

Contemporary forms of market Pharmaceutical wholesaling in Ghana questioning current modes of regulation



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To question pharmaceutical wholesaling

- Pharmaceuticals : an **ideal window** into studying **contemporary societies and understanding their evolutions**
- A **scientific, therapeutic and market-oriented object**
- One of the most **dynamic and lucrative economical fields**: important market to study
- From early 1980's, pharmaceutical anthropology study the "**social life of pharmaceutical**"
- Different "**biographical stages**", from which **wholesaling has not been much studied**
- It's an **important stage** to study the **functioning of the market**: political and economical actors in play

Methodology of the research

After a 1st study in the informal market of Benin (2005-08) and its market mechanisms, this study conducted from August 2014 to June 2016 in Ghana

- ✓ Study of the **formal pharmaceutical wholesaling in Accra**
- ✓ **Ethnographies** in the **Okaishie market** with a **wholesaler-retailer** and with a **wholesaler-importer**: **40 sessions of participative observation of 4h each**
- ✓ **Semi-directive interviews** with
 - 10 retailers + following when they purchase
 - 33 heads or sales representatives of wholesalers or firms
 - 3 informal intermediaries in Okaishie
 - 10 institutional actors (regulation agencies, transnational actors)

Research question

- From **pharmaceutical wholesaling in Ghana**
 - what do we learn about **contemporary markets' modes of functioning?**
 - what do we learn about **negotiations and tensions** between **State regulation** and **Market regulation**
 - **Economical and political issues** about the Market, but as well considering pharmaceuticals, **public health ones**
- ❖ Preliminary analysis...

Pharmaceutical wholesaling in Ghana

- **640 wholesalers in Ghana, 300 in Greater Accra Region**
 - **different size** for those wholesalers: capital, variety of supplied products, agencies, agents
 - the **major part are Ghanaian**, some with Indian or European capital
 - lots of them are **importers** but some import only 1 product
- the **Ghana pharmaceutical market**: "**local products**", "**Indian products**", "**UK products**" (big pharma)

Okaishie market, « mother of drugs »

- A **central place** for pharmaceutical wholesaling in Ghana
 - "**Drug lane**", located from the 1950's in the oldest market area of the city (material, jewellery, clothes, shoes...)
 - ✓ **7 private buildings** made with **more than 100 companies** working on pharmaceuticals, **mostly wholesalers** (it goes inside)
 - ✓ On the outside, **pedlars and stalls** selling every kind of commodities (plastics, dishes, material, shoes, gas bottles, etc.): gives the **impression of being in a urban market**
 - ✓ The major part of the companies has **licences** from the **Pharmacy Council**
- It is indeed a **formal pharmaceutical market** but in reality...



Confrontation between regulation and practices

- To be supervised by a pharmacist (Pharmacy council)
 - often, this pharmacist is **not the owner** of the place: an **employee**
 - often, he has **no daily presence** in the shop, he **rents his licence**
- To sell only to licensed retailers
 - pharmacies, drugstores, public and private health centers, authorized wholesalers
 - Ghanaian **informal retailers**
 - **informal wholesalers** from **French speaking countries**: important clientele (number, big purchase, cash)
 - **informal intermediary** or "independent sales reps": **helpful for retailers and wholesalers**, activities in case of shortage

➤ **Anybody can bulk-buy pharmaceuticals in Okaishie**

Confrontation between regulation and practices

- To sell only authorized products (Food & Drugs Administration)
 - **informal sellers** who introduce **non registered products** "from Nigeria": no shops, present in streets...
 - some **products** that are **not yet registered** (in progress / FDA)
 - some **products** that are **not anymore registered** (chloroquine)
 - some **products** with **easy manufacturing** (solute, alcohol, iodine solution, kaolin)
 - some employers who **sell products** in their **employer's back** + **informal intermediaries' activities**: **practices which favour the sales of those products**

An assumed functioning through the market

- Those 3 types of informalities are not all at the same level
- The fact that wholesalers can sell to anybody: few criticisms
- On the issue of the size of clientele: do not force the market
- The issue of informal intermediaries and different size of societies: market model of development widely valuable (*self made-men*)
- From intermediary, to license wholesaler (or retailer), to importer, to importer of "their own" products, to manufacturer
- All those actors contribute to the market: reaching the farthest customer, the more remote area

An assumed functioning through the market

- All of them are working to build the market: "*we have marketed this product*"
- In this purpose, various activities of the "sales & medical reps", including social ones (Steiner, 2005), in the ultimate aim of building the market
- This functioning is not called into question, not challenged by health authorities

A context of neo-liberalism

- With pharmaceutical wholesaling in Ghana, we are in a neo-liberal context as analysed by Michel Foucault (2004) and Loïc Wacquant (2012)
- It is the State who produce the economic competition's rules
- It is his task to help the market functioning
- "In neo-liberalism, economic activity justify ultimately public action, it is the very first reason of its legitimization" (L. Jeanpierre, 2006)
- Market is prioritized over anything else (health concerns), most of all taking into account the size of the clientele (informal actors)
- the 3rd informality, linked to products and quality, is more criticised by institutional actors: strong FDA
- But those 3 types of informalities are not well intertwined?

➤ ... for the best of the strong pharmaceutical business?



Conclusion: an evolution in Global Health?

- This economic and political system: prioritized economic exchange, production of capital, through commodities
- Also promoted by transnational actors: foundations, PPP, multilateral institutions, bilateral agencies working with private actors
- In the field of malaria, Global Fund, USAID (AMFm, PSCPM, SHOPS): commodities (pharmaceuticals, diagnostic tests) and private sector for public health aims through the Market
- Same tendency in other field: maternal and reproductive health
- Regulation in terms of products (quality, prices) but not in terms of actors involved
- However, those issues (actors – products) are linked: to not recognized it may force to look at possibly implicit aims less valuable
- Important to pursue investigations on societal consequences of dealing with public health concerns through Market



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