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Jeffery, R, *et al* (2011) Tracing Pharmaceuticals in South Asia: Regulation, Distribution and Consumption  
ESRC Impact Report, RES-167-25-0110. Swindon, ESRC

## ECONOMIC AND SOCIAL RESEARCH COUNCIL IMPACT REPORT



### For awards ending on or after 1 November 2009

This Impact Report should be completed and submitted using the **grant reference** as the email subject to **reportsofficer@esrc.ac.uk** on or before the due date.

Completion of this Impact Report is mandatory. It will not be possible to edit this Impact Report at a later date, as it is designed to provide a statement of the impacts of your project to date 12 months after your grant ends.

**Please note that the Impact Report will only be accepted if all sections have been completed in full.** If a section does not apply to you, please enter 'n/a'. Grant holders will not be eligible for further ESRC funding until the Report is accepted. (Please see Section 5 of the ESRC Research Funding Guide for details.)

Please refer to the Guidance notes when completing this Impact Report. In particular, the notes explain what the ESRC means by 'impact'.

<b>Grant Reference</b>	RES-167-25-0110		
<b>Grant Title</b>	Tracing Pharmaceuticals in South Asia: Regulation, Distribution and Consumption		
<b>Grant Start Date</b>	<b>01 September 2006</b>	<b>Total Amount</b>	£696,916.06
<b>Grant End Date</b>	<b>31 December 2009</b>	<b>Expended:</b>	
<b>Grant holding Institution</b>	University of Edinburgh		
<b>Grant Holder</b>	Professor Roger Jeffery		
<b>Grant Holder's Contact Details</b>	<b>Address</b>	<b>Email</b>	
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		<b>Telephone</b> 0131 650 3976	
<b>Co-Investigators (as per project application):</b>		<b>Institution</b>	
Professor Allyson Pollock		University of Edinburgh	
Professor Patricia Jeffery		University of Edinburgh	
Dr Ian Harper		University of Edinburgh	
Dr Stefan Ecks		University of Edinburgh	

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## 1. **SCIENTIFIC IMPACT**

A Please **summarise** below the scientific impact(s) your project has had. [Max 250 words]

The main scientific impact of our research has been to contribute new insights and encourage new research approaches into the understanding how pharmaceuticals worldwide are produced, marketed and sold. Of particular interest, and potentially of the greatest scientific impact is the interaction of these processes with recent and current social, economic and political transformations in South Asia (Nepal and India), as these countries develop their responses to their integration into new global trading and regulatory relationships as part of the WTO inspired reforms, with particular reference to the world market for pharmaceuticals.

B Please outline the **findings and outputs** from your project which have had the scientific impact(s) outlined in 1A. [Max 250 words]

The findings that have had the most scientific impact relate to rigorous questioning of the weak empirical base for the estimates of the global burden of disease by the WHO, especially depression; the inadequate empirical basis for the use of oxytocin in first and second stage labour; the implications of mutual mistrust among patients, government staff and private practitioners for the misuse of rifampicin in TB control; the broadening of policy ideas related to the “private sector” (in the STOP TB strategy, for example, which encourages “public-private mix” in TB control) to include upstream pharmaceutical markets; and the elaboration of the mechanisms through which prescription medicines (especially psychopharmaceuticals) spread in the Indian and Nepali markets. A second set of issues raised relate to the implications for regulation of the mechanisms by which mutual mistrust is increased by key stakeholders in the pharmaceuticals supply chains, including the mistrust of regulatory systems and their poor regulatory capacity.

C Please outline **how** these impacts were achieved. [Max 250 words]

We have disseminated our work in a series of scientific forums, starting with the dissemination workshops held in Kathmandu, New Delhi and Edinburgh in the first half of 2009. We also presented our findings in 2008-11 through invited lectures and presentations in South Asia (KEM Medical College and Tata Institute for Social Sciences, Mumbai); in Europe at the Universities of Lund, Oslo, Cambridge, Brunel, Sussex and at LSE; at meetings of scholarly associations (Society for Medical Anthropology, Yale University; International Union Against TB and Lung Diseases, IUATLD, in Paris, Mexico and Berlin; British and European Associations of South Asian Studies; Britain-Nepal Academic Council, Oxford). We organised a special workshop in Brunel University (The Politics and Anti-Politics of Infectious Disease Control, June 2010.) We have also published, or have accepted for publication, 12 peer-reviewed journal articles and chapters in edited collections, which have ensured that our work is being disseminated widely to academic audiences internationally. In addition, Ian Harper has been invited to join a journal editorial board.

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D Please outline **who** the findings and outputs outlined above had an impact upon. This can include specific academics/researchers through to broader academic groups. *[Max 250 words]*

Our work has affected the understandings of medical anthropologists, medical sociologists, public health analysts and scholars of South Asia. The presentations we have made in scholarly meetings and in invited lectures have all been appreciated by the audiences, but we have no indicators yet of whether (and if so, how) their own work has been affected by hearing us speak or reading our work. Given the time lags involved in work being cited in this field, we would not expect this indicator to become relevant for at least another year.

## 2. ECONOMIC AND SOCIETAL IMPACT

A Please **summarise** below the economic and societal impact(s) your project has had. *[Max 250 words]*

Our work has had indirect social impacts, mainly through the activities of two members of the UK-based team and the efforts of our Indian partners, the Centre for Health and Social Justice and its sister organisation, SAHAYOG. We have contributed to health policy-making in India and in Nepal, through the personal involvement of members of the team in advisory committees in health and planning ministries (see below). The results of our research have been disseminated in informal ways, for example through contributions at committee meetings, and are not identifiable through harder indicators.

B Please outline the **findings and outputs** from your project which have had the economic and societal impact(s) outlined in 2A. *[Max 250 words]*

The main findings that have had social impacts are the same as those described earlier: to the weak empirical base for the estimates of the global burden of disease, especially depression; the inadequate empirical basis for the use of oxytocin in first and second stage labour; the implications of mutual mistrust among patients, government staff and private practitioners for the misuse of rifampicin in TB control; and the elaboration of the mechanisms through which prescription medicines spread in the Indian and Nepali markets. A second set of issues raised relate to the implications for regulation of the mechanisms by which mutual mistrust is increased by key stakeholders in the pharmaceuticals supply chains, including the mistrust of regulatory systems and their poor regulatory capacity.

C Please outline **how** these impacts were achieved. *[Max 250 words]*

Dr Ian Harper was seconded from Edinburgh University for 5 months to co-ordinate Nepal's National TB Control Programme's application for funding from the Global Fund. He provided input into the Nepal operational research agenda on involving the private sector in TB control, and assisted the Indian TB programme in developing their evaluation and monitoring procedures. He helped develop the global WHO guidelines on "Priorities in operational research to improve TB control". He is now associate editor of the IUATLD journal, developing their guidelines for the publication of qualitative research. Professor Patricia Jeffery has been able – through research advice and her membership of PATH's advisory group – to make inputs into advice on the introduction of new drugs designed to reduce maternal mortality. The

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Centre for Health and Social Justice and SAHAYOG have used the results of this research – as well as capacity development from training and orientation – to contribute to Indian health policy-making (Planning Commission, Ministry of Health). These impacts have been stimulated by our innovatory research methods, which provided insights into regulatory inter-relationships among the different stages in pharmaceuticals supply chains, and raised new questions about how they can be optimised.

Our work has been available in popular magazines (*Biblio* and *Himal South Asia*) as well as in an open access, Mumbai-based e-journal, *Journal of Health Studies* (<http://www.jhs.co.in/home/index.aspx>). Other, smaller scale impacts, for example in encouraging civil society organisations to continue trying to improve the regulation of pharmaceuticals in India and Nepal, cannot be captured or monitored with any certainty.

D Please outline **who** the findings and outputs outlined above had an impact upon. This can be at a broad societal level through to specific individuals or groups. *[Max 250 words]*

1. The Indian Planning Commission and its working groups on the approach to the 12<sup>th</sup> Plan and others active in the public health movement in India.
2. The Nepal and Indian TB Control Programmes, and through these, on individual TB patients
3. The working party at PATH concerned with maternal mortality and the introduction of misoprostol to reduce post-partum haemorrhage.
4. One of our research associates moved to a position in the Oxfam-funded CENTAD, where he was able to contribute his enhanced understanding of pharmaceuticals supply chain issues to their programme of public education on trade and development issues. He is also expected to contribute to the further research being carried out with a grant from the EU (see below).
5. Programmatic researchers working in TB control, who will be utilising the WHO guidelines (to be published in 2011)

### **3. UNEXPECTED AND POTENTIAL FUTURE IMPACTS**

#### **A Unexpected Impacts**

Please note which, if any, of the impacts that your research has had were *unexpected* at the outset of the research, explaining where possible why you think this was the case. *[Max 250 words]*

At the outset of the work we did not expect that channels would open up for direct involvement in policy-making, of the kind that CHSJ, SAHAYOG, Professor Patricia Jeffery and Dr Harper have managed to achieve.

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## B Potential Future Impacts

If you have a clear idea of the impact your research is likely to have in the future please detail these below. *[Max 250 words]*

This project was both a pilot project and an element in continuing research and publications. CHSJ and SAHAYOG are increasingly key to efforts to bring evidence-based approaches into health-care policy-making in India. Much of the stimulus for this work, and their credibility in this field, stems from their experiences in TPSA. Ian Harper has a long commitment and experience in TB control in Nepal; TPSA has contributed to further requests for him as a consultant to donor agencies and to lead a movement within the IUATLD to take seriously the contributions of qualitative research in contributing to policy-making in TB control world-wide. He will continue to contribute to health policy-making in Nepal. Patricia Jeffery has a continuing interest in issues surrounding maternal health and will continue to serve on the PATH committee, bringing insights from TPSA to bear on proposals concerning the introduction of new drugs. Roger Jeffery and Allyson Pollock are co-PIs on an EU FP-7 funded project that takes the initial insights from TPSA and subjects them to more rigorous investigation in Uganda and South Africa, as well as elsewhere in India. MSc students who wrote dissertations under the supervision of project members may also continue an interest in these topics, and some will be in positions to influence policies in this field over the next few years. A new ESRC-DFID research project looking at behavioural and clinical research trials in India, Nepal and Sri Lanka will take forward some aspects of the work that began in TPSA.

## 4. IMPACT LIMITATIONS

### A Limited scientific impact

Please state below any major scientific difficulties that have limited the scientific impact of your research. The statement should refer to an effect on *impact* rather than simply detail research difficulties. *[Max 250 words]*

There are no major scientific difficulties that have limited the scientific impact of our work. A minor problem has been the difficulty of persuading medical scientists, public health specialists and some government planners of the benefits of qualitative research, but this is being addressed (e.g. through Dr Harper's panel convening at IUATL, Berlin). In the nature of projects of this kind, some work is still forthcoming; while some impacts (e.g. generating new research grants, as with the EU FP7 grant and the ESRC-DFID grant for behavioural and clinical experimental trials in south Asia) have already shown fruit, some other kinds of activities (such as a monograph-length publication) are still to be completed.

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## **B Limited economic and societal impact**

ESRC recognises that some of the research it funds will not have an economic or societal impact in the short term. Please explain briefly below if this is the case for your project, and refer to your grant application where relevant. *[Max 250 words]*

This project has had, and we expect it will continue to have, social impact.

## **C No impact to date**

This project has had no impact to date

Please note that ESRC projects are evaluated on the basis of their scientific and/or economic and societal impact. Grant holders are expected to report any future impacts as they occur using the Impact Record, downloadable from the ESRC Society Today website.

If you have no impacts at this stage, please give reasons below. *[Max 250 words]*

N/A

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## NOMINATED OUTPUTS

Please nominate a maximum of two outputs from your research which you would like to be considered as part of the evaluation.

<b>Output type</b> (e.g. journal article, book, newspaper article, conference proceedings)	<b>Publication details</b> (e.g. author name, date, publisher details)	<b>Uploaded to <i>ESRC Society Today?</i></b> (Yes/No)
Book chapter	Stefan Ecks & Ian Harper, "There Is No Regulation, Actually": The Private Market for Anti-TB Drugs in India.' In João Biehl & Adriana Petryna (Eds.), <i>When People Come First: Anthropology and Social Innovation in Global Health</i> . Durham, NC: Duke University Press.	Yes
Journal Article	Petra Brhlikova, Patricia Jeffery, Gitanjali Bhatia, Sakshi Khurana, 'Intrapartum oxytocin (mis)use in South Asia', <i>Journal of Health Studies</i> , March 2009	Yes