Guidance Tool for Community Advisory Boards
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Acknowledgements
This Guidance Tool for Community Advisory Boards was developed by Alexandre Menezes with support from Stacey Hannah and Rachel Yassky. The authors would like to thank the IAVI staff and partners that contributed to the content. We are especially grateful to the Community Advisory Board members that have volunteered their time and energy to ensure communities play an active role in the development of AIDS vaccines and other HIV prevention tools.

Published by the International AIDS Vaccine Initiative (IAVI)

First Edition 2012

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This Guidance Tool for Community Advisory Boards can be found online at http://www.iavi.org.

This publication is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of the International AIDS Vaccine Initiative and do not necessarily reflect the views of USAID or the United States government.

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IAVI’s mission is to ensure the development of safe, effective, accessible, preventive HIV vaccines for use throughout the world.
Dedication

This Guidance Tool is dedicated to the memory of Ms. Matilda Mogale, who passed away unexpectedly on February 9, 2011.

Ma Mogale, as we all knew her, was a long-term member of the Perinatal HIV Research Unit (PHRU) team. She contributed greatly to all of IAVI’s community engagement activities in Southern Africa, providing feedback to this and other tools as well as tirelessly sharing her wealth of experience with colleagues from around the world. In 2008, twenty years after introducing the prevention of mother-to-child transmission (PMTCT) program to Soweto clinics, Ma Mogale retired from PHRU. However, her activism continued as a member of its CAB. Although we miss Ma Mogale greatly, her commitment and grace in the fight against HIV continue to inspire all of us.
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1. The CAB Guidance Tool

This guidance document presents researchers with a reference for establishing and further developing Community Advisory Boards (CABs). It is intended primarily for staff responsible for community interactions at clinical research centers, but could provide important background to other components of the research team and CAB members themselves.

The best practices, examples and recommendations in this document were compiled based on an assessment of experiences at multiple research centers engaged in clinical and epidemiological studies in partnership with IAVI. In addition to the structured interviews with researchers, site staff and CAB members that provided the foundation for this guidance document, the content was refined as a result of consultations with community liaison officers (CLOs) from research centers in India, Kenya, Rwanda, South Africa, Uganda and Zambia. The recommendations captured in this document are, therefore, a result of actual experience and seek to reflect the diversity encountered by research teams when interacting with local communities.

Most clinical research centers collaborating with IAVI already have well established CABs and experienced staff in place to support them. Given the dynamic nature of dialogue with communities, this document was designed to support both new clinical research partners in the development of CABs as well as adjustments to existing CABs in their lifecycle. It also serves as a way of capturing and sharing our collective experience to-date, acknowledging that this experience may prove useful for new staff at the research centers as well as for individuals working in other areas of research requiring active community consultation.

Interactions with the community are dynamic and, in many ways, unique to a specific context. However, through our consultative process it became clear that many of the challenges faced by research centers were common and sharing solutions from different settings provides an important resource for individuals working in this field to develop context-appropriate, innovative solutions. In this light, the content of this guidance tool should be considered as a reference—not a strict set of rules—and should be adapted by each research center according to their current needs.

Community consultation is a crucial step to ensuring that a research program is effectively responding to the perceptions and needs of local communities involved in clinical trials or epidemiological studies. IAVI acknowledges that each research center has its own history of interactions and collaboration with their surrounding communities, and steps described in this tool may build on this existing background and strengthen the links with local stakeholders. Like other aspects of clinical research, community engagement efforts should be structured and focused, and should follow consistent parameters across research settings to ensure equity and adherence to international standards.

While CABs are not a specific ethical requirement, they have become a de facto standard for clinical research in the HIV/AIDS field, and are considered necessary for effective communication with local communities engaged in such research. Even in settings where the CAB model may not be applicable, research networks and international groups have encouraged systematic mechanisms for community consultation to be in place. More recently, UNAIDS and AVAC have launched the second version of a guidance document for community involvement in biomedical HIV prevention research trials, the Good Participatory Practice (GPP) guidelines. The GPP document acknowledges the importance of community consultation mechanisms and places them in the context of a framework
of activities to engage communities at every stage of the research process. IAVI has contributed to the development of the GPP guidelines and endorses the content of the document as an important roadmap for community outreach. This CAB guidance tool is in line with GPP recommendations.

This guidance tool builds on IAVI’s own clinical guidance document - Essential Approaches for the Conduct of IAVI Clinical Research (2009), which recommends best practices as well as the need for an effective CAB to support research at the local level. This guidance tool builds on this publication by taking the requirement of establishing a CAB a step further, breaking down different aspects of CAB development and discussing issues and options in-depth.
2. Guidelines

The following are the suggested minimum requirements for CABs at IAVI partner research centers (a compilation of all the guidelines from the modules in this Guidance Tool):

CAB Mission and Goals
- Every CAB should have a clearly defined mission statement, which should be developed early in the life cycle of the CAB, in a collaboration between CAB members and research staff.
- It is advisable that CABs establish goals for their work that allow for further detailing of how the CAB will achieve its mission.

CAB Membership
- A CAB should have diverse representation, bringing together members with different profiles, experiences and expertise.
- A research center should make sure that relevant populations are well represented in the CAB. This includes representation of the groups that will be recruited for the research as well as people living with HIV and community leaders.

Research Center Responsibility
- Every research center should have designated liaison staff for its CAB, usually called a CLO (Community Liaison Officer), with adequate capacity to provide technical assistance to the CAB at every stage of its growth.
- The CAB should have regular interaction with research staff. It is recommended that the center Principal Investigator (PI) meet with the CAB on a regular basis. In cases of significant occurrences in the AIDS vaccine field, especially those which are locally relevant, CABs should meet with the PI or other appropriate clinical staff as soon as possible for briefings and clarifications.
- The research center should provide adequate resources in order for the CAB to function effectively; CAB-related expenses such as meeting space, supplies, transport, and trainings should be incorporated into the research center’s budget.

CAB Operations
- CABs should develop a charter to formalize their operations and structure in a consensual document.
- Appropriate roles should be assigned to select CAB members to form a governing structure for the CAB.
- It is recommended that CABs meet monthly during their first year of operation, and as necessary after the first year, but not less than quarterly.
- CLOs should work with the CAB to develop a strategic set of activities or action plan that accurately reflects the research agenda of the research center and surrounding community concerns.

CAB Member Training
- An initial training cycle should be offered to all CAB members, including orientation about the research center, the role of the CAB, as well as information on HIV vaccine R&D, clinical research, and ethics.
- An assessment of training needs and refresher training should be offered to CABs periodically, or whenever significant new information that may affect the research becomes available (such as the results of research happening at the site or elsewhere).
3. **A Brief Introduction to Community Advisory Boards**

3a. **Background on CABs**

A Community Advisory Board (CAB) is a common mechanism used to promote community engagement in clinical research. Throughout the history of the response to the AIDS pandemic, communities have played an important role in shaping the prevention, care and research agendas, in dialogue with scientists and policy makers. CABs represent a formal and systematic channel by which individuals affected by HIV can have a direct impact on research efforts.

While there are other effective mechanisms through which communities can influence the course of research on HI, CABs have become the *de facto* standard in use all around the world. Although most CABs share similar principles, there are striking variations in the way they are set up and function, which will be discussed later in this document. These variations are mostly due to local history and culture, and must be considered when proposing any efforts to further develop CABs, assess their effectiveness and compare across countries and settings.

Having communities actively involved in research has been extremely important to advancing clinical trials around the world. Historically, community participation has helped research centers design strategies that are effective for recruitment as well as for protecting volunteers’ interests, and it has contributed to mediating communication between scientists and multiple stakeholders. It has also helped ensure that research priorities are responsive to community needs and receive adequate public attention.

Since the mid 1990’s, and especially since the beginning of this century, we have seen an increase in the number and scale of research efforts happening in developing countries, especially related to HIV prevention. This has been a result of many factors, but it is primarily justified by the need to conduct research in the settings that are hardest hit by the pandemic to ensure resulting interventions are relevant where they are most needed. Indeed, as trials grow in size and the number of clinical research sites multiplies, there is a greater need for strong and reliable means of community engagement. This is particularly true in the context of research focusing on vulnerable population groups – which is often the case in HIV-prevention studies – whose members may be politically or socially marginalized, and may have fewer existing channels to effectively represent their interests. Therefore it is critically important to establish effective systems for community input and consultation around HIV-prevention research.

A CAB is typically comprised of a diverse group of individuals selected to act as a link between the research center and the communities involved in the research. It combines an advisory role – making sure that the research takes into consideration local needs and cultural traits – with an important liaison function – helping to better connect the research team with several stakeholder groups that are relevant for the study, or affected by it. An effective CAB will often combine these two purposes to develop its niche and contribute to advancing the research program in an ethical and transparent way. By addressing community needs and interests in a meaningful way, CABs help build essential support among important community stakeholders and help to avoid unnecessary hindrances to research.
CABs are often established by research centers, through a consultative process with community stakeholders. Once established, the CAB is intended to meet regularly and to become familiar with, and eventually advise on, aspects of the research taking place at the center. CAB members can play an ambassadorial role by generating broad awareness in the community about the purpose of research and its impact. This awareness helps lay the ground work for eventual trial volunteer recruitment and is understood to heighten both willingness to participate in trials as well as volunteer retention.

There is broad consensus that effective community advisory bodies have been established globally. The following sections of this toolkit examine some of these experiences to-date, seeking to capture the diverse strategies employed by CABs and the people that facilitate their work.

A CAB can:

- Inform research priorities based on local needs
- Advise researchers on community norms and expectations
- Contribute to an effective informed consent process by providing input and reviewing forms and questionnaires
- Engage in protocol development and review
- Help build trust with the local community
- Create a supportive environment for trials by raising awareness and dispelling myths about HIV vaccine research
- Facilitate recruitment by identifying contacts to relevant target groups
- Follow up closely on the research processes
- Convey information about the research to the community and field questions
- Analyze findings from particular stakeholder perspectives
- Assist in the dissemination of results to appropriate audiences
- Advise trial site on ways in which research practice can contribute to the improvement of local standards of life

3b. A Brief History of CABs

The first community advisory boards in HIV prevention research were established early in the AIDS pandemic in the United States, as a result of community advocacy. At a time in which very few options were available for treating people living with HIV/AIDS, research represented the best hope for developing new tools and ensuring survival of those infected by HIV. Communities wanted to not only understand the research process by which better treatments options were developed, but also to influence it, with a goal of ensuring that the most relevant projects were advancing in speedy and ethical ways.

CABs represented one of the first systematic ways by which researchers and representatives from “patient” groups had a chance to interact directly and regularly, and more importantly, to work together to move the research for AIDS treatment forward. This model soon became broadly used in most of North America and Western Europe, in countries that had well informed and mobilized communities affected by HIV, as well as a robust pipeline of research efforts in place.
It wasn’t until late in the 1990s that the first CABs were established in low-and middle-income countries, mostly around AIDS vaccine and other HIV-prevention trials. As the research efforts became increasingly global with new sites engaged in AIDS research in developing countries, CABs were developed in very diverse settings in Africa, Asia and Latin America. In most cases, these CABs were established by research centers that had links with international research networks and followed their general guidelines for community involvement. Despite the similarities with the traditional CAB model, most research centers based in developing countries have given their CABs an important local feel, adapting the concept of community advisory bodies to the local cultural and political environment.

CABs in most developing countries operate in an environment that is very different from their counterparts in industrialized countries and must respond to the needs in their context. Today, the many CABs operating in resource-limited settings have made an important and unique contribution to the ‘CAB model’ by responding to their local issues in distinctive and innovative ways. They are living proof that communities everywhere continue to play a crucial role in fighting the AIDS pandemic.

3c. Key Elements of Successful CABs

In a survey of existing CABs affiliated with IAVI-supported research centers, Community Liaison Officers (CLOs) – the staff at research centers designated to coordinate interactions with the community – and CAB members identified characteristics they associated with success. We present below some of these points, which will be discussed in more detail later in this document:

Commitment from the research center leadership and staff

While CABs are a bridge between a trial site/ research center and the community, in most locations, the act of building that bridge begins with the research site. Research teams must take principal responsibility for establishing the CAB and providing it with the necessary resources to perform its functions well. This includes both logistical and moral support, but especially a broad commitment among the site staff, starting with the principal investigator, to sharing information transparently and being ready to consult with the CAB and listen to its advice on key issues affecting the center’s research program.

The research center should also dedicate adequate human resources to managing the CAB. It is critical that one research staff member is clearly identified as the person responsible for coordinating CAB activities on behalf of the site. This contributes to CAB members developing a rapport with a designated individual, who can act as a reference for information and logistical support, while building a relationship between the center and the CAB members. Typically, this function is performed by someone who has other functions at the research center, but that is clearly identified as the go-to person for CAB issues. This function is often called the CLO (CAB or Community Liaison Officer), although many research centers do not use this nomenclature internally.
Connection to the local context

Each CAB is different and all CABs should be reflective of their local context. This is often achieved by including in the group individuals that already play a meaningful role in the communities in which research is happening. Also, issues such as CAB member selection and governance should be informed by what is considered the best possible standard in that community, building on mechanisms that are familiar to the CAB members and the groups they represent. For example, some CABs may choose to make decisions based on voting, while others will try to reach consensus. Whatever internal mechanisms are established for a CAB, they should reflect what CAB members and their communities consider to be a legitimate and transparent system.

Representation and diversity

A CAB should include representatives from multiple stakeholder groups that are interested in or affected by the research being conducted at the center. This includes prominent local leaders (such as religious and community leaders), individuals that have a commitment to the goals of the research and can provide a meaningful contribution based on their expertise or background, and most importantly, representatives from groups that are likely to be recruited by the research center. Individuals living with HIV should also be encouraged to participate. CAB membership should reflect a mix of background, educational level and gender. It is important to ensure that CABs have members from diverse backgrounds representing a cross-section of the local society as well as representatives of groups likely to be affected by the research itself (or by its outcomes including marginalized populations).

Training

Skills building for CAB members is a crucial step that enables the CAB to perform its role adequately. While some of the CAB members may be familiar with the health or research sectors, one should not assume that all CAB members have full and equal understanding of complex scientific concepts, or are up to date with the latest developments of the research field. Especially in CABs that fulfill the need for diversity, it is likely that some CAB members will require more training and ongoing support than others. Typically, CAB members undergo an extensive training program when they start, but periodic ‘refresher’ efforts and updates are very important to ensure that the CAB is up to speed with the often shifting environment of HIV-prevention research.

Autonomy, independence, and commitment

A CAB should function with independence and autonomy in order to adequately represent the community. As its name indicates, however, the CAB is an advisory structure to the research center and its goals should have a connection to the research center’s goals vis-à-vis research. As volunteers, CAB members should display a commitment to fighting the epidemic and to developing better tools for this task through research. A balance must be reached to ensure a cooperative dialogue between research center and CAB while maintaining the CAB’s independent voice.

It is important to define the independent nature of the CAB, and to clearly state the role of CAB members at the outset of their service on the board.
4. Mission and Goals

4a. Introduction and Guiding Principles

Why should CABs develop a mission statement?

Most CABs, often in close consultation with someone at the research center, adopt a formal mission statement which becomes the core element of the CAB’s identity, clarifying its mandate to internal and external stakeholders, and serving as a benchmark for promoting accountability.

Within the research center, the statement can be circulated among relevant staff people to ensure a common understanding of the role of the CAB. This understanding facilitates ‘buy-in’ among research staff who may be called upon to train and communicate with CAB members.

The mission statement can also aid in presenting the CAB to external stakeholders. Especially in settings in which CABs might not be a familiar concept it enables CAB members to be consistent and succinct in describing their role and function. When CAB members meet with other organizations and communities, they can rely on the mission statement to convey clearly and consistently the role of the CAB.

The Mission guides the actions of the CAB, and can support the selection of new members, when needed. A mission statement becomes a tool for a CAB to remain accountable to its own objectives. Both research staff and CAB members can assess their work after a period of time and determine whether a CAB’s activities have advanced the stated mission. Further, if and when issues arise, or decisions must be made regarding focus for the CAB and related support needs, CAB members and research center staff can refer to the mission statement as a guiding principle, reminding all parties involved of the main purpose of the CAB and what is needed to achieve this purpose.

Developing a mission statement

Mission statements are often developed by the CAB members themselves in close consultation with community outreach staff at the research center (in most cases the CLO). This process enables CAB members to have ownership of and commitment to their mission. It should also be benchmarked by information presented by the research staff based on the experience of other CABs and on what the researchers expects from the CAB. Many CLOs report that frequently a new CAB will look at mission statements of existing CABs in other settings as examples from which to base their own. It is often a process that takes place as soon as the CAB is initially formed. Mission statements can be revised, if needed, but they should be written to last and treated as a core element of the identity of the CAB. Defining the mission statement may go along with developing the CAB charter, constitution, and/or vision statement, which should also be led by the CAB members with input from research staff.

How can pre-defined goals facilitate the work of the CAB?

Goals complement and refine the broad purpose outlined on the mission statement, highlighting key areas in which the CAB will concentrate. While mission statements reflect an aspiration, goals are more concrete and focus on specific action areas clearly stating the CABs priorities. Usually, broad goals defining the focus areas of the CAB are included in the CAB Charter (see Module 9: Practical Tools, for a sample Charter).
CABs may establish another level of goals, often called operational objectives, which are revised annually. Operational objectives help the CAB prioritize their work based on needs that are specific to the current context.

4b. Issues to Consider

Consistency and clarity on the purpose of a CAB

CABS are not very well known outside of research circles; therefore, it is important to ensure that both CAB members and research staff have a clear understanding of the purpose of the CAB. This can be achieved by developing and disseminating widely a clear mission statement. In some cases, however, it may be necessary to develop materials and talking points to further explain the importance of CABs as well as how they operate.

Having an approved description of the CAB provides all of the relevant stakeholders a tool to clearly and consistently communicate about the CAB and its purpose. Each CAB should form its own system to develop this language. It is also important to share this process with key stakeholders and new CAB members that join later.

Commitment to a common goal that is shared by research-center staff and CAB

The mission and goals of a CAB are specific, however they should be closely linked to the overall objectives of the research taking place at the center. It is important that all CAB members share a strong commitment to fighting the local HIV epidemic as well as to the research taking place at the center. A CAB can and should define the specific details of its mission independently, but should also keep in mind that it is a structure established to help advance the science of HIV prevention (and treatment, depending on the research happening at the center) and it should be focused on moving the research agenda forward in a way that is ethical and sensitive to local community needs.

One goal, multiple perspectives

While researchers and CAB members share a common goal focusing on scientific innovation to address the AIDS pandemic, it is important to acknowledge that they often have different vantage points.

This diversity of perspective is the main reason why CABs are important. Even researchers that are very well connected to their local communities are not always privy to how science is perceived by the local groups affected by the research program. A diverse and independent CAB should be able to provide a cross-sectional view of local groups and their interests as well as the impressions communities have of the research. While a CAB shares common goals with the research center, it is an independent body and should remain accountable to the communities it represents.

In cases where potentially controversial concerns arise in the community, it is recommended that the CAB members or its chairperson bring these concerns to the CLO. Together, these two parties should decide the best approach to address these concerns with the research center leadership.

CAB members also provide an important means of relaying information from the researchers to the community. CAB members that are in a position of influence can function as bridges, by sharing accurate information about the research and its objectives.
with the community. This mechanism is often instrumental in debunking myths and misconceptions that could have a negative impact on the research process. Researchers are by definition well-educated, have broad access to information about the work they do, and are often considered part of the local elite; communities being recruited for trials are often not considered part of this group. Depending on the nature of the research, volunteer populations may have little access to services and information, and in some cases, be vulnerable to violations of their rights. There is an inherent imbalance between the two groups, which the CAB should strive to bridge through a productive and open communication channel.

This diversity between the people conducting the research and those being affected by it, provides an important opportunity to create links that can lead to improvements in mutual understanding, but also, and more importantly, to empowerment of disenfranchised communities, to enhancements on the availability of information and services and, ultimately, to the development of knowledge that will foster better prevention and care for the populations involved.

**CAB involvement in recruitment**

The CAB’s role is to ensure adequate communication between researchers and communities, improve public understanding of the research and help fight myths and misconceptions that can derail research. Through this work, the CAB can help engage some of the key communities targeted for recruitment.

CABs can facilitate some of the core conditions for successful recruitment by (a) advising on research center outreach strategies; (b) making contact with communities and helping educate them before, during, and after a trial; and (c) contributing to building trust between researchers and local groups. However, there is unanimous agreement among CLOs that a CAB should not be responsible for direct recruitment.

Recruitment is a core function of the research center, the direct involvement of CAB members in this effort can lead to confusion, blurring the lines between the volunteer advisory role that CAB members must perform, and the outreach workers dedicated to recruitment in the community. However, CAB members can help open doors for recruitment efforts. Most research centers employ separate teams that have the responsibility of systematically reaching out to potential volunteers; these individuals are sometimes termed Peer Leaders or Community Mobilisers. Although these recruitment teams often work closely with CAB members, they typically do not include CAB members.

In the event a CAB member also serves as a Peer Leader or outreach worker, the CAB TOR should highlight the distinction between the two roles, and individuals should be aware of the separate responsibilities taken on when serving in these two capacities. For example, some CABs may request that members that start a new paid role at the center and exclude themselves from certain CAB functions permanently or temporarily, according to the roles they perform at the research center.

CABs are dynamic structures and should be able to adapt to unexpected situations in ways that will ensure that they can continue to perform their functions with dedication and independence.
CAB engagement in protocol review

Protocol review is often mentioned as an important way in which CABs contribute to the research process, but in multi-centric trials or in large networks involving several countries, CABs often only get to see the protocol when it is in its final or close-to-final form. Research centers should strive to engage CAB members in protocol review, as recommended by the GPP guidelines. At the very least the CAB should have the ability to review and suggest changes on aspects of the protocol that have direct impact on how communities and volunteers will be affected by it: such as the eligibility criteria, informed consent process, risks and benefits to volunteers and package of services provided to volunteers.

4c. Guidelines

- Every CAB should have a clearly defined mission statement, which should be developed early in the life cycle of a CAB in collaboration between CAB members and research staff.
- It is advisable that CABs establish goals for their work that allow for further detailing of how the CAB will achieve its mission.
5. CAB Membership

5a. Introduction and Guiding Principles

The composition of the CAB is the most important determinant of how it is going to work. The CAB’s ability to function as an effective bridge is directly related to the commitment, skills and experience of the people on it. The selection of members for a new CAB, as well as the selection of new members for existing CABs, should seek a balance of member profiles to ensure adequate levels of representation of key groups.

In most CABs, prominent members of the local society, such as religious leaders, lawyers and representatives of local government, will be serving alongside representatives from vulnerable groups, such as sex workers, people living with HIV, and other groups that are likely to be involved in the research process as volunteers or to be affected by the research results.

Before inviting members and starting a process of outreach to local groups, a research center must reach consensus on what it expects from its CAB and, based on that, define and prioritize the CAB selection criteria (an example of selection criteria is below). The staff must take into consideration (a) the type of research that will take place at the center (e.g. preventive, therapeutic, small or large scale), (b) the type of AIDS epidemic that is happening locally (e.g. generalized or focused on specific population groups), and (c) the existing community representation structures and organizations in the surrounding environment.

It is important to identify one staff member to be responsible for driving the CAB development process. In most cases, this person is the one that will end up being responsible for liaising with the CAB on a regular basis. This should be an individual knowledgeable about the research center’s work and experienced in interacting with the local community, with demonstrated skills for outreach and networking. Please refer to Module 6: Research Center Responsibilities for more information on the suggested profile for a community liaison staff.

The process

i. Starting a new CAB

When starting a new CAB, a research center should engage in the steps described below, more or less following the order in which they are presented:

• Identify a core team or individual from the research staff to be responsible for leading the outreach and interface with the surrounding community.
• Reach consensus among the senior leadership of the research center about what is expected from the CAB vis-à-vis the research projects it will be supporting.
• Based on the above, prioritize CAB selection criteria, and define ideal CAB composition
• Define existing organizations and representational structures in the community that can inform the CAB selection process.
• Reach out to local stakeholders to start CAB member selection process (the type of selection process is sometimes defined in consultation with local stakeholders, sometimes defined in advance by the research center).
• Finalize CAB member selection process and initiate CAB work.
Criteria for selecting CAB members

A CAB typically includes a diverse mix of experiences, profiles and skills, which combined ensures that the right balance of its members is achieved. A single CAB member will rarely fulfill all the skills needed in a CAB, but all CAB members combined should fulfill the needs outlined below as generic criteria for CAB selection:

- **Representation:** Ability to represent the local community or important specific groups within it, especially those directly affected by the research.
- **Cultural insight:** Knowledge about cultural norms and key issues affecting the community.
- **Technical Expertise:** Professional skills or experience in areas that may be impacted by the research (human rights, communications, counseling, HIV prevention or treatment, etc).
- **Access:** Ability to reach out to certain constituencies affected by the research, or determinant for its success.
- **Leadership:** Established position of influence and credibility in the local setting.

The criteria above should serve as general reference and must be adapted according to the reality of each research center, adding local specificity. For example, it is important that each research center identifies what populations must be represented in its CAB to reflect the research priorities and the local context. Also based on the context and needs, each individual CAB will place more emphasis on some of the criteria above, and less on others to fine-tune the balance of the CAB membership to their needs. However, in most cases, a combination of all five criteria should be considered when forming, or renewing a CAB. For instance, in some settings it might be preferable to emphasize the need for representation over the need for specific technical expertise to ensure that a particularly disenfranchised population is fully involved and consulted. In others, cultural insight might be the most important feature to overcome certain barriers that would make the research particularly challenging.

In addition to the points outlined above, a research center should seek CAB members with:

- **A commitment to advancing the research happening at the center**
- **A commitment to volunteerism and availability to attend meetings**
- **Ability to work effectively as part of a group**
- **Ability to respect confidentiality around sensitive issues related to the research**
- **Commitment to the CAB mission and strong understanding of the roles and responsibilities of CAB members**

It is important to note that scientific knowledge and familiarity with clinical research are not listed as key criteria. While these are important skills, such skills are rare in most settings where HIV prevention research is taking place. Researchers and CAB leadership should work together to help develop CAB members’ knowledge of scientific literacy and understanding of the clinical research process.

Adding members to an existing CAB

For various reasons, a research center might want to expand or add new members to its existing CAB.

When renewing or expanding an existing CAB, it is important to take a close look at the current composition of the board and its relevance to the research being conducted at the center and any limitations in the current capacity or makeup of the CAB. This information should be used to reassess the criteria for selection of CAB members to best suit the needs of the research at that time.
it is important to involve the current CAB in the process of adding new members as current members may have insight on what is needed in terms of skills, experience or profile of new members. They may also have ideas on how to reach out to potential individuals and be able to assist in this process. Additionally, involving the CAB allows the center to build on the existing experience and ensure a smoother integration of new members.

Many of the principles that guide CAB member selection when starting a new board from scratch remain important when the time comes to add or replace members. However, a crucial step for successful integration of new CAB members is the provision of basic training to make sure that the new members are equipped with information and skills to fulfill their role.

iv Rotating members of an existing CAB

A CAB, as any other diverse group, is dynamic and bound to adjust over time. These changes can be primarily motivated by modifications in the research program, in the social and political context, or by changes in individual CAB members’ lives. CABs and CLOs should establish a provision for regularly assessing the CAB composition to make sure it is reflective of the center’s needs and of the population it serves. Common changes can include:

- Research priorities and programs tend to evolve over time and can change rather quickly depending on new findings, the conclusion of a study, or the planning of a new one. When this happens, the CAB composition must also be assessed to make sure that the relevant populations are represented. For example, a research center working with the general population may decide to prioritize sex workers as a new focus for research. In this case it would be important to ensure that this population is adequately represented in the CAB. Similarly, existing CAB members, depending on their skills and the populations they represent, may no longer be as relevant to the redefined research agenda at the center, requiring adjustments in membership.

- Social and political contexts also change over time and could be another factor in the need for turn-over. This is especially true for those CABs that have members that represent established groups and organizations, or that have been appointed by the communities they represent. When their appointments expire or the representational structures of their communities change, their membership in the CAB should be reassessed. Provisions can be made in the CAB charter to deal with this situation in CABs that have individuals appointed by external bodies.

- Individual CAB members also experience changes in their personal lives. A research program can span over many years and during that time a host of issues can affect a person’s availability or commitment to serve on a CAB. Membership is not a lifetime appointment and a CAB should be prepared to deal with these changes swiftly and periodically.

When there is a need to replace members in the CAB the CLO must:
- Respect the independence of the CAB to deal with its internal issues
- Rely on the membership stipulations laid out in the TOR, e.g. how many meetings a member can miss, etc.
- If a member is not present or contributing effectively CLO and CAB chair should discuss how to best address this with the CAB member in question. CLO should not intervene to cut a member from the CAB, but should work with the CAB chair to address concerns
- Rely on previously established and clearly stated system to periodically assess the CAB composition, which may or may not include systems for appraisal of individual CAB members.
v Representation and diversity

As stated previously, the two most basic requirements for CAB composition are representation and diversity. This section provides specific considerations on these issues.

In order for a CAB to adequately reflect the perspectives of key stakeholders and populations affected by the research, it is essential to include individuals that have strong links to these groups. Typically, CABs will include representatives from groups of People Living with AIDS (PLWA), populations that may have increased vulnerability to HIV, such as commercial sex workers (CSW), men who have sex with men (MSM), injecting drug users (IDUs) and others, according to the local context. Including populations that have been affected by the epidemic is useful to allow for valuable insight into the needs and perspectives of groups that will be reached by the research. It is also an important way of empowering disenfranchised groups by providing an opportunity for them to actively contribute to develop knowledge and new tools to fight the epidemic.

The CAB shouldn’t only bring a perspective that is distinct from that of the research team, it should also include a mix of points-of-view, experiences and expertise. This enables the CAB to reflect a cross-section of the local society and not just a single view. Diverse memberships also allow for the CAB’s discussions to be richer and informed by multiple levels of experience, ultimately contributing to the quality and balance of the decisions and suggestions made by the CAB.

A CAB should also have the right balance between male and female participants. In many settings it has been difficult to recruit volunteers from one gender, due to local norms and the type of research being conducted at the research center. There have been situations, for example, in which it has been harder to recruit men because they are less likely to focus on health issues, or in other settings it has been harder to recruit women because of their limited ability to make independent decisions about participation in a trial, in a context of significant gender inequality. Gender balance in the CAB allows for diverse members to weigh in on the recruitment and retention strategies to make sure that they will contemplate the needs and rights of the target groups.

It is important to consider the local ethnic and religious composition of society. The research center should seek to be as inclusive as possible ensuring representation from diverse ethnic groups (especially those that will be directly affected by the research), as well as representatives from different religious denominations (not necessarily religious leaders).

It is important to be able to articulate why decisions were made about membership or why certain issues may not be applicable to the local context. Below is a sample checklist that can help research centers assess how a CAB is doing in terms of ensuring adequate representation and diversity in their CABs.

- Does the CAB have balanced gender representation?
- Does the CAB include people living with HIV?
- Are there important groups that can influence the conduct of research that should be represented in the composition of the CAB?
- Are there relevant ethnic differences in the local context that should be represented on the CAB?
- Are there specific groups that will be recruited for the research or directly affected by the research? Are these groups represented on the CAB?
- If appropriate, has a special effort been made to ensure that representatives from disenfranchised or vulnerable groups have the ability to participate on the CAB?
- Are there important stakeholders groups and leaders in the local community that could lend support and credibility to the research?
- Is any one sector or stakeholder group over-represented?
5b. Issues to Consider

Models for recruitment/selection

Different models for recruitment/selection have been used by IAVI research partners. Some centers have identified specific persons and requested their participation directly. Other sites have chosen to open up the process by enlisting local organizations in recruiting and selecting, or even electing, CAB members. While the latter approach is more consultative and expands the pool of possible candidates, it is less expedient. The CLO must therefore use his/her judgment in striking an appropriate balance between external stakeholder involvement and direct research staff suggestions.

The candidate selection strategies will inevitably reflect the research team’s assessment of what is appropriate for the context, considering resources available in the community, his/her knowledge of the breadth of possible stakeholders, and the capacity of different stakeholders to recruit CAB members. Reaching out to external stakeholders and organizations to inform the CAB selection process is important, as it will allow the CAB’s composition to address concerns and issues that may be prevalent in the local context, but may not be evident to research staff.

The strategies below are examples of what has been used by different research centers in selecting their CAB members. Ultimately, a combination of these strategies can be used to ensure a balance of skills, diversity and representation:

- **Research staff appointments** – The CAB liaison, having worked with different community groups and through his/her own network of relationships, identifies and invites individuals s/he thinks may be appropriate.

- **Consultative selection** – The CAB liaison, having established relationships with a variety of community stakeholders and key organizations working on issues related to the research, asks for nominees. CAB members are selected in direct consultation with stakeholders.

- **NGO/stakeholder appointments** – Research center staff have approached local organizations and used a two-step process to ensure the CAB members were fully endorsed by local community groups. In step one, the team presented the research program to a broad forum of local NGOs and CBOs to assess which groups were interested in being actively engaged. In step two, the NGOs and CBOs that volunteered were introduced to the concept of a CAB and asked to nominate individuals to serve on it. The individuals put forward were then endorsed by the research center and formed the basis of the local CAB.

Volunteerism and motivation of CAB members

What drives most members to join a CAB is altruism and commitment to the research. A motivated CAB member is typically focused on the ultimate goal of the research and the impact it will have in the populations affected by the problem being investigated.

Additionally, CAB members often derive other benefits from their experience, such as learning more about the research, meeting new people in their community participating in meetings of interest, and others. It is important that CAB members are motivated and consider their experience worthwhile; therefore, research teams should take into account all of these factors when dealing with CAB members.
While all CAB members are volunteers and their expectations of personal benefit should be a secondary concern, it is important to organize the CAB work in a way that will not overburden or affect the motivation of CAB members to participate. Providing adequate coverage for transportation expenses, a comfortable meeting space, facilitating productive meetings and ensuring decisions about ‘perceived benefits’ such as travel and opportunities for public visibility are made transparently.

CLOs should closely monitor and discuss motivation issues with CAB members on a regular basis, as this can help address promptly any conflicts that may emerge.

**Length of term for CAB members**

Most CABs in their early years must focus on building internal capacity. For this reason, setting term limits may be premature. Turnover at this stage can undermine the potential of the group to develop shared knowledge and an ability to carry out its tasks fluidly and consistently. Once CABs have been in existence for more than 5 years, it may be worthwhile to consider term limits for the purpose of ensuring accountability to the most relevant stakeholders (whose composition can evolve over time), and to guarantee that members are demonstrating commitment to their work.

High turnover at any stage may require the research center and CLO to invest extra time and resources in basic training to bring new members up to speed. Some CABs have renewable terms to allow them to evaluate potential needs from time to time, without necessarily having to ask members to leave. However, each research center deals with the issue of terms for CAB membership in a different way and there are no fixed rules.

Some centers also have established length of term for executive members of the CAB, such as Chairpersons and Secretaries, to avoid potential conflicts regarding renewal of these positions as well as provide others the opportunity to contribute to these tasks.

**5c. Guidelines**

A CAB should include diverse representation, bringing together members with different profiles, experiences and expertise.

A research center should make sure that relevant populations (for the research taking place locally and for the broader effort to control HIV/AIDS) are well represented in the CAB. This includes representation of the groups that will be recruited for the research, as well as people living with HIV and community leaders.
6. Research Center Responsibilities

6a. Introduction and Guiding Principles

Research centers must take principal responsibility for establishing the CAB and providing it with the necessary resources to perform its functions well. Depending on the context, CABs may initially require differing levels of direction from research staff. In some instances, where civil society stakeholders, health care advocates and HIV-positive networks are highly literate in research practices and ethics, CABs may require less direct guidance from research staff. In many locations, however, building a successful CAB will require intensive collaboration and interactions with research staff.

Research center requirements for a strong CAB

The following building blocks create a foundation for developing strong CABs:

i  Dedicated and capable staff

A Community Liaison Officer, or another designated staff member at a research center, typically initiates the establishment of the CAB and maintains the ongoing relationship between the research center and the CAB. The CLO must have capacity to provide or facilitate technical assistance to all aspects of CAB operations – including the establishment of, activity implementation and member training. A CLO should have significant expertise in community mobilization, advocacy and training, and strong ties to the local community.

While several individuals may interact with the CAB, it is important for one person to take the lead and be primarily responsible for coordinating the process. This approach ensures continuity, minimizes duplication of effort, and enables CAB members to develop a consistent relationship with at least one person at the research center.

ii  Meaningful interaction with research staff

While having one principal liaison is efficient, collaboration with other key players at the center, especially clinical staff, can help broaden a CABs’ understanding of the research taking place. It is important for CAB members to have a full understanding of the research activities at the site in order to be empowered to answer questions in the community. Much of this information can come from the CLO at regular CAB meetings, but additional interaction with clinical staff (e.g. nurses, counselors, and doctors) will bolster CAB members’ understanding. It is particularly important for CAB members to have access to the research center Principal Investigator (PI); see below for further discussion.

iii  Appropriate CAB training

Research centers should provide CABs with the necessary training. Topics may include HIV/AIDS basics, vaccines, the clinical
research process, AIDS vaccine trial participation, and others. CABs should also have an orientation to the research center to become familiar with its activities and organizational structure. Skills development in areas such as group facilitation, community mobilizing, presentation methods and public speaking have been valuable for enhancing CAB member capacity.

Training is not a static, one-time activity. For CAB members to adequately communicate scientific issues, and offer relevant feedback, training must be ongoing. Periodic scientific updates, annual reviews and orientation for new CAB members are ideal. A more thorough review of CAB training will be covered in Module 8: Training.

iv Resource allocation to support CAB

All CABs require a basic pool of resources to function properly. These include access to meeting space and office equipment, and secretarial support for carrying out meetings – including notices of meetings, meeting minutes, transportation allowance to attend meetings, and sometimes small snacks for the meetings. CABs must have access to adequate-sized meeting spaces, and, in some cases research centers will need to make arrangements at local community centers or conference facilities to ensure this need is met.

CABs also require access to necessary information about the topics they are expected to be familiar with, such as reference material relevant to the research and other educational tools. When CABs are asked to perform certain activities, both at the research center and in the community, materials required to do this work should be provided by the research team. This may include sufficient numbers of copies of relevant documents and materials for awareness-raising events. Resources may also include access to relevant staff for answering questions. Access to computers and internet connection, while not considered a requirement, can serve as an added support for the CAB’s role. Typically, CAB members are given access to computers and internet at the research center to support their documentation as well as communication with other CABs, often by designating a particular time slot where computers are made available for CAB members.

Research centers must consider all of these resources when developing their budget for community relations and/or community mobilization, which should include CAB expenses. It is recommended that the CLO coordinate closely with research center management or finance staff during the yearly budget development process. CLOs should plan adequately for the upcoming year and have a relatively detailed estimate of funds required for planned initiatives with the CAB.

Community Liaison Officer¹

CAB members, as well as research-center staff, can expect certain contributions from the center to ensure the success of the CAB. Of primary importance is the role played by the Community Liaison Officer. In crafting a CAB charter, the document which lays out the mission, tasks and governing structure for the CAB, it is appropriate to include a scope of work for the CLO. Doing so will reinforce the sense of partnership between the CAB and the research center, highlighting the responsibilities of both partners.

Refer to the Module 9: Practical Tools for a sample CLO Job Description. The list below provides suggested responsibilities, and can be modified, added to, or reduced depending on relevant local factors and research priorities.

¹ Source material: HPTN CAB Guidelines with some modification.
CLO responsibilities

- Coordinate the recruitment and selection of CAB members, in consultation with other research staff and community stakeholders where appropriate.
- Coordinate CAB establishment, including development of mission statement and goals, CAB member TOR, etc.
- Organize the orientation of CAB members, including orientation to the research center.
- Help research staff understand value of CAB, and promote integration of CAB representatives at relevant meetings and events.
- Work with CAB leadership to plan and coordinate regular CAB meetings.
- Facilitate CAB meetings or designate appropriate facilitator, including organizing logistics, and managing expenses.
- Work with CAB, when appropriate, to develop an action plan.
- Support the CAB in the fulfillment of its tasks.
- Coordinate CAB training and capacity building.
- Ensure that information is shared between the CAB, research-center staff and other relevant working groups.
- Monitor CAB needs vis-à-vis training, capacity building, and activity implementation, and initiate action to respond to needs.
- Promote continuing education by organizing updates about the progress of the research.
- Ensure that CAB members have access to resources required to fulfill their mandate, including administrative support, access to educational and promotional materials and necessary supplies.
- Coordinate exchange opportunities with other CABs.
- Maintain contact with CLOs at other research centers.
- Work with current CAB members to identify, recruit and orient new members.
- Encourage CAB members and demonstrate appreciation for their role.

6b. Issues to Consider

CLO capacity

The CLO must have the capacity to provide technical assistance to the CAB at every stage of its development. A CLO typically will have extensive experience in areas such as community outreach, mobilization, advocacy and/or training. A CLO should also be adept at facilitating groups, and able to work with CAB members to maximize strengths and address weaknesses of individual members, as well as the group as a whole. Ideally, the CLO should be well-versed in all aspects of CAB functioning and should have significant experience with clinical research, AIDS vaccine concepts and research center activities. However, in most settings CLOs are new to the task and learn while doing the

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2 Although the majority of CLOs will take responsibility for most of these activities, the balance between them and the time dedicated to each will vary significantly. This list should be considered a template for prioritizing and a reference, and not a mandatory list of tasks, since some of these activities may not apply to all research centers and others may require very little effort in some contexts.
job. Typically, successful CLOs develop their capacity based on strong knowledge of the local community and its needs, and are supported by interactions with their peers at other research centers.

The CLO typically has additional responsibilities at the center beyond managing the CAB. Nonetheless, adequate staff time should be allocated to CAB management. If the CLO cannot devote sufficient time (generally at least 50% of his/her time), additional community outreach staff should be assigned to serve in a support function to the CLO or to take on discrete responsibilities related to CAB management. This proportion of dedication may vary significantly if the CAB is already well established and requires less direct support.

**Role of the Principal Investigator (PI)**

The Principal Investigator (PI) and/or other leading members of the research team should show strong commitment to the CAB. Many CAB members and CLOs cite support from and access to the PI (or relevant designee such as a site coordinator) as one of the main factors contributing to success of the CAB. Commitment of the PI can be demonstrated by a willingness to train CAB members (or to provide resources to do so), to remain accessible, and to include the CAB in decision-making regarding relevant issues of the research activities. It is recommended that PIs meet with the CAB on a regular basis as agreed by the CLO.

These interactions benefit the PI as well as he/she will develop a better understanding of the CAB members’ contribution to the research process and their perceptions of the center’s activities. In turn, CAB members will develop a better relationship with the center’s leadership and improve their understanding of the research process.

Interaction with the PI is especially important in instances of significant occurrences in research. In these cases, it is important that CAB members get information “straight from the expert”. The PI will be able to ensure that CAB members receive the most accurate information possible in order to answer questions from the community.

The CLO should also be fully supported by the research team, with regular access to the PI, and should participate in team meetings and provide regular updates on the status of the CAB-related activities to ensure full integration with the work flow at the research center.

It is also important to remember that the CAB does not represent the face of the researchers in the community. While CAB members may be very active in the community, this does not replace the need for the PI or other researchers to have direct contact with community members.

**Relationship of research staff to CAB members**

In order for CAB members to serve as an effective bridge between the community and researchers, it is important that they maintain an objective view of the research. Therefore, an effort should be made to minimize potential conflicts of interest that may emerge when CAB members have previous relationships with research staff or when they have had any type of employment relationship with the institution hosting the research. It is important to seek CAB members that don’t have a previous relationship with the research team or the sponsoring organization, whenever possible. The relationship between research staff and CAB members should remain professional and clearly defined so that any potential bias does not hinder the role that each plays.
6c. Guidelines

- Every research center should have designated liaison staff for its CAB, typically called a CLO (CAB/ Community Liaison Officer), with adequate capacity to provide technical assistance to the CAB at every stage of its growth.

- The CAB should have regular interaction with research staff. It is recommended that the PI meet with the CAB on a regular basis. In cases of significant occurrences in the AIDS vaccine field, especially those which are locally relevant, CABs should meet with the PI or other appropriate clinical staff as soon as possible for briefings and clarifications.

- The research center should provide adequate resources in order for the CAB to function effectively; CAB expenses for meeting space, supplies, transport, trainings, etc. should be incorporated into the center budget.
7. CAB Operations

7a. Introduction and Guiding Principles

It is helpful to think about CAB operations in two ways: (1) the typical activities of a CAB, and (2) the administrative and organizational structure that supports the CAB’s work. Knowing what a CAB does will aid in structuring how to approach these tasks. As is the mantra of this Guidance Tool, there is no fixed structure to follow, but this module will provide suggested activities and guidelines for an effective CAB structure.

CAB operational structure

In setting up a CAB, many questions will typically arise: How many members should the CAB have? Who are they? When and where does the CAB meet, and how often? Who facilitates the process? What is the first order of business?

Building on Module 4: Mission and Goals and Module 5: CAB Membership, this module will provide a helpful framework to answer these questions.

The following list sums up the different areas to consider with regards to CAB operations:

i CAB members

• CABs should have an adequate number of members to demonstrate accountability to a broad range of stakeholders and to be able to perform a variety of tasks.

• At the same time, CABs should avoid being too large, resulting in redundancy of members and in some cases inefficiency. The recommended size of a CAB is between 10-25 individuals. However, some communities are especially large, and adjustment should be made accordingly.

• In selecting CAB members, focus on the profile of each individual and how their particular experience and skills contribute to the group.

• Once CABs have been established for at least several years, it may be worthwhile to consider term limits for the purpose of ensuring accountability to the most relevant stakeholders and to guarantee that members maintain a commitment to their work.

ii CAB meetings

• Recommendation: conduct monthly meetings during the first year of operation, and after that, no less than quarterly. In addition, meetings should be scheduled on an ad hoc basis as needed.

• Meetings should be conducted in a central, easy-to-access location for all CAB members. It is often most efficient to meet at the research center, so that CAB members can develop a familiarity with the research center and staff, as well as to ensure access to educational resources at the site. A suitable meeting room that can accommodate the CAB and ensure privacy for meetings should be provided. In some instances, research centers will need to make arrangements at local community centers or conference facilities to ensure this need is met.

• In the initial stages of CAB development, the ‘order of business’ at each meeting should be defined in close collaboration with the research staff. New CAB members need structured orientation and training in order to perform their role. On the other
hand, an established CAB should be able to set its agenda for meetings and activities. Meetings should follow a formal structure, with a proper notice of meeting and agenda circulated to all members well in advance of the meeting. The CAB Chair or another appointed CAB member typically facilitates the meeting (in coordination with CLO during the early stages of CAB development). Meeting minutes should be taken by an appointed secretary, and distributed to the CAB members after the meeting. The research center should provide the necessary resources for CAB meetings to function smoothly. This typically includes, for example, meeting space; support for transportation to and from the meeting; secretarial support for producing and distributing notices, agendas and minutes; reproduction of materials necessary for the deliberations, and access to office equipment and computers, if feasible.

### iii CAB governance and leadership

It is useful to develop a governing structure for the CAB by assigning positions, roles and responsibilities to select CAB members. Establishing such structure helps the CAB operate effectively.

A CAB governance structure often includes the roles listed below. It is recommended that these are rotating position. Many CABs have a regular rotation process every 2-3 years, where new officials are nominated and elected by the CAB members.

Typical governing positions include:
- **Chair** – primary CAB member in charge of chairing regular meetings, setting agenda in conjunction with CLO, and overseeing CAB action items; serves as primary contact person for CLO
- **Co-chair** – performs same duties as Chair, in the absence of the Chair or in cases where the Chair needs assistance
- **Secretary** – distributes agenda, invitations and other materials for meetings, records meeting minutes and ensures their distribution after the meeting.
- **Others** – e.g. Assistant Secretary; Task Force for specific activities

It is also important for CABs to have governing documents such as a mission statement, goals and charter. Mission and goals are discussed thoroughly in Module 4: Mission and Goals. The CAB charter is a comprehensive document outlining the operating principles and guidelines of the CAB according to its unique characteristics, roles and responsibilities. The charter typically includes a brief history of the research center and the rationale for developing the CAB, details about CAB membership, a CAB TOR, role of officers and details about meeting conduct.

### iv CAB action plan

Rather than developing a simple list of activities, CABs should develop a comprehensive action plan for each year or time period. This plan would result from a list of objectives that reflects the CAB mission and goals as well as the research agenda at the research center in the given time period. Such an action plan should include a set of outcomes that will indicate whether the CAB is achieving its goals, which will help the CAB monitor its strategic direction.

When developing a CAB action plan, it is important to avoid confusion with the broader community outreach workplan developed by the research center and clearly define
differences in research staff and CAB responsibilities. The CLO will play an important role in overseeing the development of a CAB action plan, ensuring that it complements the center’s community outreach plan. In fact, many centers report that a primary role for CABs is to support standing community outreach events in which the center is engaged, e.g. World AIDS Vaccine Day and World AIDS Day activities. A structured action plan will provide a realistic picture of the number of activities the CAB should conduct in a given time period and will help avoid over-ambitious or unrealistic expectations.

Typical CAB activities

While there is a set of tasks that most CABs carry out, it is important to recognize that CAB functioning does not follow a prescribed order. CABs will be more or less active depending on a host of variables: CAB member capacity and understanding of AIDS vaccine research, level and nature of research activity at the center, CLO capacity, access to resources and research literacy in the community at large.

The CAB mandate, which is often codified in the formal mission statement and goals (see Module 4: Mission and Goals), provides a context for identifying or prioritizing CAB activities.

The following list represents activities that are typically performed by CABs:

- Regular meetings to provide feedback on pertinent research issues;
- Serve as a resource to CLO and research team on all matters concerning the community, including community norms and concerns, cultural issues, education and awareness;
- Help to make the language of research materials and messages culturally relevant and comprehensible. This may include pre-testing forms/questionnaires;
- Advise the research team specifically on the development of informed consent, participant compensation and other aspects of study-related protocol that will affect community trust and welfare;
- Advise on the development and implementation of recruitment and retention strategies;
- Help to establish relationships with various external stakeholders to broaden understanding of HIV vaccine research as well as to pave the way for eventual recruitment of trial volunteers;
- Share information, report back to and educate the community about HIV/AIDS, clinical vaccine research, AIDS vaccines, etc. as well as the value of the research for the community;
- Obtain input as appropriate from the constituent groups CAB members represent and ensure materials are made available to community stakeholders;
- Assist in the development and implementation of community education activities (health fairs, community forums, etc.), and in the development, testing and/or review of IEC tools;
- Act as a partner to the research centers to help them determine research priorities and design (this applies to a more active/informed CAB);
- Assist in the dissemination of trial progress and results;
- Advise on and follow closely the conduct of research to address ethical concerns in a manner that is appropriate to the local context;
- Assist in the recruitment and orientation of new CAB members.

1 This list is comprehensive and presented as a reference. Each CAB prioritizes and focuses on specific activities from this list based on current needs, CAB capacity and local context.
CAB member terms of reference

Recognizing the broad range of possible CAB activities provides a good context for developing a CAB Member Terms of Reference (TOR). A TOR document can be a tool for ensuring a shared understanding among CAB members and research staff about the roles and responsibilities of CAB members and should provide an effective way to draw clear lines between CAB members and research staff. In addition, the act of developing a TOR can be a good exercise for new CAB members, and useful for clarifying expectations.

The elements of the CAB member TOR must ultimately be decided on by the center and/or CAB members themselves, depending on the unique characteristics of the CAB. Some common and reportedly important elements include:

- CAB members must attend regular meetings. Often, the TOR will specify the number of consecutive meetings that can be missed before the individual’s membership status is assessed; many CABs recommend a limit of absence from three consecutive monthly meetings.

- CAB members are expected to follow through on agreed tasks and report back to the CLO or CAB as appropriate.

- The distinction between the CAB role and the role of Peer Leaders, Community Mobilisers and other research staff should be clearly articulated in the TOR (see further details in this module).

Refer to Module 9: Practical Tools for a sample CAB TOR.
7b. Issues to Consider

CAB member vs. CLO, peer leader, and/or community mobiliser

Clarifying reasonable expectations of CAB members may be a way to highlight the distinction between CAB members and paid community mobilisers or educators. Sometimes the profiles of these two groups may overlap. It is important to maintain a clear distinction between the two groups by reinforcing the advisory and linking function of the CAB and the implementing role of paid staff.

The issue of trial volunteer recruitment highlights the importance of drawing clear distinctions between CAB member and research staff roles. While CABs do facilitate some of the core conditions for successful recruitment through robust education and outreach, they should not be responsible for direct recruitment. The CAB is a voluntary structure that should remain independent; consensus among CLOs consulted for this document is that any direct role in recruitment will distort the voluntary nature that defines CAB members’ advisory and linking function. This topic is discussed further in Module 4: Mission and Goals.

CAB organizational effectiveness

How the CAB itself functions as a body can impact its members’ capacity to perform. Like any organization or working team, strong leadership, administrative efficiency, fluid working relations among the members, a strong sense of purpose, and, finally, the skills of each member all contribute to the overall ability of the CAB to perform.

CAB organizational strength is included as a key component in this section to underscore the value organizational capacity-building efforts can have in improving CAB function. Indeed, many CLOs suggest that basic CAB training should be expanded beyond research topics to include skills-development in areas such as leadership, group facilitation, community mobilization and presentation techniques.

CAB activity reflecting research center activity

One of the standard goals of the CAB is to deliver information from the research center to the community. As with all community outreach activities around a research center, CAB activities should be carefully strategized to deliver relevant information about the research agenda to appropriate audiences. For example, the preparation for large-scale trials may require a high-level of outreach and awareness-raising in the community at-large. However, when a research center may not have a large-scale trial on the horizon, it may be more useful for CABs to focus their efforts in other areas, such as, building its own capacity, helping staff plan for future trials and/or conducting smaller briefings on the status of research activities with targeted community stakeholders.

While a CAB can function with independence and autonomy, it is an advisory structure to the research center and should build its priorities and action plans in close coordination with the center.
Alternative CAB structures to address research needs

The best strategies to ensure active community consultation through a CAB may vary according to the different types of research happening at a center or to the populations being engaged in studies. As the research agenda evolves, the structure and organization of the CAB may change as well. In some research centers an expanding research agenda has led to the establishment of working groups within the CAB, which consist of a subset of the CAB members, to focus on a specific research agendas (i.e. HIV treatment, HIV prevention, tuberculosis, etc.) or protocol, making the workload and amount of information more manageable to the CAB members.

In other instances, where the research center has engaged with a new population or is working with very diverse community groups (e.g. different geographic area or population profiles), it makes sense to establish more than one CAB to allow members to follow more closely specific issues pertaining to the research and ensure adequate feedback from the populations being affected.

In these cases, it is important to establish mechanisms for coordination between the different CABs or working groups, to promote cross-learning and increase the integration of the diverse strategies being pursued by the research team.

Monitoring CAB operations

If a CLO or CAB Chair wishes, he/she may decide to implement a mechanism to keep track of the impact of CAB initiatives. In some cases, CLOs report the need to provide such evidence to site management, donors, etc. as a means of highlighting the need for a CAB and its positive outcomes for the research. The CLO could develop a simple log-frame based on an action plan as described previously, or another similar document outlining the CAB’s projects. In most cases, information will be qualitative; it will be important for the CLO to descriptively articulate the positive effect of CAB work, because some CAB activities are not conducive to quantitative outcomes. One example of a qualitative outcome is anecdotal evidence of community members’ raised awareness of AIDS vaccine research due to their attendance at an outreach event. Measurable outcomes should be provided where possible, e.g. number of attendees at a World AIDS Vaccine Day event. If such information is documented in a systematic way, it will provide a meaningful indicator of CAB effectiveness.

7c. Guidelines

- CABs should develop a charter to formalize their operations and structure in a consensual document.
- Appropriate roles should be assigned to select CAB members to form a governing structure for the CAB.
- It is recommended that CABs meet monthly during their first year of operation, and as necessary after the first year, but not less than quarterly.
- CLOs should work with the CAB to develop a strategic set of activities or action plan that accurately reflects the research agenda of the research center and surrounding community concerns.
8. CAB Member Training

8a. Introduction and Guiding Principles

Given the diverse backgrounds of individual members, CABs typically include individuals with varying levels of knowledge and familiarity about HIV science as well as with the research process itself. Ensuring a clear and consistent understanding of core AIDS vaccine concepts among all members is an absolute priority.

At the same time, an effective CAB depends not only on members’ understanding of core concepts, but on their appreciation for the role of the CAB and their responsibilities. An orientation to the research center and to the strategies for effective community engagement is also essential during the early stages of CAB development.

Training is not a one-time activity and CAB members should receive regular training to ensure understanding of key concepts as well as the latest developments in the AIDS vaccine R&D field. New members may join a CAB, and ongoing training also provides an effective way for these new members to become educated about the issues at hand.

This module will suggest a process for training CAB members as well as topics for training. There are numerous tools available to support training of CAB members, including IAVI’s Vaccine Literacy Toolkit, which includes many resources to support capacity building in this area.

Training process

It is important that all CAB members have a solid base of knowledge and understanding of key concepts. Training around HIV science and vaccine research, as well as orientation to the research center and more generally to the practice of community engagement can be incorporated into the initial CAB meetings. Given that accuracy of information is essential to promoting good community relations, it is critical to establish this shared understanding prior to initiating CAB outreach activities.

The steps shown below can be considered as one model of carrying out a training program for CAB members. The recommendations are presented less as a strict set of rules, than as guidelines to help structure the training process.

Step One: Assessment of current knowledge

Many research centers have reported that CAB members arrive with a great range of scientific literacy. It can be valuable to perform an assessment of members’ knowledge and awareness prior to implementation of any training program, so as to tailor the formal trainings appropriately. It is recommended that a pre-training assessment is performed during first few meetings of the CAB.

CLOs may wish to assess additional training and/or capacity-building needs of CAB members such as in public speaking and Good Clinical Practice, as well as others. This can be done through a simple survey requesting information such as members’ existing skills and attendance at previous trainings or workshops.
ii Step Two: Initial training(s)

The CLO can organize an in-depth initial training based on results of the initial assessment. This training will likely include core concepts about HIV, HIV vaccine science and clinical research, but should be tailored appropriately taking into account the interests of the CAB members. See Potential Training Topics below for further information.

It is recommended that the initial training take place within a few months of the CAB’s first meeting. Based on previous experience, CAB members and CLOs have recommended that an initial training last 2-3 days in length (i.e. that a 1-day training is not sufficient for introductory coverage of AIDS vaccine concepts and/or additional CAB skills-building). Of course, this may not be true in all cases, and the length of the training workshop should be determined by the CLO’s assessment of CAB needs as well as CAB members’ availability.

A CLO may also decide that an initial training should be followed by a few refresher trainings within the next few months. Refresher trainings could also be conducted during or alongside regular CAB meetings.

The initial training(s) will ensure that all members have been exposed to the same set of concepts and are beginning their tenure on common terms.

iii Step Three: Ongoing training

CAB training should not be considered a one-time activity. Relevant concepts, especially technical concepts around AIDS vaccine research, require continual training.

It is recommended that CABs receive additional trainings or updates at least once a year. Emerging needs, however, may require trainings on a more frequent basis. It is the CLO’s responsibility to monitor the needs of CAB members, whether formally or informally, and plan ongoing trainings as necessary.

It is important to continually refresh knowledge around basic AIDS vaccine literacy concepts as well as important developments in the AIDS vaccine field, e.g. the start or end of trials in the community, country or region, and important trial results from around the world. Based on the CLO’s discretion, multiple objectives (e.g. to update CAB on clinical research, to increase knowledge of vaccine literacy concepts) may be achieved through refresher training. Depending on the training content, it is generally a good idea to involve other staff members, especially clinical staff, in the training.

Additionally, if determined as a need and/or priority by the CLO and other research staff, the CLO may implement a program to provide various CAB members with skills-building in areas such as public speaking, advocacy, etc. For instance, the research center may provide funding for CAB members to attend workshops conducted by other groups in the community on these topics.

Ongoing trainings also provide an opportunity for any new CAB members to become incorporated and for their vaccine literacy needs to be addressed.
Potential training topics

**i  CAB concept and skills**

In many locations, the CAB model represents a new concept. People may feel intimidated or simply unclear about the implications of their commitment.

CAB members should be oriented to the fundamental concepts of the CAB, its function and their responsibilities. CAB members can also be introduced to the history of CABs and civil society engagement in HIV research. This can be structured as a formal training (or part of a larger training) or informally in the first few CAB meetings.

As part of this process, CAB members can also address their internal organization by developing the mission, identifying and electing officers, clarifying responsibilities, etc. The exercise of developing and adopting a mission statement and a CAB member terms of reference can help new members gain clarity and develop a commitment to their new roles. (For further information, see Mission and Goals and CAB Operations Modules.)

**ii  Research center activities**

It is important for CAB members to become fully oriented with the research center and clinical activities. Members should have a full understanding of the research center, including activities and roles and responsibilities of various staff. It is especially important for CAB members to interact with clinical staff, including nurses, counselors and principal investigators (PI), and to be oriented to the process that volunteers undergo during trial participation.

CLOs may consider having an inaugural visit to the research center, where CAB members receive an orientation to research-center activities and staff, and have an opportunity to engage in discussion. CAB members can become oriented to the particular research project to which they are linked, if applicable.

**iii  AIDS vaccine literacy – core concepts**

It is highly important for CAB members to have a comprehensive understanding of AIDS vaccine literacy concepts related to AIDS vaccine clinical research. Not only do CAB members need to understand the concepts, they need to be able to speak with fluency about them, and be empowered to respond to questions, misconceptions and rumors which often circulate in communities.

CLOs may use the *AIDS Vaccine Literacy (“VaxLit”) Toolkit* as a tool for training and education on these core concepts. The *VaxLit Core Content* is a handbook containing comprehensive, basic information around AIDS vaccine research. The *VaxLit Training Manual* contains participatory training sessions that can be used and/or tailored as needed to develop a comprehensive CAB training program around vaccine literacy.

AIDS vaccine literacy concepts which may be covered include:

- HIV and AIDS basics
- Immune system and HIV
- Vaccines
- AIDS vaccine development
- AIDS vaccines as part of the comprehensive response to AIDS
- Clinical vaccine trials
- Participation in AIDS vaccine trials
- Ethical issues in AIDS vaccine trials
- Regulatory approval for trials, including any existing national guidelines
- Considerations around eventual access to AIDS vaccines

The Complete Vaccine Literacy Toolkit is broadly available to clinical research centers or can be obtained by request or download on the IAVI website: [www.iavi.org](http://www.iavi.org).

### iv Skills related to outreach and public visibility

Depending on the focus and profile of each CAB, there may be a need to reinforce capacities that are related to external outreach, such as efforts to engage stakeholders outside of the CAB or to represent the CAB in public events. Examples of useful skills for CAB members include: public speaking, advocacy, communications and community mobilization. Such skills-building activities may be conducted by the CLO or by an external group, depending on skills and tools available to the CLO.

While these skills are not applicable to all CABs, more experienced CABs often request some support in order to better convey the messages related to their work or the research program.

### 8b. Issues to Consider

#### Additional training

In addition to the topics mentioned above, CLOs may consider further training needs or opportunities for CAB members.

#### i Good Clinical Practice

Training workshops on Good Clinical Practice (GCP) are often provided for vaccine research center staff. These trainings comprehensively cover the clinical research process, including regulatory considerations, and may be geared specifically toward vaccine trials.

CAB members are often called upon to review documents related to a clinical trial, including the volunteer informed consent form and the trial protocol. In order to give meaningful input, CAB members should be empowered with GCP skills. It may be useful for a CLO to designate several CAB members throughout a given year for GCP training when offered. It may be especially effective to choose CAB members who have related experience or background, e.g. a healthcare professional, a representative from academia or executive CAB members.

The CLO could consider working with relevant research staff and/or GCP trainers to create an abridged version of GCP training (sometimes called “GCP-light”) for the entire CAB.

#### ii Good Participatory Practice (GPP)

With the launch of the GPP guidelines, developed by UNAIDS and the HIV-prevention advocacy organization AVAC, the engagement of community members or other stakeholders in research has been captured in a structured framework that has provided valuable reference to both research teams and interested community representatives. GPP is a relatively new concept, which is currently being rolled out globally. It fills an important gap in guidance and should be made broadly known to communities involved in research, in particular CAB members.

IAVI, AVAC and other partners have started piloting GPP training to CABs and research centers. It is likely that GPP training will become increasingly more common as a tool
to ensure research centers and CABs share a common understanding of their roles and responsibilities vis-à-vis each other. This will ultimately benefit the quality and consistency of community engagement practices in prevention research worldwide.

iii Specific populations in AIDS vaccine trials

By definition, AIDS vaccine efficacy trials generally involve populations who are likely to be at higher risk for HIV infection and who may be particularly vulnerable to stigma and discrimination, e.g. sex workers and men who have sex with men (MSM). When such trials are being planned or conducted in these populations, the CAB members’ role as liaison between the research center and community is critically important. CAB members will need to relay any reactions or perceptions from the community to the research center so that the site can address these accordingly and ensure that volunteers’ confidentiality, safety and well-being are protected at all times.

Women’s issues are important considerations in all stages of AIDS vaccine research. It is critically important that women participate in vaccine trials to determine whether a vaccine will work for them. However, women often find it difficult to participate for social, cultural and logistical reasons. Efforts should be made to support involvement of women in trials and to ensure that they can make voluntary, independent and well-informed decisions to participate. Additionally, an AIDS vaccine, once available, will be an important tool for women as it could reduce their vulnerability to infection as it is a prevention method they will likely be able to use independently of the partner’s explicit cooperation.

In order for CAB members to serve as effective liaisons vis-à-vis considerations around vulnerable populations, it may be useful to conduct related sensitivity trainings. CLOs can make use of both IAVI’s Gender Training Manual and MSM Training Tools to conduct relevant trainings or to incorporate this content into ongoing vaccine literacy or other training programs for their CAB members.

iv Cross-CAB dialogue

Exchange between CABs from different sites has emerged as an extremely valuable exercise. Cross-CAB exchanges provide an opportunity for CAB members to discuss similar issues and to consult with each other about strategies to overcome challenges in their role. Exchange workshops, therefore, become a forum for practical capacity building. CAB members are also reminded that they are part of a broader process of research, which not only increases their knowledge but empowers them in their role as advocates in their local communities.

Cross-CAB exchanges may take place at national, regional or global levels. CLOs should ensure that participation in exchange meetings is shared among CAB members so that members have equal opportunity to build capacity through this process.

v Additional issues

A CAB’s training needs will certainly be unique. CABs may need training on issues including other HIV prevention technologies (e.g. microbicides, male circumcision, PrEP), sexually transmitted infections (STIs), family planning and general HIV/AIDS care and management.
8c. Guidelines

- An initial training cycle should be offered to all CAB members, including orientation about the research center, the role of the CAB and information on vaccines, clinical research and ethics.

- An assessment of training needs and refresher training should be offered to CABs periodically, or whenever significant new information that may affect the research becomes available (such as the results of other related trials).
9. Practical Tools

9a. Introduction

This section provides sample tools for use in CAB operations. The tools will be most useful for the CLO, and may also be used by the CAB chair or other staff involved in CAB management.

The tools included in this section are examples taken from existing CABs. They have been adapted as necessary to be as universal as possible. It will be important for CLOs (or other appropriate staff) to adapt these tools further, so they are appropriate for their individual settings, communities and research environments.

9b. Sample Tools

CAB planning/establishment tools

Sample CAB mission statements

The mission of the Community Advisory Board is ...

- To represent community concerns – from a diverse set of perspectives – in the design, execution and evaluation of research conducted at trial site. A CAB should be particularly attentive to ethical and human rights concerns with regard, for example, to informed consent procedures.

- To serve as a bridge between researchers and the community in which the research is taking place, as well as the communities most affected by research.
COMMUNITY ADVISORY BOARD (CAB)

CHARTER FOR THE __________ CLINICAL RESEARCH CENTER CAB

1.0. INTRODUCTION

[Insert background language on the CAB, including: name of site it represents, site sponsors, brief history of the site, rationale for CAB, etc.]

[Sample language on rationale for CAB:] The success of HIV vaccine research depends on active participation by the communities surrounding the studies. This helps community members at all levels of the research process to build trust and mutual understanding of research issues which ensures that values and cultural differences among participants are respected. Community participation also adds significant value to the research program, providing a wealth of information about the characteristics and needs of surrounding communities affected by research. For this reason, [trial site name] has invested substantial effort towards fostering community involvement in the HIV vaccine development and testing process, through formation and facilitation of a Community Advisory Board (CAB).

2.0 MISSION/ PURPOSE

This CAB is set up to foster partnerships between researchers and local study communities through linking researchers at [trial site] and the communities of [city/town/etc.] from where volunteers are drawn. Although the CAB has no direct authority on the conduct of the researchers whom they advise, an active CAB with a committed membership is an integral part in the ethical research process. The CAB is a group of volunteers representing the general public, vaccine trial participants, members of the affected communities, and professionals in the HIV/AIDS field.

2.1. CAB Goals

a) Ensure that the rights of participants in the vaccine research trials are protected
b) Prepare and mobilize the community for the development and future availability of a preventive HIV vaccine
c) Support the advancement of research leading to the development of an effective preventive HIV vaccine
d) Assist in the development and implementation of culturally accommodative information materials and messages.
e) Provide support to promote and maintain CAB membership and CAB education
f) Provide the research team input and meaningful information about the community affected by research in order ensure that research procedures are adequate to the local cultural environment.

3.0. ROLES AND RESPONSIBILITIES OF CAB MEMBERS

a) Attend local CAB meetings and provide feedback on issues under discussion.
b) Voice concerns to study team from the communities and/or study participants.
c) Demonstrate commitment to developing an understanding on issues where they may have little expertise (eg. through attending workshops).
d) Assist in the development and implementation of community education activities and strategies (health fairs, community forums, etc.).
e) Advise the research protocol team in the development of informed consent and other study-related documents and procedures.
f) Advise in the development and implementation of recruitment and retention strategies.
g) Identify and communicate research gaps of importance to HIV vaccine research.
h) Disseminate study information to local community.
i) Recruit and orient new CAB members.

4.0. CAB MEMBERSHIP

4.1. The [trial site name] CAB will comprise of not more than [xx] members, who may include health educators, lawyers, school teachers, people living with HIV/AIDS, women of childbearing age, study participants, youth, and representatives from the religious community or community-based / non-governmental organizations. CAB members will be drawn from these groups, and through recommendations from leaders in the community. CAB membership should not include the research center staff. To the extent possible, CAB membership should seek a balance between the diverse groups present in the community, including adequate representation of both men and women.

4.2. Recruitment should be viewed as ongoing, wherein new members are added over time as attrition occurs or as membership expires. CAB members shall serve a term of two years, renewable for an extra term. The CAB will have powers to co-opt a member.

4.3. A person is said to be a member of the CAB once they have attended three consecutive meetings. At this time the person may participate in any voting done by the CAB. If the person has not attended three consecutive meetings they are not a member and may not vote.

4.4. A member can lose their membership status if they are absent for three consecutive meetings without notice. At this time the individual will be contacted and asked if he/she would like to remain a member of the CAB. The Chairperson will inform the member in writing. A person can relinquish membership and still receive monthly meeting minutes and mail announcements from the CAB. If the person has not attended any meetings in a six-month time they will be removed from the mailing list, unless prior arrangements have been made.

4.5. Towards the expiry of one’s membership, the CAB will help identify other people in the community to serve as CAB members. All new CAB members will receive an orientation and background materials prior to their first meeting.

CAB membership is strictly voluntary, however money for transportation and other expenses directly related to CAB membership will be provided when necessary.

5.0. DECISION MAKING AND VOTING

Whenever possible, decisions will be made by consensus. If a vote has to be taken, a simple majority of members present will be sufficient.

6.0. OFFICE BEARERS

The CAB members shall appoint from among themselves the members to fill the following offices through voting:
1. Chairperson
2. Vice chairperson
3. Secretary

The [site name] will appoint a staff member to be a CAB Liaison Officer

6.1. Roles and responsibilities for the office bearers

- It is the responsibility of the chairperson and the vice chairperson to facilitate orderly, focused and productive meetings of the CAB. The chair will also be responsible for assisting [site name] staff in the preparation of progress reports.

- The secretary will take the minutes of the proceedings of the CAB meetings. He/she will keep a file of all communications with the Liaison officer, at the [site name] office.

- The Liaison Officer will work closely with the office bearers to ensure smooth running of the CAB activities and also provide the logistical support.

- The Liaison officer and the office bearers will work out the agenda and communicate to the members before the meeting.

.0. MEETINGS AND LOCATION

Meetings will be held quarterly at an agreed venue. Special meetings can be called as needed and a notice of two weeks will be given.

The quorum will be half of the members and the Liaison Officer.

8.0. LOGISTIC AND INSTITUTIONAL SUPPORT FOR THE CAB

In order to support CAB activities the [site name] will:

- Provide or make the necessary arrangements for adequate meeting space for regular and special CAB meetings.

- Provide or facilitate the required orientation to new members.

- Share with CAB members relevant documents about the research program and about the AIDS vaccine field in general as they relate to the CAB’s role and activities.

- Provide regular updates on the ongoing research and other site activities, as well as respond to requests for information, as appropriate.

- Seek to address specific needs of CAB members regarding access to relevant information, including translation of materials when appropriate.

- If/when necessary provide money to support CAB members’ expenses regarding transportation and other membership-related costs.

8.1. Role and responsibilities of Liaison Officer:

- Serve as an interface between CAB members and the research team.

- Address, as appropriate, requests for information and for relevant reference materials regarding the CAB’s work.

- Attend CAB meetings regularly.
• Assist the office bearers in the fulfillment of their specific roles.
• Promote exchanges with other CABs and research programs, as appropriate.

9.0. TERMS OF REFERENCE (BY-LAWS)

1. A CAB member will only serve on ONLY one CAB at a time.

2. Attendance of a CAB meeting will constitute MORE than half-time of that particular meeting.

3. Every CAB member will respect other CAB members’ opinions and views as well as those of the [site name].

4. A CAB member should not and cannot represent the staff of [site name] at any forum.

5. All CAB complaints related to the CAB operations should be channeled through the chair person or the Vice chair.

6. Confidentiality is very important and required of all CAB members.

7. CAB office bearers will work with Liaison Officer to network with other CABs in Uganda and elsewhere.

8. ALL CAB members are required to sign this document as a sign of agreement.

DECLARATION:

I ……………………………………………………………………………………… certify that I have read and clearly understood the CAB charter and the by-laws and do hereby agree to serve as a CAB member in accordance with the above.

Name: …………………………………………………………………………………

Address: …………………………………………………………………………………

Telephone: …………………………………………………………………………………

Email: …………………………………………………………………………………

Signature:………………………… Date: ……………………………

Note: Two copies of this charter should be signed by a CAB member. A copy will be retained by a CAB member while the other will be filed by the CAB secretary.
Job descriptions

Sample CLO job description

(Adapted from HPTN CAB Guidelines)

- Coordinate the recruitment and selection of CAB members, in consultation with other trial site staff and community stakeholders where appropriate
- Coordinate CAB establishment, including development of mission statement and goals, CAB member TOR, etc.
- Organize the orientation of CAB members, including orientation to the trial site
- Help research staff to understand value of CAB and promote integration of CAB representatives at relevant site meetings
- Work with CAB leadership to plan and coordinate ongoing CAB meetings
- Facilitate CAB meetings or designate appropriate facilitator, including conducting the meeting, organizing logistics and managing expenses
- Work with CAB, when appropriate, to develop an action plan
- Support the CAB in the fulfillment of its tasks
- Coordinate CAB training and capacity building
- Ensure that information is shared between the CAB, research study staff and other relevant working groups
- Monitor CAB needs vis-à-vis training, capacity building, and activity implementation, and initiate action to respond to needs
- Promote continuing education by organizing updates in science and research progress
- Ensure that CAB members have access to resources required to fulfill their mandate, including administrative support, access to educational and promotional materials and necessary supplies
- Coordinate exchange opportunities with other CABs
- Maintain contact with CAB liaisons at other sites
- Work with current CAB members to identify, recruit and orient new members.
Sample CAB member Terms of Reference

Terms of Reference

In furtherance of the CAB mission, a CAB member, to the best extent possible, will

• Attend and participate in all CAB meetings.
• Carry out specific tasks as identified by the CAB, in collaboration with the trial site, as necessary to advance the CAB mission.
• Carry out such duties with the spirit of volunteerism and commitment
• Abide by all protocols as set forth in the CAB charter.
• Demonstrate knowledge of affected communities.
• Voice concerns from these community/ies, as well as those of study participants.
• Demonstrate a capacity to understand and translate scientific principles to a lay audience.
• Provide input on issues related to the conduct of research according to their knowledge and point of view
• Use real-life experiences as a guide to action.
• Practice principles of honesty, openness and empathy.
• Practice principles of respect and confidentiality with regard to trial participants and sensitive trial-related information.
• Demonstrate a commitment to working well in a group setting.
IAVI gratefully acknowledges the generous support provided by the following major donors:

- Becton, Dickinson and Company (BD)
- Bill & Melinda Gates Foundation
- Bristol-Myers Squibb
- Broadway Cares/Equity Fights AIDS
- Canadian International Development Agency
- The City of New York, Economic Development Corporation
- Foundation for the National Institutes of Health
- The Gilead Foundation
- GlaxoSmithKline
- Google Inc.
- Government of Japan
- The Hearst Foundations
- Institut Merieux
- Irish Aid
- James B. Pendleton Charitable Trust
- Ministry of Foreign Affairs and Cooperation, Spain
- Ministry of Foreign Affairs of Denmark
- Ministry of Foreign Affairs of The Netherlands
- Ministry of Science & Technology, Government of India
- National Institute of Allergy and Infectious Diseases
- Norwegian Royal Ministry of Foreign Affairs
- The OPEC Fund for International Development
- Pfizer Inc.
- The Starr Foundation
- Swedish International Development Cooperation Agency
- Thermo Fisher Scientific Inc.
- U.K. Department for International Development
- The U.S. President’s Emergency Plan for AIDS Relief through the U.S. Agency for International Development
- United Continental Airlines
- The World Bank through its Development Grant Facility

And many other generous individuals from around the world.

As of January 2012