



# Global Health Law Conference

## AGENDA

### Date

Monday April 8, 2019

### Venue

Oliver Tambo Moot Court  
Wilfred & Jules Kramer Law Building  
University of Cape Town - Faculty of Law  
Rondebosch, 7700

### Time

08:30 to 16:00 South Africa Standard Time

Time	Description
08:30 to 09:00	Conference Registration
09:00 to 09:20	<b>Welcome Addresses</b> <ul style="list-style-type: none"> <li>Danwood Chirwa, Dean of Law, University of Cape Town</li> <li>Steven J. Hoffman, Professor and Director, Global Strategy Lab, York University</li> </ul>
09:20 to 09:45	<b>Keynote Address</b> <ul style="list-style-type: none"> <li>Sandra Liebenberg, H.F. Oppenheimer Chair in Human Rights Law and Distinguished Professor of Law, Stellenbosch University, and member of the United Nations Committee on Economic, Social and Cultural Rights</li> </ul>
09:45 to 11:15	<b>Panel #1: South Africa's Role in Informing Health and Human Rights</b>  <u>Chair:</u> Benjamin Mason Meier, Associate Professor, University of North Carolina at Chapel Hill  <u>Speakers:</u> <ul style="list-style-type: none"> <li>Lisa Forman, Associate Professor, University of Toronto</li> <li>Gorik Ooms, Professor, London School of Hygiene &amp; Tropical Medicine</li> <li>Jerome Amir Singh, Head: Ethics and Law, Centre for the AIDS Programme of Research in South Africa</li> <li>Donrich Thaldar, Senior Lecturer, University of KwaZulu-Natal</li> </ul>
11:15 to 11:45	Break
11:45 to 13:00	<b>Panel #2: Health, Ethics and Non-State Actors</b>  <u>Chair:</u> Stéphanie Dagron, Professor, University of Geneva  <u>Speakers:</u> <ul style="list-style-type: none"> <li>Mark Eccleston-Turner, Lecturer, Keele University</li> <li>Salona Lutchman, Senior Lecturer, University of Cape Town</li> <li>Thana de Campos, Assistant Professor, Pontificia Universidad Catolica de Chile</li> </ul>

13:00 to 14:00	Lunch
14:00 to 15:15	<p><b>Panel #3: Global Health Security Governance</b></p> <p><u>Chair:</u> Lawrence O. Gostin, University Professor, Georgetown University</p> <p><u>Speakers:</u></p> <ul style="list-style-type: none"> <li>• Gian Luca Burci, Adjunct Professor, Graduate Institute Geneva</li> <li>• Keymanthri Moodley, Professor, Stellenbosch University</li> <li>• Sharifah Sekalala, Assistant Professor, University of Warwick</li> </ul>
15:15 to 15:55	<p><b>Open Discussion and Reflections</b></p> <p><u>Chair:</u> Steven J. Hoffman, Professor and Director, Global Strategy Lab, York University</p> <p><u>Discussants:</u></p> <ul style="list-style-type: none"> <li>• Ebenezer Durojaye, Associate Professor, University of the Western Cape</li> <li>• Leslie London, Professor, University of Cape Town</li> <li>• Alicia Yamin, Adjunct Lecturer, Harvard University</li> </ul>
15:55 to 16:00	<p><b>Closing Remarks</b></p> <ul style="list-style-type: none"> <li>• Danwood Chirwa, Dean of Law, University of Cape Town</li> </ul>

This conference is hosted in partnership with:





# Global Health Law Conference

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## PRESENTATIONS

### PANEL 1: SOUTH AFRICA'S ROLE IN INFORMING HEALTH AND HUMAN RIGHTS

Chaired by: **Benjamin Mason Meier**, Associate Professor, University of North Carolina at Chapel Hill

#### **Constitutional promises and the right to health in South Africa**

**Lisa Forman**, Associate Professor, University of Toronto

The inclusion of justiciable socio-economic rights in South Africa's post-apartheid Constitution was a milestone in the development of these rights. In seminal cases like *Grootboom* and *Treatment Action Campaign*, the South African Constitutional Court established a novel constitutional standard to balance state duties to progressively realize potentially expansive entitlements within available resources. The reasonableness standard stands in stark contrast to models of enforcement in countries like Brazil and Colombia which have seen skyrocketing claims with sometimes far-reaching and questionably equitable budgetary impacts. The standard has been adopted by the UN Committee on Economic, Social and Cultural Rights in its Optional Protocol on the ICESCR, a clear statement on the importance of this approach to developing an international human rights jurisprudence on economic, social and cultural rights. In this light, what does the South African experience tell us about the strengths and weaknesses of this model of enforcement in realizing the promise of the right to health?

#### **Accountability for reasonableness or non-discrimination: Soobramoney's enduring legacy**

**Gorik Ooms**, Professor, London School of Hygiene & Tropical Medicine

The accountability for reasonableness (AFR) approach is usually referred to as an ethical framework, but it was a legal framework before it became an ethical framework. *Soobramoney* versus the Minister of Health of KwaZulu-Natal preceded the article that coined the AFR framework. This judgment is all about reasonableness, referring to section 27 of the Constitution of the Republic of South African constitution: "The state must take reasonable legislative and other measures, within its available resources,..."

The International Covenant on Economic, Social and Cultural Rights does not refer to reasonable resources; it refers to the maximum of a State Party's available resources. But General Comment 14 refers to something similar: "Inappropriate health resource allocation can lead to discrimination that may not be overt". Does the principle of non-discrimination, applied to health resource allocation, lead to the same consequences as the AFR approach?

To some extent, the AFR approach and the principle non-discrimination walk hand in hand. But the principle of non-discrimination is more demanding: it requires a plausible – even if statistical – necessary victim of discrimination.

Would anyone have suffered from discrimination, if Mr *Soobramoney* had received renal dialysis? Not if the Ministry of Health had saved on less efficient 'best practice' healthcare.

## How South Africa's human rights framework has shaped and facilitated the global HIV research and programmatic agenda

**Jerome Amir Singh**, Head: Ethics and Law, Centre for the AIDS Programme of Research in South Africa

South Africa has the largest HIV epidemic in the world, with 19% of the global number of people living with HIV (>7m), 15% of new infections, and 11% of AIDS related deaths. HIV prevalence is high among the general population at 18.9%. Despite, and because of, these alarming statistics, South Africa is central to global HIV research, and the country's response to HIV singlehandedly impacts on global HIV targets and statistics. This presentation will highlight how South Africa's human rights framework can be credited with inspiring and facilitating an enabling environment for crucial HIV research and programmatic activities. In so doing, the presentation will highlight how the country informs health and human rights, globally.

## The emergence of procreative non-maleficence as a legal rule in South African jurisprudence

**Donrich Thaldar**, Senior Lecturer, University of KwaZulu-Natal

South Africa's apex court, the Constitutional Court, recently gave judgment in a case (*AB v Minister of Social Development*) that dealt with the reproductive rights of parents to use donor gametes of their choice. The majority opinion established new legal rule, namely that the scope of possible reproductive decisions that parents may take, at least in the context of artificial reproduction, should be legally limited to exclude decisions that will cause legally significant harm to the future child – the Principle of Procreative Non-Maleficence (PPNM). In justifying its non-concurrence, the minority opinion in *AB* raised the Non-Identity Problem. However, given the way in which South African law conceives of the future child (as any child that may be born to particular intended parents), PPNM does not require a choice between different future children, but rather a choice concerning the attributes of the same future child. PPNM may find fruitful application in the context of the debate about moral enhancement through genetic engineering: The legally significant harm can be in the form of infringing future children's autonomy by constraining their mental capacity to choose their own ends in life.

## PANEL 2: HEALTH, ETHICS AND NON-STATE ACTORS

Chaired by: **Stéphanie Dagnon**, Professor, University of Geneva

### The universalism of legal subjects in global health: time to move beyond the state-based paradigm?

**Mark Eccleston-Turner**, Lecturer, Keele University

Within the context of international law, the state has long been accepted as the primary actor. Consequently global health law has been created within this image. From the very first International Sanitary Conference onwards, global health law has naturally been centred around the state: rules were created by states, regarding state behaviour, for the protection of states. This approach is still the case in spite of the creation of the World Health Organization, and the regional structure of its governance arrangements. States as the universal subject of international law made sense for hundreds of years - states were, and continue to be in many fields, the dominant actor on the international plane. However, since the post-war era we have seen a decline of the state from the international plane in global health, and a range of other actors are now active at the international level, notably: international organisations, NGOs, businesses, philanthropic organisations, and individuals. This paper argues that these organisations have come to exercise unprecedented levels of influence and authority in global health, yet their power remains largely unacknowledged and unaccounted for, with no recognised system of accountability and responsibility. As a result of the universal subject of international law - the state - the international legal system cannot recognise, nor regulate the power, influence, and control exercised by these new actors.

## **Defensive medicine and the implications for ethical practice**

**Salona Lutchman**, Senior Lecturer, University of Cape Town

The core of a doctor's ethical duty to a patient is based on four principles – autonomy, beneficence, non-maleficence and justice. These principles are premised on the public trust of the doctor and their commitment to altruism. Indeed, it can be said that the goal of the doctor-patient relationship is for the doctor to act in the best interests of the patient using all technological, scientific and humanistic experiences possible. However, a global rise in medical malpractice litigation has, together with other factors, pushed some doctors into a defensive corner. Defensive medicine refers to a practice whereby a doctor pre-emptively takes action to defend herself from malpractice litigation. It usually takes the form of a doctor deviating from what is deemed to be good medical practice in order to reduce or prevent complaints or criticism by patients or their families. In the worst form, a doctor is trying to avoid being sued or at least trying to ensure that if she is sued, she does not lose the case. Typically, a defensive medicine strategy or practice would be to order tests which are not clinically indicated, carry out interventions or procedures that are probably unnecessary, arrange unnecessary referrals to other specialties, prescribe unnecessary medication or refuse to treat high-risk patients or perform high-risk procedures. This presentation seeks to understand the practise of defensive medicine and the possible implications for ethical practice.

## **The global health crisis and the ethical responsibilities of pharmaceutical corporations**

**Thana de Campos**, Assistant Professor, Pontificia Universidad Catolica de Chile

My book provides a framework for analyzing the ethical responsibilities of global stakeholders in what I call the Global Health Crisis, with special attention devoted to the ethical responsibilities of pharmaceutical companies. The main contribution of this book is to provide a general account of the ethical responsibilities of different global stakeholders, mapping the different kinds of duties they have, their content and force, and their relation to the responsibilities of other relevant stakeholders in the Global Health Crisis. The book applies this account to current debates surrounding the need for reforms to the international legal rules addressing the Global Health Crisis, notably the Trade-Related Aspects of Intellectual Property Rights (TRIPs regime). In doing so, it discusses the allocation of responsibilities for the Global Health Crisis among different global stakeholders, such as state and non-state actors, with the latter including pharmaceutical transnational corporations.

My presentation will focus on presenting the ideas of chapter 4 of this book, which discusses the specific responsibility of pharmaceutical companies. I argue that that under the most influential theories of private property (Thomas Aquinas, John Locke, and Robert Nozick) there are grounds for limiting property rights over medical data that could be used to develop treatments for neglected diseases, and therefore control or even solve the Global Health Crisis. Even Nozick's libertarian account of private property is limited by the need to avoid 'catastrophes', and the Global Health Crisis, it is argued, qualifies as such a 'catastrophe'. Chapter 4, therefore, offers the crucial argument of the book that in the context of the Global Health Crisis, pharmaceutical companies have a responsibility to disclose some of their medical patents, when such life-saving patents are vital to avoid a catastrophic death toll.

## **PANEL 3: GLOBAL HEALTH SECURITY GOVERNANCE**

Chaired by: **Lawrence O. Gostin**, University Professor, Georgetown University

### **International pathogen sharing: at the crossroad of biosecurity, equity and global health governance**

**Gian Luca Burci**, Adjunct Professor, Graduate Institute Geneva

The need to share internationally samples and genetic sequences of human pathogens for health research, preparedness and response is of crucial importance in an age of emerging and re-emerging infectious diseases and of globalised travel and trade. Its governance and regulation lie at the crossroad of diverse and divergent

bodies of international law and raise new legal challenges, in particular the management of genetic sequences. Understanding such a complex situation and ensuring its overall consistency is crucial for the sustainable management of global public goods such as health equity and security and the management of biodiversity.

### **Ethical challenges in the governance of global health security: Ebola in DRC -Sovereignty or Solidarity?**

**Keymanthri Moodley**, Professor, Stellenbosch University

The intentions of global health security efforts often invite criticism based on perceived self-interest of resource rich countries. Such critique is also directed against the focus on disease eradication rather than prevention and health system improvement. While these arguments are justifiable, the current situation with the Ebola outbreak in the DRC provides evidence of a contrary position. Local government is neither supporting health security of its citizens nor protecting foreign health care teams who are there to assist with bringing the Ebola outbreak under control. In fact, reports indicate that health clinics were set alight and it has become necessary for voluntary healthcare workers to be withdrawn due to safety concerns. To what extent should local governments be accountable for global health security and what are the ethical implications for citizens, families and communities when there is non-compliance?

### **Human rights at the frontline: Mapping the gendered harms to care-workers during global health emergencies**

**Sharifah Sekalala**, Assistant Professor, University of Warwick

This presentation focuses on the 'recognition' of care-workers within global health crises. Global health crises often occur in parts of the world that have weak health infrastructure and a lack of human resources. When emergencies occur, the issue of who provides care is often ignored because very often global health crises are securitised which leads to narratives of 'front-line workers', who are often narrowly determined. As part of a wider socio-legal project on global health crises, this paper develops a case study of the Ebola crisis both in the West Africa in 2014 and the current on-going crisis in the DRC in order to map which care-givers we should conceive of as being on the front-line, what role gender plays in exacerbating the harm they face during and after the health crisis and how human rights would enable us to better understand our global responsibilities towards them? The paper analyses four categories of care workers who have been active in global health emergencies: health workers from international humanitarian organisations, medical professionals from the local area, volunteers such as Water, Sanitation, and Hygiene ( WASH ) staff or burial teams who bury bodies, and family members who assumed unpaid caring responsibilities.

In this presentation, I illustrate how all four categories of people have been subject to gendered harm due to contagion. Building on the work of Harman, (2016) Davies and Bennet (2018) who found an absence of gender concerns in global policy making during global health crises, I will focus on how the gendered nature of health crises impacts on social reproduction and how a human rights approach can mitigate this. Besides contagion, carers often face physical, emotional and psychological distress of caring for a disease with extremely high rates of mortality and the separation from families due to quarantine. They also face economic hardship and stigmatisation when the crisis ends. In addition to illustrating these different dimension of harm, I will argue that the different legal status of these care-workers creates varying levels of vulnerability and a human rights approach would be critical to enabling us to have a better recognition of the true the cost of caring in global health crises.



## Global Health Law Conference

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### SPEAKERS' BIOGRAPHIES

**Gian Luca Burci** was named Adjunct Professor at the Institute in 2012. He has served in the Legal Office of the World Health Organization since 1998 and has been appointed Legal Counsel in 2005. Professor Burci previously served as Legal Officer at the International Atomic Energy Agency in Vienna and in the United Nations Secretariat in New York for nearly a decade. At the Institute he has taught in the joint LLM in Global Health Law and International Institutions programme in partnership with Georgetown University. He holds a post graduate degree in law from the Università degli Studi di Genova, Italy. His areas of expertise are in international law and international organisations as well as governance and law related to international health.

**Thana de Campos** is Assistant Professor at the School of Government in the Pontifical Catholic University of Chile. She is a research associate at the Global Strategy Lab at the University of York, the Von Hugel Institute at the University of Cambridge, the Las Casas Institute at the University of Cambridge, and the UNESCO Chair in Bioethics and Human Rights. Her most recent book, titled *The Global Health Crisis - Ethical Responsibilities*, was published in 2017 by Cambridge University Press. She researches and publishes in global bioethics, international human rights, legal theory, and moral philosophy, with particular interests in Natural Law, Virtue Ethics, global health law, global health governance, and the human right to health.

**Danwood Chirwa** is Dean of Law and professor in public law at the University of Cape Town. He is currently also a member of the Board of Trustees for the United Nations Voluntary Trust Fund on Contemporary Forms of Slavery. His research and teaching interests lie in children's rights, socio-economic rights including the right to health, and business and human rights on which he has published widely. Chirwa has worked in various capacities and collaborated with several organisations including the African Network of Constitutional Lawyers, the Open Democracy Advice Centre, the Resources Aimed at the Prevention of Child Abuse and Neglect (RAPCAN), and the Socio-Economic Rights Institute of South Africa (SERI).

**Stéphanie Dagnon** is a professor of law at the University of Geneva, teaching international, European and national health and social security law. She has been named Professor at the law Faculty in February 2016 and at the medical Faculty in March 2019. French by nationality, she holds a PhD in International and European law from the universities of Poitiers (France) and Saarbrücken (Germany). She has worked as a research fellow at the Max-Planck-Institute for International Law and Comparative Public Law and at the Faculty of law in Heidelberg and as a lecturer at the Universities of Saarbrücken, Strasbourg and Heidelberg. Between 2009 and 2013, Stephanie was a senior research fellow at the Institute of Biomedical Ethics at the University of Zurich. Between 2013 and 2019, Stephanie was also a Swiss National Science Foundation Professor working on a large-scale research project entitled "juridification of global health concerns: implications for health prevention, treatment and health systems". Since 2013, Stéphanie has also been practicing international law in her work as a consultant for WHO in the field of tuberculosis and human rights.

**Ebenezer Durojaye** is an Associate Professor of Law and Head of the Socio-economic Rights Project at the Community Law Centre, University of the Western Cape, Cape Town. His areas of interest include focusing on human rights issues raised by access to HIV/AIDS treatment, the intersection between gender inequality and HIV/AIDS response in Africa, women's health and adolescents sexual and reproductive rights in Africa. He is one of the Independent Experts of the African Commission on Human and Peoples' Rights for the Committee on the Protection of the Rights of People Living with HIV (PLHIV) and those at Risk, Vulnerable to and Affected by HIV. He is also a member of the Legal Research Panel of INTERIGHTS, an international human rights organization based in the United Kingdom. He currently provides technical support to the UN Special Rapporteur on extreme poverty and human rights.

**Mark Eccleston-Turner** is a Lecturer of Law at the University of Keele - where he teaches Global Health Law, International Intellectual Property Law, and International Law. He holds degrees from the University of Wales, Aberystwyth, University of Edinburgh, and a PhD from the University of Manchester on access to pandemic influenza vaccines. Mark's research is in Global Health Law, particularly influenza vaccines, pandemic response and management, and the law of international organisations in the context of global health. He has published widely on this field, and is currently authoring a monograph entitled "could you patent the sun? Intellectual property rights and access to pandemic influenza vaccines." due for publication next year. He serves as a Consultant to the World Health Organization, and is an Emerging Leader in Biosecurity Fellow at Johns Hopkins Centre for Health Security.

**Lisa Forman** is a Tier 2 Canada Research Chair in Human Rights and Global Health Equity, and Associate Professor at the Dalla Lana School of Public Health, University of Toronto. She is an international human rights law scholar whose research explores how the right to health may contribute to advancing health equity. Her research has explored global access to medicines, trade-related intellectual property rights, the Sustainable Development Goals, South African constitutional law, and global health research. Dr. Forman qualified as an attorney of the High Court of South Africa, with a BA and LLB from the University of the Witwatersrand in Johannesburg, South Africa. Her graduate studies include a Master's in Human Rights Studies from Columbia University in the U.S, and a Doctorate in Juridical Science from the University of Toronto's Faculty of Law.

**Lawrence O. Gostin** is University Professor, Georgetown University's highest academic rank conferred by the University President. Prof. Gostin directs the O'Neill Institute for National and Global Health Law and is the Founding O'Neill Chair in Global Health Law. He served as Associate Dean for Research at Georgetown Law from 2004 to 2008. He is Professor of Medicine at Georgetown University and Professor of Public Health at the Johns Hopkins University. Prof. Gostin is the Director of the World Health Organization Collaborating Center on National and Global Health Law. The WHO Director-General has appointed Prof. Gostin to high-level positions, including the International Health Regulations (IHR) Roster of Experts and the Expert Advisory Panel on Mental Health. He served on the Director-General's Advisory Committee on Reforming the World Health Organization, as well as numerous WHO expert advisory committees, including on the Pandemic Influenza Preparedness Framework, smallpox, and genomic sequencing data. He served on the WHO/Global Fund Blue Ribbon Expert Panel: The Equitable Access Initiative to develop a global health equity framework. He also co-chairs the Lancet Commission on Global Health Law.

**Steven J. Hoffman** is the Director of the Global Strategy Lab, a Professor of Global Health, Law, and Political Science at York University. He holds courtesy appointments as a Professor of Clinical Epidemiology & Biostatistics (Part-Time) at McMaster University and Adjunct Professor of Global Health & Population at Harvard University, and, for the 2018-2019 academic year, as a Visiting Professor at the University of Oxford. He is an international lawyer licensed in both Ontario and New York who specializes in global health law, global governance and institutional design. His research integrates analytical, empirical and big data approaches to craft global regulatory strategies that better address transnational health threats, social inequalities and human rights challenges.

**Sandra Liebenberg** is the H.F. Oppenheimer Chair in Human Rights Law and Distinguished Professor in the Faculty of Law, University of Stellenbosch. She is also Co-Director of the Faculty's Socio-Economic Rights and Administrative Justice Research Project (SERAJ). She previously served as Chair of the Technical Committee advising the Constitutional Assembly on the drafting of the Bill of Rights in the 1996 Constitution of South Africa. She serves on the editorial boards of a number of human rights law journals in South Africa and abroad as well as on the board of directors of a number of national and international NGOs active in the field of socio-economic rights. She has been involved in supporting public interest litigation and advocacy in the area of socio-economic rights for a number of years. She has published widely in the field of socio-economic rights, and is the author of the monograph, *Socio-Economic Rights: Adjudication under a Transformative Constitution* (2010, Juta & Co) and co-editor of *Law and Poverty: Perspectives from South Africa and Beyond* (Juta & Co, 2011). In December 2014, she received the University of Stellenbosch's top accolade, a Chancellor's Award, for her contribution to community service in the field of law in South Africa. In 2016, she was elected as a member of the United Nations Committee on Economic, Social and Cultural Rights, the body which supervises compliance by States Parties with their obligations under the International Covenant on Economic, Social and Cultural Rights (1966).



**Leslie London** is a public health specialist with an interest in human rights, public health ethics, farm worker health, prevention of alcohol related harms and the health hazards of pesticides. He is the head of the Division of Public Health Medicine, leads the Health and Human Rights programme and is an active researcher in the Centre for Occupational and Environmental Health Research. He provides technical support to the provincial XDR TB panel and to the public health functions of the Health Impact Assessment Directorate in the Health Department.

**Salona Lutchman** is a Senior Lecturer in the Department of Public Law at the University of Cape Town. She completed the LLB degree (summa cum laude) from the University of KwaZulu Natal in 2006 and thereafter completed articles of clerkship at Routledge Modise attorneys in Johannesburg and was admitted as an attorney and notary of the High Court of South Africa. She completed the LLM degree in International Legal Studies at New York University in 2012. Her research interests include International Human Rights law with a focus on Children's Rights. Salona is currently completing the PhD at the University of Cape Town. The PhD research is entitled, "Defensive medicine : Is it in the best interests of the child?"

**Benjamin Mason Meier** is an Associate Professor of Global Health Policy and the Zachary Taylor Smith Distinguished Chair in Public Policy at the University of North Carolina at Chapel Hill. Dr. Meier's interdisciplinary research—at the intersection of global health, international law, and public policy—examines rights-based approaches to health. Working collaboratively across UNC's Department of Public Policy and Gillings School of Global Public Health, Dr. Meier has written and presented extensively on the development, evolution, and application of human rights in global health. As a contributor to the development of global health policy, Dr. Meier serves additionally as a Scholar at Georgetown Law School's O'Neill Institute for National and Global Health Law, as the chair of the American Public Health Association's Human Rights Forum, and as a consultant to international organizations, national governments, and nongovernmental organizations.

**Keymanthri Moodley** is a Professor in the Department of Medicine and Director of the Centre for Medical Ethics and Law, Faculty of Health Sciences, Stellenbosch University. In 2017, she was appointed Adjunct Professor, Department of Social Medicine, University of North Carolina-Chapel Hill, USA. Keymanthri is a family physician and a bioethicist. In 2013 she was rated by the National Research Foundation (NRF) as an established researcher based on her national and international publications, conference presentations, her role on national bodies like the MRC Board and the National Health Research Ethics Council (NHREC) and her involvement in international organisations - the WHO, International AIDS Society (IAS) and NIH DSMBs. The Centre was designated as a Collaborating Centre in Bioethics by the World Health Organisation, one of ten in the world and the first on the African continent. The main activities of the Centre include bioethics teaching, empirical research in bioethics and clinical ethics consultation. Keymanthri is a member of the Academy of Science in South Africa and completed an Executive MBA in 2015. In 2017 she was awarded her 4th NIH grant to develop a doctoral program in Clinical and Research Ethics.

**Gorik Ooms** is a human rights lawyer and a global health scholar, Professor of Global Health Law & Governance at the London School of Hygiene & Tropical Medicine, Adjunct Professor at the Law Faculty of Georgetown University, and Visiting Professor at the Faculty of Medicine and Health Sciences of Ghent University. Between 1990 and 2008, he worked with Médecins Sans Frontières Belgium in different positions, and as Executive Director from August 2004 until June 2008. He is one of the co-chairs of the Lancet Commission on a synergistic approach to universal health coverage, health security, and health promotion.

**Sharifah Sekalala** holds a D.Phil. in Law (Warwick, 2012), an LLM in Public International Law (Distinction in research, Nottingham 2006), LLB Honours Makerere University, Uganda (2004). Previously, Sharifah has worked in several organisations including the International Bar Association in London where she worked for the Human Rights Centre as well as practicing as an advocate in the Ugandan law firm Sebalu and Lule. She was called to the Ugandan Bar in 2005. Sharifah is currently part of the Nuffield Council on Bioethics working group that, over the next 18 months, will examine the ethical challenges of conducting research in global health emergencies and, as appropriate, make practical recommendations for change. Sharifah is the Principle Investigator of a study funded by the World Health Organisation that looks at how human rights mechanisms can be used to fight corruption. She has also consulted on human rights aspects of HIV outreach programs in several developing countries and acted as a peer reviewer for the International Labor Organization on its annual AIDS data.

**Jerome Amir Singh** is Head of Ethics and Law at the Centre for the AIDS Programme of Research in South Africa (CAPRISA), and the Director / Principal Investigator of the Ethical, Legal, and Social Issues (ELSI) Advisory Services on Global Health Research and Development, funded by the Bill and Melinda Gates Foundation. He is also Adjunct Professor in the Dalla Lana School of Public Health at the University of Toronto, Toronto, Canada. He serves as an ad hoc Consultant to several UN entities, including the WHO, UNAIDS, UNICEF, the Special Programme for Research and Training in Tropical Diseases (WHO-TDR), and the United Nations Interregional Crime and Justice Research Institute (UNICRI). He is the Co-Chairperson of the HIV Prevention Trial Network's (HPTN) Ethics Working Group, and a member of the HIV Vaccine Trial Network's (HVTN) Efficacy Trial Working Group. He is a member of the South African National AIDS Council (SANAC) Technical Task Team on Ensuring Protection of Human Rights and Improving Access to Justice and has served as a consultant to the South African Law Reform Commission on health law. He currently serves on several oversight bodies, including the International Ethics Review Board of Médecins Sans Frontières (MSF).

**Donrich Thaldar** is an academic at the Law School of the University of KwaZulu-Natal, Durban. His academic research interests are bioethics, bio-innovation and intellectual property law. He also practices as an advocate, where he focuses on strategic human rights litigation. Before starting his academic career, he practiced at the Pretoria Bar. In 2016, he was the Pretoria Bar's nominee for the national *Pro Bono* Advocate of the Year Award. His most recent litigation success was South Africa's first case of posthumous conception.

**Alicia Yamin** leads the Global Health and Rights Project, which is a collaboration of the Petrie-Flom Center for Health Law Policy, Biotechnology and Bioethics (PFC) at Harvard Law School and the Global Health Education and Learning Incubator (GHELI) at Harvard University. Yamin is an Adjunct Lecturer on Global Health and Population at the Harvard TH Chan School of Public Health, and an affiliated faculty member of the Department of Global Health and Social Medicine at Harvard Medical School. In 2018, the UN Secretary General appointed Yamin as one of ten international experts to the Independent Accountability Panel for the Global Strategy on Women's, Children's and Adolescents' Health in the Sustainable Development Goals. She was re-appointed in 2018. Known globally for her pioneering scholarship and advocacy in relation to economic and social rights, sexual and reproductive health and rights, and the right to health, Yamin has served on multiple UN and WHO task forces/committees addressing issues at the intersection of human rights, global health and development agendas. She regularly advises advocates, submits *amicus curiae* briefs and provides expert testimony to tribunals and legislative bodies around the globe relating to the application of international and constitutional law to health issues. Yamin is on the Board of Directors of Women in Global Health, and chairs the advisory council of the Health Law Institute, which promote women's leadership and health workers' rights in global health, respectively.