

# Trust and the Regulation of Pharmaceuticals:

## South Asia in a Globalised World

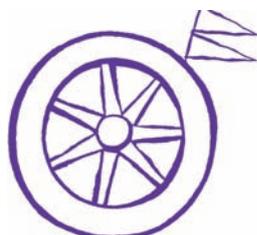


**Professor Roger Jeffery**

Director, Centre for South Asian Studies  
University of Edinburgh, UK

**Tuesday 9 November 2010, 10.15 – 12.00**

Venue: Java Hall, Centre for East and South-East Asian Studies, Ideon Alfa 1 building, ground floor  
Scheelevägen 15 B, Lund (next to the Asia Library)



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## Prof. Roger Jeffery

has conducted a variety of research projects in India since 1972, including research in village and small-town north India looking at how religious group membership and caste interrelate with childbearing, fertility behaviour, gender politics and schooling, in the context of agrarian change and the decline of the state. For more information on a recently completed project on secondary schooling, see <http://www.csas.ed.ac.uk/upproject/index.html>.



Since 2005 Prof. Jeffery has also been involved in a series of projects on contemporary issues in public health in India and elsewhere. He is currently Principal Investigator in Edinburgh on three externally-funded research projects:

(a) A Research Programme Consortium, funded by DfID and led by Prof. Christopher Colclough (University of Cambridge) on 'Educational Outcomes and Poverty in India, Pakistan, Kenya and Ghana' (2005-10). Other Edinburgh partners are Professor Patricia Jeffery and Professor Emeritus Kenneth King (for more details see <http://www.educ.cam.ac.uk/commonwealth/research.html>).

As part of this research programme, they have developed an on-line facilitator's manual for training in qualitative research methods, accessible at <http://manual.recoup.educ.cam.ac.uk>

(b) A grant from Phase 2 of the DFID/ESRC Joint Programme of research on international development issues, entitled "Biomedical and Health Experimentation in South Asia: Critical Perspectives on collaboration, governance and competition" has been awarded to start in September 2010.

This involves colleagues in Edinburgh (Ian Harper, Liz Richardson) and in Durham (Bob Simpson, Salla Sariola) and also in Mumbai, Kathmandu and Colombo.

(c) From May 2010 for 3 years, a grant from the EU FP7 programme, looking at Access to Medicines in Africa and South Asia, with Professor Allyson Pollock and partners in Belgium, India, South Africa, Switzerland and Uganda.

In addition, a grant from the DFID/ESRC Joint Programme of research on international development issues, entitled 'Tracing Pharmaceuticals in South Asia' concluded in December 2009. Other Edinburgh participants were Professor Patricia Jeffery, Dr Ian Harper, Dr Stefan Ecks and Professor Allyson Pollock ([www.sps.ed.ac.uk/csas/research\\_projects/tracing\\_phramaceuticals](http://www.sps.ed.ac.uk/csas/research_projects/tracing_phramaceuticals)).

### Seminar abstract:

In the sphere of medicine and public health, trust is highly significant to the successful meeting of important goals – but current literature focuses too much on trust in patient-practitioner relationships, and fails to acknowledge the role of trust in other part of the medical sphere. We have in mind here relationships involving pharmaceutical regulators, producers, distributors, retailers, prescribers, patients and the mass media, for starters.

Medicine – and especially pharmaceuticals – is part of complex global assemblages, and inter alia this means that issues of trust permeate not just local and national settings, but also must be understood in international, transnational and other global contexts.

It may be true that, in some parts of these assemblages, trust relationships can be understood as "disembedded" or detached from local contexts and personal relations – and involving generalised trust, or trust in strangers who are a part of complex social systems and institutions following sets of rules, norms, laws and customs. But in other parts of the same systems – sometimes involving the same people – trust may be based on exactly those personal networks and relationships that require face-to-face contact in local contexts.

This paper establishes a case to support these premises by comparing three different trust contexts, involving different stake-holders, to explore how trust is built, threatened or sustained. The material comes from a recently-concluded project 'Tracing Pharmaceuticals in South Asia?', which compared the trajectories of three pharmaceuticals (Rifampicin, Oxytocin and Fluoxetine) from producer to patient. The first context of trust is a conflict over ethics in Nepal: we discuss a suggested revised ethical code for retailers, medical representatives, producers and prescribers. The second looks at disputes over quality standards in Indian generic drug manufacturers, including allegations that they are responsible for a plague of counterfeit and spurious medicines, within India and globally. The third example is of trust within the tuberculosis control programmes of India and Nepal, in particular around how the "DOTS" system – Directly Observed Treatment (Short-Course) – is implemented.