COMMITTEE GUIDE

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Contents

1. Presidents' Letter

Dear Delegates,

Welcome to CCBMUN MUNXXIII, in the African Union Committee (AU). We are Mariana Sofia Nuñez and Juan Diego Alomía, students of the Colegio Colombo Británico, and it is a pleasure to have you on our committee. We have had a long trajectory in the Model UN, having participated in 25 models combined, and so it is a complete honour for us to be able to preside in this special committee. For us, the MUN is very important since it has helped to form us as students and human beings. We want your experience in this model to be enriching and full of new learning. Our goal is to have a dynamic committee where everyone feels safe to participate, to make mistakes, and to speak freely on behalf of their nation, which we hope everyone represents with respect and pride.

Firstly, by being a mixed school committee, there may be delegates of various experience levels; therefore, we invite you to always act with utmost respect towards all delegates. In addition, in this committee, you will have the opportunity to debate topics that are normally overlooked. We hope that everyone is involved in the debate, taking into account that this is more than just a model, it's the opportunity to create and propose solutions that can be used in the real world. We want you to remember that you are the future of the world, so allow yourself to open your minds to solutions or points of view that are not your own, get out of your comfort zone, and remember that you participate on behalf of a nation and its points of view.

As delegates, we encourage you to be creative in your interventions and to speak clearly, taking into account the position of your country. The UN models allow everyone to learn about the world around them - to learn about politics, health, the rights of a citizen, and the internal functioning of a country, among other relevant topics. Not only will you have more general knowledge, but this experience will be enriching for your skills, such as improving your critical and analytical thinking, leadership, and public speaking.

We hope you come to the model prepared and excited to live this new experience. We are willing to support you and help you with any questions you may have about the topic or the position of your country. Do not hesitate to contact us. We are grateful to live this model as first-time presidents with all of you, and we are sure this will be an incredible model! We can't wait to meet you!

Your presidents,
Mariana Sofia and Juan Diego(African Union Chair)
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Topic 1: *The use of R2P in Côte d'Ivoire and Libya: assessing impact and future implications*

I. History/Context

Understanding the Responsibility to Protect (R2P)

The R2P, or "Responsibility to Protect", is a principle adopted by the UN at the 2005 World Summit. Its main objective is to prevent four atrocity crimes: genocide, war crimes, ethnic cleansing and crimes against humanity. This principle is based on the idea that having power over a nation involves not only rights, but also responsibilities. Therefore, this means that if a State is unable or unwilling to protect its population from such crimes, the international community has a legal and collective obligation to intervene and prevent said atrocities.

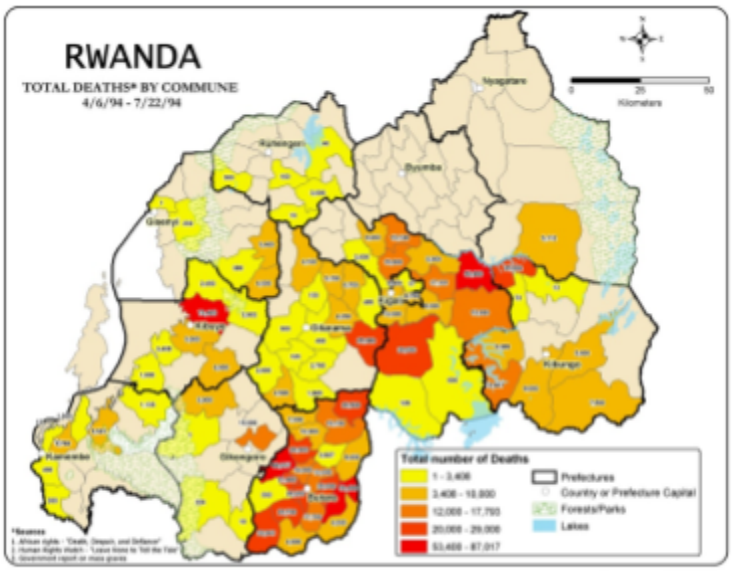

Figure 1:Total Number of Deaths by Commune During the Rwandan Genocide (*Rwanda*, 2016)

The concept known as R2P emerged after the international community completely failed to respond to atrocious crimes, most specifically the genocide in Rwanda in 1994, and the Srebrenica massacre in 1995. These two events made the UN and the international community reconsider how they should respond to such events. You can read more about them using the following links: Rwanda and Srebrenica.

These tragedies showed the world that the *principle of non-intervention*[1], which was a fundamental international law, could have very serious consequences. This is why, in 2001, the International Commission on Intervention and State Sovereignty (ICISS), established by the Canadian government, published a report proposing R2P as a normative framework. Subsequently, in 2005, the UN General Assembly made this principle official with the unanimous support of the Member States.

[1] "*The principle of non-intervention involves the right of every sovereign State to conduct its affairs without outside interference"(Recht, 2025)* This means that no country can interfere in the internal or external affairs of another country

The R2P concept is divided into 3 main pillars:

1. **Pillar One:** *"Every state has the Responsibility to Protect its populations from four mass atrocity crimes: genocide, war crimes, crimes against humanity and ethnic cleansing."*
2. **Pillar Two:** *"The wider international community has the responsibility to encourage and assist individual states in meeting that responsibility.*
3. **Pillar Three:** *"If a state is manifestly failing to protect its populations, the international community must be prepared to take appropriate collective action, in a timely and decisive manner and in accordance with the UN Charter."*

(Global Centre for The Responsibility to Protect, 2025)

It is important to keep these three pillars of the R2P in mind in order to understand how it works and its limitations. Since the main goal is to protect civilians without putting them in more danger, using military force from outside should only be used as a last recourse, as it could cause harm to the same people it's trying to protect.

Implementation of R2P in Libya (2011)

Figure 2: Map of Protests and Conflicts During the Arab Spring(*Rwanda*, 2016)

In 2011, the Arab Spring arrived in Libya after originating in Tunisia in 2010. The Arab Spring was a series of protests, riots, uprisings, and civil wars that took place in several countries in the Middle East between 2010 and 2012. It was a movement driven mostly by young people who were tired of political and economic inequalities, such as unemployment, political dishonesty, and lack of freedoms. These people demanded political change, greater social justice, and an end to authoritarian regimes. In the context of Libya, these protests began peacefully in cities such as Benghazi on February 15, 2011, but after government forces arrested protesters who opposed the regime, the protests quickly escalated into violence. Within days after

the protests began, more than 200 protesters were killed by regime forces, especially in Benghazi, where there were continuous shootings in the city.

In Libya, Muammar al-Gaddafi was the governor for more than 42 years, after coming to power through a military coup in 1969. His regime was characterized as a dictatorship, characterized by enforced disappearances, repression, executions, with zero tolerance for people who opposed his ideals. In 2011, when the manifestations began, his response against the protesters was devastating for the country. He unleashed bombardments with tanks, aviation, and artillery, blocked ambulances and attacked hospitals. In the month following the protests, an estimated 500 to 700 civilians were killed, and in total, according to various media, between 2,000 and 15,000 people died during the first months of the conflict.

Figure 3: Muammar Gaddafi(Beyer, 2023)

When the international community saw these actions being taken by the Libyan government, and seeing that the population was in grave danger, the Security Council intervened and approved the use of R2P in March 2011, and it also authorized the use of all necessary measures to protect and ensure the safety of civilians. This intervention was initially coordinated by the United States, France, the United Kingdom and Canada, and quickly shifted to NATO command, involving attacks such as air strikes designed to weaken the pro-Gaddafi forces.

After several months of NATO-led forces intervening on Libyan soil, Gaddafi was captured and killed by rebel forces in Sirte as he attempted to escape. Although his death was not the result of direct action by any foreign country, many acknowledge that coalition air and logistical support was decisive for the rebels to find and kill Gaddafi.

This event had immediate and mostly negative consequences for Libya. With the assassination of its leader, the central government collapsed, state institutions disintegrated, and a political vacuum emerged. This power void allowed numerous militias to compete for control, unleashing a wave of violence across the country. As a result, Libya moved into a severe crisis, with estimates suggesting that between 2,000 and 15,000 people were killed in the early stages of the conflict.

This first case of formal application of R2P in Libya brought several key points to consideration. On the one hand, it affirmed the international community's right and duty to protect civilians in the face of mass atrocities. On the other hand, critics argued that the intervention went beyond its original mandate, turning into an operation aimed at regime change. This raised concerns about the responsibilities of intervening powers once control

was established, the need for effective post-intervention planning, and the risk of generating instability, or being perceived as a foreign occupation.

Implementation of R2P in Côte d'Ivoire (2011)

A few months after the intervention in Libya, there was a crisis in Côte d'Ivoire that ended with the intervention of the R2P again. After the presidential elections in November 2010, the whole country entered into a political crisis after Laurent Gbagbo refused to accept the victory of Alassane Ouattara, who had been declared democratically elected by the Electoral Commission, and who was recognized by the UN and the international community with more than 54% of the votes (Presidential Elections. UNOCI Resources - United Nations Operation in Côte D'Ivoire, n.d.).

Gbagbo, who at the time was still in power, was not happy with the election results. The problem was that Gbagbo had the support of a large part of the national army, as well as a large portion of the population, supporting his extremist and nationalist discourse. In his discourse, Gbagbo accused Ouattara's followers of being immigrants and "foreigners" and a threat to the national identity, which caused ethnic tensions to grow.

Following this, militias and loyalist forces set up roadblocks in neighbourhoods such as Abobo and began to systematically attack civilians, an example being March 3, 2011, when at least six women were killed while peacefully protesting against Gbagbo's refusal to step down. The situation continued to deteriorate rapidly, with escalating violence and deepening divisions bringing the country dangerously close to a civil war.

These confrontations between the militias and the people intensified and worsened; in fact, *"according to the United Nations (UN), post-electoral violence has, since 28 November, killed at least 365 people, displaced over 200,000 in Abidjan, and sent over 80,000 fleeing into neighboring Liberia."* (Global Centre for the Responsibility to Protect, 2011). As the crisis deepened, supporters of the democratic transition faced worsening repression, while pro-Gbagbo groups escalated attacks, unleashing a wave of violence across the country.

Figure 4: Burned Vehicle During the 2011 Post-Election Crisis in Côte d'Ivoire(Nossiter, 2011)

The forces loyal to Gbagbo, by the side of militias, committed systematic crimes motivated by his speech. These abuses included extrajudicial executions, rape, torture, and arbitrary arrests, all carried out to suppress opposition and maintain support for his regime. These abuses multiplied in the western regions, where the conflict also involved the pro-Ouattara Forces Nouvelles, spreading to rural areas and the capital.

In view of this extremely serious situation, the Security Council took action and in March 2011, adopted Resolution 1975, which recognized Ouattara as the legitimate president and authorized "all necessary measures" to protect the civilian population under the framework of the R2P. This mission was called the UN Mission in Côte d'Ivoire (UNOCI) , and involved French forces in Operation Licorne, which included military intervention to neutralize violence and safeguard areas under threat. Once France began its intervention on Ivorian soil, its assistance became increasingly decisive in putting an end to the Gbagbo regime, together with the violence and human rights abuses that were being committed.

French forces, in coordination with UNOCI, intensified their military operations at strategic points throughout the country, especially targeting Abidjan, where the situation was extremely critical due to the high level of violence in the area. Likewise, in regions such as Duékoué, serious massacres took place, and it is estimated that between 152 and 867 civilians lost their lives. Faced with this growing wave of violence, France deployed helicopters and combat units that helped weaken the positions of forces loyal to Gbagbo. Finally, in April 2011, Gbagbo was captured after a joint siege by French and pro-Ouattara forces. The capture of Gbagbo allowed constitutional order to be restored, in addition to a very noticeable reduction of violence across the nation.

In conclusion, the conflict in Côte d'Ivoire was devastating, with about 3,000 people killed and more than 150 cases of sexual violence were recorded, according to Human Rights Watch (Statement on the Situation in Côte d'Ivoire - Global Centre for the Responsibility to Protect, 2021). Contrary to what was seen in the intervention of the R2P in Libya, this international intervention, especially that of France, was key to putting an end to the atrocities. This helped the country to begin to recover and restore peace.

To conclude, when analyzing both cases of R2P, it is essential to note that they occurred in very different socio-political contexts. In the first instance, Libya, the intervention was against a dictatorial regime that had been consolidated for decades, where Gaddafi brutally repressed his population. However, the lack of a plan for when he was overthrown generated a power vacuum [2]causing political and economic instability that affected an entire country. In comparison, the Côte d'Ivoire crisis arose after democratic

[2] a condition that exists when someone has lost control of something, and no one has replaced them (Cambridge Dictionary, 2025)

elections, in which international intervention supported a legitimately elected president and succeeded in restoring order to the country. These two examples show that, although R2P seeks to protect lives, its use must take into account not only the "how" to intervene, but also evaluate the political and social consequences of the possibility of intervention.

II. Current Situation

Throughout history, since the concept of R2P was created, it has been used on more than 20 occasions, in countries such as Sudan, Syria, Yemen and Myanmar, among others. However, the cases of Libya and Côte d'Ivoire in 2011 have been the most emblematic throughout history, as they were the first times when the concept of R2P was formally applied by a resolution of the Security Council. In addition, they were the first and only cases in which military intervention was allowed.

These two cases gave us a view of what this procedure can do in key situations for a country, as well as the immediate and long-term consequences of these interventions. Thus, although R2P has contributed to the international community's accountability for atrocity crimes, its implementation has generated debatable results, including both advances in human rights protection and unintended negative consequences.

Post-Intervention Libya: Long-Term Effects

After a decade of intervention in Libya, the country entered a period of profound political and social instability. The NATO-led mission fulfilled its objective of protecting civilians and securing cities such as Benghazi, where Gaddafi had threatened to "cleanse" the city of insurgents. However, the aid plan was missing a very crucial part: what would happen after the intervention, in a country left without leadership or a reconstruction plan?

Figure 5: Areas of Military and Political Control in Libya(The Economist, 2019)

This question was answered in the following years, and not in the best way. The fall of the regime of more than 40 years left a power vacuum, which was quickly occupied by local armed groups, tribal militias, radical Islamists and external actors. This led to a period between 2014 and 2021 in which Libya

experienced severe institutional fragmentation, with the coexistence of two rival governments: the Tripoli-based Government of National Accord (GNA), backed by the United Nations, Türkiye and Qatar; and the interim government in the east, supported by Marshal Khalifa Haftar, with the backing of Egypt, Russia, Saudi Arabia and the United Arab Emirates. In addition, large parts of the country came under the control of autonomous militias, who exercised authority by managing local affairs, collecting taxes, and operating independently of any central state authority.

The ongoing power struggle, along with the state's inability to provide basic services, has kept Libya from regaining full unity across its territory. Public institutions like the judiciary and security forces have been severely weakened, and are now almost ineffective. This is mainly due to the presence of the two rival governments, each with its laws and structures, making law enforcement nearly impossible. On top of this, the political and social instability triggered an economic crisis, leading to shortages of water and essential resources, which have especially affected migrants trying to reach Europe.

To synthesize, although the initial R2P intervention succeeded in preventing an immediate massacre, the lack of a long-term strategy and the institutional vacuum generated after the fall of the regime turned Libya into a failed and completely unstable state. The Libyan experience taught a critical lesson: the protection of civilians must not end with the fall of an authoritarian government, but must include a sustained commitment to political and social reconstruction, without which the initial humanitarian objectives may be completely undermined.

Post-Intervention Côte d'Ivoire: Long-Term Effects

After the intervention in Côte d'Ivoire in 2011, under the R2P principle, the country managed to reduce the levels of violence created by Gbagbo after refusing to recognize the results of the elections. This intervention had a short-term positive effect on the country, stabilized the government, and for a couple of years, the country lived in relative peace. For example, Côte d'Ivoire invested in re-establishing the judicial system, and prosecuted several people responsible for crimes committed during the conflict.

However, although the government made efforts to strengthen the judicial system, these actions have been widely criticized for lacking impartiality. Many prosecutions focused mainly on individuals linked to the opposition, while abuses committed by those aligned with the new government were often overlooked, or not pursued with the same rigor. This reveals that, despite the intention to move away from an illegitimate regime, Côte d'Ivoire has struggled to achieve a fully fair and accountable justice system, and political bias still persists today. This gives evidence that even though the country tried to change from a

dishonest government, it has clearly not been able to achieve this total change in the government and, at present, there are still cases of political dishonesty.

Even so, the government managed to generate a perception in the community of compliance towards democracy and the fundamental rights of the people, which helped to prevent protests and uprisings against the government from reoccurring. Observing this, the UN finally withdrew its peacekeeping mission in 2017, as it already considered that stability had been achieved in the country.

Nevertheless, political and social tensions never fully left the country, and the electoral crisis in 2020 was proof of this. Alassane Ouattara went on to win 2 elections in a row and, although it can be said that his mandate during those two years had no major complications, it is important to emphasize that there were notable failures during his leadership such as political polarization, ethnic divisions, impunity and lack of effective reconciliation. However, the real problem appeared when, in 2020, Ouattara ran for the third time, and won with not very credible and rather controversial figures; apparently 94% of the votes supported Ouattara.

In addition, during the electoral process, at least 85 deaths were recorded that were related to political violence and confrontations between government supporters, opponents and security forces (Côte d'Ivoire - Global Centre for the Responsibility to Protect, 2023). Additionally, the violence led to thousands of displacements to neighbouring countries such as Liberia, Ghana and Togo. These events showed that, despite institutional advances after 2011, there was still a deep-seated struggle for power between communities that made it impossible for the country to reach total peace.

As of today, Côte d'Ivoire continues to face political and economic challenges and, like many other African nations, has yet to consolidate a fully democratic system. While the application of R2P in 2011 was effective in preventing a humanitarian catastrophe, it also showed that military intervention alone is not enough. In the long term, unresolved political inequalities and continued power struggles have made it difficult for the country to develop in a stable and sustainable way.

The R2P Principle Today

Since 2011, with the two interventions in Libya and Côte d'Ivoire, the principle of R2P has not been used again with military intervention. This is because firstly, the use of R2P states that military use should be used as a last resort and secondly, the international community was not very satisfied with the manner of intervention in these countries, and the consequences it brought. Nonetheless, R2P was cited in various Security Council

resolutions in contexts such as Syria, Yemen, South Sudan and the Central African Republic, but never to the extent of using military intervention. For its part, for example, the Russian government says that the Libyan intervention was a covert way of promoting regime change, disguised as a humanitarian operation to protect civilians; although it abstained from voting on Resolution 1973, it later denounced NATO for exceeding the mandate authorized by the Security Council. According to the report, 'Echoes of Abstention', the outcome of the intervention, *"validated Russia's worst fears, reinforcing deep-seated distrust in foreign interventions"* (Echoes of Abstention: Russian Policy in Libya and Implications for Regional Stability, 2019). Russia argues that this experience made it distrust the use of R2P.

In the modern world, many countries share Russia's distrust of military interventions using R2P. That is why, over time, this principle has ceased to be used primarily to intervene with force, and has become a more diplomatic tool. Today, it is mainly used to support dialogue, to strengthen local institutions, and to monitor human rights. While some still see it as an important way to prevent serious crimes, others think it has become a political tool that is sometimes used unfairly or for the convenience of more powerful countries.

Conclusion

To conclude, these two cases of interventions under the R2P principle show two totally different sides that must be taken into account to know how to put this principle into practice in any future interventions. On the one hand, they show that international action can be very effective in instantly saving lives and restoring order in the face of heinous crimes that threaten the well-being of the civilian population. On the other hand, they also show the risks of intervening without a clear strategy, and without knowing a nation's plans.

These examples invite reflection on when and how R2P should be applied, taking into account not only the urgency to protect but also the long-term consequences. Last but not least, in the debate, the committee should discuss whether R2P should remain an active tool of the international system and under what conditions it can be implemented more fairly, effectively, and responsibly, taking into account all its applications and, most importantly the interventions in Libya and Côte d'Ivoire.

III. Key points of the debate

- How the interventions in Libya and Côte d'Ivoire evidenced the short- and long-term consequences of the use of R2P
- The differences in the way the interventions in Libya and Côte d'Ivoire were designed and executed, and how these affected their outcomes
- The immediate implications of a military intervention on the security of the civilian population
- The impact of R2P on the political stability of the countries which are being intervened
- The tensions between the principle of state sovereignty and the international responsibility to protect
- The importance of post-conflict reconstruction plans to ensure a sustainable transition
- The need to review, limit, or strengthen R2P as an instrument of response to atrocity crimes
- Analyze a possible restructuring of the R2P considering its applications, successes, and limitations since its creation in 2005

IV. Guiding questions

1. Has your country ever been directly involved in an R2P intervention?
    - If so, in which case, and how was it involved?
2. Does your country support the principle of Responsibility to Protect (R2P) as it has been applied by the UN? Why or why not?
3. Has your country contributed any resources or political support to any R2P missions in Africa?
4. What is your nation's view on foreign military intervention in African conflicts under the R2P framework?

5. Has your country experienced any positive or negative consequences from past R2P interventions in Africa?
6. Does your country believe that R2P has been used fairly and effectively in cases such as Côte d'Ivoire and Libya? Why or why not?
7. Is your government in favor of foreign intervention in internal conflicts when a state is unable to protect its population?

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Topic 2: Unethical testing of new drugs in African countries

I. History/Context

Unethical testing of new drugs refers to clinical trials or medical experiments in which pharmaceutical companies, researchers or individuals violate ethical principles and basic human rights during the trials, leaving a negative effect on the people involved. These representatives of the pharmaceutical industry take advantage of a developing country and their people, resulting in consequences that completely disrespect safety, dignity and humanity.

In the 16th century, the Mughal emperor, Akbar the Great, conducted a controversial psychological experiment to determine whether language is inherent or learned: he ordered 12 infants to be raised in complete silence by mute nurses, who used sign language to communicate among themselves. Years later, Mughal discovered that the children never learned to speak an audible language, instead they developed a visual form of communication. This early experiment was the beginning of human curiosity about biology, behaviour, and cognition, often at the cost of ethics and consent. A few decades later, philosopher and scientist, Francis Bacon, laid the foundation for modern science in *The Novum Organon*, arguing that scientific knowledge should be based on observation and experimentation and not on tradition and authority, for the benefit of humanity. As a result, in 1752, the Royal Society of London called out the first scientific organization to realize Bacon's vision of science, promoting experimentation as a vision to development and accuracy.

However, as scientific development progressed, a troubling pattern of human experimentation without consent emerged, especially in countries that were considered to have a low position of power, or in countries where power imbalances existed. One such case was that of Giuseppe Sanarelli (1865-1940), who injected 5 human subjects with a bacterium he believed caused yellow fever. His goal was to prove that the specific bacterium was the source of deadly diseases. Three of the five patients died, and his hypothesis was later proven false by the US Army physician, Walter Reed, who showed that Aedes aegypti mosquitoes, not bacteria, spread yellow fever.

Even though the concept of informed consent had not yet been legally established, the absence of consent and the fatal outcomes of early medical trials were only the beginning. This unethical approach became even more apparent during European colonialism in Africa, when European powers expanded their control over large parts of the continent. Under harsh colonial rule, Africans were treated as subjects rather than citizens, and were frequently used in non-consensual medical experiments.

European scientists often viewed them as acceptable research material, using them in efforts to combat diseases such as malaria, syphilis and sleeping sickness. In what is now Tanzania, German doctors tested a drug for sleeping sickness, which caused death and blindness in some of the patients. Similar non-consensual trials for different drugs and procedures were carried out by the French, British and Belgians in their African colonies.

While some of these efforts led to useful scientific discoveries, the methods used were often deceptive and harmful. For the European population, the discoveries were a great advance. However, for the African community, it often only led to medical risks and negative consequences for their people. These experiments were rarely conducted for the benefit of African people, but rather for the military, scientific and economic interests of other countries. In many cases, entire African communities were subjected to these trials without any explanation or consent, using vulnerable populations who had a lack of education, legal protection or medical advice. These practices were then justified with the colonial ideology of superiority and the expendability of African lives.

Even after the end of colonialism in the mid 20th century, unethical medical practices in Africa persisted, continuing for many years until finally culminating in one of the most infamous cases in Nigeria. In 1996, during a deadly outbreak of meningitis in Kano, Nigeria, Pfizer arrived to test an experimental antibiotic called Trovan on Nigerian children. While the company claimed it was providing life-saving help during the meningitis crisis, parents reported that they were unaware they were participating in a trial. Other parents expressed that they were not well informed about the risks of this trial. Several of the tested children died, and others had long-term side effects, including paralysis and brain damage.

Through the Pfizer wrongdoing, the case led to many lawsuits, international outrage, and global conversations about ethics and respect towards developing countries and their people. Investigators and journalists discovered that international documents revealed how the trial had been conducted without any proper approval from the Nigerian health

authorities. These cases led to many discussions about how pharmaceutical companies operate in low-income countries, and whether the people's ethics are being respected.

Pfizer pays out to Nigerian families of meningitis drug trial victims

Pfizer pays compensation to families of four children after 15-year legal battle over controversial drug trial in state of Kano

Figure 1: Pfizer drug trials in Nigeria (Smith, 2011)

More recent examples of unethical medical research include a drug trial conducted in Uganda between 1997 and 2003, sponsored by Boehringer Ingelheim, which tested Nevirapine for the treatment of HIV. Investigators in this trial failed to obtain proper consent regarding changes in the experimental design and also administered overdoses of the drug. Similarly, the DART trial, carried out in Uganda, Zimbabwe, and Côte d'Ivoire to compare structured treatment interruption with continuous antiretroviral therapy, faced criticism for unethical practices. Patients subjected to treatment interruptions were placed at greater risk of HIV disease progression, raising serious concerns about the study's ethical standards.

The case of the Majengo experiment in Kenya, which started in the mid 1980s and carried on until the early 2000s, is a clear example of unethical practice. Canadian researchers followed a group of Kenyan sex trade workers with a negative HIV test despite their exposure to HIV positive men. These researchers were hoping to discover what kept these women immune, and with the findings they hoped to develop an HIV vaccine. Although no drugs were actually involved in the study, which was purely observational, local non-governmental organizations later claimed that 400 sex trade workers who took part in the Manjengo trial did not receive enough information about the risks. While participating in the Majengo study, many of these women eventually contracted HIV, and little was done to prevent this happening.

Between 2010 and 2020, South Africa was one of the African countries with the highest number of drug trials. This was due to the fact that South Africa has a large amount of genetic variation which is useful when testing drugs. In addition, people were quick to enrol in trials which they saw as a way to obtain free, safe medicine. However, the supposed benefits came without any guarantees, and in many cases without clear

information about the risks of participating in drug trials. The ready availability of vulnerable patients has also raised broader concerns, as unequal access to medicines means that new treatments may remain a privilege of the wealthy rather than an essential right for all.

II. Current Situation

Nowadays, drug trials are still carried out in African countries and remain a deeply controversial subject of debate. Some argue that they contribute to important medical advances, while others believe that the trials result in exploitation, weak protection, and the prioritization of profit over community well-being. Despite numerous international guidelines, the African continent continues to serve as a testing ground for pharmaceutical industries. By 2024, more than 7,000 trials had been conducted in Africa. While this increase could suggest a greater emphasis on the health of African nations, it also raises questions about whether communities are fully protected in terms of ethics, informed consent and local regulations.

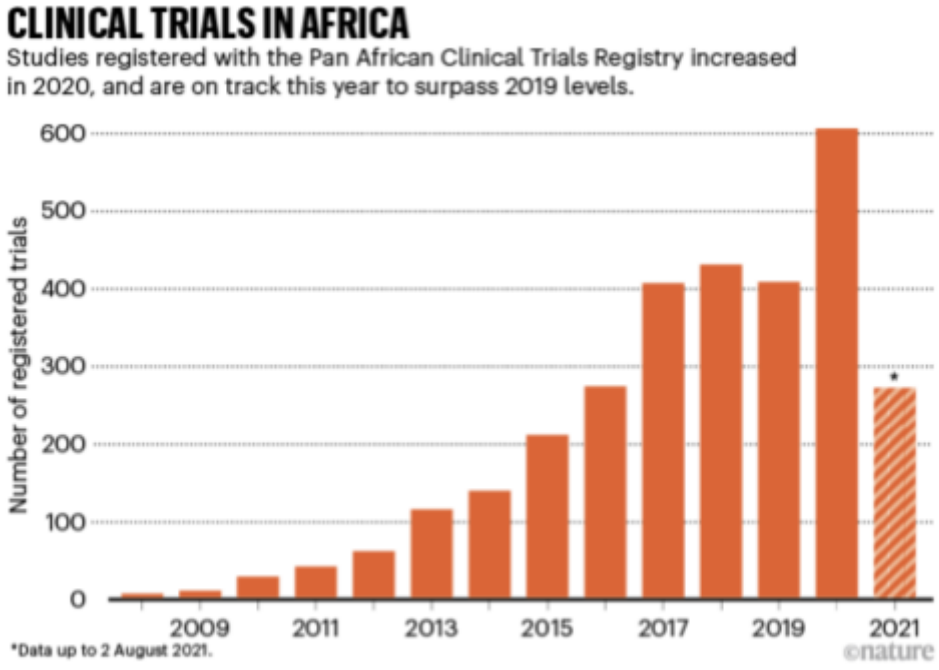

Figure 2: Growth in Registered Clinical Trials in Africa (Tsanni, 2021)

Another issue with these HIV trials was the use of placebos, which is an inactive substances/treatments that are given as if they were a real treatment, often in clinical trials like this one, even though already a known effective treatment was available this is unethical according to international ethical standards yet 15 of these placebo controlled trials were conducted in developing nations the majority of which were in Africa result in unnecessary HIV infections and being passed from mother to fetus. Also, many of the women complained about the lack of compensation they were receiving and later when the researchers discovered that these sex trade workers were free from the infection because of a specific cell mechanism in their bodies the women that participated in the discovery were not even credited by their contribution to these unethical science practices.

These examples illustrate how clinical trials raise essential issues regarding ethics, consent and justice, as this is a very polarizing topic that can be viewed from different points, from one view it advocates for research and advancement, and from other points, it highlights the risk of these trials and the control of it. Some of those points can be divided into: Ethical, Social, Economic, and Technological

Ethical Considerations:

Ethics are the moral principles that guide our actions and how we conduct ourselves. But from an ethical/moral standpoint, clinical trials carried out in African countries have regularly raised concerns and issues. The African continent's history is full of bad choices and poor ethical conduct. Although throughout the year, different guidelines, such as the South African Good Clinical Practice Guidelines, have been signed on paper for their protection, the reality is different. The healthcare companies and many pharmaceutical companies are conducting these studies frequently, disregarding the rules and mainly taking advantage of the bad medical conditions and situation in these developing countries.

A more recent case occurred in Kenya in 2019, during trials involving the COVID-19 vaccine. Foundations and laboratories recruited participants without ensuring an explanation of the potential risks, and many of the volunteers that participated stated that they only understood that it was a vaccine without being told about their possible side effects.

Some examples of how ethical rules are frequently broken include cases such as the 2022 cough syrup scandal in The Gambia, highlighting how ethical and moral safeguards might be seriously compromised. Despite the established regulatory systems in the country, many children died after consuming cough syrup from India that contained deadly poisons. While this tragedy is not considered a clinical study, it is a reminder that the written standards for drug approval and regulation aren't good enough to protect the population.

In conclusion, ethics play a crucial role in the testing of new drugs on the African continent, as we can see in the last examples presented, but healthcare companies ignore multiple recommendations that are made in order to be ethically responsible. Entire communities are asked to sign purported informed consent forms that are written in such a way that people don't understand what they are actually signing up for, and so are not being properly informed. These companies take advantage of the lack of medicine in developing countries as can be seen with the Pfizer Trovan trial in Nigeria, with the Nevirapine trial in Uganda, with the Dart trial in Zimbabwe and Cote d'Ivoire, and the HIV trial in Cameroon and Kenya.

These practices reflect the imbalance in power between multinational pharmaceuticals that take advantage of different populations who lack legal and institutional protection. Often, citizens in situations of poverty agree to participate in clinical trials before they are even told of the risks, as they see it as a way to get better treatment for themselves or their children. Despite these notorious power imbalances, many African voices are still resisting and fighting against unethical research practices. Human rights organizations, journalists, and affected communities have called out for the protection of their people, and have demanded stronger protections against this type of abuse. Institutions like the Bioethics Network have emphasized that Africa should not be a testing site.

Development:

Many African countries see drug testing not just as an ethical issue, but as a chance to improve public health and to advance their medical sectors. Instead of rejecting clinical trials, they often welcome them as a way to access new treatments and to involve African people in medical research. In places facing serious health problems, trials are seen as an opportunity for progress, not as exploitation. Taking part in these trials can also support

long-term scientific and economic growth, as they often last for months and can benefit local businesses and tourism.

A large percentage of clinical trials performed in Africa are funded by European and North American pharmaceutical companies, as well as other powerful health organizations, such as the Gates Foundation. While these organizations may contribute to the economy and development of the trials, they often translate as a way for drug companies to have a large amount of decision-making power, limiting the influence of the African Government and, in almost all cases, this means overlooking established protocols and conducting the trials below ethical standards.

In 2020, a French doctor caused controversy when he suggested that a potential Covid-19 vaccine should be tested in Africa:

"If I was a bit provocative, I would say that we could go and do tests in Africa. They haven't got masks, no treatment, no intensive care system, we could go and test there," said Jean-Paul Mira, the head of the intensive care unit at Cochin Hospital in Paris.

"It's a bit like when we tested vaccines against AIDS on prostitutes because we knew that they don't protect themselves," he added, making a comparison with Africans to prostitutes, while discussing the use of a BCG vaccine for tuberculosis against Covid-19. (Finnan, 2020)

Countries such as the Gambia view experimental medical research as a pathway to development, even though their capacity to host such trials is limited. Despite its small size, the Gambia has been actively participating in drug and vaccine testing, in particular treating diseases such as malaria, childhood infections and maternal health. Many studies have reached Phase III, which involves bigger participant groups typically from several dozen to hundreds, and it represents one of the final stages before a drug or vaccine can be approved for the global market. These experiences clearly demonstrate how small nations, despite their limited resources, contribute to global health advancement by shaping international medical guidelines and providing essential data.

For governments, trials are not only seen as a path for health care, but also as catalysts for economic advancement, political visibility and technological progress. Governments argue that hosting the trials brings more visibility, strengthens diplomatic ties with developed countries and their companies, and serves as a learning process for future African pharmaceuticals to produce drugs on the continent. In this way, clinical trials are not seen

as a small stepping stone but as a big one that will open up multiple further possibilities and future development goals, regardless of whether the people are equipped to manage the risks involved.

Figure 3: Projected Growth and Trends in the African Clinical Trials Market (Fortune Business Insights, 2024)

Viewed at a continental level, this aligns with the African Union Agenda of 2063, which makes an important call for the expansion of science, technology and innovation pillars on the continent. Based on that, countries such as Rwanda, Egypt, and Senegal have already taken steps to build more pharmaceutical capabilities and to participate in clinical trials. In order to advance with these important points, the countries have also created trading ideas, where companies can do the trials in their countries while they receive technological devices as a payment method for hosting the trial.

Clinical Ethics Committees (CECs) are an important part of clinical trials in developed countries, with most countries having such committees. These committees are often based in hospitals, and provide guidance about ethical aspects of any procedures carried out in hospitals, including clinical trials. However, in 2019, according to one study, only

15% of the medical personnel mentioned having such committees in their institutions. (Moodley et al., 2020). In some cases, the drugs that had been trialed in Africa were not available to this population when they finally came on the market. In a study done by Yale University, it was found that 5 years after the drug trials had finished, none of the countries, except for South Africa had access to any of the new drugs, and South Africa only had 24% access to any new drugs trialed on the continent (Glunt, 2021).
Institutions such as the African Vaccine Regulatory Forum (AVAREF) and African Medicines Agency (AMA) have been created to oversee the ethical implementation of clinical trials across the continent.

In conclusion, the current state of clinical trials in Africa is often shaped by a complex mix of opportunity and exploitation. On the one hand, clinical research can be beneficial as it can contribute to public health solutions, long-term development and innovation. On the other hand, unethical trials, lack of consent, and prioritizing development over humanity and health represent deep structural injustice for the people. While many African governments are willing to embrace clinical trials towards a path for modernisation, technological advancements and global recognition, this cannot justify ignoring ethical standards. As history shows and recent examples further confirm, without strong legal frameworks and community involvement, clinical trials risk being another modern form of exploitation. Real research should be done with African communities, but not on them.

III. Key points of the debate

- Cases that serve as models for addressing these problems
- The relationship between poverty and participation in clinical trials
- Lack of transparency as an ethical issue in drug trials
- Scientific advance versus people's health and dignity
- The positive and negative effects of clinical trials on the continent
- Regulation of pharmaceutical companies carrying out clinical trials on African populations
- Urgent need for strong guidelines as a barrier to prevent ethical violations

IV. Guiding questions

1. Has your country ever been involved in drug testing?
    i. If so, has the government carried out these clinical trials, or have pharmaceutical companies conducted such trials?
    ii. What did the pharmaceutical company pay to the country in order to carry out these trials?
2. Has your country had any negative experiences concerning unethical drug trials?
3. What laws, regulations, or ethical boundaries exist in your country to oversee clinical drug trials, and how are they enforced? Does your country ensure informed consent is properly obtained from clinical trial participants, especially in vulnerable populations?
4. How does your country address the issue of post-trial participants? Are they guaranteed proper follow-up and treatment?
5. What is the position that your country has taken in international forums regarding the regulation or protection of human rights in clinical trials?
6. How has your country balanced the need for scientific innovation with the protection of vulnerable communities?
7. What solutions, if any, has your country proposed to ensure greater accountability and transparency in drug testing practices?

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