Features

Clinical trials in Africa: An exploitative relationship

Pharmaceutical companies are increasingly looking for places outside Europe and the United States to test their new medicines. China, Russia, India, and Latin America are well-known destinations. More recently, the pharmaceutical industry has become interested in Africa as a testing ground. Since 2013 the Dutch Foundation, Wemos, has published three reports on clinical trials on the African continent.[1] This article is based on these reports, which outline clinical trials in South Africa, Kenya and Zimbabwe.

South Africa in particular is now an important destination for clinical trials with over 2.200 clinical trials registered on clinicaltrials.gov.[2] Kenya has only recently attracted the interest of the pharmaceutical industry, whereas in Zimbabwe relatively few trials take place. This may be explained by the fact that both South Africa and Kenya have a considerable middle class and therefore are an increasingly profitable market for pharmaceuticals. Next to market access, there is another important reason for pharmaceutical companies to recruit in African countries: it is easier to find participants there. While there is an increasing reluctance of people in affluent economies to participate in trials because of the potential risks of unknown side effects, research in Africa shows that limited access to healthcare increases willingness to participate, as it may be the only way to get access to treatment. Other reasons are that the costs of trials are lower in Africa than in the United States or Europe and that medicines against diseases of affluence – such as diabetes, cancer and heart conditions – can increasingly be tested in Africa.

Violations of ethical principles

Research over the past decade has exposed a variety of violations of ethical principles by all big pharmaceutical companies.[3] These principles are laid down in the Declaration of Helsinki (DOH), the most authoritative guideline pertaining to medical research. A very common violation is the lack of informed consent. This means that the participants have neither been informed of the fact that they are receiving experimental treatments, nor about the risks that this treatment entails. Furthermore, when trial participants are harmed as a result of drug trials, they often do not receive appropriate care or compensation. Companies often deny a relation between the experimental drug and the experienced harm. Lastly, pharmaceutical companies very rarely arrange and pay for access to treatment after the trial has ended[4], which is particularly worrying as many participants in low and middle income countries have no health insurance.

Flaws in oversight

Wemos´ research has shown that both Kenya and South Africa have clear guidelines and laws to protect the rights of clinical trial participants. However, violations of these laws occur repeatedly. It is alarming that legal bodies charged with approving and overseeing clinical trials are underfunded, understaffed and ill-equipped. However, South Africa has managed to make considerable improvements to its regulatory system. A decade ago the pharmaceutical industry would go 'shopping' for the most lenient ethics committee to get a speedy approval, but this method is no longer possible. However, considerable underfunding still remains a point of concern in South Africa as well as in Kenya and Zimbabwe.

1 Wemos (2015): Publications. www.wemos.nl (Accessed 26.10.2015)

2 Clinicaltrials.gov is the world's largest registry and is a service of the US National Institutes of Health. https://clinicaltrials.gov (Accessed 26.10.2015)

3 Weyzig, F, Schipper, I (2008): Examples of Unethical Trials. SOMO briefing paper on ethics in clinical trials. SOMO. http://somo.nl
Buncombe, A, Lakhani, N, (2011): Without Consent: how drugs companies exploit Indian 'guinea pigs', The Independent. www.independent.co.uk
Déclaration de Berne (Ed., 2013): Le mirage des essais clinique suisses. Lausanne/Zurich. www.ladb.ch
Hackenbroch, V, Kuhrt, N, (2015): Pharmatests in Schwellenländern. Krank und ausgenutzt. Der Spiegel. www.spiegel.de (Accessed 26.10.2015)

4 Schipper, I. (2015): Post-trial access to treatment. Corporate best practices. SOMO. http://somo.nl (Accessed 26.10.2015)

Such systemic weaknesses may explain why clinical trials receive approval that are deemed unethical by western ethics committees. One such example is a placebo-controlled trial of an asthma drug on young children which took place in South Africa.

Placebo-inhalers in South Africa

A British-Swedish pharmaceutical company trialled an existing children's asthma drug against a placebo treatment.[5] This trial was being carried out on asthmatic children as young as six, who were given a placebo inhaler instead of their usual medication for a period of six weeks. Many health experts believe that the withdrawal of regular medication puts children at unnecessary risk of a serious, possibly even fatal asthma-attack. Ethics committees in Western Europe therefore do not allow placebo-controlled trials in serious conditions such as asthma, which is why placebo-controlled trials often take place outside Western Europe. This is an alarming trend as being put on a placebo may cause serious and irreversible harm. This is even more concerning when trials take place in countries with limited access to health care. The pharmaceutical company in question states that placebo-controlled trials are necessary to satisfy 'regulatory requirements' by the United States' Food and Drug Administration (FDA).

The question is why children in South Africa should participate in risky trials to help the pharmaceutical industry get approval for the market in the United States. Even more so because experts, quoted in the report, state that this and other placebo-controlled trials described in the South Africa report are not meant to develop new drugs with an added therapeutic value. These trials are merely intended to protect the market share of the company by adding minor variations to an already existing drug, a procedure with which they hope to preserve their revenue stream once the patent of the old drug has expired. This leads to the conclusion that vulnerable children run the risk of being harmed for clinical trials that will not benefit them, or their country, but are merely intended to protect a company's interests.

The Helsinki Declaration very clearly states that placebo-controlled trials can be conducted only in conditions where there is no proven treatment available. By admitting that the placebo trials are being done just for regulatory reasons, they are admitting to a violation of the ethical guidelines of the World Medical Association.

The role of the Contract Research Organizations (CROs)

It is estimated that half of all clinical trials are contracted out to private organisations known as CROs. CROs are hired to oversee many aspects of a clinical trial, such as securing the approval from the ethics committees, finding suitable locations and recruiting patients and medical investigators. Patient recruitment is an important aspect of their work; the ability to recruit and retain enough patients is essential to success. Eventually the sponsor of the trial (i.e. the pharmaceutical company) is responsible for the way the trial is carried out and how participants are protected. However, these sponsors do not always stringently monitor the CROs, especially not on issues related to the protection of the rights of clinical trial participants.

What do we want from the pharmaceutical industry?

When a pharmaceutical company carries out trials in low and middle-income countries where trial participants have limited access to health care, they should tread carefully in order to protect the rights of vulnerable clinical trial participants. It is crucial that the pharmaceutical industry sends out a strong signal to those to whom it outsources clinical trials that compliance with ethical standards is a priority. This means that informed consent taken from vulnerable trial subjects is done diligently. It also means that when trial subjects experience harm, they are granted access to care and compensation. Furthermore, pharmaceutical companies and CROs should strive to get approval from the most ambitious ethics committee and not the most lenient.

Last but not least: placebo-controlled trials should, in accordance with the DOH, only be carried out if no current proven treatment exists. However, as Wemos' study reports show, the opposite appears to be true. Pharmaceutical companies operating in Africa do not hesitate to exploit the loopholes in local oversight systems and the vulnerability of trial participants. They will continue to do so until they are held accountable for violating the rights of clinical trial participants.

Who should hold them accountable?

After pressure from NGOs, parliamentarians and media, the European Medicines Agency has indicated that they will assess whether medicines tested in vulnerable settings have been tested according to ethical principles before granting market authorization. However, so far there is no record of a drug being denied European market access based on an ethical violation. Investors have huge leverage over pharmaceutical industry behaviour. They are called upon to assess whether companies adequately protect the rights of vulnerable clinical trial participants prior to investing in that particular company. No doubt this topic would then rank higher on the priority list of pharmaceutical industry.

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5 The study, which was completed in 2013, was also carried out in Bulgaria, Latvia, Hungaria, Poland, Slovakia and the US. https://clinicaltrials.gov (Accessed 26.10.2015)