Atelier 1 séance "Questionnement historique et juridique des marchés"

Ruptures de stocks et prescriptions en blanc : les moyens d'obtenir des médicaments dans le Nord de l'Inde

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A partir d'une recherche menée dans l'état du Bihar, en Inde, cet article présente « l'accès informel aux médicaments » comme un élément central du gouvernement de la santé. Les fournisseurs informels de médicaments (docteurs de village, détaillants sans licence) jouent un rôle important dans l'accès aux médicaments au Bihar, en particulier dans le contexte du démantèlement des services de distribution publics. S'inspirant de travaux récents en socio-anthropologie de la pharmacie, l'article montre l'importance de prendre en compte l'économie politique du médicament construite en Inde, afin de comprendre les problèmes localisés de manière plus complète. Si les fournisseurs informels occupent une position si importante dans le gouvernement de la santé en Inde, c'est en partie parce qu'une équivalence a été construite entre « accéder à la santé » et « accéder à des médicaments sur les marchés de santé ». Nous élaborons cet argument à partir d'entretiens avec des professionnels de santé et des patients. L'article montre ainsi la situation du système de santé public et de la distribution publique de médicaments au Bihar ; il présente le rôle des fournisseurs informels ; il montre comment les patients évoluent dans un « monde pharmaceutique » où santé et accès aux médicaments deviennent une seule et même chose. Informal health markets appear indeed as being at the heart of medical life in rural Northern India simultaneously from the patient's point of view, from the formal public and private practitioners' point of view and from the health authorities' point of view. Informality then constitutes one crucial aspect of the government of healthcare in the rural areas of contemporary India and the analytical stake is less to explain how informality is or how it should be tackled, overcome and governed than how the government of healthcare is produced through informality. Informality plays indeed a part in the contemporary "government rationale" (in the sense of Michel Foucault 2004) but the informality at play in Northern India differs from that in Benin for instance (Baxerres 2014). In a way our argument follows what Jan Breman has shown in the case of the informal economy in India, where he explains that informal economy should be seen as part of the wider logics of unregulated capitalism (Breman 2014). We try to understand more specifically the consequences of such capitalism on access to health. We will insist particularly on the role of unlicensed practioners and retailers. So as to make our point, we rely upon a study combining sociological interviews and qualitative ethnographic observation. The interviews and observations were led by the two authors in Bihar in December 2016. Our investigation has been carried in one particular district of Bihar and in several blocks, that is to say sub-districts. Purposive sampling was used to provide in-depth sociological interviews with public and private health providers and patients. We conducted qualitative face-to-face interviews in Hindi with 31 Public Health providers (at PHC, block and district level), 30 private providers (informal and formal), and 40 patients. We met drug administrators, managers, health workers, drug sellers, village doctors, and patients in different villages, village clinics, drug stores, primary health centers, referral or district hospital, all involved in the prescription, provision or consumption of medicines in the same district. This communication will question the contrasting image of India as an international pharmaceutical power and the complexity of access to medicines at local level.
Mots-clés : informel, médecins de village, charlatans, approvisionnement, accès aux médicaments, Inde, Bihar

Workshop 1 session "Historical and juridical questioning of the markets"

Empty stocks and loose papers : ways to get medicines in Northern India

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Compared to most Sub-Saharan African countries, India's pharmaceutical industry has been highly successful for the last 40 years. Often presented as “the Pharmacy of the developing world” by international NGOs such as Médecins Sans Frontières, India's capacity to produce quality and affordable medicines has been recognized globally; the country has played a major role in providing medicines such as antiretroviral therapies to countries lacking the technical capacity to produce their own – and notably to Sub-Saharan Africa. On that ground, the Indian pharmaceutical infrastructure appears as much more developed than in most Sub-Saharan countries. However, one country's pharmaceutical infrastructure includes elements such as health coverage, medical suppliers and regulatory authorities and this should be taken into account to understand the ways in which Indian patients access medicines in their own country. Indian patients rarely enjoy the benefits of such dynamism especially in rural and poor areas. A number of reasons account for the limited access to quality essential medicines: drug shortages, prescription malpractices, regulatory negligence and so forth. Studies show in particular that the weakness of public services co-exists with the vigor of a private, often unregulated, retail market. Informal health markets appear indeed as being at the heart of medical life in rural Northern India simultaneously from the patient's point of view, from the formal public and private practitioners' point of view and from the health authorities' point of view. Informality then constitutes one crucial aspect of the government of healthcare in the rural areas of contemporary India and the analytical stake is less to explain how informality is or how it should be tackled, overcome and governed than how the government of healthcare is produced through informality. Informality plays indeed a part in the contemporary “government rationale” (in the sense of Michel Foucault 2004) but the informality at play in Northern India differs from that in Benin for instance (Baxerres 2014). In a way our argument follows what Jan Breman has shown in the case of the informal economy in India, where he explains that informal economy should be seen as part of the wider logics of unregulated capitalism (Breman 2014). We try to understand more specifically the consequences of such capitalism on access to health. We will insist particularly on the role of unlicensed practioners and retailers. So as to make our point, we rely upon a study combining sociological interviews and qualitative ethnographic observation. The interviews and observations were led by the two authors in Bihar in December 2016. Our investigation has been carried in one particular district of Bihar and in several blocks, that is to say sub-districts. Purposive sampling was used to provide in-depth sociological interviews with public and private health providers and patients. We conducted qualitative face-to-face interviews in Hindi with 31 Public Health providers (at PHC, block and district level), 30 private providers (informal and formal), and 40 patients. We met drug administrators, managers, health workers, drug sellers, village doctors, and patients in different villages, village clinics, drug stores, primary health centers, referral or district hospital, all involved in the prescription, provision or consumption of medicines in the same district. This communication will question the contrasting image of India as an international pharmaceutical power and the complexity of access to medicines at local level.

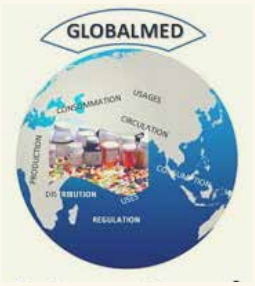
Keywords : informality, village doctors, quacks, procurement, access to medicines, India, Bihar

OUIDAH, BENIN

Regulations, Markets, Health

QUESTIONING CURRENT STAKES OF PHARMACEUTICALS IN AFRICA

from March 26 to 29, 2018



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