

Regulations, Markets, Health : questioning current stakes of pharmaceuticals in Africa



INTERNATIONAL SYMPOSIUM

MARCH 2018, COTONOU (BÉNIN)

CALL FOR PAPERS

Anthropological and sociological research on pharmaceuticals in Africa can be traced back to the beginning of the 1980's with the pioneering work of Sjaak Van der Geest and Susan Reynolds Whyte. Those researchers, showing interest in the ubiquitous nature of medicines even in remote villages, first attempted to analyse pharmaceutical modes of distribution and use in connection with legislations and biomedical rules. Thirty-five years later, this field of research has widely developed with influences coming from economy, history, sociology of science and technology; work conducted by researchers from Africa and other continents has increased. This development has been constructed in connection with public health crises in Africa (AIDS, persistence of malaria, food shortages, recent crisis of Ebola) as well as with the political and commercial stakes of pharmaceuticals (modification of the global geography of pharmaceuticals and geopolitical influences in Africa, pharmaceutical competition between Western multinationals and firms of "emerging" countries, development of clinical research on the continent).

Through this international colloquium, we wish to discuss the multiple stakes surrounding pharmaceuticals in Africa today, with particular consideration of their markets, the political and economic actors which they mobilize, related instruments of regulation, control and competition, modes of health care in which they are placed, and finally their modes of consumption by individuals, without losing sight of the adaptation of "traditional medicines" to the evolution of economic models. Regulation, with its broad sense of norms actually at play, legislative, biomedical, technical and commercial, seems to transverse these various questions and will thus be widely considered.

We anticipate proposals based on current research for presentation on the seven themes outlined below. Submissions can come from the various social sciences (anthropology, sociology, law, history, economy, geography, political sciences), as well as from biomedical and pharmaceutical sciences. Although Africa is central to this discourse, presentations of studies from other continents will be considered with the aim of drawing links with Africa and enriching the discourse with current situations in African countries.

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1- PHARMACEUTICAL MARKETS, BETWEEN PUBLIC HEALTH AND BUSINESS :

Various categories of actors are involved in the functioning of pharmaceutical markets. These include wholesalers, retailers, pharmacists and businessmen, connected to pharmaceutical firms or to suppliers. The commercial and/or public health motivations of these actors, the hierarchy of the markets in which they operate (subsidized, private, informal, urban, rural), as well as the proposed products (generic, leading branded pharmaceuticals, innovative or not), beg for elucidation. The mobility of actors and of the products they are transporting, within countries and beyond state borders (circulation between "emerging" and Northern countries, and as well between African countries), needs to be studied. The issue of the pharmaceutical monopoly (should it be professional, through the pharmacist, or of distribution, only through pharmacies), variously considered within national legislations, as well as the issue of the training of different actors, will also be questioned.

2- CONSTRUCTION OF NATIONAL AND REGIONAL POLITICAL DEVICES, BETWEEN DEPENDENCE AND DYNAMICS OF POWER RE-APPROPRIATION :

The functioning of the pharmaceutical systems in different African countries seems widely influenced by "transnational" actors (foundations, international agencies, bilateral and multilateral cooperations, pharmaceutical firms, etc.), especially for essential pharmaceuticals used for priority diseases (AIDS, malaria, tuberculosis). These actors act on pharmaceutical distribution mechanisms and on the regulation and norms of market control (market authorization, quality control tests, structuring of national regulation authorities, development of professional and technical skills). Faced with these influences and through these norms, tools and mechanisms, national and regional actors (institutional, university professors, professionals, economic actors, etc.) attempt in different ways to (re)gain control of situations. These interactions and power games between national and transnational actors need to be analysed.

3- STAKES AND RE-LAUNCH OF LOCAL PRODUCTION IN AFRICA :

It is necessary to discuss the history of local production in different countries, particularly following national independences and until the current period of uncertainties for regional unions, to re-launch or develop sites and firms of local production. The policies of multinationals for "local production" today have become established on "emerging markets". This local production includes public firms, firms that mobilize the private capital of wholesalers or pharmacists, and about twenty years of direct investments or joint-ventures led by Indian or Chinese firms. We are interested in these different configurations of local production as well as the controversies surrounding their viability, from the point of view of production costs as well as the standards and quality of manufacturing.

4- PHARMACEUTICALS AT THE CENTRE OF HEALTH SYSTEMS :

Within countries, a varied biomedical offering of care, constituted by public, private, religious, associative, and informal sectors, is proposed to patients. Pharmaceuticals are a central element of this offering, an indicator of the types of care proposed as well as relations between healers and patients. Uses recommended at the national and international levels as well as modalities of prescription at the micro-social level are very informative. The so-called "community" approach, through the involvement of "community health workers", also needs to be interrogated. It is also important to study the impact of funding mechanisms that cover healthcare expenses (universal, private, and community health insurance). Pharmaceutical accessibility and availability as well as the supervision of modalities of care by professionals of biomedicine and pharmacy will be at the heart of these reflections.

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5- PHARMACEUTICAL CONSUMPTION UNDER THE INFLUENCE :

We will question pharmaceutical uses in the interrelated subjectivity and social situations of consumers, prescribers and pharmacists, as well as in the construction of markets by industrial laboratories and their representatives. Consumption can be related to curative, preventive, and preservative health objectives, as well as for managing physical and psychological conditions. We will explore popular perceptions related to pharmaceuticals, with a particular interest in the expected effects (desirable or unwanted) and the quality of products, as well as actors who influence them. Related to this topic, the consumer can be seen as autonomous and responsible or particularly vulnerable. The safety of available pharmaceuticals and the issue of their iatrogenic effects, expressed in African public discourse essentially through safety scandals limited to Northern countries, as well as the implementation of pharmacovigilance systems will also be documented and discussed.

6- EXPANSION OF CLINICAL TRIALS :

Therapeutic trials have multiplied in Africa in recent years for economic (reduced costs, emergence of the clinical research market), strategic (treatment trials adapted to socio-ecological contexts) and epidemiological (fight against infectious diseases) reasons. Vulnerable populations are increasingly concerned (children, pregnant women, ethnic minorities), and new domains (prevention trials, sanitary devices trials, auto-administered diagnostic tools) or forms of protocols (multi-sited, adaptive, include in observatories, interventional) have expanded the field of clinical research in Africa. What are the conditions of regulation of these trials, of their contractual modalities, of ethics committees which evaluate them, of their links with existing health systems? The ethical stakes of these studies, the selection of participants and questions about the “social value” of the research offer vast domains for social science analysis which will be explored.

7- STANDARDISATION OF « TRADITIONAL » MEDICINES, BETWEEN NATURE, SCIENCE AND BUSINESS :

Having been confined to the margins of health systems for a long time, remedies stemming from “traditional” medicines constitute an important part of them today. In contrast with the medical systems from which they come which tend to individualize remedies, new modes of mass production and standardization tend to simplify and to depersonalize the act of care. These transformations coincide with market needs. Related stakes that are provoked, including technological ones, and their specificities in different countries and related to diverse types of products need to be discussed. The “natural” dimension of “traditional” medicines, whether from Africa or from other continents, exercises a power of remarkable seduction and facilitates their entry into the world market of alternative medicines, another dimension that will be explored in this theme.



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TERMS :

Applicants should submit abstracts of 2000-3000 characters (300-400 words) before 30 April 2017. Please indicate the theme(s) that are addressed by your papers. All submissions should be made directly through the symposium website:

<http://globalmed.sciencesconf.org/>

Draft versions of presentation papers (to be shared internally with colloquium committees) of 30 000 characters maximum will be expected at the end of 2017. Following the colloquium, these papers may be published online, in a collective book, or a special journal issue (after selection based on scientific criteria).

Note : If you do not already have an account, this must be created before submission. Please contact Charlie Marquis (globalmed-charlie@sciencesconf.org) with any problems or for any additional information.

Scientific Committee :

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