

Knowledge gap nr 1. Pharmaceuticals

Frequently, deregulated pharmaceutical markets thrive in impoverished environments, where alternative businesses are crippled. Constrained by their own rules, aid agencies set up import and distribution schemes that bypass indigenous suppliers, assumed as untrustworthy. However, some reliable suppliers might exist even in totally unregulated markets, such as in Somalia (Jeene, 2017).

The absence of law enforcement, and specifically of pharmaceutical controls, makes these markets appealing to indigenous and international criminal rings. In fact, the smuggling of medicines across borders and frontline is a cornerstone of the war economy. Such murky businesses are poorly studied, despite their visibility: import-export dealers and selling outlets multiply in the cities of the poor world. The informality of such pharmaceutical markets combines with their illicitness to challenge researchers. Besides being difficult, collecting reliable data may also be risky.

The absence, or extreme weakness, of state controls does not imply that the transactions taking place in these contexts do not abide to rules. In fact, the performance of these pharmaceutical markets is quite remarkable, which would not be the case if they were chaotic, lawless spaces.

The medicines traded through these channels are of unwarranted quality. Being purchased over the counter, their indications and treatment schedules are also questionable. But such unregulated utilisation of medicines constitutes also the main way poor people follow to obtain medical care. Coercive regulatory measures cannot be adopted in poor, violent, marginalised settings outside the reach of state authorities. Understanding characteristics, business models and rules governing these large pharmaceutical spaces would greatly help public policy-makers in their quest for effective regulation.

One severe weakness of most studies is restricting their remit to national borders. Being medicines goods traded globally, any meaningful exploration of the pharmaceutical market must cover strings of countries, from origin to consumption. This is particularly the case when national borders are artificial constructions, freely and regularly crossed by agents, money, goods, and diseases. Pharmaceutical supply chains must be explored in their complexity and extent.

The terminal conditions of many long-suffering states make the resuscitation of their border, law enforcement and regulatory functions very unlikely. Studying pharmaceutical supply chains as they react to turmoil is therefore desirable, in a long-term perspective. A starting point is given by the references selected below, which offer glimpses of a vast and diverse field.

QUESTIONS

- 1. Why is such an essential component of healthcare provision, accounting for a large share of health expenditure, neglected?*

- 2. What measures could be adopted to shed light on pharmaceutical markets in distressed settings?*

3. Presently, information about pharmaceuticals is particularly scarce in the Middle East (arguably, the most troubled region of the world). How to design an initiative aimed at addressing such glaring gap, in a regional perspective?

References

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