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ACCOUNTABILITY OF INTERNATIONAL NGOS: HUMAN RIGHTS VIOLATIONS IN HEALTHCARE PROVISION IN DEVELOPING COUNTRIES AND THE EFFECTIVENESS OF CURRENT MEASURES

SHARMEEN AHMED*

ABSTRACT

In recent years, the number of non-governmental organizations (NGOs) working in the international arena has vastly increased, generally making a positive impact. But, as this influence has deepened, governments in the developing world and scholars have scrutinized the work and accountability of NGOs given they are mostly independent and not subjected to international law. While NGOs must adhere to the domestic laws of the places within which they work, adherence is dependent upon the strength of enforcement of those laws. Proponents argue that this independence is essential for NGOs to effectively carry out their work. However, a review of healthcare programs funded by the Bill & Melinda Gates Foundation (Gates Foundation) calls into question current accountability measures of NGOs in the healthcare sector and can shine a light on weaknesses and potential areas of improvement in the current accountability regime for NGOs.

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The Gates Foundation focuses on world health and population and highlights its strategy of accelerating scientific discovery with reducing costs. Since the early 2000s, the Global Alliance for Vaccines and Immunizations (Gavi), Global Health Innovative Technology Fund and PATH, all heavily funded by the Gates Foundation, have been distributing vaccines and drugs to vulnerable populations in Africa and India. In 2010, the Gates Foundation funded experimental malaria and meningitis vaccine trials across Africa and HPV vaccine programs in India. All of these programs resulted in numerous deaths and injuries, with accounts of forced vaccinations and uninformed consent. Ultimately, these health campaigns, under the guise of saving lives, have relocated large scale clinical trials of untested or unapproved drugs to developing markets where administering drugs is less regulated and cheaper.

With the revelation of such abuses, the shortcomings of the current accountability regime for NGOs must be addressed in two critical areas: monitoring projects and monitoring potential influences and exploitation between donors and NGOs. Through the review of recent Gates-funded healthcare campaigns in Africa and India, this paper seeks to highlight and analyze these shortcomings by looking at the failures of the current accountability regime to prevent and resolve human rights abuses committed during these programs. This paper will offer recommendations to strengthen the accountability regime for NGOs through a more active role by the local governments and through community outreach and development. The findings in this paper will have implications for all NGOs working in the healthcare sector and potentially other sectors.

INTRODUCTION

“Who watches the watchmen?”: a variant English translation of the Latin phrase “*Quis custodiet ipsos custodiet?*” commonly used today to question how effectively those in positions of power are held accountable for their actions.¹ It is a fitting question for international non-governmental organizations (NGOs) today, considering their global role, expansive missions and unmonitored activities. With globalization and the increasing awareness of poverty, health, and governance issues in developing countries, the international community has seen a rise in international NGOs and similar organizations (foundations) pledging to save lives in poor countries.²

1. E.O. Winstedt, *A Bodleian MS of Juvenal*, 13 *CLASSICAL REV.* 201–05 (1899).

2. For mission statements of NGOs using the common phrases of ‘save lives’ and ‘change the world’, see *About*, PATH, <http://www.path.org/about/index.php> (last visited March 1, 2017); *About*

However, when NGOs make it their mission to change the world and save lives, do we, as citizens of the international community, really know who benefits most from these changes? For better or worse, when the call to action is to “save lives”, a second thought is never given. Any goal to “save lives” is generally deemed important and honorable, leaving a long list of rarely answered questions: how will those lives be saved and from what, to what end, after that life is saved will they have a better quality of life or face the same fate under a different disguise, do these lives know they are in danger and need to be saved, do they want to be saved, and what does the savior receive in return.

The influence and reach of international NGOs and philanthropic organizations is quickly expanding.³ The grant-making powers and personal networking is unmatched and they are increasingly shaping the agenda of international organizations and governments. The active role of these organizations has been encouraged and highlighted by the United Nations agencies and some member states, stating in an event summary from 2013 that “[w]hile their contributions are difficult to fully quantify, philanthropic organizations are well-suited to play an ever-more important role in addressing sustainable development challenges . . . in implementing a post-2015 development agenda.”⁴ The concern, however, is that these foundations and international NGOs enable developed countries and corporations to achieve their own agenda in developing countries with activities ranging “from setting up public-private partnerships with pharmaceutical companies to promoting certain sorts of corporate farming and the use of biotechnology for health and agriculture.”⁵

While NGOs have played a role in public healthcare for centuries, in recent decades, the scale of their work in healthcare projects has grown, especially in vaccine, immunization and drug development and delivery. The increasing activities of NGOs in vaccine, contraceptive and drug distributions in developing countries since the early 2000s must be understood in the context of costly drug trials for new drug development.

Gavi, the Vaccine Alliance, GAVI, <http://www.gavi.org/about/> [hereinafter *About Gavi*] (last visited March 1, 2017).

3. United Nations Development Programme [UNDP], *The Role of Philanthropic Organizations in the Post-2015 Development Agenda Setting*, DCPB/OESC/UNDESA (Apr. 2013), http://www.un.org/en/ecosoc/newfunct/pdf13/def_philan_summary.pdf; John Vidal, *Are Gates and Rockefeller Using Their Influence to Set Agenda in Poor States?*, *GUARDIAN*, Jan. 15, 2016, <http://www.theguardian.com/global-development/2016/jan/15/bill-gates-rockefeller-influence-agenda-poor-nations-big-pharma-gm-hunger>. Note that this article is in the “Global Development” section of *The Guardian*, which is financially supported by the Bill & Melinda Gates Foundation.

4. UNDP, *supra* note 3.

5. Vidal, *supra* note 3.

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The cost of new drug development in the U.S. is about \$5.8 billion.⁶ Ninety percent of the cost of new drug development is incurred in Phase III clinical trials required by the Food and Drug Administration (FDA) in the United States and similar agency in Europe.⁷ In Phase III clinical trials, tests are administered to human subjects to monitor side effects and confirm treatment.⁸ As a result of the regulatory requirements to conduct costly clinical trials in the United States and Europe, the relocation of these trials to developing countries with emerging markets where regulatory regimes for drug testing are more lax, and less costly.⁹

The Bill & Melinda Gates Foundation and its recent campaigns in the healthcare sector will serve as a case study in this paper to examine the weaknesses in the accountability regime for NGOs generally. The Gates Foundation is the largest philanthropic organization in the world, and is leading vaccine and immunization research and development. Since 1999, the foundation has invested \$32.9 billion of its \$43.5 billion endowment on health programs.¹⁰¹¹ Although developed countries welcome this level of funding for research and many have praised the work of the Foundation,¹² others have questioned the Foundation's power to shift the agenda.¹³ Recent reports of human rights abuses resulting from Gates Foundation funded vaccine trials in Africa and India have raised questions about their activities and agenda. Critics have shared concerns on the Gates Foundation and potential policies on population control.¹⁴ This paper seeks to analyze the claims of human rights abuses committed during the course of these Gates Foundation funded healthcare campaigns. With the surfacing of human rights abuses, the shortcomings of

6. *Id.*

7. Avik S.A. Roy, *Stifling New Cures: The True Cost of Lengthy Clinical Drug Trials*, MANHATTAN INST. (Apr. 2012), http://www.manhattan-institute.org/html/fda_05.htm.

8. *Id.*

9. Vivian Hunt et al., *A Wake-Up Call for Big Pharma*, MCKINSEY & CO. (Dec. 2011), http://www.mckinsey.com/insights/health_systems_and_services/a_wake-up_call_for_big_pharma; Michael Edwards, *R&D in Emerging Markets: A New Approach for a New Era*, MCKINSEY & CO. (Feb. 2012), http://www.mckinsey.com/insights/winning_in_emerging_markets/r_and_38d_in_emerging_markets_a_new_approach_for_a_new_era.

10. *Foundation Factsheet*, BILL & MELINDA GATES FOUNDATION, <http://www.gatesfoundation.org/Who-We-Are/General-Information/Foundation-Factsheet>.

11. *What is the Bill and Melinda Gates Foundation*, THE GUARDIAN, Mar. 16, 2015, <https://www.theguardian.com/environment/2015/mar/16/what-is-the-bill-and-melinda-gates-foundation>.

12. Devin Thorpe, *The Real Reason the World Will Remember Bill Gates*, FORBES (Sept. 5, 2012), <https://www.forbes.com/sites/devinthorpe/2012/09/05/the-real-reason-bill-gates-the-world-will-remember-bill-gates-hint-its-not-windows-8/#42671a6e1a00>.

13. Vidal, *supra* note 3.

14. *Bill Gates*, TED TALK (2010), https://www.ted.com/talks/bill_gates_unplugged; Matthew Harper, *With Vaccines, Bill Gates Changes the World Again*, FORBES (Nov. 2, 2011), <https://www.forbes.com/sites/matthewherper/2011/11/02/the-second-coming-of-bill-gates/#75ceb5fb13fd>.

the current accountability regime for NGOs must be addressed as it relates to monitoring NGO projects and donor-NGO relations. The conclusions drawn in this paper will have applicability to other NGOs working in the healthcare sector and other sectors.

This paper will first provide a case study analysis of the healthcare campaigns funded by the Gates Foundation that resulted in human rights claims. The case study analysis will first provide background information on the mission and key partnerships of the foundation and will then review methods and results for malaria and meningitis vaccine trials in Africa and the HPV vaccine trial in India, focusing on the latter campaign. Next, this paper will provide an overview and assessment of the current legal regime governing INGOs, including internal policies, rules for drug trials in the medical industry, the 2005 INGO Accountability Charter and international law and domestic laws of host countries. Lastly, this paper will offer recommendations to strengthen the accountability measures for INGOs and will conclude with remarks on future projects.

I. GATES FOUNDATION-FUNDED HEALTH CAMPAIGNS & RESULTING VIOLATIONS

A. BACKGROUND OF THE BILL & MELINDA GATES FOUNDATION

1. Mission & Policies

The Bill & Melinda Gates Foundation, founded by Microsoft Corporation Chairman Bill Gates, and his wife, Melinda, focuses on the areas of global health and development, global policy and advocacy, and has a U.S. program specializing in education. The foundation bases itself on the principle that “every life has equal value” and in developing countries, focuses on improving health.¹⁵ It is the largest foundation in the world, with an endowment of \$43.5 billion.¹⁶ The Gates Foundation is currently the second largest donor to the World Health Organization, with the U.S. as the largest donor. It is also one of the largest single investors in biotechnology for farming and pharmaceuticals in the world.¹⁷ It is heavily invested in large pharmaceutical companies.¹⁸ In 2002, the foundation purchased shares in nine big pharmaceutical com-

15. *Foundation Factsheet*, *supra* note 10.

16. *Id.*

17. Vidal, *supra* note 3.

18. David Bank & Rebecca Buckman, *Gates Foundation Buys Stakes in Drug Makers*, WALL STREET J. (May 17, 2002), <https://www.wsj.com/articles/SB1021577629748680000>. In 2002, the

panies valued at nearly \$205 million.¹⁹ This level of investment and funding affords the Gates Foundation a high amount of influence over the global agenda.

Underpinning the work at the Gates Foundation is the hope of “helping every person lead a healthy and productive life”²⁰ by “focusing on a few big goals.”²¹ The Gates Foundation identifies one of these goals in the area of “Discovery and Translational Sciences” as follows: “to identify, support, and shape scientific research that can have the most impact and to accelerate the translation of scientific discoveries into solutions that improve people’s health and save lives.”²² Within this goal, the Gates Foundation concentrates on issues related to “vaccines, drugs, diagnostics, maternal and child health, and control of disease-transmitting mosquitoes.”²³ In doing so, the Foundation utilizes the following strategy:

All of our investments advance the goal of creating solutions that can be deployed, accepted, and sustained in the developing world. To speed the translation of scientific discovery into implementable solutions, we seek better ways to evaluate and refine potential interventions—such as vaccine candidates—before they enter costly and time-consuming late-stage clinical trials.²⁴

This strategy essentially tasks the Gates Foundation to fund and support easier and cheaper drug trials in developing countries.

The Gates Foundation also focuses on vaccine introduction and related market issues.²⁵ The foundation views partnerships as the best method to vaccinating those in need and partners with organizations that can help with the entire vaccine process “from discovery to development to delivery.”²⁶ It invests in vaccine research and development, including

Gates Foundation invested \$205 million in pharmaceutical companies, including Merck & Co., Pfizer Inc., Johnson & Johnson, and GlaxoSmithKline.

19. *Id.*

20. <http://www.gatesfoundation.org/Who-We-Are/General-Information/Letter-from-Bill-and-Melinda-Gates>

21. *Id.*

22. *Discovery and Translational Sciences Strategy Overview*, BILL & MELINDA GATES FOUNDATION, <http://www.gatesfoundation.org/What-We-Do/Global-Health/Discovery-and-Translational-Sciences> (last visited Jan. 26, 2017).

23. *Id.*

24. *Id.*

25. *Vaccine Delivery*, BILL & MELINDA GATES FOUNDATION, <http://www.gatesfoundation.org/What-We-Do/Global-Development/Vaccine-Delivery> (last visited Jan. 26, 2017).

26. *Id.*

projects to lower costs of vaccines by strengthening the immune response which could reducing the amount of antigen needed per dose, also projects to reduce doses required and easier administration and storage of vaccines.²⁷ It also works on the price element of vaccines “by working with private industry on innovative, market-based financing mechanisms to ensure that vaccines are developed at the lowest possible cost” and incentivizing manufacturers with demand and delivery strategies for vaccines.²⁸

2. Partners

The Gates Foundation emphasizes the importance of partnerships in its strategy. The foundation promoted the following: “Dramatic progress in global health and development can be made if research institutions, governments, foundations, nongovernmental organizations, and private industry join together to generate new discoveries and new technologies that could greatly improve outcomes for families and children.”²⁹

The Gates Foundation has made substantial financial commitments to partners in the health sector and pharmaceutical industry.³⁰ There is a concern that some of these organizations, although technically independent, are funded by the Gates Foundation so heavily that they should be considered as part of the Gates Foundation because of how much influence the Gates Foundation holds over the agenda of these organizations. In the early 2000s, these organizations, began to conduct large-scale clinical drug trials in South Asia and Africa.³¹ The most prominent partnerships will be discussed: Global Alliance for Vaccines and Immunizations (Gavi), Program for Appropriate Technology in Health (PATH), and the World Health Organization (WHO).

a. *Global Alliance for Vaccines and Immunizations (Gavi)*

The Gates Foundation holds their partnership with Gavi to be “one of [its] most important collaborations” as Gavi helps to shape the vaccine

27. *Id.*

28. *Id.*

29. *Discovery and Translational Sciences Strategy Overview*, *supra* note 22.

30. *Vaccine Delivery*, *supra* note 25.

31. Gates-funded public-private affiliates typically subcontract with local Contract Research Organizations to conduct trials in the field. This global industry for Contract Research Organizations was over \$32 billion in 2015. See *The Clinical Trials Industry in South Africa: Ethics, Rules and Realities*, WEMOS 11–13 (July 2012), available at http://www.wemos.nl/files/Documenten%20Informatief/Bestanden%20voor%20'Medicijnen'/Clinical_Trials_Industry_South_Africa_2013_v3.pdf.

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market.³² Gavi is described as “a global public-private partnership of scientists, health experts, government leaders, businesses, and philanthropic organizations whose goal is to save children’s lives and improve health through increased access to immunization in 73 of the world’s poorest countries.”³³ Its mission aims to help children and adult health and save lives through providing immunizations to poor countries.

Gavi, the Vaccine Alliance is comprised of four key members: the Gates Foundation (founder), World Health Organization (WHO) (founder), UNICEF, and the World Bank Group. Additional members include civil society organizations, developing country governments, developing country pharmaceutical industry, industrialized country governments, industrialized country pharmaceutical industry, and research and technical health institutes.³⁴

The Gates Foundation plays a financial and technical role in Gavi to help shape vaccine markets. It assists with data collection and encourages new products. It also provides extensive financial support to enable market investments.³⁵ The Gates Foundation was a co-founder of Gavi and pledged the initial \$750 million to set up Gavi in 1999. Since the launch of Gavi in 1999, the Gates Foundation’s additional grants to Gavi have amounted to over \$4 billion.³⁶ The Foundation retains a permanent seat on the Gavi Board of Directors.

In partnership with the Gates Foundation, Gavi is enabled to participate in vaccine market shaping.³⁷ It states the by increasing demand in Gavi-funded vaccines, the cost is lower in developing countries.³⁸ Gavi funds the purchase of vaccines and technical support to administer the vaccines to the poorest developing countries. The organization works on a variety of vaccines, including those for diseases that are among the leading causes of death for women and children in developing countries, such as pneumococcal disease and rotavirus. After identifying cervical cancer as a leading cause of cancer-related deaths among women in developing

32. *Vaccine Delivery*, *supra* note 25.

33. *Id.*

34. *Partnership Model*, GAVI, <http://www.gavi.org/about/gavis-partnership-model/> (last visited Mar. 1, 2017).

35. *Id.*

36. *Id.*

37. *Gavi*, BILL & MELINDA GATES FOUNDATION, <http://www.gavi.org/about/partners/bmgf/> (last visited Mar. 1, 2017).

38. *About Gavi*, *supra* note 2.

countries, Gavi began supporting projects for administering the HPV vaccine.³⁹

b. *Program for Appropriate Technology in Health (PATH)*

The Gates Foundation is also partnered with PATH, which is the arm it funds to develop and test vaccines. The Gates Foundation has granted PATH over \$150 million since 1998.⁴⁰ PATH is an international non-profit global health organization with a mission to save lives and improve the health of women and children through drug innovations.⁴¹ It is a public-private partnerships originally founded in the 1970s to work on contraceptives in developing countries and later expanded to public health projects and works in over seventy countries.⁴² PATH is one of the largest nonprofits in global health and considered the leading organization in global health innovations and focuses on five areas: vaccines, drugs, diagnostics, devices, system and service.⁴³ PATH specializes accelerating innovations in health in “overcoming the barriers . . . especially those that arise in the middle of the journey of innovation . . . during steps like testing and refining, gaining approvals, commercializing a product, and introducing new approaches.”⁴⁴ PATH works on vaccine delivery through advancing devices and also works with pharmaceutical companies to develop vaccines.

c. *World Health Organization (WHO)*

Another key partnership of the Gates Foundation is with the World Health Organization. The Gates Foundation has donated \$2.1 billion between 1998 and 2014.⁴⁵ The Gates Foundation is the largest non-state funder of the WHO and the second largest donor overall, with the United States as the largest donor. Aside from providing financial support, the Gates Foundation actively advises on projects. The Gates Foundation has a large amount of influence on the agenda of the WHO because each grant is predesignated with a specific purpose, limiting its use on specific

39. *Id.*; Vidal, *supra* note 3.

40. *Awarded Grants Database*, BILL & MELINDA GATES FOUNDATION, <http://www.gatesfoundation.org/How-We-Work/Quick-Links/Grants-Database> (last visited Mar. 1, 2017).

41. *Frequently Asked Questions*, PATH, <http://www.path.org/about/faq.php> (last visited Mar. 1, 2017).

42. *Id.*

43. *Id.*

44. *Id.*

45. *Awarded Grants Database*, *supra* note 40.

programs or project areas.⁴⁶ Most grants by the Gates Foundation have been dedicated to polio eradication (\$1.16 billion), global policy and advocacy (\$146 million) and maternal and child health (\$132 million).⁴⁷ Thus, donor interests drive the budget and agenda. The WHO welcomes and is essentially dependent upon large grants from private organizations because many member countries default on their contributions.⁴⁸

Overall, each strategic partnership enables the Gates Foundation to contribute to every aspect of the drug delivery process, from the development stage to the delivery stage, and affords it access to implement projects on a global scale without obstruction.

B. VACCINE CAMPAIGNS

In 2010, Bill and Melinda Gates called for a “Decade of Vaccines” and pledged \$10 billion to increase access to vaccines.⁴⁹ Three of the vaccine campaigns that were underway following this announcement will be reviewed, the HPV vaccine trial in India and the MenAfriVac project and phase 3 Malaria vaccine trials in Africa. The analysis will focus on the trial in India because of availability of information as a result of government investigations.

1. Human Papilloma Virus (HPV) Vaccine Project in India

In 2009, the Bill & Melinda Gates Foundation funded a project in collaboration with PATH to administer the Human Papilloma Virus (HPV) vaccine. Gavi was initially considered to subsidize the project. PATH undertook a five-year project, from June 2006 to May 2011 “to generate and disseminate evidence for informed public-sector introduction of HPV vaccines” in the countries of India, Uganda, Peru and Vietnam, each with a different ethnic population. Each country has a state-funded national vaccine immunization program. This can ultimately be highly profitable for pharmaceutical manufacturers and a study of this kind can give important data for promotion of the vaccine globally.⁵⁰ The project

46. *Bill & Melinda Gates Foundation Member Profile*, WORLD HEALTH ORGANIZATION [WHO], http://www.who.int/workforcealliance/members_partners/member_list/gates/en/.

47. Andy Beckett, *Inside the Bill and Melinda Gates Foundation*, GUARDIAN, July 12, 2010, <https://www.theguardian.com/world/2010/jul/12/bill-and-melinda-gates-foundation>.

48. *Id.*

49. *Decade of Vaccines*, BILL & MELINDA GATES FOUNDATION, [www.gatesfoundation.org/Media-Center/Press-Releases/2010/01/Bill-and-Melinda-Gates-Pledge-\\$10-Billion-in-Call-for-Decade-of-Vaccines](http://www.gatesfoundation.org/Media-Center/Press-Releases/2010/01/Bill-and-Melinda-Gates-Pledge-$10-Billion-in-Call-for-Decade-of-Vaccines).

50. PARLIAMENT OF INDIA, 72ND REPORT ON ALLEGED IRREGULARITIES IN THE CONDUCT OF STUDIES USING HUMAN PAPILLOMA VIRUS (HPV) VACCINE BY PATH IN INDIA, at 16 (Aug. 2013),

was entitled “HPV Vaccine: Evidence for Impact.” The case in India will be focused on in the following analysis as it drew investigation by the national government.

For India, it was to be applied in three phases, the second phase entitled “A Post-Licensure Observational Study of HPV Vaccination: Demonstration Project.”⁵¹ It was implemented to two states in India: Andhra Pradesh and Gujarat.⁵² The purpose of the vaccine is to ultimately prevent cervical cancer, which is related to certain forms of the Human Papilloma Virus. Two types of vaccines from two different pharmaceutical companies were used in separate states, Gardasil by Merck and Cervarix by GlaxoSmithKline. These were the two brands available in the market and both manufacturers donated the vaccines. One year prior to this project, in 2008, both vaccines were given marketing approval in India. PATH carried out the trial jointly with the Indian Council of Medical Research (ICMR), which is the India’s primary governmental agency tasked with conducting biomedical research. PATH implemented what the Department of Health Research described as “an operational research study.”⁵³ ICMR provided technical support and consultation for development of protocol and plan of monitoring. The purpose of the trial was to generate data to support the inclusion of the HPV vaccine in India’s Universal Immunization Program. The project recruited female children between the ages of ten and fourteen from low-income, rural, largely tribal households. Gardasil was injected into 13,000 girls in the Khammam district of Andhra Pradesh and Cervarix was injected into 10,000 girls in the Vadodra district of Gujarat.

a. *Investigation & violations*

The project received public attention when the deaths of seven girls from Andhra Pradesh were reported.⁵⁴ The ICMR suspended the project in

available at <http://www.elsevierbi.com/~media/Supporting%20Documents/Pharmasia%20News/2013/September/HPV%20Vaccines%20Parliamentary%20Report%20%20Aug%2031%202013.pdf>.

51. *Id.* at 7.

52. *Id.* at 8.

53. PARLIAMENT OF INDIA, *supra* note 50, at 3.

54. Sandhya Srinivasan, *A Vaccine for Every Ailment*, INFO CHANGE (Apr. 2010), <http://infochangeindia.org/public-health/healthcare-markets-and-you/a-vaccine-for-every-ailment.html>; Aarti Dhar, *It’s a PATH of Violations, All The Way to Vaccine Trials: House Panel*, THE HINDU, Sept. 2, 2013, <http://www.thehindu.com/news/national/its-a-path-of-violations-all-the-way-to-vaccine-trials-house-panel/article5083151.ece>; Gethin Chamberlain, *Judge Demands Answers After Children Die in Controversial Cancer Vaccine Trials in India*, THE DAILY MAIL, Jan. 13, 2015, <http://www.dailymail.co.uk/news/article-2908963/Judges-demand-answers-children-die-controversial-cancer-vaccine-trial-India.html#ixzz4YiEMw1yM>; S. Kumar & D. Butler, *Calls in India For Legal Ac-*

April 2010.⁵⁵ The Indian Parliament's Standing Committee on Health began its investigation and made the overall conclusion that the "safety and rights of children were highly compromised and violated."⁵⁶ PATH and the Committee did not agree as to whether the seven deaths were connected to the vaccinations.⁵⁷ The Government of India persists that there is the possibility of a connection according to their own studies.⁵⁸ However, the Committee found certain violations related to registration and the approval status of PATH to operate and conduct trials in India, informed consent procedures, compensation and treatment in the event of injury or death and conflicts of interest.

The Committee found that PATH was not a registered legal entity when it began working with the ICMR. PATH is considered a foreign non-commercial organization under Indian laws, which requires it to obtain permissions from governmental agencies including the Ministry of External Affairs and Ministry of Home Affairs before an office can be set up locally, but PATH failed to do so and set it its office prior to receiving approval.⁵⁹ Documentation shows that it obtained proper permission on May 2009, ten years after originally setting up its office.⁶⁰ The Committee also found irregularities with the approval given for trial. The Secretary of the Department of Health Research admitted that the DCGI guidelines were not adhered to as trials cannot be conducted on children until conducted on adults first. But, the Secretary provided that the reasoning behind this was that vaccine must be given before puberty to protect against cancer.⁶¹

Research using human subjects must follow the Good Clinical Practice requirements. The gap in the law that was utilized by the study, was in the characterization of the clinical trial. The clinical trial was described as a "post-licensure observational study." Drugs Controller General of India said that it must follow clinical trial guidelines. PATH however said the project was an observational study and the ICMR supported PATH explaining that the nature of the project did not require them to

tion Against U.S. Charity, NATURE NEWS, Sept. 9, 2013; Dinesh C. Sharma, *Rights Violation Found in HPV Vaccine Studies in India*, 14 LANCET ONCOLOGY (2013).

55. PARLIAMENT OF INDIA, *supra* note 50, at 4.

56. *Id.* at 12.

57. *Id.*

58. *Id.*

59. *Id.* at 32.

60. *Id.* at 35.

61. PARLIAMENT OF INDIA, *supra* note 50, at 2.

follow clinical trial rules.⁶² But the research included human participants so it had to follow related statutory requirements.

b. *Informed consent*

The investigation revealed violations related to informed consent procedures. According to laws, consent for minors had to be signed by parents or guardians and for those uneducated, there had to be an independent witness.⁶³ In the trials conducted in the state of Andhra Pradesh, 9,543 forms were signed and 1,948 had thumb impressions. The hostel warden had signed 2,763 forms. In the state of Gujarat, 6,217 forms were signed and 3,944 had thumb impressions, with 5,454 signed by given thumb impression by guardians. The report noted that its data shows that a large amount of the parents and guardians were illiterate and could not even sign in their local language.⁶⁴

After a review of the consent forms, it was identified that 69 forms did not have signatures of witnesses. One signature appeared on the forms of many participants. The consent forms signed by school headmasters and wardens were directed to do so by the local government and did not have written permission by the parents or legal guardians to sign on behalf of the children. Many of the forms lacked witness signatures or investigator signatures. In some cases, parent and guardian signatures did not match their names. Many forms, the signatures of parents and guardians were obtained after the date of the vaccinations.⁶⁵

c. *Compensation & conflicts of interest*

The trial did not provide for urgent expert medical attention in case of serious adverse events, which were anticipated to occur. There were no measures in place to compensate or provide medical treatment for the child in the event of injury or death.⁶⁶

The Committee highlighted concerns of conflicts of interest related to the commercial interests of manufacturers influencing the government policy on vaccines.⁶⁷ The Ministry of Health and Family Welfare reported that no written conflicts of interest declarations were sought.⁶⁸ The report

62. *Id.* at 5–6.

63. *Id.* at 20.

64. *Id.*

65. *Id.* at 21.

66. *Id.* at 9.

67. *Id.* at 11.

68. *Id.* at 18.

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noted that the ICMR representative acted to promote PATH and the interests of manufacturers of the HPV vaccine.⁶⁹ It also noted concern for the inaction by DCGI for the enforcement of the rules for clinical trials and the irregular marketing approvals from the DCGI.

d. *Actions after investigation*

In response to violations related to informed consent, monitoring procedures, registration, inclusion of vulnerable and tribal population groups, lack of compensation and treatment for injury or death, other conflict of interest irregularities, the Committee made several recommendations to hold PATH accountable by the Government of India as laws in place to ensure informed consent and proper medical treatment for human subjects were blatantly violated.⁷⁰ Overall, the Committee concluded that the project violated all laws and regulations laid down for clinical trials and deemed the violations in breach of human rights because of the treatment to the children used in the trial.⁷¹ However, changes were only slowly implemented.

On July 3, 2010, the Government of India only issued a warning letter to PATH, requesting that it “be careful while conducting clinical trials so to ensure that discrepancies and violations are not repeated.”⁷² In 2012, the ICMR implemented provisions requiring that each approval of a clinical trial include a condition for medical treatment and compensation in the event of injury or death.⁷³ In 2017, the Government of India made steps to address concerns of foreign donors influencing policy making. It announced that it would stop receiving grants from the Gates Foundation for the Immunization Technical Support Unit, which provides immunization strategy advice for a large program covering 27 million infants annually. Instead, the government will partially fund the programs through the Ministry of Health.⁷⁴

Based on this case, laws and regulations in India need to be strengthened. PATH was able to continue its operations under the radar without proper registration because of the wily registration process in India. Although

69. *Id.* at 12.

70. KP N. Kumar, *Controversial Vaccine Studies: Why is Bill & Melinda Gates Foundation Under Fire From Critics?*, ECONOMIC TIMES (Aug. 31, 2014), http://articles.economictimes.indiatimes.com/2014-08-31/news/53413161_1_hpv-vaccine-cervarix-human-papilloma-virus.

71. PARLIAMENT OF INDIA, *supra* note 50, at 36.

72. Dhar, *supra* note 54.

73. *Id.*

74. Aditya Kalra, *India cuts some funding ties with Gates Foundation on immunization*, REUTERS (Feb. 10, 2017), <http://www.reuters.com/article/us-india-health-bmgf-idUSKBN15N13K>.

PATH should have followed laws for using human subjects in medical research, its characterization of the study as an “observational study” and its support from the ICMR relaxed the requirements for following set laws.⁷⁵ The process required approvals from various agencies and as a result, entities could not be tracked properly. The Report recommended a single point of registration, an umbrella agency, to increase efficiency.

Also, there were many deficiencies on the part of the governmental agencies and ethical committees that were put in place to approve research and ensure research is conducted according to set rules and guidelines. ICMR approved the trial in 2007 before the drug was even approved in the country in 2008. The Committee said that the ICMR should have undertaken an independent study before approving the drug trial and could not explain the actions of the ICMR. The fact that the Committee cannot understand the action of the ICMR shows disconnect within these governmental agencies. This could potentially be resolved with the implementation of a universal framework, to make policies uniform and give extra enforcement.

e. *Note on how Gardasil went overseas*

The HPV vaccine project essentially facilitated low-cost clinical trials and assisted in creating new markets for a drug that underperformed in the U.S. Gardasil was first introduced in the U.S. in 2006 and it had extremely high sales.⁷⁶ But, the vaccine received criticism from the Journal of the American Medical Association and others, who questioned the risks.⁷⁷ In 2010 Fortune Magazine described Gardasil as a “marketplace dud.” Thereafter, sales fell for both Gardasil and Cervarix.⁷⁸ In 2010, the project by PATH was implemented in four developing countries. By FYE 2012, Merck was able to report an increase in Gardasil sales in Japan and developing markets.⁷⁹

75. D. Scott LaMontagne & Jacqueline D. Sherris, *Addressing Questions About the HPV Vaccine Project in India*, 12 LANCET ONCOLOGY 492 (2013); Amy MacIver, *Statement from PATH: Cervical Cancer Demonstration Project in India*, PATH (Sept. 3, 2013), <http://www.path.org/news/press-room/642/>.

76. Zosia Chustecka, *HPV Vaccine: Debate Over Benefits, Marketing, and New Adverse Event Data*, MEDSCAPE (Aug. 18, 2009), <http://www.medscape.com/viewarticle/707634>.

77. Charlotte Haug M.D., *The Risks and Benefits of HPV Vaccination*, J. AM. MED. ASS’N 795 (Aug. 19, 2009), available at <http://jama.jamanetwork.com/article.aspx?articleid=184404>.

78. Shelley DuBois, *What Went Wrong With Gardasil*, FORTUNE (Sept. 7, 2012), available at http://money.cnn.com/2010/09/06/news/companies/merck_Gardasil_problems.fortune/.

79. *Merck Announces Full-Year and Fourth-Quarter 2012 Financial Results*, BUSINESS WIRE (Feb. 1, 2013), <http://www.businesswire.com/news/home/20130201005282/en/Merck-Announces-Full-Year-Fourth-Quarter-2012-Financial-Results>. For information on other drugs supported by the Gates Foundation and marketed first in the U.S. and afterwards in developing countries under a

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The Indian Parliamentary Committee included the following remarks in their report on the potential financial benefit of the project:

Had PATH been successful in getting the HPV vaccine included in the universal immunization programme of the concerned countries, this would have generated windfall profit for the manufacturer(s) by way of automatic sale, year after year, without any promotional or marketing expenses. It is well known that once introduced into the immunization programme it becomes politically impossible to stop any vaccination.⁸⁰

2. Trials Across Africa

Africa has experienced a large increase in medical research using human participants.⁸¹ While there are many untreated diseases in Africa, the continent is home to some of the most vulnerable groups and individuals in the world, suffering from poverty, lack of education, environmental issues, and other problems. As such, it is crucial to ensure the protection and safety of these groups when foreign entities engage with them. This is especially true for clinical drug trials, where the trial is invasive and dangerous for the participant and potentially profitable for the administrator. A news article in South Africa even recently declared “we are guinea pigs for the drug makers.”⁸² Two large scale clinical trials, funded by the Gates Foundation, took place across Africa, the 2010 phase III trial of malaria vaccine and the MenAfriVac Project.

The phase III Malaria vaccine trial was part of a larger project by PATH, the PATH Malaria Vaccine Initiative, which administered multiple malaria vaccines around the world. This specific project received \$150 million in funding from the Gates Foundation.⁸³ The phase III Malaria trial took place in multiple testing sites across Kenya, Ghana, Tanzania, Ga-

different name, see David J. Morrow, *Maker of Norplant Offers a Settlement in Suit Over Effects*, N.Y. TIMES, Aug. 27, 1999, <http://www.nytimes.com/1999/08/27/us/maker-of-norplant-offers-a-settlement-in-suit-over-effects.html>; N. B. Sarojini & Laxmi Murthy, *Why Women's Groups Oppose Injectable Contraceptives*, 2 INDIAN J. MED. ETHICS (2005), available at <http://216.12.194.36/~ijmein/index.php/ijme/article/view/702/1715>.

80. PARLIAMENT OF INDIA, *supra* note 50, at 6.

81. A. Nyika et al., *Composition, Training Needs and Independence of Ethics Review Committees Across Africa: Are the Gate-Keepers Rising to the Emerging Challenges?*, 35 J. MED. ETHICS 189–93 (2009).

82. *We Are Guinea Pigs for the Drug Makers*, TIMES (July 25, 2013), <http://www.timeslive.co.za/news/2013/07/25/we-are-guinea-pigs-for-the-drugmakers>.

83. *Vaccine Delivery*, *supra* note 25.

bon, Malawi, Mozambique and Burkina Faso.⁸⁴ This trial utilized malaria vaccine version RTS,S, which was manufactured by GlaxoSmithKline.⁸⁵ The vaccines were administered to 20,000 across the sub-Saharan African countries and included children between ages 6 to 12 weeks and children between 5 to 17 months old.⁸⁶ The trials resulted in 151 deaths and caused serious adverse effects, including paralysis and seizure in 1048 of 5949 children aged 5-17 months.⁸⁷ However, medical researchers concluded that these were normal risks expected from the vaccinations.⁸⁸

The MenAfriVac project was administered through a larger collaboration by PATH and WHO called the Meningitis Vaccine Project.⁸⁹ This project is funded by the Gates Foundation and focuses on development, testing licensing and introduction of affordable vaccines.⁹⁰ MenAfriVac is the trademark name of a vaccine developed through this program to prevent meningitis outbreaks specifically in Africa and provide an affordable vaccine. The MenAfriVac project started in 2010 across the twelve African countries of Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Côte-d'Ivoire, Ethiopia, Ghana, Mali, Niger, Nigeria, and Togo. By 2016, the vaccine was administered to over 270 million people in 26 different countries. While there were reports of informed consent violations, these were unsubstantiated.⁹¹ Also, there were reports of adverse health effects in Burkina Faso, but these were deemed by medical researchers as normal and did not warrant safety concerns.⁹²

Both the phase III malaria trial and the MenAfriVac project were considered successes by the pharmaceutical companies.⁹³ However, the reports of the research trials were published by the Foundation for the National

84. *First Results of Phase 3 Trial of RTS,S/AS01 Malaria Vaccine in African Children*, 365 N. ENGL. J. MED 1863 (Nov. 17, 2011).

85. *Id.*

86. *Id.*

87. *Id.*

88. *Id.*

89. *Vaccine Delivery*, *supra* note 25.

90. *Overview of MenAfriVac*, PATH, <http://www.path.org/menafrivac/overview.php> (last visited Apr. 15, 2017).

91. *Minimum of 40 Children Paralyzed after New Meningitis Vaccine*, VACTRUTH (Jan. 6, 2013), <http://vactruth.com/2013/01/06/paralyzed-after-meningitis-vaccine/>.

92. Ouandaogo et al., *Adverse events following immunization during mass vaccination campaigns at first introduction of a meningococcal A conjugate vaccine in Burkina Faso*, NATIONAL INSTITUTE OF HEALTH (Jan 9., 2012), <https://www.ncbi.nlm.nih.gov/pubmed/22230584>.

93. *Malaria Vaccine Could Save Millions of Children's Lives*, GUARDIAN, Oct. 18, 2011, <http://www.theguardian.com/society/2011/oct/18/malaria-vaccine-save-millions-children>.

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Institutes of Health.⁹⁴ The Gates Foundation provides funding to this organization.⁹⁵ Thus, there is a conflict of interest.⁹⁶

While these trials did not receive the same type of public recognition as the HPV trial discussed above in India and claims of abuses were not substantiated, they did share other characteristics with the trial in India. As with the trial in India, these were also vaccine programs funded by the Gates Foundation and executed by its partners. These trials took place in a significant amount of countries in Africa, all with similar non-binding guidelines to govern clinical trials with human participants. While claims of human rights abuses resulting from these trials across Africa may be unsupported, the trials had the same potential for abuse as in India because of the weak legal regime governing trials in these countries. In fact, an analysis of national laws across relevant African countries shows that they have a generally less developed legal system governing clinical trials than in India, so the potential for abuse is even greater. Thus, an analysis of the national laws across these African countries hosting the Gates Foundation funded trials is still necessary to illustrate the very weak laws and the ease through which potential abuse can happen, if they did not already.

II. CURRENT LEGAL REGIME GOVERNING INGOS IN CLINICAL DRUG TRIALS

While NGOs often have internal policies to ensure transparency and accountability, these policies are not enough.⁹⁷ With their influence, reach, and resources, NGOs have the potential to carry the same influential weight in the international arena as a state.⁹⁸ Just as there are laws to hold individuals accountable for their actions in each state and international laws to hold states accountable, NGOs need a similar legal regime

94. *Partners*, BILL & MELINDA GATES FOUNDATION, <http://www.gatesfoundation.org/What-We-Do/Global-Health/Discovery-and-Translational-Sciences/Partners> (last visited Mar. 1, 2017).

95. See Ouandaogo et al., *supra* note 92.

96. The Foundation for the National Institutes of Health (FNIH) is a nonprofit medical research agency and works to accelerate biomedical research and strategies. It raises funding from public and private institutions. *About*, FOUNDATION FOR THE NATIONAL INSTITUTE OF HEALTH, <https://fnih.org/about>. Corporations, individuals, or foundations can bring an idea to FNIH, which then works with donors to assess which of the extraordinary array of existing and prospective programs within NIH's priorities would be most relevant to their interest. <https://ppp.od.nih.gov/pppinfo/foundation.asp> (last visited Mar. 1, 2017).

97. *Ethical, Social, and Cultural Program*, BILL & MELINDA GATES FOUNDATION, <http://www.gatesfoundation.org/Jobs/Ethical-Conduct-and-Governance> (last visited Jan. 26, 2017).

98. Michael Szporluk, *A Framework for Understanding Accountability of International NGOs and Global Good Governance*, 16 IND. J. GLOBAL LEGAL STUD. (2009).

as well for guidance and accountability.⁹⁹ This section will review relevant institutional guidelines, national laws of host countries, international law, and the INGO Accountability Charter for binding provisions applicable to clinical drug trials using human participants. The analysis will focus on issues identified from the clinical trials discussed in the previous section: informed consent processes, generally and for children, compensation and medical treatment for harm resulting from participation in clinical trials, conflicts of interest disclosures and reporting for all organizations involved with the clinical trial or research on human participants, including sponsors, institutions and investigators, and mechanisms or committees for handling complaints and enforcing compliance with standards and laws.

A. NON-BINDING INSTITUTIONAL REQUIREMENTS: INTERNATIONAL ETHICAL GUIDELINES FOR HUMAN CLINICAL TRIALS

There are often institutional guidelines governing the activity of which the organization is engaged.¹⁰⁰ For clinical trials on human participants, two international human research guidelines are recognized to form the foundation of an international ethical code of for these trials: The Declaration of Helsinki (Declaration) and the International Conference on Harmonization of Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH) Good Clinical Practice (GCP) Guideline (ICH GCP Guideline).¹⁰¹ These two instruments are often used by countries as a basis for non-binding guidelines and influence laws and regulations.¹⁰² The Declaration of Helsinki is utilized by many African countries for guidance. The ICH GCP Guideline was noted to be used by the investigators during the Phase II Malaria trials and the MenAfriVac Project.¹⁰³

99. Anastasia Telesetsky, *Moving Beyond International Nongovernmental Organizations' Accountability: Promoting International Human Rights-Based Review of INGOs' Performance*, 19 WILLIAMETTE J. INT'L L. & DIS. RES. 232 (2011).

100. Council for International Organizations of Medical Sciences [CIOMS], *International Ethical Guidelines for Biomedical Research Involving Human Subjects* (2002), available at http://www.cioms.ch/guidelines_nov_2002_blurb.htm.

101. International Conference on Harmonization of Technical Requirements for Registration of Pharmaceuticals for Human Use [ICH], *Guideline for Good Clinical Practice* (1996), http://www.ich.org/fileadmin/Public_Web_Site/ICH_Products/Guidelines/Efficacy/E6/E6_R1_Guideline.pdf [hereinafter ICH GCP].

102. *Id.*; CIOMS, *supra* note 100; World Medical Association [WMA], *Declaration of Helsinki* (2008), available at <http://www.wma.net/e/policy/b3.htm>.

103. *First Results of Phase 3 Trial of RTS,S/AS01 Malaria Vaccine in African Children*, 365 N. ENGL. J. MED. 1863 (Nov. 17, 2011).

1. Declaration of Helsinki

The Declaration of Helsinki was formulated by the international medical community and established by the World Medical Association in 1964, an international organization charged with ensuring the independence and ethical behavior of physicians.¹⁰⁴ The Declaration is addressed to physicians primarily, but encourages others involved in medical research on human subjects to follow the principles, including sponsors.¹⁰⁵ Most recently updated in 2013,¹⁰⁶ the Declaration provides many ethical considerations for medical research on human participants.¹⁰⁷

The Declaration includes provisions related to the informed consent of human participants. For those capable of giving informed consent, the participant “must be adequately informed of the aims, methods, sources of funding, any possible conflicts of interest, institutional affiliations of the researcher, the anticipated benefits and potential risks of the study and the discomfort it may entail, post-study provisions and any other relevant aspects of the study.”¹⁰⁸ Consent is preferred in writing and if non-written consent is needed, it must be formally documented and witnessed.¹⁰⁹ For those incapable, consent must be sought by the physician from a legally authorized representative.¹¹⁰ If the human subject that is incapable of giving informed consent can assent to participation in the research, then the assent must be sought by the physician in addition to the legally authorized representative.¹¹¹ This provision was expanded in 2012 to include the assent of a child as acceptable consent in cases where the risk is minimal in order to allow for more testing on pediatric drugs.¹¹²

The Declaration also includes various provisions related to compensation for harm, conflicts of interest, registries, considerations for vulnerable groups and enforcement. It requires appropriate compensation and treatment be given to any participating subjects harmed.¹¹³ Each study must

104. WMA, *supra* note 102.

105. *Id.*, pmb. § 2.

106. 64th WMA General Assembly, WMA, <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>.

107. WMA, *supra* note 102, ¶¶ 16–18.

108. *Id.* ¶ 26.

109. *Id.*

110. *Id.* ¶ 28.

111. *Id.* ¶ 29.

112. *11th World Congress of Bioethics WMA Satellite Meeting: The Future of the Declaration of Helsinki*, WMA (June 26, 2012), <https://www.wma.net/events-post/wma-satellite-meeting-rotterdam/westra-2/>.

113. WMA, *supra* note 102, ¶ 15.

be publicly registered.¹¹⁴ For conflicts of interest, it requires a declaration of sources of funding, institutional affiliations and conflicts to be declared in writing.¹¹⁵ The Declaration requires the inclusion of local communities in understanding the research conducted.¹¹⁶ Finally, it provides for the creation of an independent ethics committee, which can review research proposals and monitor ongoing studies.¹¹⁷

While, the Declaration of Helsinki does provide exhaustive guidelines for clinical trials, there are many weaknesses related to its enforcement. Foremost, it is not a legally binding instrument under international law. Its authority comes from its ability to influence national legislation and regulations, local laws do prevail over the Declaration. As a tool of guidance, it does not provide structure on how the ethics committees should best operate and responsibilities.

2. ICH GCP Guideline

The second, and leading, international ethical guideline is the International Conference on Harmonization of Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH) Good Clinical Practice (GCP) Guideline (ICH GCP Guideline).¹¹⁸ It was published once in 1996 by the ICH, a partnership among the United States, Japan and the European Union to advance the global development of new medicines. The objective of the guideline is to provide a unified standard for the three countries to conduct clinical trials and share data. It is based on and makes references to the Declaration of Helsinki. The use of this guideline has a large impact on the globalization of industry sponsored clinical research because it enables clinical data collected from one country to be used to file new drug applications in another country. This set of guidelines also applies to sponsors, using a broad definition to include “an individual, company, institution, or organization which takes responsibility for the initiation, management, and/or financing of a clinical trial.”¹¹⁹ The general principles are similar to those in the Declaration of Helsinki.

The ICH GCP Guideline includes provisions on informed consent and compensation in the event of injury, which are slightly more expansive

114. *Id.* ¶ 35.

115. *Id.* ¶¶ 13, 19, 20.

116. *Id.*

117. *Id.* at 23.

118. ICH GCP, *supra* note 101.

119. *Id.* § 1.53.

than the Declaration of Helsinki. Participants who are minors should still be informed about the trial to the extent compatible with their understanding.¹²⁰ It requires that the participant or their legally acceptable representative sign and personally date the written informed consent, if possible, and receive ample time and details to consider participation.¹²¹ In the case where a participant or legally acceptable representative is unable to read, then “an impartial witness should be present during the entire informed consent discussion . . . the witness should sign and personally date the consent form” and attest to the consent.¹²² It also provides for the protection of participants from undue influence, stating that “neither the investigator, nor the trial staff, should coerce or unduly influence a subject to participate or to continue to participate in a trial.”¹²³ It also includes provision for compensation and medical treatment to be provided in the event of serious adverse effects.¹²⁴

The ICH GCP Guideline contains reporting¹²⁵ and monitoring procedures similar to the Declaration of Helsinki, with some additions.¹²⁶ In the event of noncompliance with the guidelines or any regulations by an investigator, institution, or member of the sponsor’s staff, the sponsor is recommended to take prompt action to secure compliance.¹²⁷ If monitoring or auditing uncovers serious or persistent noncompliance on the part of the investigator or institution, then the sponsor is required to terminate their participation and should notify regulatory authorities.¹²⁸

Although the ICH GCP Guideline is the most prominent, it shares the same key problem with the Declaration of Helsinki. Both guidelines are non-binding and those engaged in medical research on human participants are only recommended to follow these principles. There is no true enforcement in the event of noncompliance. Also, rather than providing a uniform set of provisions to guide how the ethics committee should function, it leaves these details up to the implementing institution to figure out. This can cause inconsistencies.

120. *Id.* § 4.8.12.

121. *Id.* § 4.8.5.

122. *Id.* § 4.8.9.

123. *Id.* § 4.8.3.

124. *Id.* §§ 4.11.1, 5.8.2.

125. *Id.* § 5.17.

126. *Id.* § 5.18.1(c).

127. *Id.* § 5.20.1.

128. ICH GCP, *supra* note 101, § 5.20.2.

B. NATIONAL LAWS OF HOST COUNTRIES

Unlike institutional requirements that serve as mere guidelines, NGOs are bound to follow national laws of the host countries within which they work, including any laws of local communities. This section will highlight and offer an analysis of national laws of the host countries within which the Phase III Malaria Trial, the MenAfriVac Project, and the HPV Vaccine Trial took place that govern the health sector and apply to human subject research or clinical drug trials. Host countries will include India and the following countries from the two African trials, selected based on the availability of information and English documents: Ghana, Cameroon, Ethiopia, Nigeria, Kenya, Tanzania, Malawi, and Mozambique.¹²⁹ Specifically, this analysis will look for provisions related to informed consent, both generally and for minors, compensation and treatment in the event of injury from the trial, conflicts of interest, complaint mechanisms and enforcement mechanisms.

1. African Continent

Across Africa, there is no unified law governing clinical drug trials. Regional guidelines exist related to clinical research on human participants and ethics, but these are non-binding principles. Individual states have their own national laws, regulations and non-binding guidelines covering the health sector and clinical research on human participants, but these laws and guidelines vary across states. This analysis will evaluate national laws for legally binding principles related to the areas of informed consent, generally and for minors, compensation and treatment for participants who sustained injuries related to the clinical trials, conflicts of interest and mechanisms for complaint and enforcement.

Regarding the provision of informed consent, the following countries have a legally binding obligation requiring written informed consent: Cameroon¹³⁰, Ethiopia¹³¹, Ghana¹³², Mozambique¹³³, Nigeria¹³⁴ and

129. Of the host countries not covered in this analysis, Benin, Burkina Faso and Côte-d'Ivoire did not have documents available in English and for Niger, Togo, Mali, Chad, Gabon, Central African Republic, documents were difficult to obtain. For legislation in Benin, see Law No. 2010-40 (Dec. 8, 2010) and the Ethical Code and Duties in Health Research in the Republic of Benin, *available at* <http://ethique-sante.org/pdf/loi-portant-code-ethique.pdf>. For Burkina Faso, see Order No. 2010-292 / MS / CAB (Oct. 1, 2010) on the Conditions for Granting Authorizations for Clinical Trials. For Côte-d'Ivoire, see Decree No 317 / SP / DSPH on the Regulation of Drugs (July 14, 1987).

130. Law No. 96-06 (Jan. 18, 1996) to amend the Constitution of June 2, 1972, pmb.; Civil Code, art. 1108 (Cameroon).

131. Drug Administration and Control Proclamation No. 176/1999, art. 21(1) (Ethiopia), *available at* www.fmhaca.gov.et.

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Tanzania¹³⁵. From these countries with binding informed consent, there are additional provisions in order to obtain the informed consent of minors or children. Both Cameroon and Ghana have specific provisions mentioning the requirement of written consent from a parent or guardian for children under 18 years.¹³⁶ Ethiopia has a unique clause prohibiting clinical trials on children under the age of 18.¹³⁷ In Nigeria, the informed consent of participant or their legally authorized representative is also orally permissible.¹³⁸ For the participation of minors in Nigeria, the informed consent of parents or a legal representative is required and the minor is required to have received and understood information regarding the trial.¹³⁹ Kenya and Malawi¹⁴⁰ have non-binding guidelines on the issue of informed consent. In Kenya, while there are provisions for the informed consent of minors and for the special consent and consideration for underdeveloped communities, these are non-binding guidelines.¹⁴¹

Overall, a majority of the surveyed countries do have a legally binding provision for informed consent of participants. However, informed consent is a key aspect of ensuring the rights of and respect for human participants in clinical drug trials and as such, it should be a legally binding requirement for all African countries.

Concerning the provision of compensation and treatment for any injury or loss sustained as a result of participating in clinical trials, a legally binding obligation exists in the laws of the following surveyed countries: Mozambique,¹⁴² Nigeria,¹⁴³ and Tanzania¹⁴⁴. The remaining countries

132. Ghana Public Health Act 851, 2012, GPC/A753/ 350/11/2012, available at <http://www.moh.gov.gh/wp-content/uploads/2016/02/Public-Health-Act-851.pdf>.

133. CONSTITUTION OF THE REPUBLIC OF MOZAMBIQUE, art. 48 no. 1; Science and Technology Ethics Code, Decree no. 71/2007, (Dec. 24 2007), art. 7 no. 2; Civil Code, arts. 132-137; Family Law, arts. 283, 284, 287, 337-341; Law n°7/2008 of 9 July, Promotion and Protection of Children's Rights, Law no. 7, art. 36 no. 1 (July 9, 2008) (Mozambique).

134. Good Clinical Practice Regulations (2009), § 4 (Nigeria), available at <http://apps.who.int/medicinedocs/documents/s17103e/s17103e.pdf>.

135. CONSTITUTION OF THE UNITED REPUBLIC OF TANZANIA OF 1977, arts. 18, 21(2); Food Drug Cosmetics Act, § 66 (Tanzania).

136. Ghana Public Health Act 851, 2012, GPC/A753/ 350/11/2012, § 159.

137. Drug Administration and Control Proclamation No. 176/1999, art. 21(2) (Ethiopia).

138. Good Clinical Practice Regulations (2009), § 9(a) (Nigeria), available at <http://apps.who.int/medicinedocs/documents/s17103e/s17103e.pdf>.

139. *Id.*

140. GENERAL GUIDELINES ON HEALTH RESEARCH (2014) (Malawi), available at http://www.medcol.mw/comrec/wp-content/uploads/2014/07/comrec_guidelines.pdf.

141. NATIONAL GUIDELINES FOR ETHICAL CONDUCT OF RESEARCH INVOLVING HUMAN SUBJECTS (2008) (Kenya), available at <https://healthresearchweb.org/?action=download&file=final%20national%20ethical%20guidelines-last%20draft.pdf>.

142. Order of Ministry of Health 2002, Normative Procedures, § 6 (Mozambique); CIV. CODE art. 493(2), as referred by arts. 499, 562, 563; PEN. CODE arts. 368, 369 (Mozambique).

include the provision in non-binding guidelines only: Ethiopia¹⁴⁵, Ghana¹⁴⁶, Cameroon¹⁴⁷, Kenya¹⁴⁸ and Malawi¹⁴⁹. It is surprising that only three countries have a binding provision for compensation in the event of injury or loss for participants. The inclusion of this provision is a key remedy for harm suffered during clinical trials and is a key aspect of enforcing proper treatment of human participants. Thus, it should be legally required for all clinical trials.

Regarding the legally binding laws or regulations related to declaring and reporting conflicts of interest within the clinical trial among sponsors, institutions, investigators, physicians and ethics committees, there were no legally binding provisions included in any of the national laws of countries reviewed. Non-binding guidelines existed regarding conflicts of interests among these groups in the following countries: Ethiopia¹⁵⁰, Ghana¹⁵¹, Mozambique¹⁵², Cameroon¹⁵³ and Nigeria¹⁵⁴. In Cameroon and Tanzania, provisions existed related to conflicts of interests, but were limited to internal conflicts of interest connected to the research and ethics committees.¹⁵⁵

143. Good Clinical Practice Regulations (2009), § 9 (Nigeria), *available at* <http://apps.who.int/medicinedocs/documents/s17103e/s17103e.pdf>.

144. Law Reform (Fatal Accidents and Miscellaneous Provisions) Act, Cap. 310, §§ 2, 3 (Tanzania); Insurance Act, Cap. 394, § 110; CONSTITUTION OF THE UNITED REPUBLIC OF TANZANIA OF 1977, art. 13(3); Food, Drugs, and Cosmetics Act, (2003) § 67 (Tanzania).

145. NATIONAL HEALTH RESEARCH ETHICS REVIEW GUIDELINE (4th ed. 2014) (Ethiopia), *available at* <http://www.ccghr.ca/wp-content/uploads/2013/11/national-research-ethics-review-guideline.pdf>.

146. Conduct of Clinical Trials, Doc. No. FDA/SMC/CTD/GL-CCT/2013/0, Version No. 2; Good Clinical Practice, Doc. No. FDA/SMC/CTD/GL-GCP/2013/02, Version No. 1 (Ghana).

147. ICH GCP is followed in Cameroon.

148. NATIONAL GUIDELINES FOR ETHICAL CONDUCT OF RESEARCH INVOLVING HUMAN SUBJECTS (Kenya), *supra* note 141.

149. NATIONAL POLICY REQUIREMENTS AND GUIDANCE FOR THE PROVISION OF INSURANCE COVER FOR RESEARCH PARTICIPANTS IN CLINICAL TRIALS IN MALAWI (2012) (Malawi).

150. NATIONAL HEALTH RESEARCH ETHICS REVIEW GUIDELINE, (2014) (Ethiopia), *available at* <http://www.ccghr.ca/wp-content/uploads/2013/11/national-research-ethics-review-guideline.pdf>.

151. Conduct of Clinical Trials, Doc. No. FDA/SMC/CTD/GL-CCT/2013/0, Version No. 02; Good Clinical Practice Doc. No. FDA/SMC/CTD/GL-GCP/2013/02, Version No. 1 (Ghana).

152. SCI. & TECH. ETHICS CODE, Decree No. 71/2007, art. 6(b) (Dec. 24, 2007); CODE PROF'L CONDUCT MED. DOCTORS art. 66 (Mozambique).

153. Ministerial Order No. 079/A/MSP/DS of MINSANTE, art. 8, (Oct. 22, 1987) (Cameroon); CODE MED. ETHICS art. 13 (Cameroon).

154. Good Clinical Practice Regulations (2009), § 6(a) (Nigeria), *available at* <http://apps.who.int/medicinedocs/documents/s17103e/s17103e.pdf>. Clinical trials must be conducted in accordance with the Declaration of Helsinki. For non-binding guidelines, see Nigerian Code of Health Research Ethics (2007), *available at* http://www.nhrec.net/nhrec/NCHRE_10.pdf.

155. GUIDELINES ON ETHICS FOR HEALTH RESEARCH IN TANZANIA (2009) (Tanzania), *available at* <https://clinregs.niaid.nih.gov/documents/tanzania/G-EthicsHR.pdf>.

On the topic of enforcement mechanisms and penalties for violations of any laws or regulations governing human participants in research and drug trials, related legally binding laws were found in the laws of Ghana, Nigeria, Kenya, Malawi and Tanzania, but varied by country. In Ghana, a penalty is enforced under law and violators will be held “liable on summary conviction to a fine not less than 15,000 penalty units or a term of imprisonment of not less than 25 years or both.”¹⁵⁶ The Ghana Health Service Ethical Review Committee (GHSERC) was also established for enforcement and conducts regular monitoring visits to ongoing trial sites in order to ensure that projects are conducted according to approved protocols. In Nigeria, the legally binding National Health Act (2014) bestows upon its research and ethics committee to set norms and standards for clinical trials and to recommend disciplinary action for non-compliance. In Kenya, the Pharmacy and Poisons Board is the regulatory authority responsible for clinical trial approvals, oversight and inspection. In accordance with Pharmacy, Medicines, and Poisons Act, Act 15 of 1988, the Board can impose penalties.¹⁵⁷ In Tanzania, the law imposes a penalty in the form of a fine, imprisonment for up to five years, or both for any violations.¹⁵⁸ Cameroon, Mozambique and Ethiopia did not have legally binding penalties or enforcement related to violations of provisions governing clinical trials or research with human participants.

Overall, legally binding provisions for penalties and enforcement either do not exist or vary when they do exist. It is important that countries hosting clinical drug trials or medical research on human participants have legally binding penalties and enforcement for violations. Moreover, it is essential that countries in Africa have uniform penalties for violations because as seen with the MenAfriVac Project and Phase III Malaria Trials, clinical drug trials in Africa are undertaken across many countries at one time. Penalties imposed will be more effective if they are uniform so that potential violators who may be participating in many countries at one time can expect the same penalty and not abuse one country in a multi-country trial that may be more legally relaxed.

Finally, a requirement to register clinical trials before they are conducted is important to monitor and ensure the safety of human participants. This requirement varies across African countries. For example, it is required

156. Ghana Public Health Act 851, 2012, GPC/A753/ 350/11/2012.

157. Pharmacy, Medicines, and Poisons Act, Act 15 (1988), § 51 (Kenya).

158. Food, Drugs, and Cosmetics Act, (2003) § 71 (Tanzania).

in Nigeria, Kenya, Tunisia and South Africa, but not Malawi.¹⁵⁹ It is essential for all African countries to implement a requirement to register clinical trials. A region wide clinical registry was established in 2012. The Pan African Clinical Trials Registry is a voluntary international registry for all clinical trials in Africa.¹⁶⁰ It provides a potential means of regulation for clinical trials conducted in Africa, as those conducting trials are encouraged to register in order to promote greater trust and public confidence and to standardize reporting of research for efficiency and collaboration. However, it is non-binding and under its definition of clinical trials, it excludes “observational studies which are studies in which individuals are observed and their outcomes are measured by the investigators,”¹⁶¹ which is the very loophole used by PATH to avoid registering in India before conducting the HPV Vaccine trials. Thus, it is important for countries to have a requirement to register all clinical trials, both regionally and locally since many clinical trials in Africa can be conducted across many countries simultaneously. Additionally, it is important that the definition of clinical trials is expanded so that potentially harmful loopholes can be closed.

2. India

In India, legally binding regulations regarding the treatment of human participants in medical research and clinical drug trials have been implemented at different times.¹⁶² In 2005, the government implemented legally binding provisions requiring the written informed consent of human participants in clinical drug trials.¹⁶³ Under the Appendix V to Schedule Y of the Drugs and Cosmetics Act (2005), where the details of

159. *Clinical Trial Registries National Health Research Ethics Committee*, NAT'L HEALTH RES. ETHICS COMMITTEE, <http://nhrec.net>; *Frequently Asked Questions*, NAT'L HEALTH RES. ETHICS COMMITTEE, <http://nhrec.net/nctr/FAQ.php>.

160. *About*, PAN AFRICAN CLINICAL TRIAL REGISTRY, <http://www.pactr.org>.

161. PAN AFRICAN CLINICAL TRIAL REGISTRY, http://www.pactr.org/ATMWeb/appmanager/atm/atmregistry?_nfpb=true&_pageLabel=atmportal_page_FAQ.

162. Central Drugs Standard Control Org., Office of Drugs Controller General of India [DCGI], *available at* <http://cdsco.nic.in>; Indian Council of Medical Research [ICMR], Ethics Committee Registration: General Statutory Rules 72(E), *available at* http://www.icmr.nic.in/human_ethics.htm; DCGI, GOOD CLINICAL PRACTICES FOR CLINICAL RESEARCH IN INDIA (2001), *available at* <http://rgcb.res.in/wp-content/uploads/2014/07/Good-Clinical-Practice-Guideline.pdf>.

163. Drugs and Cosmetics (IInd Amd.) Rules, 2005, Schedule Y—Requirements and Guidelines for Permission to Import and/or Manufacture of New Drugs for Sale or to Undertake Clinical Trials (Amended Version) (Schedule Y) (Jan. 20, 2005), § 2(4), Appendix V (India); ICMR, *available at* http://www.icmr.nic.in/human_ethics.htm; Drugs and Cosmetics Act, 2005, Schedule Y (India), *available at* <http://www.cdsco.nic.in/writereaddata/Drugs&CosmeticAct.pdf>.

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informed consent are listed, it is permissible to obtain either the signature or the thumb impression of the participant or legal representative.¹⁶⁴

For the informed consent of children, under the law, pediatric participants are legally unable to provide written informed consent.¹⁶⁵ Their parent or legal guardian is able to provide consent on their behalf. The term 'legal guardian' is defined by the Guardians and Wards Act, 1890 as a "person having the care of the person of a minor or of his property or of both his person and property."¹⁶⁶

However, all pediatric participants are required to be informed to the fullest extent possible. It requires that any refusal on the part of the pediatric participant must be respected unless the child's welfare is in danger and there is no alternative treatment. If the pediatric participant is able to assent, then their assent is additionally required to participate. However, mature minors and adolescents, those from age seven to eighteen must personally sign and date a separately designed written assent form.¹⁶⁷

Also, India implemented a clinical trials registry, requiring the registration of all clinical trials in the ICMR Clinical Trial Registry.¹⁶⁸ This has been in place since 2009. Its definition of clinical trials excludes observational studies. This created the problem highlighted in the parliamentary investigation of the HPV Vaccine. It enabled a loophole whereby PATH was not required to register. After the violations in the HPV Vaccine trials came to light, the government expanded legislation in 2012 to require the compensation and treatment for human participants that have sustained injury or loss from the clinical drug trials or medical research.¹⁶⁹

There were many weaknesses in the law in India at the time of the HPV Vaccine trials. While some beneficial changes have been made, it is im-

164. Drugs and Cosmetics Act, 2005, Schedule Y, Appendix V (India).

165. Drugs and Cosmetics (IInd Amd.) Rules, 2005, Schedule Y, §§ 1–3 (India).

166. Rep. No. 257 on Law Commission of India, Guardian and Wards Act, 1890, § 4(b), *available at* lawcommissionofindia.nic.in/reports/Report%20No.257%20Custody%20Laws.pdf.

167. ICMR, ETHICAL GUIDELINES FOR BIOMEDICAL RESEARCH ON HUMAN PARTICIPANTS, Ch. IV (2006) (India), *available at* http://icmr.nic.in/ethical_guidelines.pdf

168. CLINICAL TRIALS REGISTRY INDIA, *available at* <http://ctri.nic.in/>; *Registration of Clinical Trial in ICMR Clinical Trial Registry*, *available at* <http://www.cdsc.nic.in/writereaddata/CTRegistration.doc>. Central Drugs Standard Control Org., Office of Drugs Controller General of India [DCGI], *available at* <http://cdsc.nic.in>; Permission for Clinical Trials, General Statutory Rules 63(E) (India).

169. Drugs and Cosmetics (IInd Amd.) Rules, 2005, amds. 1–2; Order: Clinical Trial – Compensation in Case of Injury or Death Discerned at a Later Stage – Regarding (Order CT Compensation) (July 3, 2014); Order: Providing Ancillary Care to the Clinical Trial Subjects – Regarding (Order Ancillary Care) (July 3, 2014) (India).

portant that mechanisms in place to ensure ethical conduct are coordinated in their efforts. The case in India highlighted a lot of disconnect among agencies in charge of the health sector and clinical trials. The Indian legislation needs to ensure that there are uniform policies for its enforcement mechanism. Additionally, informed consent procedures in India should to be more restrictive to prevent abuse of human participants. Informed consent processes that permit a thumbprint for someone who is illiterate does not show true understanding of the choice to participate in a medical research or clinical trial. By thumbprint and witness, it is not guaranteed that informed consent would be met either. This is especially true of vulnerable populations like those used in the HPV Vaccine trial, low-income, tribal participants.

C. INTERNATIONAL LAW

International law is often criticized for its lack of enforcement ability and in the case of laws concerning the treatment of human participants in clinical trials, this criticism stands true to an extent. While there are many non-binding international guidelines addressing medical research using human participants, such as those guidelines provided by the Council for International Organizations of Medical Sciences (CIOMS)¹⁷⁰, the World Medical Association, the World Health Organization¹⁷¹, United Nations Educational, Scientific, and Cultural Organization¹⁷² and UNAIDS¹⁷³, there are no legally binding instruments that specifically govern the conduct of medical research using human participants in clinical drug trials. The closest legal instruments would be treaties recognizing the right to health.

The right to health is the right to the highest attainable standard of physical and mental health and this right contains freedoms, including the right to be free from non-consensual medical treatment, such as medical

170. CIOMS, *International Ethical Guidelines for Biomedical Research Involving Human Subjects* (2002), available at http://www.cioms.ch/publications/layout_guide2002.pdf;

171. WHO, *Operational Guidelines for Ethics Committees that Review Biomedical Research* (2000), available at http://whqlibdoc.who.int/hq/2000/TDR_PRD_ETHICS_2000.1.pdf; WHO, *Standards and Operational Guidance for Ethics Review of Health-Related Research with Human Participants* (2011), available at http://whqlibdoc.who.int/publications/2011/9789241502948_eng.pdf; WHO, *Ethical Issues in Patient Safety Research: Interpreting Existing Guidance* (2013), available at http://apps.who.int/iris/bitstream/10665/85371/1/9789241505475_eng.pdf.

172. U.N. Educ., Sci. & Cult. Org. [UNESCO], *Universal Declaration on Bioethics and Human Rights* (2005), available at http://portal.unesco.org/en/ev.php-URL_ID=31058&URL_DO=DO_TOPIC&URL_SECTION=201.html.

173. UNAIDS, *Ethical Considerations in Biomedical HIV Prevention Trials* (2012), available at http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2012/jc1399_ethical_considerations_en.pdf.

experiments and research or forced sterilization.¹⁷⁴ It also includes the right to access healthcare and treatment, participation of the population in health-related decision making at the national and community level. For children, under the Convention on the Rights of the Child (CRC), the right to health includes diminishing infant and child mortality and ensuring that all segments of society, including parents and children, are informed and have access to child health education.¹⁷⁵

The right to health is recognized in the following international treaties: Universal Declaration of Human Rights (1948) (UDHR)¹⁷⁶, International Convention on the Elimination of All Forms of Racial Discrimination (1965) (ICERD)¹⁷⁷, International Covenant on Economic, Social, Cultural Rights (1966) (ICESCR)¹⁷⁸, Convention on the Elimination of All Forms of Discrimination Against Women (1979) (CEDAW)¹⁷⁹, Convention on Rights of the Child (1989) (CRC)¹⁸⁰, International Convention on the Protection of the Rights of all Migrant Workers and Members of Their Families (1990) (CPRMW)¹⁸¹, and Convention on the Rights of Persons with Disabilities (2006) (CRPD)¹⁸². It is also recognized in the regional treaty of the African Charter on Human and Peoples' Rights (1981) (ACHPR).

Individual complaints processes solidify the importance human rights, giving victims or their advocates the ability to seek justice at an international level. Currently, each treaty has a related committee where it may consider communications by individuals alleging violations of the respective treaty. Each individual complaint mechanism has been entered into force for all treaties above except for the Committee on Migrant Workers related to the CPRMW. For the African Charter, individuals and NGOs are able to file complaints against a state, when that state has

174. See general comment 14 (2000) on the right to health, adopted by the Committee on Economic, Social and Cultural Rights. International Covenant on Economic, Social and Cultural Rights, art. 12, Dec. 16, 1966, 993 U.N.T.S. 3.

175. Convention on the Rights of the Child, art. 24, Nov. 20, 1989, 1577 U.N.T.S. 3.

176. Universal Declaration of Human Rights, G.A. Res. 217 (III) A, U.N. Doc. A/RES/217(III), art. 25 (Dec. 10, 1948).

177. International Convention on the Elimination of All Forms of Racial Discrimination, art. 5(e)(iv), Dec. 21, 1965, 660 U.N.T.S. 195.

178. International Covenant on Economic, Social and Cultural Rights, art. 12, Dec. 16, 1966, 993 U.N.T.S. 3.

179. Convention on the Elimination of All Forms of Discrimination against Women, arts. 11(1)(f), 12, 14(2)(b), Dec. 18, 1979, 1249 U.N.T.S. 13.

180. Convention on the Rights of the Child, *supra* note 175.

181. International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, arts. 28, 43(e), 45(c), Dec. 18, 1990, 2220 U.N.T.S. 93.

182. Convention on the Rights of Persons with Disabilities, G.A. Res. 61/106, Annex I, U.N. GAOR, 61st Sess., Supp. No. 49, U.N. Doc. A/61/49, art. 25 (Dec. 13, 2006).

declared its acceptance of the court. Only Ghana, Tanzania, Mali, Malawi and Burkina Faso have made the declaration to date.¹⁸³

While these individual complaint mechanisms exist, for each treaty, complaints can only be brought against states parties who have made the necessary declarations recognizing the treaty and the competence of the respective monitoring committee and only after exhausting all domestic remedies. The weakness with these procedures is that complaints can only be brought against a state, not against an organization or NGO operating in the state. Thus, for violations of the right to health committed by external organizations, victims cannot directly bring a claim against that party. Rather, they would have to bring a claim against the state for failure to ensure that a non-state party did not infringe upon human rights.¹⁸⁴ The issue with this is that the state, especially in the case of a developing state, is not always intentionally complicit when it comes to violations that arise out of clinical trials and holding them accountable does not adequately address the true perpetrators of the abuses, the sponsors, investigators and non-state institutions responsible for the clinical trial. There must be a method to hold these non-state, private actors accountable as well.

D. INGO ACCOUNTABILITY CHARTER

The INGO Accountability Charter (Charter) is the first ever set of international and cross-sector guidelines for the NGO sector and first global accountability charter for the non-profit sector. While it is a non-binding instrument, its content and procedures demonstrates the development of accountability measures for INGOs and have implications for a future legally binding instrument. This section will review the Charter, focusing on key provisions and enforcement mechanisms, and analyze its weaknesses.

1. Background

The INGO Accountability Charter is a voluntary code of conduct. It was initiated by eleven leading international NGOs in the areas of human rights, environment, and social development.¹⁸⁵ The Charter was adopted

183. *About*, AFRICAN CHARTER ON HUMAN AND PEOPLE'S RIGHTS, <http://www.achpr.org/about/afchpr/>.

184. These and other important characteristics of the right to health are clarified in general comment no. 14 (2000) on the right to health, adopted by the Committee on Economic, Social and Cultural Rights.

185. These eleven founding NGOs include: ActionAid International, Amnesty International, CIVICUS, World Alliance for Citizen Participation, Consumers International, Greenpeace Interna-

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in 2006 and fully revised in 2014. Membership is open to civil society and non-profit organizations and there are currently 27 members.¹⁸⁶ Each principle is intended to supplement any existing national or international laws. The Charter is not exclusive and Members of the Charter are able to use additional tools to promote transparency and accountability.

2. Key Provisions

The ten provisions or “10 Accountability Commitments” that make up the INGO Accountability Charter include: respect for human rights, independence, transparency, good governance, responsible advocacy, participation, diversity or inclusion, environmental responsibility, ethical fundraising, and professional management.¹⁸⁷ The principle to have ‘respect for human rights’ is the only provision that relates to an external commitment, meaning an obligation outside of internal accountability and institutional procedures.¹⁸⁸ The Charter states, “We seek to advance international and national laws that promote human rights . . . Where such laws do not exist, are not fully implemented, or are being abused, we will highlight these issues for public debate and advocate for appropriate remedial action.”¹⁸⁹ This provision is the most significant as it bestows upon member organizations a responsibility to look outward and actively seek and resolve abuses or gaps in the law and advocate action. Thereby enabling member organizations to potentially investigate and take action against concerns of human rights abuses committed by non-member organizations.

3. Enforcement Mechanisms & Oversight

In 2008, the founding signatories to the Charter established Accountable Now as an independent organization to execute the reporting and vetting process of the member organizations against Charter commitments. A Board, consisting of representatives from member organizations and independent trustees, oversees actions of Accountable Now. The organization has a conflict of interest policy, including a policy against a trustee that “holds a senior level position in the government in which he or she

tional, Oxfam International, International Save the Children Alliance (partner of Gates Foundation), Survival International, International Federation Terre de Hommes, Transparency International, World YWCA.

186. *Members*, ACCOUNTABLE NOW, <http://accountablenow.org/about-accountable-now/members/> (last visited Apr. 10, 2017).

187. *Accountability Commitments*, ACCOUNTABLE NOW, <http://accountablenow.org/accountability-in-practice/our-accountability-commitments/> (last visited Apr. 10, 2017).

188. *Id.*

189. *Id.*

can make or significantly influence policy decisions which could affect Accountable Now's ministry."¹⁹⁰

The organization implemented a two-tier complaints process.¹⁹¹ In the first stage, the complaint is dealt with by the Accountable Now Secretariat. A complaint is only escalated for review by the Board if the complainant is unsatisfied or if the issue in the complaint has far reaching consequences calling for immediate action.¹⁹² An anonymous version of the complaint is posted on the organization's website.¹⁹³

Accountable Now established an independent review panel. The purpose of this committee is to ensure that members comply with Charter principles. The committee consists of internationally recognized experts in development, human rights, and business. It reviews all annual reports on member compliance and has the final say for handling complaints filed against members.¹⁹⁴ It reviews complaints made by any person, Accountable Now, and members against members or Accountable Now.¹⁹⁵

4. Criticisms of the INGO Accountability Charter

While the INGO Accountability Charter does offer an accountability instrument for NGOs, the first of its kind, the Charter has many weaknesses. It is definitely a good start to developing a binding instrument to ensure the accountability of NGOs. But, this instrument in its current form cannot ensure accountability. It needs stronger enforcement mechanisms to hold both member NGOs accountable for non-compliance and a way to investigate and shed light on the potential violations by non-members. It needs stronger reporting mechanisms to ensure that long term goals are being achieved. Finally, it needs a way to incentivize more NGOs to become members and adopt the standards since only sixteen organizations have joined since 2006.¹⁹⁶ Without these improvements, it remains to be a good skeleton structure for a future document.

190. *Conflict of Interest Policy*, ACCOUNTABLE NOW, http://accountablenow.org/wp-content/uploads/2016/11/P09a_Conflict-of-Interest-Policy.pdf (last visited Apr. 10, 2017).

191. *Complaints Procedure*, ACCOUNTABLE NOW, <http://accountablenow.org/accountability-in-practice/feedback-complaints-members/> (last visited Apr. 10, 2017).

192. *Id.*

193. *Id.*

194. *Independent Review Panel Terms of Reference*, ACCOUNTABLE NOW, http://accountablenow.org/wp-content/uploads/2017/03/P03a_Independent-Review-Panel-Terms-of-Reference.pdf (last visited Apr. 10, 2017).

195. *Independent Review Panel*, ACCOUNTABLE NOW, <http://accountablenow.org/accountability-in-practice/independent-review-panel/> (last visited Apr. 10, 2017).

196. *Report on INGO Accountability Charter*, DIRECT IMPACT GROUP, <http://direct-impact-group.com>.

III. RECOMMENDATIONS

The previous case study and analysis identified key areas of concern. First, adherence and enforcement issues because international frameworks are non-binding and national laws do not include key provisions to be effective. Second, there are gaps in legal instruments concerning informed consent procedures for adults and children, compensation and treatment in the event of injury or death, conflicts of interest in the trial and enforcement and complaint mechanisms. Lastly, there is a concern regarding the influence of NGOs on the global agenda at the expense of national sovereignty and local community interest. Therefore, two general recommendations are offered to address these deficiencies. The first is a stronger and binding accountability framework to fill in gaps, make standards uniform and strengthen enforcement. The second recommendation is more community based efforts to prevent abuses, ensure all interests are protected, effectively monitor and sustainably help.

A. STRONGER ACCOUNTABILITY FRAMEWORK

In order to address issues of non-compliance and gaps in the law, a stronger accountability framework is needed to govern NGOs, both in the health sector and generally. Instruments covering clinical drug trials using human participants must be legally binding under the national laws of host countries, whether through a standardized international legal instrument that states adopt and implement into their national legislation or through individual legislation adopted by each country. Since trials can be conducted across different regions concurrently, it would be most beneficial to have uniform policies.

Regardless, any legally binding instruments governing clinical drug trials using human participants need to include the following recommended provisions to fill in gaps and ensure protection for participants. First, legal instruments must properly define clinical trials. The definition of clinical trials should be expanded to include observational studies to avoid loopholes that could be taken advantage of like in India. Any definition of a clinical trial must be properly broad to encompass projects using a significant number of human participants. A registration process should be required, but made easy for researchers so as not to deter research or cause undue delay. National laws of host countries should require mandatory registration of all trials using human participants before the project begins. Additionally, a binding requirement to register with a regional, but preferably international registry should be in place. This would ensure proper conduct for those trials that occur across multiple

countries or regions at once. While the Pan African Registry would be useful if it was mandatory, some trials occur in Africa and Asia concurrently. Thus, an international registry would be able to make these connections and ensure uniform registration.

Additionally, informed consent procedures need to be more restrictive in the case of those who may be illiterate among vulnerable populations. Procedures must ensure that each person fully understands their participation and possible consequences. Procedures permitting a thumbprint for those who are illiterate may not be enough and requirements for independent witnesses should be included in legislation on informed consent. A provision checking for and declaring conflicts of interest needs to be included. Further, conflict of interest reviews need to include an external review for conflicts among sponsors, institutions, investigators, and governments. There should also be an individual complaint mechanism with the ability to hold all actors in the trial responsible, including sponsors. Uniform penalties, including fines and sanctions, need to be included in legislation and enforced by local authorities.¹⁹⁷ It is best if these penalties were uniformly implemented across different countries so as to prevent researchers from abusing one country's system that may have lower penalties. Finally, a local oversight committee should be required to monitor and ensure compliance with legal obligations and should be afforded the resources it needs to operate effectively.

Beyond implementing binding laws to hold NGOs accountable for their conduct during clinical drug trials, there should be a binding legal instrument to hold NGOs generally accountable.¹⁹⁸ The INGO Accountability Charter could serve as a preliminary framework. One path to implement a binding framework is through an international organization, such as the United Nations or one of its tasked agencies. Using an international organization would provide independent oversight. In this case, an oversight committee should be established to monitor compliance and ensure enforcement. Registration should be required of all types of international projects regardless of impact level so as to cover more invasive projects like clinical drug trials. States could be given uniform policies to imple-

197. *Africa Urged to Increase Monitoring of Drug Trials*, VOICE OF AFR. NEWS (Mar. 22, 2016), <http://www.voanews.com/a/africa-urged-to-increase-monitoring-of-drug-trials—127945633/160322.html>.

198. Jeremy Perelman, *Transnational Human Rights Advocacy, Clinical Collaborations, and the Political Economies of Accountability: Mapping the Middle*, 16 YALE HUM. RTS. & DEV. L. J. 89 (2013); Didier Pacquge & Stefaan Smis, *2008 Conference Report: International Conference on the Accountability for Human Rights Violations by International Organizations*, 12 INT'L PEACEKEEPING 175 (2008).

ment in their domestic legislation for monitoring, complaint and penalties.

As of now, peer accountability is the only mechanism in use by the INGO Accountability Charter to encourage organizations to become members. The concept relies on the NGOs community to encourage each other to adopt the policies and to not work with those organizations that have made violations. But, relying on peer accountability alone is not enough. The private sector is considered to have responsibilities with respect to human rights, but these responsibilities are unclear in legal instruments. Many initiatives, even by the United Nations,¹⁹⁹ have been undertaken to discuss the role of the private sector in relation to access to medication and their conduct in other countries, but such work is ongoing and these initiatives are non-binding.²⁰⁰ No legally binding instrument exists yet, but one is needed.

B. COMMUNITY BASED EFFORTS & DEVELOPMENT

The second concern is the growing influence of NGOs in agenda shaping at the expense of local community and government interests, especially those of developing countries. For example, large foundations like the Gates Foundation are increasingly applying business and market-based approaches to global development. While the approach does focus on results, it favors projects that have short term goals. The Gates Foundation invests most heavily in vaccine development, which provides quick results. At the same time, the priorities of the Gates Foundation neglect other issues related to systematic problems, such as weak infrastructure and health systems. This trend is seen across many organizations. For example, in 2012, the largest 1,000 U.S. based foundations spent 37% of international grant money on health sector projects and only 11% on the environment and 4% on human rights issues.²⁰¹ This approach is criticized often for “managing rather than empowering” the impoverished.²⁰²

199. See e.g., the United Nations Global Compact, a non-binding agreement defining principles of human rights and anti-corruption for companies. UNITED NATIONS GLOBAL COMPACT, www.unglobalcompact.com.

200. For norms on the responsibilities of transnational corporations and other business enterprises related to human rights, see Report of the Special Representative of the Secretary-General on the issue of human rights and transnational corporations and other business enterprises, E/CN.4/Sub.2/2003/12/Rev.2, Addendum: State Responsibilities (A/HRC/4/35/Add.1).

201. *Key Facts on U.S. Foundations*, FOUNDATION CTR. (2014), <http://foundationcenter.org/gainknowledge/research/keyfacts2014/>.

202. PEOPLE'S HEALTH MOVEMENT/MEDACT/GLOBAL EQUITY GAUGE ALLIANCE (2008), *GLOBAL HEALTH WATCH 2: AN ALTERNATIVE WORLD HEALTH REPORT*, (Zed Books 2008), available at www.ghwatch.org/sites/www.ghwatch.org/files/ghw2.pdf.

As mentioned previously, the Government of India is now making efforts to fund key programs internally and turn down Gates Foundation grants in order to curb concerns about foreign donors influencing local policy and conflicts of interest within the Gates Foundation.²⁰³

While many provisions exist in non-binding guidelines covering medical research and NGOs for the protection of vulnerable groups and individuals, there are no binding provisions. Vulnerable groups and individuals, like low-income families in rural developing countries, have the potential to be abused more.²⁰⁴ Even in 1964, provisions, albeit voluntary, in the Declaration on Helsinki protected this group, stating that it “should stand to benefit from the knowledge, practices or interventions that result from the research.”²⁰⁵ Community engagement and development would address concerns about NGOs agenda setting and using their influence against the interests of the national governments and local communities. Involving the local community would ensure that their interests and needs are being represented and addressed.²⁰⁶ Community efforts would also help to have a local monitoring system in place to ensure conduct of the trial and treatment of the human participants.

One type of effort needed is a capacity building initiative for drug trials in developing countries. The implementation of capacity building initiatives ensures that the presence of a NGO in a host country is ethical and does not result in negative impacts. Developing countries lack capacity to effectively implement research ethics committees. When foreign entities conduct trials on human participants in developing countries, they should also be implementing capacity building initiatives to train the local scientific community, implement programs and share knowledge, technical equipment and other resources.²⁰⁷ This ensures that the local community is not just being taken advantage of because it is not enough just that the local community received vaccinations in exchange for the important data and potential financial benefit that would be gained by the foreign entity. In this way, it is unethical to utilize such a vulnerable population as participants and not add more to the knowledge base of the local community. The hosting country, through one of its overseeing governmental agencies, should require capacity building initiatives to be included in research proposals using human participants. This could be

203. Kalra, *supra* note 74.

204. WMA, *supra* note 102, ¶ 19.

205. *Id.* ¶ 20.

206. J. Fadare & O. Ademowo, Ethical Issues in Malaria Vaccine Clinical Trials: A Principle-Based Approach, 3 ANNALS TROPICAL MED. & PUB. HEALTH 35–38 (2010).

207. *Id.*

verified at the time of registration in the host country and throughout the ongoing monitoring process.²⁰⁸

Another form of community engagement is through implementation of a local monitoring agency or committee to ensure that all laws are adhered to during the clinical trials. A local monitoring agency will be the most effective to oversee compliance ongoing. Monitoring by a foreign agency will not be as effective and could be viewed as infringing upon national sovereignty.

These measures are also beneficial for projects undertaken in other sectors, such as environmental or civil society, not just for the health sector.

IV. CONCLUSION

The preceding analysis identified two key issues of NGOs in the health sector conducting trials on human participants improperly and their influence in agenda shaping at the expense of developing governments and communities. Through the recommendations provided, including filling in gaps in existing laws governing clinical trials with human participants, stronger and binding accountability framework for NGOs, community engagement and development, these concerns can be diminished.

There may be a concern that stricter review and monitoring of clinical trials using human participants may chill medical research. However, when the process and monitoring of clinical trials using human participants is more uniform, trusted and ensures protection of the human participants, host countries will be more inclined to cooperate with researchers and people will be more inclined to participate. More trust and monitoring is especially needed for trials using children because this will not only protect the interests and safety of vulnerable children, but will lead to more needed drug development for diseases plaguing children. A binding framework governing NGOs generally will also help develop trust in this sector.

The Bill & Melinda Gates Foundation touches two key aspects of human life: medicine and food. The Gates Foundation not only is connected every aspect of vaccine development and delivery in the health sector, but is increasing their efforts in agricultural development across Africa and Asia.²⁰⁹ The Gates Foundation exemplifies the expanding reach and

208. *Id.*

209. *Agricultural Development*, BILL & MELINDA GATES FOUNDATION, <http://www.gatesfoundation.org/What-We-Do/Global-Development/Agricultural-Development/Agriculture-Partners>.

potential influence of large NGOs and the need for stronger and more uniform accountability measures. The need for uniform measures is even more important in the international sphere. As demonstrated by the cases used in the analysis, a clinical trial can be very expansive and cover a variety of countries at one. The best way then to hold the sponsors, institutions or investigators accountable for such a wide-reaching project is to have uniform accountability and enforcement practices. This will diminish abuse on the part of institutions looking for locations with more relaxed rules. This will not negatively affect state sovereignty, but will rather protect and strengthen it because it only requires implementation on the part of national laws and allows for national governments to hold NGOs accountable in necessary, but limited circumstances.

Strengthening existing laws in the health sector, both internationally and nationally, will resolve the addressed weaknesses related to clinical trials. The gaps found in the laws governing clinical trials and resulting in human rights violations illustrates the need for NGOs, international organizations, state governments and citizens to review the laws governing other sectors, such as in the environmental sector. Beyond that, strengthening the accountability framework for NGOs, across all sectors, will provide a uniform enforcement and accountability measures so that transnational projects can be monitored and citizens of the international community can hold NGOs responsible for their actions.

It is essential that any kind of assistance, whether for health, the environment or civil society work, given to vulnerable communities and individuals in developing countries is sustainable and empowering. At the end of day, NGOs are still comprised of human beings, susceptible to acting out of human nature and self-interest. While the work of NGOs may need to the freedom to circumvent the politics of an oppressive state government, for example, it should never need to circumvent international law. Without a uniform binding framework to guide and hold these organizations accountable for their actions, they will be free to continue operate without limits. A uniform binding framework is the only way to ensure protection of vulnerable citizens of the international community, as the international community knows too well that “power tends to corrupt and absolute power corrupts absolutely.”²¹⁰

210. Lord John Acton, ACTON INST., <https://acton.org/research/lord-acton-quote-archive> (last visited Apr. 30, 2017).