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“No, Africa is not, by any stretch of the imagination, a preferred target for clinical trials”

Researcher Fred Eboko revisits, in an opinion piece in “Le Monde”, the polemic provoked by two French scientists who suggested testing a coronavirus vaccine in Africa.

Opinion. The controversy that arose from a discussion between two scientists on the channel LCI on Wednesday, April 1st, has provoked a surge of reactions. The outrage of the general public and of leading figures, notably in Africa and in the diaspora, regarding the two men’s statements is as intense as it is legitimate.

Even so, the tide of opinion against clinical trials being conducted in Africa is paradoxical, phantasmagoric and informative. These reactions entail so much misinterpretation that they create a fantasy version of the public opinions of some Africans or members of the African diaspora in a specific domain where Africa is at best an oversight, and at worst a blind spot.

The medications that we, including Africans, take every day, that are prescribed by doctors and that we buy in pharmacies in Paris, Nairobi, Beijing, Abidjan or New York, come from clinical trials conducted in humans. The same is true for the vaccines that are noted in our health records, including those given to African children and adults. Clinical trial protocols are preceded by a series of ethical and deontological warnings, violations of which lead to trials being prohibited or halted.

“Flaws exist. Colonial history is replete with unauthorized vaccination campaigns and regrettable trials.”

Virtually all African countries have ethics committees that study and approve or reject trials involving their populations. Obviously, flaws exist, and colonial history is replete with unauthorized vaccination campaigns and regrettable trials, as Guillaume Lachenal described so well in “The Lomidine files : the untold story of a medical disaster in colonial Africa” (Johns Hopkins University Press, 2017). Risks remain at an ethical level and at the human level, but Africa is not, in any way, the preferred target for clinical trials today.

Marginalization of the continent

Thousands of clinical trials are conducted every year throughout the world. According to a study published in 2018 by Les Entreprises du médicament (LEEM) and based on official data from the American government, the percentage of participation in clinical trials that began in 2017 by region/continent worldwide leaves no room for doubt. North America: 57%; Europe: 38%; Asia: 27%; Oceania: 11%; Latin America: 8%; Africa and the Middle East: 7%. Sub-Saharan Africa is the part of the world that is the least called upon to be involved in clinical trials.

Abuses and/or blunders do happen from time to time. In terms of volume and automatically, they occur much more frequently in northern countries, including with medications that are already on the market. Africa is not exempt, but it has such a small presence in this economic-scientific field that the scandals that do occur there, from colonial times to the present day, are well-documented. Africa has a very small presence on the clinical research scene, and this marginalization of the continent with regard to participation in scientific advances explains why both the North and the South are swinging into action so that the continent can play a greater role in generating knowledge.

“Only one African country is included in the major clinical trial launched by WHO as part of the response to Covid-19.”

It is against this background that Nathalie Strub-Wourgaft, director of the department of neglected tropical diseases within the Drugs for Neglected Diseases Initiative (DNDI), castigated the low representation of countries with limited resources in “Solidarity”, the major clinical trial launched by the World Health Organization (WHO) as part of the response to Covid-19 in 30 countries, of which only one, South Africa, is in Africa.

Little by little, other trials are beginning to include African countries, like Senegal in the association of chloroquine with other molecules. So what is the source of the controversy generated by the two French scientists?

4,000 volunteers in Australia

Two scientists chitchat on a television studio set. They are discussing the subject of a vaccine trial for Covid-19 that plans to use the BCG (Bacillus Calmette–Guérin) vaccine, which has been prescribed against tuberculosis in France since 1924. The number of trials in progress continues to grow. Australia has recruited 4,000 volunteers for this trial of the BCG vaccine for Covid-19. Another is underway in the Netherlands. France is planning to launch a trial with volunteers through the Institut Pasteur de Lille.

One of the two scientists mentions the possibility of conducting tests in Africa, unaware that several upcoming projects already plan on including African countries - needless to say with the same ethical and deontological conditions. Conditions that bear no relationship to the “guinea pig prostitutes” that he describes. The racist and contemptuous connotations of their brief exchange provoke perfectly legitimate outrage. The people who are talking on this television studio set have no detailed knowledge of these projects.

What follows is more problematic: an outcry denouncing clinical trials in Africa. In short, some people condemn Africa’s involvement in a group in which its presence is already virtually nonexistent. If volunteers in clinical trials are “guinea pigs”, then Africans are the least likely of all to be “guinea pigs”.

“Granting these two scientists the ability to transform Africans into lab rats defies understanding.”

The question: how are two people, scientists or otherwise, who wandered onto a television studio set suddenly granted the power of life and death over “Africans”? Science and clinical trials are not planned or carried out in television studios. The comments made by the two scientists in question have nothing to do with anyone except themselves. Granting them, through an avalanche of petitions and videos, the ability to transform Africa and Africans into lab rats defies understanding.

From a moral (and indeed legal) perspective, the two scientists’ comments are unacceptable; they were denounced as such by the scientists’ respective supervisors, and the scientists themselves have apologized. But scientifically, their conversation on the specific point that provoked virtually universal

ire is a tempest in a teapot. Deducing from this conversation that “the Western world” or “France” considers “Africans” to be “guinea pigs” is without a doubt one of the most paradoxical controversies in recent decades. In short, this is trying to force Africa to withdraw from a world to which it has hardly any access.

Separating the wheat from the chaff

No, two people in a television studio do not determine the fate of Africa or Africans; they have neither the power nor the means to do so. And at this stage, their intentions, whatever they may be, mean nothing whatsoever. Yes, clinical trials are the starting point for vaccines that are administered throughout the world, including Africa. Historical divides should not annihilate discernment.

African public opinions have rarely been so energetic, notably because of social media. It is no longer possible to do anything without, or against, public opinions, that is for certain. It would be best if such opinions were fully informed, so that they do not appear to the world to be the opposite of what they are: intelligent, dynamic and active. But instead of this, under the rumbling black anger, we hear a knotwork of imaginary projections - the polar opposite of the reality of clinical research, within which, on the contrary, Africa must highlight its advantages.

“Volunteers are not ‘guinea pigs’, their participation is one of the truest expressions of brotherhood.”

These clear contradictions arise from historical roots and from a past that is unacceptable to this day. The future and the protection of African patients are also determined by clinical trials, because it is the rigor of clinical trial protocols that enables us to separate the wheat of scientists, including African scientists, from the chaff of charlatans and sorcerer’s apprentices, wherever they are from. Volunteers for trials conducted by recognized and legitimate scientific institutions are advised, informed and protected by law, ethics and morality. They are not “guinea pigs”. Their participation is one of the truest expressions of universal brotherhood.

The right to say “no” is a democratic virtue. All that remains is to know to what and to whom this “no” is addressed, as there are two men who must be astonished (and perhaps honored) by the power that has been granted to them with so little effort.

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