference to all communications to the PI or Applicant regarding their application.
8. Protocols that can be expedited are as stipulated in SOP #10 on expedited review process. Clinical trials that involve assessment of Investigational Products (IP) or

conducted during public health emergencies may not be expedited but can have an accelerated review.

9. Depending on the research area of the submitted protocols, at least two (2) primary reviewers shall be assigned to review a new protocol by the NatHREC Secretariat.
10. Comments from reviewers will reach the PI within two (2) days through REIMS, depending on the type of study protocol.
11. Failure of the PI or Applicant to respond to the Committee's and reviewers' comments within thirty (30) days, NatHREC Secretariat shall notify the PI of intent to remove the protocol from the REIMS. Once the research protocol is removed from the REIMS, the PI shall be required to re-apply for ethical clearance and be obliged to pay the application fee.
12. For Clinical trials applications, reviewers' comments and the outcome of the NatHREC meeting shall be forwarded to the PI within thirty (30) days from the date of acceptance by the NatHREC.
13. If the research protocol is cleared and the ethical clearance certificate is issued, the PI shall receive it through mail to his/her institution postal address. Additionally, the PI may be able to download the softcopy of the ethical clearance certificate from his/her REIMS account.
14. Where there will be non-agreement between reviewers on the outcome of a review the protocol will be assigned to an additional reviewer and the majority will prevail. The protocol may also be tabled at the NatHREC meeting to deliberate the reviewer responses for decision and recommendation to NatHREC. The NatHREC may defer decisions for such protocols to the MRCC as they see fit.
15. Ethics processes timelines will be reviewed periodically and may be revised.

The following information should be included in the protocol:

1. Study Design

1. The study design shall be reviewed to evaluate the need for human participants for the research, adequacy in a literature review, objectives of the study, appropriateness of the methodology proposed, inclusion/exclusion criteria, control arms (placebo, if any), and withdrawal or discontinuation criteria.
2. The study sites shall also be examined for suitability of the study in terms of the geographical distribution of the problem under study, facility and infrastructure accessibility, and availability at study sites to accommodate the study.

2. Qualifications of investigators

1. Qualifications and experience of Investigators shall be examined to see whether the proposed study and background of the participating Investigators demonstrate sufficient capacity to conduct the study.
2. Disclosure of potential conflicts of interest shall also be examined.
3. In the case of investigators from outside Tanzania, the protocol will be examined to ensure that it includes a local investigator who has adequate qualifications and experience to carry out the study.

3. Study Participants

1. This assessment shall be done to evaluate voluntary, non-coercive recruitment of participants.
2. Informed Consent forms and data collection tools shall be submitted in English and Kiswahili.
3. The following aspects shall be assessed to see if they have been adequately considered in the protocol:
    i. Procedures for obtaining Informed Consent and Assent where applicable.
    ii. Contents of the participants' information sheet.
    iii. Contents and language of the Informed Consent document.
    iv. Translation and back-translation of the Informed Consent document to the local language.

v. The language in the Informed Consent Form used is plain and easy to understand by the general public or study population.
vi. Study contact persons with addresses and phone numbers.
vii. Privacy and confidentiality.
viii. Risks (physical, mental, social) are adequately addressed.
ix. Potential benefits, if any, to participants and to others.
x. Compensation, whether reasonable or unreasonable.
xi. Involvement of vulnerable participants and special groups.
xii. Provisions for medical and/or psychosocial support.
xiii. Treatment for study-related injuries.
xiv. Use of biological materials.
xv. Matters related to medical insurance of research participants and sponsor or researcher indemnity.

4. Examination of Local Institutions and Community Involvement

Ethical research conduct involving human participation requires community consultation and involvement of local researchers and institutions in the study design, analysis, and publication of the results. It also requires a contribution to the development of local capacity for research and treatment and benefits to local communities and availability of study results. The protocol shall be examined to assess adequate consideration of these aspects.

SOP 08: NATIONAL HEALTH RESEARCH ETHICS COMMITTEE MEETING

Purpose

This SOP describes procedures for scheduling meetings, distribution of agendas and meeting procedures.

Responsible

NatHREC Secretariat and members

Meeting schedule

The NatHREC shall convene once a month.

Quorum requirements and meeting attendance

A quorum of at least half the number of Committee members.

Detailed procedure

1. The NatHREC Secretary with support from the Secretariat shall prepare an annual almanac of meetings.
2. The Committee shall meet once a month unless stated otherwise.
3. In case of unavoidable and unforeseen circumstances, the Secretariat shall notify all Committee members of any changes in meeting time, date or agenda as soon as possible and an alternate meeting time, date and venue shall be communicated to the members by the NatHREC Secretary.
4. The meeting package shall include the agenda, all research protocols and related submissions for consideration in the meeting, all related materials including, but not limited to, copies of the protocols, Informed Consent materials, continuing and final reviews, safety reports.
5. The Chairperson shall lead the meeting; and in the absence of the Chairperson, the Vice-Chairperson lead the meeting. In the absence of the Vice-Chairperson the Chairperson shall formally delegate the Chair to another member of the Committee.
6. The Secretariat shall keep a record of attendance as well as meeting deliberations, indicating which members were present and the discussions of review applications, respectively.
7. If members have reviewed a protocol and identified issues that require the Principal Investigator (PI) to be present during the meeting for further deliberations, then the PI

of that research protocol may be invited to answer questions or clarify issues that were raised by members, and s/he must leave the room when members are making a decision on the said protocol.

8. The meeting shall reach decisions by a consensus; however, if a consensus cannot be achieved, a formal vote shall be taken. All members have the right to vote.

The decision by the Committee members

1. The Committee shall provide formal recommendations to the MRCC on the approval of applications.
2. A summary shall be prepared for the MRCC in the form of minutes that includes protocol title and date of review, a checklist of documents reviewed, and a decision reached by the Committee, whether approved, approved with stipulation, recommended for resubmission after revision or not recommended.
3. Recommendations and/or suggestions, if any, including reasons for rejecting a study (if so) shall be part of the summary. The summary shall also include a list of members who participated in a review meeting.

Appeal procedures

1. A PI may appeal that decision in writing to the MRCC Chairperson within thirty (30) days of receipt of the decision, stating the precise issues upon which the appeal is based.
2. Appeals will be reviewed and scrutinized by the MRCC for a final decision.
3. The MRCC will respond to PIs in writing within thirty (30) days or upon scrutiny of the appeal.
4. The MRCC Chairperson may invite the PI to appear in person to the MRCC within thirty (30) days of receiving the written appeal.

SOP 09: REVIEW OF PROTOCOL AMENDMENTS

Purpose

To describe how protocol amendments are reviewed by the NatHREC. This SOP applies to previously approved protocols by NatHREC or institutional /zonal Research Ethics Committees (RECs).

Responsible

NatHREC Secretariat, members and reviewers.

Types of Protocol Amendment

1. NatHREC recognizes protocol amendments as:

a) Minor or non-substantial. These may include:

i. minor clarifications;
ii. updates of the investigator's brochure (unless there is a change to the risk/benefit assessment for the trial);
iii. changes to the research team except the PI;
iv. changes in funding arrangements;
v. changes in the documentation used by the research team for recording study data;
vi. changes in the logistical arrangements for storing or transporting samples; and
vii. change to the study end date.
viii. Changes such as updating contact details for the sponsor, investigators or other study staff, correcting errors should be submitted as notifications to the REC.

b) Major or Substantial:

Amendment(s) that involve the following changes shall be regarded as substantial or major:

i. Changes to the design or methodology of the study, or to background information affecting its scientific value;
ii. Changes to the procedures or activities undertaken by participants;

iii. Introduction of new classes of investigations or other interventions (rather than simply re-scheduling or modifying those already approved);
iv. Any change relating to the safety, physical or mental integrity of participants, or the risk-benefit assessment for the study;
v. Changes to study documentation such as participant information sheet, Informed Consent forms, questionnaires, letters of invitation, letters to other clinicians/scientists, information sheets for relatives or caregivers;
vi. Change in the use of biological samples collected;
vii. A change of Sponsor(s) or Sponsor's legal representative;
viii. Appointment of a new PI or key study collaborator/institution in the Consortium;
ix. Changes to the responsibility and liability insurance coverage for the study and/or study participants;
x. A significant change to the definition of research site(s);
xi. A change to the definition of the study end point(s);
xii. Any other significant change to the protocol or the terms of the original application; and
xiii. Recruitment of a new type of participants or study population (especially if they are regarded as Vulnerable or special groups).

Detailed procedure

1. Protocol amendments must be submitted for either expedited review (SOP # 10) or ordinary review.
2. Amendments made to protocols may not be implemented until approved by the NatHREC.
3. The PI shall submit an application through the electronic submission system (Research Ethics Information Management System - REIMS).
4. An amendment application shall have a table that states each amendment, the page and paragraph each amendment is on. the amendment is on. The applicant shall also submit a protocol with tracked changes. The amended document shall have a new protocol version number.
5. Upon receipt of the amendment package, the Secretariat shall follow the receiving and

validation procedures of submitted protocols (SOP# 07).

6. A request for amendment of a previously approved protocol shall describe the requested amendment, provide the rationale for the amendment, and describe the impact, if any, of the amendment on the protocol's risk-benefit profile.
7. After review of the amendment submission, the Secretariat shall determine whether the protocol requires expedited (SOP # 11) or full review (SOP # 06).
8. The amended protocol will be sent to the reviewers of the original submission; in absence of the original reviewers, the Secretariat shall appoint and send the amendment application to another reviewer with the same or similar expertise. The number of reviewers will range from 1-3. The number of reviewers for a protocol amendment will depend on the number of the amendments. Minor amendments may be reviewed by members of the Secretariat.
9. The Reviewers' Guide shall be used to guide the review of amended protocols.
10. If the Committee requires modifications to any of the documents, specific changes required shall also be communicated to the PI instructing him/her to make the necessary changes and resubmit the documents to the Secretariat.
11. If the Committee does not recommend approval of the protocol amendment, this information will be communicated to the MRCC who will review the decision and make the final decision on the approval.
12. If an application is not approved the PI shall be informed of the reasons for not approving the amendment.

SOP 10: EXPEDITED REVIEW PROCESS

Purpose

This SOP is meant to give guidance on how the expedited review process shall be determined and done.

Responsible

NatHREC Secretariat, Chairperson, members and MRCC Chairperson.

Detailed procedure

1. The following categories shall be qualified for an expedited review:
   i. Research activities that present no more than minimal risk to human participants;
   ii. Minor changes (amendment) to a previously approved research protocol;
   iii. Studies that involve interviews of non-confidential nature and not likely to harm the status or interest or not likely to offend study participants;
   iv. Studies that involve collection of small amounts of biological specimens by non-invasive means (such as body fluids, excreta, hair, or nail in a non-disfiguring or threatening manner) for local analysis and no transfer of specimens outside of Tanzania;
   v. Collection of data for research purposes through non-invasive procedures (not involving general anaesthesia or sedation), routinely employed in clinical practices, and using medical devices which have been already approved for use (such as application of EEG or ECG electrodes, acoustic testing, tests using the Doppler principle, non-invasive blood pressure, and other routine clinical measurements);
   vi. Research involving data, documents, or specimens that have been already collected or shall be collected for on-going medical treatment or diagnosis;
   vii. Continuing review of research previously approved by NatHREC as follows:
      - where the research is permanently closed and does not enrol new participants;
      - research studies where all participants have completed all research-related interventions;
      - research that remains active only for long-term follow-up of participants;
      - where no participants have been enrolled and no additional risks have been identified (i.e., the study has not yet been initiated);

- where the remaining research activities are limited to data analysis;
- where the NatHREC has determined and documented at a convened meeting that the research involves no greater than minimal risk and no additional risks have been identified.

viii. In line with disease outbreaks or public health emergencies.

2. The expedited review shall be conducted by two or more experienced reviewers designated by the Secretariat in accordance with the requirements (SOP # 10).
3. The expedited review shall include a review of the complete study protocol with all required attachments.
4. Results of the review process may be communicated to the PI even before being reported to the NatHREC.
5. Expedited reviewers may exercise all of the authorities of the Committee except that the NatHREC reviewers may not disapprove of the research. Any research activity may be disapproved only after reviewing the protocol in accordance with the non-expedited procedure.
6. Approval for expedited protocols is given by the MRCC through the Chairperson upon recommendation for approval from the reviewers. Once expedited approval has been granted, the protocol may be implemented as approved.
7. Clinical trials with investigational products (IP) are not eligible for expedited review but may be considered for **accelerated review.**
8. The final decision for a protocol to undergo an expedited review is determined by the NatHREC Chairperson, Secretariat and/or the MRCC Chairperson as needed.
9. The approval need not be ratified or otherwise approved by the convened NatHREC meeting.
10. The Secretariat shall notify the NatHREC of all expedited reviews at the next scheduled meeting through a listing in the meeting agenda.

SOP 11: PROTOCOL REVIEW DURING PUBLIC HEALTH EVENTS OF NATIONAL AND/OR INTERNATIONAL CONCERN

Purpose

The purpose of this SOP is to describe the steps to be taken in rapid review of public health research and clinical trials during public health events of national and/or international concern.

Responsible

Investigators, MRCC, NatHREC members, reviewers, and Secretariat

Detailed procedure

1. Conducting research on new medications, interventions or vaccines during a pandemic is essential, and there is need for rapid review of such research protocols during public health emergencies.
2. Ethical issues to note in health research during outbreaks or pandemics include, but not limited to:
    i. time frame for protocol review;
    ii. the balance between quality and time to review; and
    iii. ensuring the protection of participants.
3. During public health emergencies, the declaration will come from the public health authority of the country or an internationally recognized organization responsible for international public health.
4. To expedite commencement of the research, many of the preliminary research processes (drafting of documents, translations, approvals) will be allowed to happen in parallel rather than sequentially which is the case in non-emergency research.
5. In case of an outbreak of an infectious disease in the locality of the REC, to minimise risks of infection, it is imperative to consider virtual meetings of the RECs and review processes where and when possible.
6. When a protocol is being considered for submission in a language other than that in which the review is conducted, the synopsis, plan, documents of consent or assent, and

data collection tools and forms at a minimum, should be submitted in the official language of the country where the review will take place. In such cases, back translation should be done to ensure the translated documents are accurate.

7. Other study documents in the reviewing country's language should be submitted as soon as possible.
8. In order to facilitate rapid, time-sensitive reviews, RECs need to consider the following recommendations for additions or changes to existing standard operating procedures:
   i. The submission should include in addition to the ethics review form:
      a. Identification of the research as epidemic or outbreak of public health national and/or international concern in order to facilitate fast-tracking;
      b. Description of whether prior research data about the disease exist (include references of recent local and international studies);
      c. Inclusion of at least one (preferably two) Principal Investigators (PIs) or Co-Principal Investigators of the country where research under review will take place;
      d. Qualifications of key investigators, including a description of previous track record with epidemic - or outbreak-relevant research among the research group;
      e. An indication as to whether the protocol is part of a multi-centre trial; and if so, a description should be provided on the status of ethics approval of the master protocol or ethics approval from the sponsoring country.
   ii. Apart from the usual documents submitted for review (such as protocols or CVs), the following should also be submitted:
      a. A letter of collaboration (in the form of a Memorandum of Understanding) with sponsor institutions and the funders of the research, along with declarations of interest when possible;
      b. A monitoring and safety management plan for the project by the PI and the study sponsor;
      c. Both data-sharing and Material Transfer Agreements for data and human biological material (if samples are being exported out of Tanzania), should be processed simultaneously with the review process;
      d. Clear processes and procedures for follow-up dissemination and publication, co-authorship, co-presentation, and Intellectual Property rights;

e. Procedures for dissemination of findings to the affected community (important to ensure maintaining contact with and upholding the trust of the affected populations, especially research participants); and
f. Local requirements on insurance policies, particularly with regard to trials and interventions, may also be included.

9. To prepare for the review of research on public health events of national and/or international concern, RECs should agree on a process for rapid review (such that protocols are reviewed as and when they are submitted rather than waiting for a scheduled meeting); and this process should be communicated to the researchers, and any anticipated delays for non-emergency research should also be communicated to all PIs who had previously submitted such research projects.
10. Other practical considerations include identification of the surge capacity for review, setting up systems for remote discussions (such as online or virtual software platforms), back-up plans if the system would not function as expected.
11. It is essential to pre-identify a certain number of qualified reviewers.
12. Once a public health emergency or outbreak is imminent or in progress, the Chairperson or the Secretary of the review committee should alert members and ascertain which members would be available for the rapid review.
13. Subject experts (technical) and people with strong knowledge of ethics (both in country and abroad) willing to serve as ad hoc or co-opted members during public health emergencies or outbreaks should be identified and contacted in advance, as there is a likelihood of receiving multiple protocols that need to be reviewed in a short time.
14. A meeting quorum shall consist of one third of all members of the REC (pre-identified to include relevant people).
15. If a member of the committee submits their review but is unable to join the meeting, they should be considered as part of the quorum requirement.
16. PIs should contact the RECs as soon as possible to communicate their intention to submit an emergency application (for example, a trial of a new medicine or vaccine, an observational study or a survey), so that the committee is aware of protocols that may be forthcoming.
17. Face-to-face meetings with the PIs should not be mandatory, and if necessary online

or virtual venues may be adopted.

18. Protocols should be sent to reviewers within 24 hours of submission by the Secretariat.
19. Reviewers should complete their reviews within a specified period of time as specified within three (3) days.
20. The consolidated review and suggested revisions (or approval) should be communicated to the PI(s) within five (5) days.
21. The PI should respond to the review notification within 48 hours.
22. Focal points or persons for communication in respective national and institutional RECs should be identified as early in the process as possible.
23. For more detail of steps to be followed refer to the guidelines for emergency review. "*African Vaccine Regulatory Forum (AVAREF) Strategy and Guidance for Emergency Preparedness (2020)*" which have been adopted for use within Tanzania.

SOP 12: CONTINUING REVIEW OF APPROVED PROTOCOL

Purpose

The purpose of the continuing review is to guide review of the progress of a research study, to ensure the continued protection of the rights and welfare of research participants.

Responsible

The NatHREC Secretariat and members are responsible for to review reports appropriate to the degree of risk.

Detailed procedure

1. The PI of the research is responsible for keeping the Committee informed of significant findings that affect the risk-benefit ratio and thus the need for more frequent review.
2. The PI is also responsible for following the continuing review procedures and deadlines.

Determination of frequency of Continuing Review

1. During the initial review of the research activity, the Secretariat shall determine:
    a) How often the Committee shall re-evaluate the research study; and all research studies shall be reviewed at intervals appropriate to the degree of risk, but not less than once per year;
    b) The factors to be considered in setting the frequency of continuing review shall include the nature of the research study, the degree of risk involved and the vulnerability of the study population;
    c) Whether the research studies need verification from sources other than the PI that no material changes in the research study have occurred;
2. The investigator shall utilize the Continuing Review Form (Form 6) to complete the review report and shall include all required elements, including the following:
    a) The number and demographics of participants enrolled;
    b) Changes in Principal or Co-investigator(s);
    c) A summary description of research subject experiences;
    d) Any Serious Adverse Events (SAEs) and/or Suspected Unexpected Serious

Adverse Reactions (SUSARs) experienced;

e) Numbers of and reasons for withdrawals from the research study;
f) Research results obtained thus far;
g) A current risk-benefit assessment based on study results; and
h) Any new information since the NatHREC's last review.

3. If the PI cannot provide any of the required information, s/he shall justify the delay in the report, and a timetable for the provision of the required information. The PI shall also submit a copy of the Informed consent documents and procedures currently in use.
4. Studies whose approval has expired must be suspended until an extension through a renewal process is approval.
5. The PI shall submit an electronic continuing review report through REIMS with a frequency as indicated in the terms and conditions of the ethics clearance certificate.
6. The NatHREC Secretary shall place the continuing review report on the next meeting's agenda for review.
7. The NatHREC may provide directives or guidance to the study following review that will be communicated to the PI.
8. The Committee may recommend that the research study is halted.

SOP 13: PARTICIPATION OF PRINCIPAL INVESTIGATOR IN NatHREC MEETINGS

Purpose

This SOP provides conditions for the participation of a Principal Investigator(s) in the NatHREC meetings, when necessary.

Responsibility

Principal Investigators (PIs), NatHREC members and Secretariat

Detailed procedure

1. The PI requesting an audience with the Committee to discuss matters related to his/her research shall officially notify write to the NIMR Director General and request to be included on the agenda for the next meeting.
2. The PIs arriving to participate in the discussion of their application will wait to be called into the meeting at an appropriate time.
3. Where applicable, the PI will be invited to make a 15–20-minute presentation of his/her respective protocol either in person or virtually. The PI will be informed beforehand if a presentation is needed.
4. The PI and any other attendees will respond to any queries from the Committee, and he/she may ask any questions that s/he has for the Committee.
5. Members with Conflict of Interest with the protocol or institution submitting shall leave the meeting room during the decision-making period.
6. Members' consensus will lead to the approval or disapproval/rejection of the respective protocol; and the Committee may also decide to postpone a decision on a protocol if more information or consideration is required.
7. After the Committee has voted on a protocol, the PI may be invited into the meeting room for immediate notification. The Committee may also decide to contact the PI by other means to communicate the decision on the relevant protocol reached in the meeting.
8. If the committee decides to reject/disapprove a research protocol, the decision shall be communicated to the MRCC and a detailed official written notification shall be sent

to the PI.

9. If the PI is not satisfied with the Committee's decision, the arbitration mechanism shall involve the PI presenting an appeal to MRCC as per SOP #08.

SOP 14: RESPONSIBILITY OF PRINCIPAL INVESTIGATOR

Purpose

The purpose of this SOP is to detail the responsibility of the Principal Investigator (PI).

Responsible

PIs, NatHREC, institutional and zonal Research Ethics Committees (RECs)

Detailed procedure

1. PIs are responsible for the ethical conduct of their research.
2. The PI shall conduct research with integrity.
3. All projects must have a local investigator based in Tanzania attached to an established institution.
4. The PI shall be responsible to ensure the research study is approved by all relevant Regulatory Authorities before any research activity is undertaken.
5. The PI is responsible to ensure that all approvals are kept up to date and renewals are applied for on time.
6. The PI may delegate tasks to appropriately trained and qualified members of their research team; but must maintain oversight and retain ultimate responsibility for the conduct of those to whom they delegate responsibilities.
7. All student studies to be conducted in Tanzania must have a local supervisor. The supervisor shall ensure that research designed and conducted by students has sound research design and is appropriately supervised.
8. Studies that require expertise or skills beyond those held by the PI must have the required expertise and skills supplemented.
9. The PI shall ensure all required study reports, notifications including safety reports, are submitted timely to the NatHREC and institutional and zonal Research Ethics Committees (RECs).

SOP 15: ABSENCE OF THE PRINCIPAL INVESTIGATOR

Purpose

The purpose of this SOP is to outline procedures during the absence of a Principal Investigator (PI)

Responsible

PIs, NatHREC, institutional and zonal Research Ethics Committees (RECs)

Detailed procedure

1. The PI may be absent due to annual leave, sick leave or for other reasons.
2. For absences of up to three (3) months, the PI is responsible for ensuring that his/her responsibilities as PI are carried out by a suitable and competent temporary replacement.
3. In case the PI will be absent for more than three (3) months, he/she must notify the NatHREC and/or Institutional and zonal Research Ethics Committees (RECs) in writing.
4. If the PI is absent for more than six (6) months consecutively for any reasons, including death, an amendment requesting change of the PI shall be submitted. The new PI shall be qualified for the role.
5. In situations apart from death, the project host Institution shall write to the NatHREC requesting for a change of the current PI, and the PI shall attach a letter of acceptance of the change.
6. When a PI has changed an institutional affiliation, s/he may remain as Co-PI and request for a change PI that is having similar expertise to manage the study. Any other agreements with the previous host institution shall be submitted for review.

SOP 16: USE OF DATA AND SAFETY MONITORING BOARD/ COMMITTEE

Purpose

The purpose of this SOP is to describe the type of studies requiring a DSMB and the procedure for submitting the DSMB report to the NatHREC.

Responsible

Sponsor, NatHREC Secretariat and members, DSMB members

Detailed procedure

1. The NatHREC considers DSMBs to be relevant in the following kind of studies:
    i. Controlled studies with mortality and/or severe morbidity as a primary or secondary end-point;
    ii. Randomized controlled studies focused on evaluating the clinical efficacy and safety of a new intervention;
    iii. Early studies of a high-risk intervention;
    iv. Studies in the early phases of a novel intervention with very limited information on clinical safety;
    v. Studies where the design or expected data accrual is complex, particularly studies that take a long duration; and
    vi. Studies carried out in emergency situations.

2. For clinical trials conducted only in Tanzania, the DSMB must include representation from Tanzania; and for multi-country clinical trials, the DSMB must include regional representation, and a Tanzanian must be among the members.

3. Where necessary, NatHREC may request the Sponsor to submit the most recent report from the DSMB.

SOP 17: MONITORING OF SAFETY AND EVALUATION OF ADVERSE EVENTS

Purpose

The purpose of this SOP is to provide instructions on the review and follow-up reports of adverse experience and unexpected events for any active study approved by the NatHREC.

Responsible

Principal Investigators (PIs), NatHREC Secretariat and members, institutional and zonal Research Ethics Committees (RECs), study participants and community, DSMB, local safety monitor, and any other intended parties.

Detailed procedure

1. The PI must ensure that the protocol submitted for review include all required elements for safety monitoring of the research study, including assessment and reporting of any anticipated or unanticipated Adverse Events (AEs) and Serious Adverse Events (SAEs).
2. It is the primary responsibility of the Ethics Committees (NatHREC, institutional and zonal RECs) to review and address Adverse Events (AEs), Serious Adverse Events (SAEs) and/or Suspected Unexpected Serious Adverse Reactions (SUSARs) involving risks to participants or others as well as ethics complaints.
3. Investigators shall be aware of the policies and procedures concerning reporting and continuing review requirements.
4. Investigators shall be familiar with timelines for submission of notifications and reports.
5. Investigators shall familiarise themselves with the Tanzania National Medicines regulatory authority guidelines for clinical trials and abide by them.
6. The NatHREC Secretariat shall be responsible for screening and assessment of the reports and seeing whether they require a review of the full Committee, the Chairperson, or other qualified Committee members or experts.

Before each meeting

1. The Secretariat shall review the investigator's assessment to determine whether the report requires review by full Committee, the Chairperson or other qualified Committee

member(s). Criteria of the review shall be as follows:

i. If assessment of adverse experience is unknown or unlikely, the report shall be forwarded to the Chairperson for review and determination if full Committee review of the report at the following convened meeting is required.
ii. If assessment of adverse experience is possibly caused by, or probably caused by the Investigational Product (IP) or intervention, the report shall be added to the agenda of the next convened or ad hoc meeting depending upon the severity of the event.
iii. If an adverse experience or IP safety report that has previously been seen by the full Committee is being re-submitted by another investigator in the same study (as part of a multi-centre study), this notification shall not require full Committee review rather, the Chairperson shall determine the course of action.

During the meeting

1. After reviewing the safety report, the Chairperson may call for a consensus on whether to:
    i. Request an Amendment to the protocol or consent;
    ii. Request further information from the PI;
    iii. Suspend or terminate the study; and/or
    iv. Take no action at the present time.
2. The Secretariat shall notify the investigator in writing of any required actions. The Committee's decision shall be noted in the minutes.

SOP 18: INQUIRIES FROM RESEARCH PARTICIPANTS, COMMUNITY MEMBERS OR ANY PERSON INTERESTED IN THE STUDY

Purpose

The purpose of this SOP is to explain the process for dealing with inquiries from research participants, community members or any person interested in the research study.

Responsible

NatHREC members and Secretariat, Institutional and Zonal Research Ethics Committees (RECs), research participants and the community.

Detailed procedure

1. It shall be the responsibility of NIMR, NatHREC, Institutional and Zonal Research Ethics Committees and any other Authority that protects the welfare of research participants to facilitate research participants or patients' requests within the scope of their capacity.
2. Assuming the protection of the rights and welfare of human participants in research approved by the Committee shall be the prime responsibility of NatHREC.

Inquiries submission

1. Information sheets given to research study participants should contain details of contact for the PI and RECs where the participants can communicate any concerns, complaints, questions, research-related injuries, or further information about the study.
2. The Chair of the MRCC or representative and the NatHREC is responsible for communicating with participants, community members or local governments regarding issues related to the rights of research study participants.

Managing Inquiries

1. Inquiries may be received from a research study participant, community member or local government authorities. If the inquiry was received by the office of the Director General, depending on the type of inquiry it may be dealt at the Director General level. When the inquiry is received by the NatHREC Secretariat the following shall be done:

i. Record the request and information on the Participant's Inquiry Form (Form 05).
ii. Determine whether the inquiry should be managed by the Secretariat, the Chairperson, NatHREC or MRCC and refer the inquiry in official writing as appropriate.
iii. Determine and document whether any corrective actions are necessary.
iv. Report the findings, as appropriate, to the Chairperson, the convened NatHREC meeting or MRCC.
v. Document all matters and correspondences as an inquiry report.

SOP 19: ALLEGATIONS OF NON–COMPLIANCE AND NON-AUTHORIZED RESEARCH

Purpose

The purpose of this SOP is to provide instructions for maintaining records that identify investigators and/or institutes who fail to comply with National or International guidelines for the conduct of human research. This SOP applies to all research projects approved by the NatHREC as well as non-authorized research studies.

Responsible

NIMR, NatHREC, PIs, institutional and zonal Research Ethics Committees (RECs)

Detailed procedure

1. Whenever non-compliance or non-authorized research has been alleged, the NatHREC in collaboration with NIMR Management, shall investigate the allegations within thirty (30) days to determine if the allegations can be substantiated.
2. When non-compliance has occurred, or non-authorized research has been identified, information shall immediately be communicated to the NIMR Director General and a report from the NatHREC Secretariat shall be placed on the agenda of the next Committee meeting.
3. A folder shall be maintained that keeps a record of investigators who are found to be in non-compliance with the requirements of the NatHREC, NIMR policies and guidelines, TMDA, COSTECH and other relevant regulations, and any applicable international guidelines.
4. Researchers or others who fail to respond to the Committee's requests will be notified in official writing of the Committee's decision and the appropriate institutions and/or individuals informed.
5. The Committee may decide to recommend to the MRCC the suspension or termination of approval of current studies or refuse subsequent applications from the investigators cited; and such decisions shall be recorded in the NatHREC meeting minutes.
6. Recommendation of suspension and termination of Clinical Trials shall be done in consultation and consensus with the National Medicines Regulatory Authority.
7. The NIMR Director General shall officially notify the investigator of the Committee's

decisions.

8. Copies of the notification letter shall be sent to the relevant National Authority to include TMDA, COSTECH and the local government authority where the study is being conducted, TMDA, COSTECH, the Sponsor or the Sponsor's representative (if applicable).
9. The investigator must respond in official writing with a description of any corrective actions that are to take place and a timeline for implementation.

SOP 20: PROTOCOL DEVIATIONS, VIOLATIONS AND MISCONDUCT

Purpose

The purpose of this SOP is to describe the procedure for identifying protocol deviations, violations, and misconducts of the NatHREC approved research protocols.

Responsibility

PIs, Researchers, Institutions, research study participants, Regulatory Authorities, NatHREC.

Definitions

Protocol Deviation: accidental or unintentional changes to, or non-compliance with the research protocol that does not increase risk or decrease benefit or; does not have a significant effect on the participants' rights, safety or welfare; and/or on the integrity of the data.

Protocol Violation: accidental or unintentional change to, or non-compliance with the REC approved protocol without prior sponsor and REC approval.

Research Misconduct: includes practices that seriously deviate from those that are commonly accepted within the research community such as fabrication, plagiarism, falsification for proposing, conducting, reporting, reviewing research that has been committed intentionally knowingly or recklessly and that has been proven by preponderance of the evidence.

Detailed procedures

Protocol deviations and violations

1. The Sponsor or PI may make minor deviations from a protocol to deal with unforeseen circumstances and communicate to NatHREC later.
2. Failure to report to NatHREC any protocol deviations and violations shall necessitate NatHREC to recommend to the NIMR Director General to write an official warning letter

to the PI.

3. Any protocol violation that increases the risk of participants and that breeches scientific principle shall be investigated by NatHREC.

Research misconduct

1. In case of research misconduct, the NatHREC Secretariat shall report to the Committee.
2. The Committee shall discuss and agree on how to investigate and ascertain the reported research misconduct.
3. A designated team can be dispatched to the research site to investigate the reported research misconduct.
4. In case the research misconduct is confirmed, the Secretariat shall advise the MRCC to take appropriate actions as stipulated in the NIMR Act No. 23 of 1979 and its amendments. This may include, but not limited to;
   i. Issuing an official warning letter to the PI.
   ii. Payment of fines.
   iii. Temporary suspension of the research study.
   iv. Termination of the research study.
   v. Initiate Court proceedings.
   vi. Not accepting any research protocols for future studies from the respective Principal Investigator or Research Consortium.
   vii. Any application for permission to publish data from such a study shall be rejected.
5. In case the PI is unsatisfied, s/he may file an appeal to the MRCC.

SOP 21: RESEARCH STUDY SUSPENSION AND TERMINATION

Purpose

The purpose of this SOP is to describe the procedure for study suspension and termination of NatHREC approved research protocols.

Responsible

NatHREC, institutional and zonal Research Ethics Committees (RECs), PI, DSMB, study Sponsor, officials from the PO-RALG, or other Regulatory Authority

Definition

Suspension refers to temporary cessation of some or all of the research activities for a particular study.

Termination refers to permanent cessation of all research activities for a particular study.

Detailed procedure

Suspension

1. In case the investigator chooses to suspend their study, then the Committee should be notified for investigation.
2. For clinical trials, if NatHREC wishes to suspend a trial, the Chairperson shall convene a meeting with other Regulatory Authorities such as TMDA to discuss the decision and a way forward.
3. In order to resume a suspended study regardless of who initiated the suspension, the PI must submit a request to uplift the suspension to the MRCC. The PI in a request for uplifting a suspension shall report on progress of addressing corrective actions.

Termination

1. Research studies may be terminated based on the recommendation of the NatHREC, zonal or institutional RECs, DSMB, study Sponsor, PI, officials from the PO-RALG, or any other Regulatory Authority.
2. A research study can be terminated in case of an arising Conflict of Interest among

investigators or financial misuse which negatively affects implementation of the research project.

3. Termination of research studies initiated by the Sponsor shall have the following documents submitted to NatHREC:
    i. Closeout Form (Form 8)
    ii. Indication of termination as a recommended action on the Close Out form
    iii. A cover letter providing the rationale for early termination of the study, and a description of how the study closure will be managed, including procedures for the orderly withdrawal of participants.
    iv. Additional relevant information and documentation.
4. The Secretariat shall notify the MRCC Chairperson regarding the intent to terminate the study within one (1) working day upon receipt of the termination request.
5. The MRCC Chairperson shall acknowledge the termination request and the letter sent to the principal investigator if there are no queries.
6. In the case that the MRCC has queries concerning the early termination of the research project by the Sponsor, Institution or Principal Investigator these queries shall be communicated.

SOP 22: CLOSURE OF A RESEARCH STUDY, FINAL REPORTS AND CLEARANCE OF PUBLICATIONS

Purpose

The purpose of this SOP is to describe procedures for the review and follow-up, if appropriate, of closure of a research study, final reports and clearance of publication(s) for any study previously approved by the NatHREC.

Responsible

PIs, NatHREC members and Secretariat

Detailed procedure

1. Final reports must be submitted to the NatHREC via a Close-out Form (Form 8) within three (3) months of study completion.
2. If needed, they will request additional information from the researcher as needed.
3. Written documentation acknowledging the close-out will be provided to the investigator and a copy retained.
4. The NatHREC should receive a final report within one year of the end of the project.
5. The final report should include information on whether the study achieved its objectives, the main findings and arrangements for publication(s) or dissemination of the research results including any feedback to participants.

Permission to Publish

1. The PI of the approved research by NatHREC should seek permission to publish from the MRCC Chairperson.
2. Manuscripts accompanied with a copy of NatHREC's clearance certificate, and a cover letter should be submitted electronically through publications@nimr.or.tz.
3. The permission to publish application form available on the NIMR website should be dully filled in and submitted with the application. The application form requires the corresponding author to confirm the contribution of each author to the manuscript. Authors are required to adhere to the International Committee of Medical Journal Editors (ICMJE) guidelines.

4. Authors publishing research prior to contacting or requesting for permission to publish from the approving authority shall be penalised for violating the conditions defined on ethical clearance certificate in accordance with national laws and regulations.
5. NIMR may communicate with the Journal publisher to withdraw the article published without permission.
6. The manuscript shall be reviewed based on the outlined criteria and submitted to the MRCC Chairperson for approval.
7. The outcome of the request shall be communicated to the Principal Investigator or corresponding author.
8. Guidelines for permission to publish shall be reviewed periodically and updated as needed.

SOP 23: COMMUNICATION AND RECORDS

Purpose

The purpose of this SOP is to ensure proper completion, distribution and filing of verbal and written communication and other study-related or process-related information. This SOP applies to all communication regarding activities related to research studies that have been approved by the NatHREC.

Responsible

Study investigators, NatHREC Secretariat, Sponsor(s), Institutions, Regulatory Authorities, and participants

Detailed procedure

1. All communication regarding activities related to research studies that have been approved by the NatHREC should be channelled through the NIMR Director General.
2. Written communication shall be addressed to the NIMR Director General. Responses shall be issued from the office of the NIMR Director General or his designated representative.
3. Different communication channels may be used, such as handwritten, typed, and/or the Research Ethics Information Management System (REIMS).

SOP 24: RESEARCH OVERSIGHT VISITS

Purpose

The purpose of this SOP is to provide procedures for study oversight visits. This SOP applies to all approved studies and their sites.

Responsible

The NatHREC or designated qualified persons to perform the oversight visit on its behalf.

Definition

Unannounced (Spot) oversight visit refers to an oversight visit conducted at random to research study sites, not necessarily communicated to the PI prior to the visit.

Routine oversight visit refers to a monitoring visit conducted routinely to research study sites and is planned and communicated prior to the PI to give details of the visit.

Detailed procedure:

Selection of research study sites

Files of the approved research protocols shall be reviewed periodically from the REIMS database; and study sites for oversight visits may be selected based on the following criteria:

i. Routine visits to assess research compliance;
ii. Reports of Serious Adverse Events (SAEs) of concern;
iii. Sites that are implementing numerous protocols;
iv. Allegations of research misconduct or other complaints;
v. Failure to submit progress report or final report;
vi. New research sites or a new Investigational Product (IP); or
vii. Research study with more than minimal risk.

Preparation for site visits

Routine site visits

For routine visits, the PI shall be notified two (2) weeks prior to conducting a site visit. The following information shall be relayed in the communication:

i. Proposed dates for the site visit;
ii. The duration of the site visit;
iii. The protocol that will be checked;
iv. The dataset (cohort, etc.) that will be checked;
v. Any other relevant issues that the monitor would like to review (such as source documentation, informed consent process, etc.)

Unannounced (Spot) oversight visit

An unannounced (spot) oversight visit may be conducted at random to research sites in the following categories:

i. Investigators who allow their approval to lapse or who repeatedly fail to submit continuing review reports in a timely manner;
ii. Investigators who prolong the completion of their research beyond the approved time frame;
iii. Investigators that are suspected of having implemented modifications to their research without prospective approval from the NatHREC; or
iv. In response to complaints or misconduct from participants, community members, collaborators, sponsors, Regulatory Authorities or others.

During the oversight visit

The oversight team shall:

i. The PI should be available throughout the visit, or where this is not possible, the PI should communicate this fact after receipt of the letter notifying the team of the oversight visit and inform who will lead the team during the visit;
ii. Convene an entry meeting with the research team on site;
iii. Review the informed consent documents to make sure that the site is using the most recent version and to ensure that participants are signing the correct informed consent

document;

iv. Review the site study files to ensure that documentation is filled appropriately and that confidentiality is maintained;
v. Observe the available necessary facilities; and
vi. Convene an exit meeting to debrief the research team prior to departure.

After the oversight visit

The oversight team that made the visit shall:

i. Write a report and share with the PI detailing any actions that need to be taken by the PI and timelines that were agreed with the PI during the exit meeting;
ii. Submit the report and the oversight visit and researcher's response if any to the NatHREC and MRCC.

SOP 25: VULNERABLE POPULATIONS

Vulnerable populations and special groups such as prisoners, pregnant women and lactating mothers, children, students, tribals and marginalized communities, persons with impaired decision-making capacity may require additional protection. In some cases, their ability to make informed decisions and provide voluntary informed consent may be limited.

Purpose

The purpose of this SOP is to describe procedures for submission of protocols involving vulnerable populations and special groups.

Responsible

NatHREC, Investigators and Reviewers.

Detailed procedure:

1. For a research protocol that involves a vulnerable population or special group, the investigator must specify this in the application.
2. The investigator must provide adequate justification for the involvement of participants and how the participants' rights and welfare will be safeguarded.
3. The investigator should include information about how s/he will assess the participants' capacity to consent for themselves.
4. If the participant is not able to consent for him/herself, the researcher should include information about how consent will be obtained from the participant's legally authorized representative and how assent will be obtained from the participant (where appropriate).

SOP 26: CONSENTING AND ASSENTING RESEARCH PARTICIPANTS

Purpose

The purpose of this SOP is to describe the process of reviewing information sheets and consent forms in research involving human participants.

Responsible

NatHREC Members, Reviewers and Secretariat.

Detailed procedure

1. Review of the applications shall scrutinise:
    i. The information sheet should be in a simple language but carrying the necessary and relevant message on the proposed study. The information sheet provides an opportunity to consider whether or not to participate in circumstances that minimise the possibility of coercion or undue influence.
    ii. The information that is given to the participant or the legal representative is in a language understandable to the participant or the representative.
    iii. No information sheet, whether oral or written, may include any absolving language through which the participant or representative is made to waive any of the participant's legal rights, or releases or appears to release the investigator, the sponsor, the institution or its agents the liability for negligence.
    iv. Consent may be given either in written form or verbally depending on the nature of the study.
    v. The information sheet should state the estimated time it shall take for the consenting process;
    vi. The information sheet and the consent form should not be unnecessarily long to the point that the participant is overwhelmed with information leading to limited understanding;
    vii. Electronic Consenting
        a. In some instances, the investigators depending on the size and nature of the research project, might find it suitable to do electronic consenting.
        b. The investigators may submit a request for electronic consenting to the REC for

consideration with the video(s) and scripts attached.

SOP 27: COMPENSATION OF RESEARCH PARTICIPANTS

Purpose

The purpose of this SOP is to ensure that research participants are adequately compensated for their time, inconvenience and reimbursed for their research-related expenses, with an amount and method of payment that is ethically acceptable and does not present an undue influence.

Responsible

NatHREC Secretariat, Reviewers, Investigators, research participants

Detailed procedure:

NatHREC will evaluate the Information in the study protocol concerning the compensation of participants to ensure that it describes:

1. The amount or method of compensation or reimbursement for research participants must not present the potential for undue influence; amounts should be adequate, proportionate, not excessive and fair.
2. All research participants should be compensated appropriately for their time and effort provided in participating in the research study, inconvenience or for making up for an undesirable event, loss, suffering or injury during participation in the research study.
3. Participants should be informed whether they will or will not be reimbursed for out-of-pocket expenses during the informed consent process.
4. Compensation to participants must be allocated and distributed proportionally and not fully subject to completion of the research study by the participant.
5. Compensation to research participants is not a benefit and should not be stated as such in the protocol or during the informed consent process or recruitment techniques as a means of enticing potential participants.
6. Compensation to minors and children should be appropriate to them and compensation should be given to their parent or caretaker for time and expenses

incurred for accompanying the minor to research visits.

7. Investigators may consider providing refreshments, when possible, for research procedures involving three (3) or more consecutive hours or taking place during meal times.
8. If compensation will not be provided, investigators should explain why in the protocol and participants should be informed that they shall not be compensated during the informed consent process.

SOP 28: INSURANCE, MEDICAL COVER AND INJURY COMPENSATION

Purpose

The purpose of this SOP is to describe the requirements and procedures for ensuring participants of clinical trials conducted in Tanzania mainland are appropriately insured and receive medical care and compensation if they suffer from injuries caused by the investigational product or procedures.

Responsible

Sponsor, Principal Investigators, NatHREC and reviewers.

Detailed procedure:

1. Three types of insurance coverage that need to be addressed for all clinical trials include:
   i. Clinical trial insurance and/or Product liability insurance;
   ii. Professional indemnity insurance; and
   iii. Health insurance or medical cover.
2. According to section 5(d) of the Tanzania Food, Drugs and Cosmetics Act 2003, to ensure that clinical trials on drugs, medical devices and herbal drugs are conducted in accordance with prescribed standards. Section 67 (b) provides for insurance of participants taking part in the trial against any injury or risk of injury.
3. Clinical trial insurance covers the sponsor against claims related to unexpected injuries due to study investigational product(s) or procedure(s). The limit of liability should be sufficient to cover participant's claim for compensation, medical cost of the injury as well as ancillary expenses such as legal costs.
4. Product liability insurance is specific in the sense that it covers claims related to injuries related to the use of "defective" investigational product(s). This can be covered under clinical trial insurance or be a separate insurance.
5. Because the injury may manifest after the study has ended, the insurance arrangements should ensure that the cover continues in respect of any claim made within a reasonable period after the completion of the study (*defined as the day the participant received the last dose of investigational product*). This period shall not be

less than one (1) year.

6. All Principal Investigators of clinical trials of new Investigational Products (phases I to III) will submit, together with their protocol, a Clinical trial insurance or product liability or Intent of clinical trial insurance coverage from the local provider (such as NIC) during the protocol submission.
7. If the Principal Investigator presents intent of clinical trial or Product liability, a full clinical trial insurance or Product liability insurance must be shared as soon as it becomes available and before the NatHREC ethical clearance approval certificate is issued.
8. NatHREC encourages all researchers to provide health insurance or set aside funds to cover medical care for acute medical illnesses in study participants for the duration of their participation in the research. For such cases, the study budget must have an item showing the amount set aside to cover medical costs and their justification.
9. For studies that do not intend to cover medical costs, investigators should specify this in the informed consent.
10. According to the ICH-GCP guidelines, Principal Investigators are responsible for protecting the rights, safety, and welfare of study participants under their care during a clinical trial. This responsibility should include provision of reasonable medical care for study participants for medical problems arising during participation in the trial that are, or could be, related to the study intervention(s) or investigational product(s) as well as providing reasonable access to other needed medical care, either by the investigator or other facilities when such care cannot be offered by the investigator. Therefore, Investigators in clinical trials giving new investigational product(s) or intervention(s) should ensure access to primary healthcare and collection of adverse events information regardless of whether they will financially cover the cost or not. Investigator(s) should refer participants to the appropriate health facilities where participants will receive health care and closely monitor their health and all treatments they receive.
11. NatHREC encourages the Principal Investigator to consider Professional Indemnity to protect institution and investigators against claims of negligence or malpractice. The need to have such a cover can be discussed and agreed upon with the Sponsor.

Compensation for injuries sustained in a clinical trial

1. Investigator(s) must ensure participants (or their dependents in case of participant death) are equitably compensated should they sustain unexpected serious injuries (physical, psychological, or social harm) that are judged to be related to the investigational product or study procedure.
2. Participants shall not be compensated if they sustain expected adverse events or those related to other licensed medicines appropriately prescribed during the trial.
3. Informed consent should contain information about compensation and the procedures the participant needs to follow in case of an injury.
4. Investigator(s) must ensure that participants are aware of the compensation guidelines and that their rights regarding compensation are protected.
5. Participants must not be asked to waive their rights to free treatment or compensation for research-related harms, nor must they be required to show negligence or lack of a reasonable degree of skill on the part of the researcher in order to claim free treatment or compensation.
6. The informed consent process or form must not contain statements that would absolve a researcher from responsibility in the case of harm, or that would imply that participants waive their right to seek compensation.

SOP 29: COORDINATION WITH INSTITUTIONAL AND INSTITUTIONAL OR ZONAL RESEARCH ETHICS COMMITTEES

Purpose

The purpose of this SOP is to address the relationship between NatHREC and the Institutional or Zonal Research Ethics Committees that have been mandated by NIMR to review health research in Tanzania in their institutions or locality.

Responsible

NatHREC, institutional RECs, Institutional RECs and Zonal RECs

Detailed procedure:

1. Protocols that do not involve foreign collaborators and non-clinical trials of Investigational Products (IP) can be reviewed and given ethical clearance at the Zonal or Institutional level.
2. Ethics review at the institution conducting the research is important and complementary to the national-level review provided by the NatHREC.
3. Health research that requires review by the NatHREC as well as the Zonal or Institutional REC include; clinical trials, research dealing with vulnerable, special or marginalized groups, sensitive topics or indigenous communities and any health research with collaborators between local institutions and foreign institutions.
4. In cases where research does not need to be reviewed at the national level, the Zonal or Institutional REC shall submit the REC report (Form #10) to the NatHREC Secretariat, listing all studies which were approved by the Zonal or institutional REC in each quarter.
5. The NatHREC Secretariat may request any information related to approved research studies at the Zonal or Institutional level.
6. The NatHREC should communicate to Zonal or Institutional RECs through the MRCC for issues of non-compliance.
7. Zonal or Institutional RECs are also subject to audit by the MRCC and other regulatory authorities.
8. NatHREC may request Zonal or Institutional REC reviewers to assist in review or joint review of protocols when needed.
9. NatHREC or NIMR at any time may task Zonal or Institutional RECs with the responsibility

for oversight of approved health research within their locality.

10. NatHREC shall write an official letter detailing the Committee's decision to Zonal or Institutional REC when issues of non-compliance are noted.
11. Institutional and Zonal Committees are required to submit quarterly reports to NIMR and these reports will be shared with NatHREC.

SOP 30: CAPACITY BUILDING AND BENEFIT-SHARING IN RESEARCH SETTINGS

Purpose

The purpose of this SOP is to provide procedures for capacity building and the process of sharing benefits arising from health research.

Responsible

Sponsors, International/Foreign PIs, and local PIs

Detailed procedure:

1. NatHREC expects the sponsors, international/foreign PIs and local PIs to be responsible to ensure capacity building components are discussed and implemented within research settings.
2. The NatHREC members and reviewers, while reviewing submitted protocols, will assess and advise the inclusion of capacity building and benefit sharing.
3. Depending on the nature of activities and the availability of funding, reviewers can make recommendations to the committee to ensure that the PIs adhere to the Capacity Building SOP.
4. NatHREC encourages equal opportunity and inclusion in international collaboration and research in general. These opportunities may be in building and strengthening services, local capacity and infrastructure. Opportunities may purchase of vehicles, equipment or support for medical consumables. Opportunities may be for training (in-house, study tours, exchange programmes, short- and long-term formal trainings including Post-doc positions), monitoring, evaluation, mentoring and any other available opportunities.
5. Benefit sharing of products and information and spill-over of benefits among researchers and the general public need to be fair and equitable according to existing international, national and institutional laws and regulations.

SOP 31: MATERIAL TRANSFER AGREEMENT (MTA) AND DATA SHARING AND TRANSFER AGREEMENT (DSTA)

Purpose

The purpose of this SOP is to describe the procedures and requirements for Material Transfer Agreement (MTA) and Data Sharing and Transfer Agreement (DSTA).

Responsible

Study sponsor, PIs, NatHREC Secretariat, members and reviewers

Detailed procedure:

1. Investigators who wish to share or transfer materials and/or data should complete an MTA or a DSTA before any research samples/materials or data are transferred or shared with another institution, laboratory or researcher.
2. Authorized Investigators and signatories from the recipient's and provider's institutions shall complete the MTA and/or DSTA and submit them to the MRCC for certification before any research samples, materials and/or data is transferred or shared to another institution, laboratory or researcher.
3. Any unauthorized person who executes an MTA or a DSTA may face disciplinary action.
4. The research protocol should detail the plan and the type of materials and/or data to be shared or transferred during submission for ethical clearance; if at all the plan was not included in the initial submission, then a protocol amendment is required and need to be approved by NatHREC before an MTA or a DSTA is submitted.
5. An MTA or DSTA should provide details of:
    i. the description and amount of material and/or quantity of data to be transferred or shared;
    ii. name(s) and contact information of the recipient and provider;
    iii. reference number of the research protocol that was approved by the responsible ethics committee;
    iv. procedures to be used in sharing, transfer or storage of materials and/or data as well as destruction mechanisms (when necessary);

v. institutions or laboratories where samples and/or data will be analysed; and
vi. funding sources used to fund the research study that generated the materials and/or data.

6. All MTA and DSTA requests and supporting documents shall be reviewed and may contact the PI and/or any authorized signatory on the application if further information is required.
7. When sharing or transferring material and/or data outside Tanzania, materials and/or data may be subject to government regulation, export control laws that define the conditions under which certain information, technologies and materials can be transferred or shared outside Tanzania.
8. Materials and/or data from foreign or international investigators being shared or transferred to Tanzania may be subject to international as well as Tanzania government regulations and import control laws that define the conditions under which information, technologies and materials can be transferred or shared in the country.
9. In situations where materials and/or data are shared or transferred from foreign or international investigators to Tanzania, the provider's country regulations for sharing or transferring materials and/or data will guide the initial process.
10. After sharing and/or transferring material and/or data outside Tanzania, the PI should provide NatHREC with proof of shipment.

SOP 32: SECONDARY DATA ANALYSIS

Purpose

The purpose of this SOP is to describe the requirements for research studies which involve existing or secondary data that will require ethics review.

Responsible

PIs, NatHREC members, reviewers, and Secretariat

Definitions

Existing or secondary data or specimens are data collected previously for research or non-research purposes and are in existence at the time of initial submission to the REC. Existing data may be from another source (another investigator or institution) or have been collected by the Project Investigator for another purpose.

Identifiable Information refers to information that is individually identifiable (such as the identity of the participant or that may be ascertained by the investigator or associated with the information).

Private Information refers to information about behaviour that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place and information which has been provided for specific purposes by an individual and which the individual can reasonably expect will not be made public (for example, a medical record).

General description

1. Additional analysis by the same research team that falls within the scope of the original REC application and consent document would not require an ethics review by the REC.
2. Analysis of de-identified, publicly available data does not constitute human participants research as defined in the Guidelines of Ethics of Health Research in Tanzania and therefore does not require ethics review by the REC.
3. Analysis of publicly or non-publicly available data with potential access to participant identifiers, the PI must submit the protocol to the REC for the formal determination of

exemption.

4. Analysis of non-publicly available data containing private identifiable information, the PI must submit the protocol to the REC for ethics review and approval.

Detailed procedure:

1. Whether analysis of the secondary data requires REC review depends on the type of data, whether the data contain ‘identifiable information” or access to the information (private information).
2. The secondary analysis could be of existing data, such as public datasets, medical records, student records, and data collected from previous studies including audio/video recordings that were initially collected for another purpose.
3. Investigators using data previously collected under another study should consider whether the currently proposed research is compatible use with what participants agreed to in the original consent form.
4. For non-exempt research, a consent process description or justification for a waiver must be included in the protocol.
5. The REC may require that informed consent for secondary analysis be obtained from participants whose data will be accessed; alternatively, the REC can consider a request for a waiver of one or more elements of informed consent.
6. When formulating the protocol, the Investigator should consider whether the protocol meets the definitions of research with human participants:
    i. If yes, investigators must submit an application for ethics review and approval via REIMS.
    ii. If not, REC review is not required. If funders, publications or other entities require formal documentation, the Investigator may request a formal letter from the REC.

SOP 33: INCIDENTAL FINDINGS IN HEALTH RESEARCH

Purpose

The purpose of this SOP is to describe and guide on how to report and respond to incidental findings in health research.

Responsible

Principal Investigators, Sponsors, NatHREC reviewers and Secretariat.

Definition

Incidental findings are observations of potential significance unexpectedly discovered in research participants or from the research study that is unrelated to the purpose of the study.

Detailed procedure:

1. Investigators should determine the potential for incidental findings (where possible) that could occur in the research study at the outset of planning for the study.
2. If the potential for a significant incidental finding exists, investigators should establish a process to handle the discovery and reporting of such findings. It is important to build the costs of such a process into the study and this may require the inclusion of a professional competent to evaluate the incidental finding.
3. Investigators should identify appropriate individuals and establish a process (scope, form, time frame) for reporting incidental findings to the research participant and others (if applicable); and determine the threshold for reporting incidental findings. Categorisation of different outcomes and responses can be useful.
4. If the investigators find that monitoring and reporting incidental findings are not feasible or unduly burdensome, they should consult fellow colleagues and/or the REC to explore available options.

SOP 34: PROTOCOL SUBMISSION AND REVIEW PROCEDURES FOR NON-

RESEARCH DETERMINATION

Purpose

To describe procedures to follow during non-research protocol submission for review and approval.

Responsibility

The MRCC Chairperson, NatHREC Chairperson and Members, NatHREC Secretariat, Applicants, Institution Research Ethics Committees and reviewers.

Detailed procedures

1. Applicants who wish to implement a project or public health activities and feel that the activity does not meet the regulatory definition of research should review the online guidance (*see guidelines for ethics for health research and Form 11)* to determine whether or not to submit an NRD application.
2. Applicants must submit all required documents through REIMS at least two (2) months prior to the commencement of the non-research activity. However, the nature of the activity can determine of duration for submission of application and review process.
3. Applicants shall choose whether to pay for an expedited or ordinary review. The decision to approve an application as expedited shall be at the discretion of the MRCC Chairperson, Committee and Secretariat.

- Protocols on activities to be implemented during public health emergencies may not be expedited but can have an accelerated review process.

4. An application to the NatHREC for a request for NRD for a public health activity shall be made by the Applicant for that activity. Applications should not be submitted by the Sponsor(s) on behalf of the applicant.
5. Once an NRD application is submitted through REIMS electronic system, the Secretariat shall validate all submitted documents to determine Non-Research attributes. Additional documents may be requested by the NatHREC Secretariat as may be required to complete the determination.
6. If a Validation of the application is termed as a “non-research” activity by the NatHREC Secretariat, then the Applicant is notified through the REIMS.

a. An automated email notification acknowledging receipt and successful validation of the application shall be sent to the Applicant by NatHREC within two (2) working days from the date of receipt.

b. Following successful validation of an application to the REIMS, a unique protocol submission identifying number shall be generated from the system; this unique identifier shall be used in reference to all communications to the Applicant regarding their application.

7. The Secretariat will then identify at least two (2) relevant reviewers and send the application for ethics review and non-research assessment.
   a. In the event application is found to be categorically research by nature, the Secretariat will inform the Applicant to submit it for Research Ethics Review.
   b. In the event that an application has both components of Research and Non-Research, then the application will be treated as Research
8. If 7a and/or 7b are observed, the Secretariat will send a notification to the Applicant, informing her/him to submit as a new research activity through REIMS.
9. Reviewer(s) shall submit comments to the Secretariat within fourteen (14) working days. However, for public health emergencies whose review process is accelerated, the applicant shall receive comments within seven (7) working days.
10. Upon receipt of reviewers' comments, the Secretariat shall forward them to the Applicant within two (2) working days
11. If the review process has concluded that the application is scientifically and ethically sound as a non-research activity, then the reviewers will recommend it to the NatHREC for protocol endorsement.
    - The Secretariat will compile the review report and submit it for endorsement to the NatHREC meeting.
12. Once the application is endorsed by the NatHREC, the non-research protocol will be sent to the MRCC Chairperson for approval, whose decision shall reach the applicant within fourteen (14) working days.
13. Once the NRD letter has been signed, the applicant shall receive it through email, physical postal address or download the softcopy from his/her REIMS account.

Criteria for withdrawal of the application submitted for review

1. Failure of the Applicant to respond to the Committee's and reviewers' comments within thirty (30) days, NatHREC Secretariat shall remind the Applicant via an e-mail notification.
2. Thirty (30) days after the email reminder notification, the NatHREC Secretariat shall notify the applicant of the intent to remove the protocol from the REIMS.
3. Once the research protocol is removed from the REIMS, the applicant shall be required to re-apply and be obliged to pay the application fee.

SOP 35: CLOSURE OF A NON-RESEARCH ACTIVITY, FINAL REPORTS AND CLEARANCE FOR DISSEMINATION

Purpose

The purpose of this SOP is to describe procedures for the review and follow-up, if appropriate, of closure of a no-research activity, final reports and clearance for dissemination for any non-research activity previously approved by the NatHREC.

Responsibility

Project Leader authorised for the non-research activity, NatHREC members and Secretariat, and the MRCC

Definition

Activity closure is the act of ensuring that all non-research activities are appropriately reconciled, recorded and reported at the end of the activity in accordance with the approved protocol, SOPs, GCP and the applicable regulatory requirements.

Final Activity report means a formal non-research activity report documenting and summarising the results and interpretation of the activity(s), including the design, objectives, patient assessment, data analysis, results, risk-benefit analysis, safety and effectiveness, in accordance with the Guidelines of Ethics for Health Research in Tanzania, revised 2023.

Detailed procedure

1. Final reports must be submitted to the NatHREC via a Close-out Form (Form 08) within three (3) months of completion.
2. The Secretariat shall review all Close-out Forms that indicate the non-research activity is closing and send the report to the NatHREC Meeting for discussion, deliberations and directives.
3. The Committee shall review the report(s), and if needed, they will request additional information from the Project Leader as needed.
4. Written documentation acknowledging the close-out will be provided to the Project Leader and a copy will be retained.

5. The NatHREC should receive a final report within one year of the termination of the non-research activity. The final report includes information on whether the non-research activity achieved its objectives, the main findings arrangements for dissemination and/or publication(s) of the non-research results including any feedback to participants.

Clearance for Dissemination

Project leaders wishing to disseminate a Non-Research (NR) article or reports should apply for permission from the MRCC Chairperson through REIMS. The application submission should include the following elements:

1. Cover letter outlining the title and content originating from approved Non-Research (NR) protocol.
2. A copy of the Non-Research (NR) Determination approval letter.
3. A copy of the final report generated from approved Non-Research activities
4. Dissemination plan and packages accompanied with a copy of the Non-Research Determination approval letter and a cover letter should be submitted through REIMS.
    a. **The dissemination plan shall include;**
        - Audiences and Communication Strategies
        - Methods of Dissemination
        - Shared Successes
        - Lessons Learned

    b. Key audiences may include:
        1. State associations of regions or districts and their health officials
        2. Hospital associations
        3. Public health associations
        4. Caregiver groups
        5. Universities and charitable foundations
        6. Community groups
        7. Faith-based organisations
        8. Schools
        9. Local government

10. Health care providers/centres

c. Methods of Dissemination

Once the dissemination objective and the audience are identified, the following ways may be used to share the developed content. These methods of dissemination include:

1. Publishing program or policy briefs
2. Publishing project findings in national journals and state-wide publications
3. Presenting at national conferences and meetings of professional associations
4. Presenting program results to local community groups and other local stakeholders
5. Creating and distributing program materials, such as flyers, guides, pamphlets and DVDs
6. Creating toolkits of training materials and curricula for other communities
7. Sharing information through social media or on an organisation's website
8. Summarizing findings in progress reports for funders
9. Disseminating information on an organisation's website
10. Discussing project activities on the local radio
11. Publishing information in the local newspaper
12. Issuing a press release
13. Hosting health promotion events at health fairs and school functions

5. The NatHREC Secretariat will review the application according to the Guideline of Ethics for Health Research in Tanzania revised 2023 and submit the compiled application report with recommendations to the NatHREC Meeting for appropriate decision.

Clearance of Publications

Principally the non-research determined activity is not meant to provide generalizable knowledge, however the Project Leader may wish to publish a Non-Research (NR) article or report to a recognizable national or international journal. When this need is sought the project

leader has to apply for permission to publish from the MRCC Chairperson explaining the intention and rationale. The MRCC, through NatHREC shall review the request for ethics and scientific merit of the protocol and the packaged results, and guide appropriately to whether it is publishable after amendment or not all. The application submission should include the following elements:

1. Cover letter outlining the title and content of the manuscript originating from approved Non-Research (NR) protocol.
2. A copy of the Non-Research (NR) Determination approval letter.
3. A copy of the final report generated from approved Non-Research activities
4. Manuscripts accompanied with a copy of the Non-Research Determination approval letter and a cover letter should be submitted through REIMS.
5. The corresponding authors/project lead should confirm the position and role as presented in the manuscript; and project leads are encouraged to demonstrate the contribution of corresponding authors in the manuscript as was in the project.
6. The NatHREC Secretariat will review the application according to the Guideline of Ethics for Health Research in Tanzania revised 2023 and submit the compiled application report with recommendations to the NatHREC Meeting for appropriate decision.
7. Project Leaders (s) publishing non-research activity(s)prior to contacting or requesting for permission to publish from the approving authority shall be penalized for violation of terms of reference defined on Non-Research Determination approval letter.
8. Penalization will follow Guidelines and Regulations (1979) and ICT policy (December 2021). These penalties may include, but not limited to:
    i. Approving authority may order the publishing company or Journal to withdraw the article from the system;
    ii. The project leader (s) may be blacklisted by the approving authority;
    iii. If the non-research activity is still continuing then the MRCC may decide to stop/discontinue the activity.
9. The manuscript shall be reviewed based on the outlined criteria and submitted to the MRCC Chairperson for approval.
10. The outcome of the request shall be communicated to Project Leader/authors.

REFERENCES

1. Tanzania National Health Research Ethics Committee's Standard Operational Procedures (SOPs), 2nd edition; 2014.
2. Guidelines of Ethics for Health Research in Tanzania, 3rd Edition; 2023.
3. World Health Organization. Operational Guidelines for Ethics Committees that Review Biomedical Research; 2000.
4. International Conference on Harmonization, Guidance on Good Clinical Practice (ICH GCP) 1996.
5. 45 Code of Federal Regulations 46.115 IRB Records, 108.b IRB Functions and Operations.
6. International Ethical Guidelines for Biomedical Research on Human Subjects, CIOMS, 2002.
7. Guidelines for Application to Conduct Clinical Trials in Tanzania, March 2020.
8. Guidelines for Reporting Safety Data in Clinical Trials. Second Edition, November 2020.
9. Guidelines for Insurance and Indemnity of Clinical Trials in Tanzania, First Edition, December 2010.
10. National research registration and clearance guideline (2022). Commission for Science and Technology (COSTECH).

APPENDICES: FORMS

FORM 1A: CONFIDENTIALITY, CONFLICT OF INTEREST AND NON-DISCLOSURE AGREEMENT FOR REVIEWERS OF THE NATIONAL HEALTH RESEARCH ETHICS REVIEW COMMITTEE

I. Introduction

Health research in Tanzania is coordinated under the Medical Research Coordinating Committee (MRCC). The day-to-day activities of the MRCC are carried out by the National Health Research Ethics Sub-Committee (NatHREC). NatHREC is responsible for ensuring health research proposals are reviewed to safeguard the dignity, rights, safety and well-being of research participants. The Sub-committee is also responsible for overseeing all issues pertaining to health research data and material transfers.

The National Health Research Ethics Committee receives proposals in confidence and is responsible for protecting the confidentiality of their contents. In addition, NatHREC is responsible for keeping the identity of reviewers confidential to the extent possible.

i. Conflict of Interest

A Conflict of Interest exists when a reviewer has an interest in an application or proposal that is likely to bias his or her evaluation of it. Conflicts of Interest include:

- A potential reviewer or a close relative of the reviewer are in a position to gain or lose financially/materially from the funding of the application
- An individual serving as either the principal investigator or key personnel on one component of a multi-site or multi-component project has a conflict of interest with all of the applications or proposals from all investigators or key personnel associated with the project.
- Where a potential reviewer has scientific, academic, professional or personal differences with an applicant.
- The potential reviewer may feel for any reason unable to provide an impartial review of the application

Waiver: If no other reviewer is available with the expertise necessary to ensure a competent review, a waiver may be granted to allow participation in the review.

ii. Rules to follow:

1. All documents and information that NatHREC entrusts to the reviewer are maintained in strict confidence at all times.
2. All documents and information that NatHREC entrusts to the reviewer are used for the sole purpose of reviewing and to make recommendations to NatHREC.

3. The reviewer is prohibited from sharing applications, or any material related to the application with any person not designated as part of the review process including the applicant.
4. Reviewers may not contact the applicants for additional information or disclose matters arising from the review process to the applicants.
5. When a reviewer in invited to attend a NatHREC meeting; comments made in meetings during review of applications and the conclusions of the Committee's review must never be discussed or disclosed with individuals not involved in the review process unless required by courts of law.
6. All reviewers must have signed the confidentiality, conflict of interest and non-disclosure agreement.

I certify, that I have read, and understood the "NatHREC Confidentiality, Conflict of Interest and Non-Disclosure Agreement for Reviewers" above. I certify that I fully understand the confidential nature of the NatHREC review process. I agree to:

1. *Destroy, delete and/or return all materials, related to applications or proposals reviewed including associated materials made available to reviewers, information and materials related to the review process, reviewer evaluation and discussions during review meetings.*
2. *Not to disclose or discuss the applications or proposals, associated materials made available to reviewers, information and materials related to the review process, reviewer evaluation and discussions during review meetings.*
3. *Not to use information contained in the application or proposal for my direct or indirect benefit or make such information available for the direct or indirect benefit of any other individual or organization.*

I understand that any breach to this agreement will lead to termination as a reviewer and my institution will be informed of misconducts. If any conflict of interest arises during the review of any application or proposal, I will immediately report it to the NatHREC Secretariat.

_____

Signature

_____ _____

Name (print) Date

FORM 1B: CONFLICT OF INTEREST DECLARATION FORM FOR MEMBERS, REVIEWERS AND ALL PARTIES DURING NATIONAL ETHICS REVIEW COMMITTEE (NatHREC) MEETINGS

The purpose of this form is to ensure that NatHREC members and reviewers declare any Conflict of Interest to one or more protocols tabled during meetings or any other review platform.

CONFLICT OF INTEREST:

I declare that **I have no/I have** a conflict of interest in relation to the following protocols tabled for discussion in this meeting/review.

Protocol(s) to which I bear a conflict of Interest

Protocol title:

……

……..……

PI: ……

Conflict of Interest:

……

……

……

Name ……

Signature……

Date……

FORM 2: CHECKLIST FOR ETHICS CLEARANCE APPLICATION SUBMISSION

I. NEW PROTOCOL APPLICATION

Required Documents: Electronic copy of all documents

S/No.	ITEM	ATTACHED
1.	Full study protocol with all relevant sections: Summary, Background and Rationale, Objectives, Methodology, Ethics considerations, Budget and Budget justification, References and Appendices, etc.	
2.	Cover letter with Institution logo signed by PI or CO-PI	
3.	Commitment letter from affiliated institution and/or local government officials	
4.	Medical Research Coordinating Committee (MRCC) Application Form	
5.	Curriculum Vitae (CVs) and composition of the research team	
6.	Informed Consent Forms/Assent Forms in English and Kiswahili with institution logo, Local PI and NatHREC contacts	
7.	IRB approval certificate from affiliating institution (s) where applicable	
8.	Data collection tools in English and Kiswahili	
9.	Elaborated recruitment procedure	
10.	Written information to be provided to participants in English & Kiswahili	
11.	Filled in Data Sharing or Transfer Agreement (DSTA) and/or Material Transfer Agreement (MTA) (where applicable)	
12.	Evidence of application payment (pay slip)	

II. AMENDMENT APPLICATION

Required Documents: Electronic copy of all documents

S/No.	ITEM	ATTACHED
1.	Amended study protocol with all relevant sections	
2.	Original study protocol with all relevant sections.	
3.	Cover letter with Institution logo signed by PI or CO-PI with a summary of changes to be made in the protocol (must be presented in points i.e. 1, 2., 3, n)	
4.	Commitment letter from affiliated institution and/or local government officials	
5.	Medical Research Coordinating Committee (MRCC) Application Form	
6.	Curriculum Vitae (CVs) and composition of the research team	
7.	Informed Consent Forms/Assent Forms in English and Kiswahili with institution logo, Local PI and NatHREC contacts	
8.	IRB approval certificate from affiliating institution (s) where applicable	

9.	Data collection tools in English and Kiswahili	
10.	Evidence of application and registration fees payment (Bank slip)	
11.	Filled in Data Sharing or Transfer Agreement (DTA) and/or Material Transfer Agreement (MTA) (where applicable)	
12.	A copy of Initial Ethics Clearance Certificate	
13.	A copy of the latest Ethics Clearance Certificate (extension/ amendment)	

III. CLINICAL TRIAL APPLICATION (FOR NEW / AMENDMENT)

NB: Additional documents that must be submitted with a Clinical Trial application.

S/No.	ITEM	ATTACHED
13.	Investigator's Brochure and Case Report Forms	
14.	Proof of Insurance Coverage arrangement	
15.	List of DSMB members (with at least one Tanzanian)	

IV. EXTENSION OR RENEWAL

Required Documents: Electronic copy of all documents

S/No.	ITEM	ATTACHED
1.	Original study protocol /or Amended study protocol with all relevant sections	
2.	Cover letter with Institution logo signed by PI or CO-PI	
3.	Progress report of study indicating what has been covered in the study period.	
4.	Copy of previous Ethics clearance certificate	
5.	Evidence of application payment (pay slip)	

V. PROGRESS REPORT

Required Documents: Electronic or hard copy of all documents

S/No.	ITEM	ATTACHED
1.	Cover letter with Institution logo signed by PI or CO-PI	
2.	Progress report of study including status of: i. Activities that have been conducted ii. Activities that remain to be conducted.	
3.	Copy of original Ethics clearance certificate	
4.	Copy of latest Ethics Clearance Certificate (If applicable)	

Application fees rates

Application type	Review type	Tanzanian collaborators (TZS)	Tanzanian Students (TZS)	International collaborators (USD)	International students (USD)
New application					
Non-Clinical trial	Expedited	1,100,000.00	250,000.00	1,100.00	350.00
	Ordinary	400,000.00		600.00	
Clinical Trial	Expedited	3,100,000.00		4,100.00	
	Ordinary	2,100,000.00		2,100.00	
Amendment application					
Non-Clinical Trial	-	200,000.00	200,000.00	300.00	300.00
Clinical Trial	-	500,000.00		500.00	
Extension/ renewal application					
Non-Clinical Trial	-	100,000.00	100,000.00	100.00	100.00
Clinical Trial	-	200,000.00		200.00	

Note: These are reviewed from time to time.

FORM 3: MRCC APPLICATION FORM FOR ETHICS APPROVAL

I. Application number: ……..

II. For use by applicant

Date of which the application is submitted		Click or tap to enter a date.
Instructions	• All applications for ethics approval should be submitted using this form. • The Principal Investigator is required to ensure the information provided is accurate and will sign on this form to indicate that he/she approves the content. • Although it is required that the final protocol approved by the sponsor and other relevant documents are submitted for review together with this form, the information provided in this form is expected to be complete and adequate for reviewers to make a decision on the final disposition of the protocol.	
Title of project:		
Revised title (if any):		
Protocol Version/Revision No:		
Protocol Version Date:		Click or tap to enter a date.
Application Type *(New study, amendment)*		Choose an item.
Study Type *(Choose from List):*		Choose an item.
Expedited Application *(Yes/No)*		Choose an item.
Name of the Principal Investigator (PI) who is a Tanzanian or Foreigner with residential permit.		
Phone and email of PI who is a Tanzanian or Foreigner with residential permit.		
Names of other principal investigators *(PIs And Co-PIs)*		
Qualifications of PI		
Position of PI		
Institution and Department/Unit of PI		
If Research student: Name and address of supervisor. *(Attach a commitment letter from supervisor)*		
Contact details for correspondence. *(Include the name of contact if Different from the PI)*		

If this study involves more than one institution, name the overall study PI, institution and contact address.		
Name of other institutions involved in the study if this study involves more than one institution.		
Is this a randomized controlled trial? *(Yes/No)*		Choose an item.
Does this study involve the taking of blood and/or any other biological samples? *(Yes/No)*		Choose an item.
Does this study involve shipment of biological samples outside Tanzania or importing materials from outside Tanzania? *(Yes/No)*		Choose an item.
Does this study involve data sharing/ transfer outside Tanzania? *(Yes/No)*		Choose an item.
Provide details of all ethical clearances sought or obtained from other ethics committees *(This includes institutional ethics approval within Tanzania and in other countries if appropriate).* Attach approval certificates from other ethics committee(s).		
Provide the list/ summary of changes from the first (initial)/previous submission in case of revised/amended submission.		
1.	Provide the scientific background, study design and objectives and hypotheses. Max 400 words	
2.	State the intended value of the project or rationale. Why it is important to conduct this study in Tanzania? *Provide relevant references as appropriate.* Max 300 words	

3.	State the total duration of the project.
4.	State where project will be undertaken in Tanzania (and also in other countries if appropriate).
5.	Provide evidence *(such as commitment/endorsement letter)* to show that local government officials in the region(s)/district(s) where the proposed research will be conducted have been informed about this study. If this has not been done, describe how you plan to achieve this BEFORE the study starts.
	Local institutions commitment letter – staff letter Local main stakeholder/ institution collaborator Secondary data permission letter from institution
6.	Specify the number of the study participants, with scientific justification for sample size, age, gender.
7.	Specify recruitment methods, inclusion and exclusion criteria and study end points
8.	Specify data collection procedures, including interviews and sample collection, involving human participants with brief details of actual methods. *Attach copies of questionnaires and other data collection tools in English and Kiswahili.* Max 500 words
9.	If applicable, describe procedures to be used to process, store and test biological samples *(e.g., blood, genital swabs, urine, etc.).*
10.	If samples will be taken overseas, are there samples which will be left in Tanzania? Choose an item. *If YES, describe procedures to be used in their shipping, storage and when will be destroyed.*
11.	Indicate which institution or laboratory which samples will be analyzed. Please note that before samples are shipped outside of Tanzania or shipped in to Tanzania MTA clearance is required.
12.	Is the technology required for analysis of samples available in Tanzania? Choose an item. *If YES, please describe why are samples being taken outside the country*

13.	Would local scientist(s) (Tanzanian) be involved in sample analysis? Choose an item. *If YES describe her/his involvement, and if NOT explain what are the strategies for technology transfer.*
14.	Specify data management procedures and methods to be used during data analysis.
15.	If data will be taken overseas, describe why. *(Note that before data is shared/transferred, clearance is required by completing a Data Sharing and Transfer Agreement Form)*
16.	Describe potential risks, discomfort, distress or hazards that research participants may be exposed to *(these may be physical, biological and/or psychological).*
17.	What precautions will be taken to reduce risks and ensure participants' safety?
18.	Describe potential benefits for participants and the population where they come from. *Are there direct benefits for the people of Tanzania and/or other countries?*
19.	How will confidentiality of the study participants and data collected will be maintained?
20.	State the manner in which consent will be obtained and documented in writing. *Provide copies of the informed consent forms and other relevant documents in English and Kiswahili.*
21.	Describe steps to be taken to minimize coercion/undue influence during the consent process.
22.	Describe how you are going to assess comprehension of the information provided during the consent process.
23.	Will payments be made to participants? *(These should usually not be for more than travelling expenses and/or loss of earnings and must not be coercive or represent an undue inducement to take part).* . Choose an item.*If YES give details and justification.*

24.	State the experience of the PI and co-investigators in the study in the field concerned, and what their role will be on the project.
25.	Is a certificate for training on protection of study participants in research attached? *(i.e., GCP, GCLP certificates)* If not trained, describe how project staff *(PI and other staff)* will be trained on the protection of study participants in research.
	Choose an item.
26.	When applicable, state what medical supervision is available to the participants for clinical trials and clinical research.
27.	Describe the facilities available to support the successful conduct of the proposed research study, *i.e.; office space, equipped laboratories.*
28.	If this is a clinical/intervention trial of a medicine, device, biologic/vaccine, or any other form of treatment or intervention, respond to the following questions:
A	How does the trial comply with Good Clinical Practice (GCP)?
B	Does this trial involve testing a new drug, vaccine or medical device which is not registered in Tanzania?
	Choose an item.
C	If this trial involves testing a new drug, vaccine or medical device, is an investigator's brochure attached? *If no, explain why.*
D	What will be offered to the control arm?
E	Confirm that TMDA approval will be processed before data collection begins.
F	Is there a Data Safety Monitoring Board or a body with similar functions and characteristics in place? Choose an item. *If NO, explain reasons*
	If the intervention to be tested is found to be effective, describe; i) Plans to make it available to the participants and other people after the end of the trial.

G	ii) Continuation of scale up.
H	Have you obtained a certificate insurance cover for study participants locally (a cover from insurance company based in Tanzania)? *If YES attach - If NO describe how this will be obtained*
29.	Is the study going to involve vulnerable population? *(Vulnerable population include: pregnant women, prisoners, hospitalized patients, mentally ill persons, indigenous populations etc.)* Choose an item. *If YES, describe steps which will be taken to ensure protection of human subjects*
30.	Give details of research funder
	Name and Address:
31.	Give details of research sponsor. This is not necessarily the funding body. *(The sponsor is responsible for the initiation and management of the study. All clinical trials should have an identified sponsor.)*
	Name and Address:

FORM 4: SAE REPORTING FORM

I. Study information

1. Date of reporting:	Click or tap to enter a date.	2. SAE report Choose an item. *(Initial, follow-up, final)*	
1a. Date of SAE:	Click or tap to enter a date.		
3. Title of SAE (event / diagnosis)			
4. Location of SAE	Choose an item. *(Home, health center, other – specify)*		
5. Study title:			
5a. Duration of study			
5b. Study PI:		6. Participant ID:	
5c. Study site *(Country, region):*		6a. Participant DOB:	Click or tap to enter a date.
5d. Certificate number provided by NIMR		6b. Participant sex:	Choose an item.

II. Reaction information

7. Describe reaction *(Including relevant tests/ lab data)*	7a. **Check all appropriate to adverse reaction** Patient died ☐	
	Involved or prolonged in-patient hospitalization ☐	
	Involved persistence or insignificant disability or incapacity ☐	
	Life threatening ☐	
8. Is the SAE related to study drug/ regimen related?	Choose an item.	*(Yes/No)*
9. Have any other similar SAE occurred in this study?	Choose an item.	*(Yes/No)*
10. In case of multicentre study, have any other sites reported a similar SAE? *(If yes, list number of cases with details if available)*	Choose an item.	*(Yes/No)*
Outcomes of the SAE *(Resolved, ongoing, Fatal) If other (Specify)*	Choose an item.	

III. Suspect drugs information

11. Suspect drug(s) *(Include generic name)*	Choose an item. *(medicine/Vaccine – list them)*
12. Daily dose(s)	
13. Route(s) of administration	
14. Indication(s) for use	
15. Therapy date(s)	
16. Therapy duration	
17. Did the reaction abate after stopping drug?	Choose an item. *(Yes/No/ NA)*
18. Did the reaction reappear after re-introduction?	Choose an item. *(Yes/No/ NA)*

IV. Concomitant drug(s) and history

19. Concomitant drug(s) and dates of administration *(exclude those used to treat reaction)*	
20. Other relevant history (e.g., diagnosis, allergies, pregnancy with last month of period, etc.)	

V. Manufacturer information

21. Name and address of manufacturer	
22. Manufacturer control number	
23. Date received by manufacturer	
24. Batch number	
25. Report source	Choose an item. *(Study, Literature, Health professional)*

(Upload evidence of submission to sponsor on REIMS)

Note:

a) Investigator is required to submit an initial report on SAE within 24 hours of its occurrence.
b) Investigator is required to submit a final or follow up report on the SAE within 14 days of its occurrence.
c) Ethics committee should acknowledge / give deliberation on the SAE within 30 days of its occurrence.
d) Investigator is required to respond on deliberations of the Ethics committee (If required) report within 30 days of receipt of deliberations.

Guides on how to fill out the form

- Item 1: Date of reporting if the SAE should be the date of submission of SAE.
- Item 1a: Date of SAE should be the date when SAE occurred.
- Item 2: SAE report refers to whether the report is initial, a follow up report or the final report.
- Item 3: Title of SAE refers to the diagnosis of the participant or event that occurred to the participant.
- Item 4: Location of SAE refers to the place where SAE occurred.
- Item 5: Study tile should be the title of the clinical trial approved by NIMR.
- Item 5a: Duration of study refers to the number of years or months the stud will run.
- Item 5b: Study PI should be the name of the principal investigator of the study.
- Item 5c: Study site refers to the country and region where study is being conducted.
- Item 5d: Certificate number provided by NIMR refers to the ethical clearance reference number.
- Item 6: Participant ID should be the ID number assigned to participant.
- Item 6a: Participant date of birth should be date participant was born.
- Item 6b: Participant sex should be the gender of the participant.
- Item 7: Required is the description of SAE event including tests and lab data.
- Item 7a: Tick the all boxes that apply to the SAE.
- Item 8 - 10: Fill in YES or NO.
- Item 11: Fill out the outcomes of the SAE from the options provided.
- Item 12: Suspect drugs choices are either Medicine or Vaccine. Fill out the suspect drugs in the space provided.
- Item 13: Fill out the daily dose of study drug.
- Item 14: Fill out the Route(s) of administration of study drug.
- Item 15 Fill out indications for use of the study drug.
- Item 16: Fill out therapy dates of the study drug.
- Item 17: Fill out therapy duration of the study drug.
- Item 18 and 19: Pick the appropriate choice – YES, NO or NOT APPLICABLE.
- Item 20: Fill out Concomitant drug(s) and dates of administration and exclude those used to treat reaction.
- Item 21: Fill out any other relevant history of the participant that might have a relationship with the SAE example, diagnosis, allergies, pregnancy with last month of period, etc.).

- Item 22: Fill out Name and address of manufacturer of study drug.
- Item 23: Fill out the manufacturer control number for the study drug.
- Item 24: Fill out Date received by manufacturer
- Item 25: Fill out Batch number of the study drug.
- Item 26: Fill out source of the SAE report provided.

FORM 5: PARTICIPANT INQUIRY FORM

Date Received	
Requested from:	Telephone call:
	Mailed letter Ref: …… of …… Date: …….....
	Email of: ……..... Date: …….....
	Other communication methods (Specify):
Name of participant:	
Address:	
Title of the protocol participating in	
Start date of participation:	
Inquiry:	
Action taken	
Outcome	

…… ……

Name of receiving officer **Signature**

FORM 6: PROGRESS REPORT FORM FOR APPROVED STUDIES

Report type *(Quarterly, bi-annual, Annual)*	Choose an item.	
Reporting period/ time frame *(by months)*		
Reporting date	Click or tap to enter a date.	
Protocol title:		
Original Certificate no.		
Current certificate no (if applicable)		
Principal Investigator:		
Action requested:	Review for new subject accrual to continue [ ] Review for enrolled participants follow-up only [ ] Review for termination of study [ ]	
Have there been any amendments since last review?	Yes [ ]	Comment:
	No [ ]	Comment:
Impaired participants	None [ ] Physically [ ] Mentally [ ] Both [ ]	
Have there been any changes in the participant population, recruitment or selection criteria since the last review?	No [ ] Yes [ ] Explain:	
Have there been any changes in the informed consent process or documentation since the last review?	No [ ] Yes [ ] Explain:	

Has any information appeared in the literature or evolved from this or similar research that might affect the committee's evaluation of the risk/benefit analysis of human subjects involved in this protocol?	Yes [ ]	Comment:
	No [ ]	Comment:
Have any participants withdrawn for this study since the last approval?	No [ ] Yes [ ] Explain:	
Participants	New participants accrued since last review: _____ Total participants accrued since study began: _____	
Have any unexpected complications or side effects been noted since last review?	Yes [ ]	Comment:
Investigational new drug/device	No [ ]	Comment:
Have any investigators been added or deleted since the last review?	No [ ] Yes [ ] Comment:	
Changes in medical advisory/investigation?	No [ ] Yes [ ] Comment:	
Have any investigators developed an equity or consultative relationship with a source related to this protocol which might be considered a conflict of interest?	No [ ] Yes [ ] (Append a statement of disclosure)	
Signature	Principal Investigator ……..... Date ……....	

FORM 7: RESEARCH SITE VISIT AND STUDY OVERSIGHT TOOL

.

Date(s) of oversight visit:			
Review the SOPs and note details of any omissions or deviations, with reasons			
Check the files for the presence of all signed documents: Note any that are missing and action taken			
Components	**Present**	**Missing**	**Action taken**
Training records	[ ]	[ ]	
Application submission records	[ ]	[ ]	
Protocol Assessment Records	[ ]	[ ]	
Informed consent forms (where applicable)	[ ]	[ ]	
Communication Records	[ ]	[ ]	
Amendment Approval (if applicable)	[ ]	[ ]	
Meeting Agenda, Minutes, Action letters	[ ]	[ ]	
Active files	[ ]	[ ]	
Progress reports	[ ]	[ ]	
Are any documents known to be missing from the study master file?			Yes [ ] No [ ]
List study Personnel available for the oversight visit			
Checklist completed by oversight team lead: Name ……..... Signature …….....			Date …….....

Signature of principal investigator or representative Name ……..... Signature ……..... 	Date …….....

FORM 8: STUDY CLOSEOUT FORM

Instructions for Closure of a Research Study

Complete and submit this form before the expiration date of your study ethics clearance certificate.

I. STUDY INFORMATION

1.	Study Title	
2.	Principal Investigator	
3.	Study site	
4.	Certificate number	
5.	Sponsor/Funding Agency	
6.	Sponsor (if applicable)	
7.	Date of last Continuing Review Approval	
8.	Date of Closure	
9.	Date of report	
10.	Signature of PI	

II. Study Status

1. Summary of research activities to date.

2. Number of subjects involved in the study **to date** (cumulative) either through direct contact or through use of their data. (Complete all blanks)

a. Number of people screened:

b. Number of subjects enrolled (i.e., the number who consented/assented and took part in any part of the study intervention or data collection, for randomized trials list those who were randomized) in the study to date): ☐

c. Projected number of enrolled subjects, as approved by the NatHREC in the protocol. Numbers must match the numbers listed in the initial approval for the study. If amendments have been submitted to increase sample size after initial approval, list both original approved sample size and note the approved amended sample size: ☐

If (b) is greater than (c) above, please explain:

3. Since subject enrolment began, have any subjects withdrawn from the study (e.g. voluntarily withdrawn or lost to follow-up) or been withdrawn from the study by the investigator? (NOTE: Do not include refusals.)

☐ YES (provide cumulative number and reasons for withdrawal)
☐ NO

4. Did any unanticipated problems, protocol violations, adverse events (AEs), or serious adverse events (SAEs) occur since the initial review or last continuing renewal? (NOTE: If study has been renewed one or more times, please only list problems or events from the current approval period.)

☐ YES (provide a list of these problems, protocols violations, AEs, and SAEs, and indicate which ones were previously reported to the NatHREC)

☐ NO

5. Were any complaints received about the research since the initial review or last renewal by the NatHREC? (NOTE: If study has been renewed one or more times, please only list complaints from the current approval period.)

☐ YES (provide a list of these complaints and indicate which ones were previously reported to the NatHREC)

☐ NO

6. Were any amendments approved by the NatHREC for this study since the initial review or last renewal by the NatHREC? (NOTE: If study has been renewed one or more times, please only list amendments from the current approval period.)

☐ YES - provide a list of amendments (including amendment #) by date of approval with the description of the amendment. For example: Amendment 03: 5/2/09--Revised consent forms)

☐ NO

7. Were any additional changes made to the study procedures or materials since the initial review or last renewal by the NatHREC that were <u>not</u> submitted for approval? (NOTE: If study has been renewed one or more times, please only list changes from the current approval period)

☐ YES - provide a list of these changes

☐ NO

8. Summary of any remaining activities.

9. Does your institution currently maintain any identifiable subject data or specimens from this study? (select one)

   ☐ YES - still maintain identifiable data or specimens from this study.

   ☐ NO - no longer maintain any identifiable data or specimens from this study.

10. Specify the Data Transfer or Sharing Agreements (DSTA) and Material Transfer Agreements (MTAs):

III. REASON FOR CLOSING THE STUDY:

a) Research completed and no identifiable data or specimens are maintained. Data analysis of de-identified data and report writing can continue. ☐

NOTE: Documentation of informed consent of subjects - either signed informed consent forms or short forms and written. Research summary - must be retained by the research team for at least 5 years after completion of the research (per regulations), unless NatHREC waived the requirement for informed consent or documentation of informed consent. ☐

b) Research was never done (lack of funding, etc.) ☐

c) Other reason to close the study, specify

FORM 9: COMMUNICATION RECORD

S/N	Date	Attention requested	Time	Requested by	Contact information of the person					Action taken	Attending officer(s)	Means of communication Call/Visit*
					Institution name	Postal address	Phone number	Mobile number	Email			

FORM 10: INSTITUTIONAL RESEARCH ETHICS COMMITTEE/ REVIEW BOARD REPORTING FORM

Report type *(bi-annual, Annual)*	Choose an item.
Reporting period *(by months)*	
Reporting date	Click or tap to enter a date.
Names of the reporting team	

I. ETHICS COMMITTEE DETAILS

Name of Institution Ethics Committee	
Date of establishment	Click or tap to enter a date.
Address	
E-mail	
Office number	

II. CONTACT PERSON DETAILS

Name of contact person	
Designation *(If other, specify)*	Choose an item.
E- mail	
Phone number	

III. LIST OF PROTOCOLS APPROVED BY THE IREC DURING REPORTED PERIOD

No.	Protocol title	IRB approval number	Date approval issued	Source of funds	Principal Investigator (PI)	Contact information for PI	Type of study	Duration of study	Study area	Progress report available (Yes/No)[i]
1										
2										
3										
4										

IV. OVERSIGHT ACTIVITIES BY THE IREC

Monitoring of studies approved by the IREC		
I.	Is Monitoring being conducted?	Choose an item.
II.	Type of monitoring?	

III.	How many have been conducted:	
IV.	What triggered the latest monitoring? *(when):*	
V.	Are reports in place?	
VI.	Any special reporting issue	
AOB		

FORM 11: CHECKLIST FOR NON-RESEARCH DETERMINATION APPLICATION

1. NEW APPLICATION

List of Required Documents	Attached with application?
1. Medical Research Coordinating Committee (MRCC) Application Form	□
2. Cover letter with Institution logo signed by Project Lead	□
3. Commitment letter from affiliated institutions and/or local government officials	□
4. Full non-research application(s) with all relevant sections: a) Summary b) Background c) Problem statement d) Purpose/Intent e) Approach/Methodology • Where: Location /area? • What: Specific focus of activity/project/program? • Who: Participants/beneficiaries of the activity/project/program? • Who is implementing the intervention/activity/project? • How: Delivery/implementation method), Intended outcome, Ethical considerations? f) Budget and Budget justification g) References and Appendices, etc.	□
5. Informed Consent Forms/Assent Forms in English and Kiswahili with institution logo, Local Project Lead and NatHREC contacts (*where applicable*)	□
6. Non- research IRB approval letter from affiliating institution (s) (*where applicable*)	□
7. Data collection tools in English and Kiswahili (*where applicable*)	□
8. Project implementation tools (*where applicable*)	
8. Elaborated recruitment procedure (*where applicable*)	□
9. Written information to be provided to participants/beneficiaries in English and Kiswahili	□
10. Curriculum Vitae (CVs) and composition of the non-research project team	□
11. Proof of payment of application fee	□
12.Filled in Data Sharing and Transfer Agreement (DSTA) (*where applicable*)	□

2. AMENDMENT APPLICATION

List of Required Documents	Attached with application?
1. Amended non-research application with all relevant sections	□
2. Original non-research application with all relevant sections	
3. Cover letter with Institution logo signed by Project Lead	□
4. Commitment letter from affiliated institution and/or local government officials	□
5. Medical Research Coordinating Committee (MRCC) Application Form (*with relevant components of non- research application filled*)	□
6. Curriculum Vitae (CVs) and composition of the non-research project team	□
7. Informed Consent Forms/Assent Forms in English and Kiswahili with institution logo, Local Project Lead and NatHREC contacts (*where applicable*)	□
8. Non-research IRB approval letter from affiliating institution(s) (*where applicable*)	□
9. Data collection tools in English and Kiswahili (*where applicable*)	□
10. Elaborated recruitment procedure (*where applicable*)	□
11. Project implementation tools (*where applicable*)	□
12. Written information to be provided to participants/beneficiaries in English and Kiswahili (*where applicable*)	□
13. Proof of payment of amendment fee	□
14.Filled in Data Sharing and Transfer Agreement (DSTA) (*where applicable*)	□
15. A copy of the latest non-research approval letter	□