

**LEBANESE AMERICAN UNIVERSITY**

The Role of Pharmaceutical Companies  
toward a Sustainable Health Approach in  
a Globalized World: The Case of Lebanon

By

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A thesis

Submitted in partial fulfillment of the requirements  
for the degree of Master of Arts in International Affairs

School of Arts and Sciences  
August 2013



**Lebanese American University**

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### Thesis Proposal Form

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The Role of the Multinational Corporation in the Third World: Predators or Allies to Local Government?

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Change title to "The Role of Pharmaceutical Corporation ...", identify stakeholders, restructure methodology as to have quantitative secondary data as well as qualitative interviews, develop the instrument for that purpose, include a more elaborate background research on the topic.

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Date of thesis defense: Monday, June 17, 2013  
Thesis title: THE ROLE OF GLOBAL PHARMACEUTICAL COMPANIES IN A SUSTAINABLE NATIONAL PUBLIC HEALTH POLICY

#### Result of Thesis defense:

- Thesis was successfully defended. Passing grade is granted
- Thesis is approved pending corrections. Passing grade to be granted upon review and approval by thesis Advisor
- Thesis is not approved. Grade NP is recorded

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*- Edit - Change the title - include a paragraph on challenge of nation state confronting global companies - Provide in literature relationship between global & local - justify in methodology why Lebanon - justify why you conduct interviews with the respondents - Refer to the findings - better articulate findings.*

Changes Approved by Thesis Advisor: Dr. Imad Salamey Signature: \_\_\_\_\_

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## ACKNOWLEDGMENTS

This research would not have been possible without the help and assistance of many persons. First, I would like to express my gratitude to my supervisor Dr. Imad Salamey for his continuous support and patience at all times. I was privileged and honored to work with him and win him as my academic supervisor.

I am also deeply grateful to Dr. Sami Baroudi and Dr. Ola Sukkarieh, their guidance surely helped me to be on track.

Finally, special thanks goes also to Lebanese American University, my dearest university and all the staff and faculty, for I couldn't have done it without them.

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# **The Role of Pharmaceutical Companies toward a Sustainable Health Approach in a Globalized World: The Case of Lebanon**

**Christine Arzoumanian**

## **Abstract**

This paper focuses on the effect of globalization and western hegemony, and its manifestations on pharmaceutical industry that is closely linked to global health conditions in the world. On a more specific note, Lebanon is one of the numerous developing countries directly implicated by the globalization of public health and its industry. This thesis examines the ability of small nation states to develop sound health policies without being influenced by powerful global pharmaceutical industries. Based on existing survey data and in-depth interviews with key stakeholders in key pharmaceutical companies, Lebanese Ministry of Public Health, and relevant syndicates this thesis reveals major challenges and opportunities for the advancement of the Lebanese public health system. Findings point to the centrality of civil society to provide critical oversight roles over public-international partnerships agreements. Civil society's abilities to influence health policy agenda and provide early public warnings about health threats and appropriate responses represent a national safeguard for global engagement. Lebanese civil society's "Think Again", a part of the National Cervical Cancer Prevention Campaign, implemented in collaboration with the Ministry of Public Health and the international pharmaceutical companies demonstrates best practices in this sector.

**Keywords:** Globalization, Western Hegemony, Civil Society, NGO, Cancer campaigns, Breast and cervical cancer



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# CHAPTER ONE

## INTRODUCTION

### 1.1– Overview

The World Health Organization (WHO) emphasizes that public health is one of many global challenges in our modern world (“Globalization and Health”). It is imperative that it be addressed as urgently as possible. It is very obvious that to solve these health threats, numerous global action plans, awareness campaigns, and analysis must be carried out, as well as action plans and awareness campaigns in order to ensure the well-being of future generations. (“Globalization and Health”).

As globalization advances the knowledge of researchers, the public, and campaigners is rising as well. Communication, fast transportation and information technology are the main engines driving globalization. Communication keeps everyone connected and gives easier access to acquiring additional knowledge and faster solutions to many problems. Unlike Globalization is contributing to the welfare to many societies especially in the north, one must also take into account its negative repercussions especially on the developing world. As explained by Stig Wall in the *Scandinavian Journal of Public Health*, the repelling spreading epidemics like the avian flu and especially the HIV dangers to developing countries are bringing new challenges to local

countries and especially the poorer ones, because of lower standards of living, limited awareness and few means to fight back (449).

These globally spreading viruses, among others, are transforming into red flags screaming for global sustainable cures all around the globe. Health factors of today's world have no geographical limitations and the often heard term "think global, act local" is taking roots on a wider scale at a very fast pace. The future of the health system in the world can be evaluated through the rapid global communication systems and global trade agreements, since major health conditions are affecting the world globally. Therefore, having control measures spread on a global scale helps alleviate the situation. "When combating SARS, communications levered the spread of the disease but were also essential for its control and it was a public health success story," states Wall (449).

However, as written in "Building a Sustainable Health System", by 2020 according to the World Business Council for Sustainable Development, the health system we are living in today will have to treat more people with illnesses, by using more expensive technologies and fewer workers. The majority agrees that the way we manage health today is unsustainable as its costs more than we care to afford, and delivers less than we expect, explain Coiera and Hovenga (11).

As suggested by the United Nations Population Fund (UNFPA), an ideal way to solve health threats, which emerged from globalization, is through the formation of solid

networks of institutions and relationships that comprised the basic components of civil society (“Comprehensive Cervical Cancer Prevention and Control”).

This thesis explores the health system present in a globalized world. It focuses on the effects of western hegemony and its manifestations through the pharmaceutical industry in dealing with global health threats of today. These hegemonic influences have their influence on small states, and Lebanon is the best case as a developing country to be explored in this study. Many approaches are presented in showing how a small state can develop a sustainable approach in dealing with a global health threat such as cervical cancer, and without being influenced by powerful global pharmaceutical company.

Findings point out after exploring existing survey data and conducting in-depth interviews with key stakeholders like pharmaceutical companies, Lebanese Ministry of Public Health, and relevant syndicates that the civil society has the ability to influence health policy agenda and act as a national safeguard for global engagement.

The thesis will conclude with a discussion of strategic partnerships on how the civil society, the national government and pharmaceuticals can maintain and sustain an improved way of living and a health system in as a small state, and if a win-win approach for all can actually be applied to solve a health threat through a health awareness campaign in favor of the healthcare of its citizens.



## **1.2- Globalization**

The literature is repeated with definitions of globalization. Numerous definitions of globalization are stated in “Globalization, Civil Society, and Democracy: An Organizational Assessment” where John Barkdull and Lisa Dicke explain that it is a broad term which explains the development of a global society in terms of economic, political, environmental, and cultural events of one part of the world influences other parts of the world to have same significance and at a fast pace (35). We can see through globalization the increase of NGO governance structures, resource achievement, fast sharing of information, and service delivery across national boundaries. Globalization is also defined as an ideology of how individuals and institutions act through political, technological and cultural forces. The concept of globalization also lacks a precise definition because it is one of those fundamentally contested concepts in social scene (35).

Like most social phenomena, globalization has both positive and negative implications. Its champions emphasize that globalization has provided simpler ways to access and work with global and free markets, making production, access to goods, income and jobs, obtained more easily (36). Its contribution to greater efficacy in production and distribution of goods and services as well as its effects on improving living standards. Moreover, it undermines authoritarian regimes and spurs the development of democratic institutions and free markets. Last but not least, even human rights are protected in societies that are poor and face inadequate income, job rights, and

property rights. It is proven that whenever the economical means are secured to citizens of a country, the latter tend to be more willing to engage in political and civil activities (36).

Globalization also contributes to free flow of information including to vulnerable groups. On the other hand, critics of globalization argue it itself a threat to human well-being, environmental balance, and democracy because of the greed it spreads through corporations, whose aims are achieving high profits, rather than caring for human welfare, such as better work conditions and fair wages to employees. Accordingly, citizens take on low paid jobs, creating a more ideal scenario than losing the job entirely. They opt for the opportunity to make an income rather than to live in insecurity and harsh social conditions explain Barkdull and Dicke by further stating that:

*“Governments must be ready to reduce regulatory and tax burdens to attract and keep corporations from moving to pollution havens and other areas that will cut corporate costs drastically and these public subsidies rob funds that could go to schools and health care, and as for the multilateral institutions that have been created to manage the global economy serve the interests of the dominant corporations. These organizations are closed to public inspection and influence and promulgate rules that free corporations from accountability. The national governments cannot correct the balance because they have lost the ability to manage a global market that operates largely beyond their reach” (36).*

For this very reason, Barkdull and Dicke explain that globalization is not to be expected in all areas of the world, due to its disadvantages explained above: certain

countries would stand against it by closing their borders to outside trade for example. Then again, it would be an understatement to say that globalization has not played its role in influencing many parts of the world (37).

### **1.3- Globalization and Public Health**

According to J.D. David Fidler, public health is affected by globalization in three main ways. The first is through the ease of disease spreading through development and transportation and economic interdependence that increased human mobility and movement of products. For example, illnesses such as HIV/AIDS, tuberculosis, cholera, and malaria are transferred at a fast pace through global travel networks. On the other hand, the same travel networks may have their economic and political benefits on a country through economic interdependence, but it does carry negative consequences for disease control. In the European Union, as an another example, the free movement of goods, capital, and labor makes it more difficult for member states to protect domestic populations from diseases emanating in other countries (78).

Secondly, the government pressure, due to global market economic competition to reduce expenditures including public health programs, leaving states increasingly unprepared to deal with emerging disease problems. Both industrialized and developing countries confront deteriorating public health infrastructures (Fidler 78).

Third, through public health global programs supported by the World Health Organization (WHO) and health-related non-governmental organizations, medical

advances have spread across the planet, improving health worldwide. The worldwide eradication of smallpox in 1977 is a famous example ( Fildler 78).

However, we there are also negative characteristics to these health care global advances. The benefits of having a higher life expectancy started to create fertile conditions for the spread of diseases. Overcrowding, lack of adequate sanitation, and overstretched public health infrastructure just as the misuse consumption of antibiotic treatments has contributed to the development of drug-resistant pathogens (Fildler 78).

Finally, “the success of control efforts in previous decades causes interest in infectious diseases to wane in the international medical and scientific communities and is now hampering emerging infectious disease control efforts,” states Fidler (78).

Stig Wall clearly states in *the Scandinavian Journal of Public Health* that “[i]n the next decade, public health research will increasingly be driven globally” (449). Wall adds that an improved new form of relationship must be formed between the state and the society, a sort of relationship, which needs greater coordination and cooperation between various stakeholders both from the public and the private sector (499). The impact of globalization is increasing the gaps in income and health within and between countries, poverty and inequity present major social challenges in today’s globalized world and it is believed by many researchers and politicians in public health that if we

can fix economic development as a way to fight poverty, we are also fixing global security thus global well-being (Wall 499)

Even the majority of UN Millennium development goals concentrated on health. The problem that was stated concerning poor countries was the fact that they lack national systems to obtain statistics over certain matters, hence causing less quantitative indicators on major problems the country is facing in regard to living conditions and the state of general health (Wall 449).

Stig Wall clearly states his conclusion with an action plan for both developing and developed countries by saying:

*“Developed countries will need to exploit earlier national public health research as a basis for collaboration with researchers in developing countries. Studying established associations between economic growth and health, and formulating health systems in relation to disease burdens and economic conditions, are examples of research which can give new global insights. Low-resource environments may also provide important examples for richer countries of cost-effectiveness”* (Wall 450).

The gap in health information between developed and under-developed countries is a colossal challenge for international public health (Wall 451). There is still a lack of health information in countries with high rates of poverty and rapid spread of diseases. Additionally, the mortalities in these countries are not regularly recorded and causes of

death remain marginalized. This hinders an efficient initiation and agreement on policies and programs that target developing health care for the underprivileged. The latter is best represented through the Scandinavian example, in terms of health information necessary to formulate health data for policy and prevention. On the contrary, underdeveloped countries fail to put together longitudinal data and information on health conditions based on unplanned studies (Wall 452).

#### **1.4- Global Health Systems**

Healthcare reforms are policy packages that numerous countries have recently executed. These healthcare reforms aimed at focusing their attention on the sufficiency of their policy rather than the aspect of acuity of public use. Moreover, unregulated private healthcare was provoked by the given reforms through ways that undermine public healthcare systems and raise the inequities in the right to benefit from healthcare (Wall 452).

Elementary and preventive care methods are not as easily attainable by the less fortunate who have to deal with the challenge of carrying the load of covering the expenses of healthcare. “Current concerns of international agencies about equity and accountability in the healthcare sector are welcome, but integration and evaluation of key goals of fairness – equity, accountability, and efficiency – within policy reforms remain weak,” states Stig Wall (452).

Recourses like medical staff, hospitals and medication are insufficient in Sub-Saharan Africa and are often covered by non-internal financial recourses. However, that

is not the case with countries like Indonesia and Vietnam, where tax and insurance systems are not found to be essential. Moreover, health systems in developed countries that mainly receive their profits from taxes and insurance have the opposite situation; these countries enforce strong regulations, demanding proof of diagnostic requirements prior to any use of medicinal drugs. Corresponding needs and treatments are the means to reduce hazards and raise efficiency. Institutionalized financial models, like insurance, can develop the diagnostic standards in countries like Vietnam and Indonesia without having the need raise expenses. People suffering from chronicle diseases deserve to have a good quality of life that healthcare should be able to provide them along with diagnosis, treatment and therapy. It is also important that activities that relate to promoting health and preventing diseases on both individual and communal levels (Wall 452).

### **1.5- Globalization and the Pharmaceutical Industry**

Pharmaceutical Industry as one of the giant hegemony in the world, generate its income through globalization notes Norman Finkelstrin (“The Effects of Globalization on the Pharmaceutical Industry”).

Norman Finkelstrin explains that small states with no clear ways of dealing with serious epidemics, have a government system not accustomed to dealing with serious health challenges. For this reason, global pharmaceutical industry use the country’s lack of capability to make profits by using lobbying marketing techniques. In addition, with

no regulations and less government intervention, people end up buying medicine they don't necessarily need("The Effects of Globalization on the Pharmaceutical Industry").

This costs around \$20 billion on a yearly basis states Finkelstrin, and adds that companies in some countries like the United States are given permission to market their firms and products to the public directly, some companies have taken and enjoyed the liberty to specialize in data and analytics for the purpose of pharmaceutical marketing as is the case with Yellowiki 5("The Effects of Globalization on the Pharmaceutical Industry").

On Many occasions, pharmaceutical companies offered needed medication to third world countries at very low prices or for free and such initiatives have been many and more contributions are anticipated to follow as explains Finkelstrin by stating that:

*"[t]he Marks Gift' initiative donated billions of River Blindness drugs in Africa. There was also Pfizer's gift of free or discounted Fluconazole and other drugs to combat AIDS in South Africa. GlaxoSmithKline (GSK) committed itself to give free Albenzadole tables for, and until, the elimination of lymphatic filariasis world-wide. Finally, in 2006, Novartis committed \$755 million in corporate citizenship initiatives around the world, mainly focusing on improved access to medicines in the developing world through its access Medicine Projects. This included donation of medicine to patients affected by leprosy, tuberculosis and malaria; Glivec patient assistance programs and relief to support major humanitarian organizations with emergency medical needs"* ("The Effects of Globalization on the Pharmaceutical Industry").



However, although these initiatives give the impression of being humanitarian in nature in a way that have helped save lives internationally and improve people's health, some consider that certain pharmaceutical companies have taken these initiatives for the purpose of attracting profit towards given geographical locations or have constituted as a threat to human health. For instance, back in 1996 in Nigeria, a pediatric clinical trial that was performed on behalf of Pfizer carried out its testing of Trovan without having received the consent of the children's' parents to being exposed to the mentioned antibiotic. Also, proposals to give permission to produce generic AIDS drugs among many of the firms of the industry do not have the required controversy due to the presented fear of causing a shift in the pharmaceutical companies from AIDS drugs research towards areas that rather focuses on money-making. In other words, human lives are jeopardized under the control of pharmaceutical companies ("The Effects of Globalization on the Pharmaceutical Industry").

One cannot deny that globalization has participated and brought forth its influence on the pharmaceutical industry and the well-being of people worldwide; yet despite its shortcomings, it is also true that numerous improvements have been achieved in the pharmaceutical industry and, consequently, millions of people benefited. It is comforting to know that the pharmaceutical industry has more positive results to the world than negative ones, explains Finkelstrin, and concludes the notion of globalization by quoting Kofi Annan: "It has been said that arguing against globalization is like arguing against the law of gravity" ("The Effects of Globalization on the Pharmaceutical Industry").

## **1.6-The Civil Society**

Cohen Claire emphasizes in “Pharmaceuticals and Corruption” the role of the civil society when working on public health, and states they have a vital impact in monitoring the so called good deeds of the pharmaceutical companies (79).

It is important to understand the role of the civil society in general notes John Barkdull and Lisa A. Dicke explain in “Globalization, Civil Society, and Democracy: An Organizational Assessment”(37). The civil society establishes the circle of public activity joining the individuals, the state and corporation. the civil society refers to the civic network of voluntary associations observed by Alexis De Tocqueville in 1831 in the United States, and the bonds that are crucial for citizens to deliberate and enact collective choice and with today’s understanding of civil society, governmental and for-profit enterprises are not included in the given concept (37).

Strong civil societies differentiate from weak ones in the sense that the former demonstrates a solid web of organizations, with at least some of which people form a connection. On the contrary, in weak civil societies, people are proven not to feel supported; also, more room is created for governments to interfere for its own benefit. Globalization has tremendously widened its scope, and hence people have been able to

catch up with technology and educate themselves to sustaining associations (Barkdull and Dicke 37).

Moreover, civil society was additionally empowered with the decline of the socialist bloc, as active citizenship practiced through voluntary associations increased. Ideas of freedom were kept alive through their discussion groups, environment groups and other grassroots organizations. Groups within the civil society showed readiness to insist on reform in the Soviet Union and countries in Eastern Europe for example, even when weakness started to take root. As Barkdull and Dicke state, “without the Soviet guarantee, the socialist governments of Czechoslovakia, Romania, Hungary, East Germany, Poland, and the Baltic states could not have resisted popular pressure for rapid reform” (38).

As it was seen by the end of the soviet era, the powers fell because they couldn't reform quickly. Therefore, a conclusion can be made that even against a modern state equipped with all the latest tools of social control, we can see that the civil society prevailed. This explains that much could be accomplished in totalitarian societies, and certainly civil society could help to ensure liberty and revitalize politics in the open societies of the West. Even more, perhaps civil society could enable democratic transitions in areas like Africa, Latin America, and Asia. We can see that, civil society by joined efforts it offered hope for democratic renewal against the encroaching forces of too powerful states and unaccountable corporations (Barkdull and Dicke 38).

Globalization negatively affected democracy due to the rise of corporate power explains Barkdull and Dicke. They explain further by saying that the decentralization of markets, lack of regulations, the power of national governments being taken over by multilateral organizations, and the policy problems slipping away from the grip of most political authorities because of hegemonic corporate power rise which is spread due to globalization (38).

The formally organized NPOs and NGOs of all sizes, which represent the civil society, are considered as the key organizations that have been suggested to function as a way of empowering non-state actors, communicating democracy and aiding to lesson hegemonic rises (Barkdull and Dicke 38).

Jillian Cohen explains in “Pharmaceuticals and Corruption” that, the role of the civil society is insignificant when it comes to combating corruption within pharmaceuticals. Civil society plays a big role in monitoring the pharmaceutical companies as corruption regulators. Bad deeds can be caught more easily by civil society to hold pharmaceuticals accountable when both sides are working on projects for the public good (81).

## **1.7- Conclusion**

With all of the challenges in public health it is facing in today’s globalized world, we might conclude that performance matters with the right cooperation of all parties

from the government sector, civil society, and the giant corporations of the West. The thorny problems of globalization having its negative effects on public health do exist and will so in the future as well but easy solutions can be made to them through a global civil society. For example, life expectancy may increase by globalization with faster and more effective means to bring aid to certain life threatening cases; however, through the effort of the global civil society public health research and practice will be strengthened by evidence-based interventions targeting the earliest phases of life, and not only to improve child health but also to promote a healthier future adult population with the support of the global civil society.

Breast cancer awareness campaigns all around the globe saved many lives of women with this approach; the example of Lebanon is one to illustrate this. Moreover, more global health campaigns are being adopted by countries, even in the developing world, to reach out to their citizens and provide better conditions of living and quality of healthy life. This needs to be a global effort, in rich and poor countries, adapted to local norms and needs.

One of the crucial questions remaining unanswered is the following: Why should powerful countries having powerful corporations look beyond their own narrow self-interests with regard to transnational public health policy?

In the following chapters, Lebanon as a small state compared to the West will be examined in ways to confront pharmaceutical giants and show how with the conversions of various forces can convene to regulate this process to the benefit of the state and to

devise public health system, and the question is whether there are cases that one can prune to reveal such collaborative efforts.

What international relations theories are used in such a case? Clear theories, concepts and givens will be explained further answering these questions in chapter two.

# CHAPTER TWO

## LITERATURE REVIEW

### 2.1- Global Health Today

Derek Yach and Douglas Bettcher in a study published in “Americas Vital Interest in Global Health” discuss health issues at the global level. This study explains why powerful countries, such as the United States, should look beyond their own narrow self-interests with regard to transnational public health policy (738). This study knows that the American public has its interests best served when the United States supports world health in terms of providing protection to Americans, developing the economy and making progress with regard to their international interests. In addition, this study explains that the United States, as a leading developed country, must collaborate with other countries and global institutions in research on health issues and development, education, coordination, surveillance and leadership in the health sector (738). Other countries such as Canada, have shown considerable transnational collaboration in the health sector. Yach and Bettcher state that in “Connecting with the World: Priorities for Canadian Internationalism in the 21st Century,” Canada considers that passivity is ineffective in a world that is rapidly moving towards global markets; numerous issues like pollution, changes in world climate, cultural and racial clashes, relocation of population, poverty and deteriorating health conditions are no longer restricted to particular regions. In other words, Canada pays great attention to building

partnerships with other countries to realize its best self-interest through its foreign policy (738).

Such health and developmental initiatives are widely welcomed in countries like South Africa; that is because commerce is largely dependent on healthy individuals who, in return, would be capable to flourish industrial improvement in African regions that have rather critical health conditions. However, such an approach was not prevailing with the US support to limit diseases in Central American projects of development. Therefore, it is evident that world issues are no longer limited to few countries; consequently, tackling these problematic matters from a perspective of moral requirements also brings its helpful contributions. Creating partnership and knowledge between developed and underdeveloped countries is highly demanded for the purpose of producing and delivering an efficient and cost-effective vaccines to limit malaria. Such efforts are exemplified in former President Clinton's resolve aiming to promote global campaigns of research to develop a vaccine against AIDS in a time span limited to the next decade. In addition, American foreign policy strives towards essential global matters including environment, science and technology (Yach and Bettcher 740).

Americas support to healthcare initiatives at a global level effected by the US hegemony in the international system.

In "World Hegemony and the United Nations", Donald Puchala undercores the importance of US hegemony in relations between the developed and developing



countries. He adds that hegemony connotes the domination of the weak by the strong. Hegemony further implies inequality in the distribution of privileges and authorities (571).

In international affairs, hegemony like imperialism is the predominant influence of one state over weaker ones. A hegemony induces compliant behavior by promising rewards while keeping the ability to use force as a reserve. What distinguishes hegemony from empire is that the former is less structures and compliance is often voluntary. Clearly hegemony is a more complex and subtle form of domination than an empire. Subordinates under conditions of hegemony are looked upon as partners rather than subjects. Great Britain was considered the world's hegemony in the late nineteenth century, and the United States has taken that role following World War II. This makes one wonder if it is accurate to assume that the multinational corporations along with numerous global institutions are part of today's widespread hegemony (Puchala 572).

## **2.2- Theories of Hegemony and the Historical Bloc**

For many years, American objectives and preferences have dominated the international agenda in the healthcare system. However, to understand more about the American hegemony within healthcare which will be briefed in details later in this study, it is very important to understand the theories of Hegemony first.

Puchala adds that the Italian theorist Antonio Gramsci, whose thoughts on social theory were interpreted by Robert Cox, mentioned hegemony as the power that encourages consent more than it forces obedience. Cox argues that Gramsci's interpretations on national hegemony can be applied on an international level. International hegemony reaches social, economic and political structures that lay down the rules of behavior for states around the world (575).

Also, he adds that Gramsci's main hegemon theory is explained through "Blocco Storico" meaning the historical bloc, where the hegemon is no longer a single dominant state but an alliance of the most important or best states across the world forming a multinational coalition for all to share common beliefs, interests, and ideologies universally. International organizations formed by these elite states serve to implement and develop their hegemonic ideologies, and eradicate any opposing ideas. However, it is important to note that the Gramscian analysis of the historical bloc is limited and highly influenced by Marxist thought; however, this alliance of hegemons doesn't necessarily have to be bourgeoisies as Marxist assumptions presume, as a matter of fact these elites can be linked by something other than their hegemonic class such as their various interests or identities (Puchala 575). A second Gramscian constraint is the belief that the sole purpose of hegemony is to preserve and spread capitalism around the world. This also relates to the Marxists' negative view of capitalism as the cause of inequality in societies. Yet, hegemony can have many values and beliefs to promote other than capitalism and they may be as important, if not more, than spreading capitalist

thought. Third, Gramscians belong to the materialist school of thought, unlike idealists who believe that ideas are results and never causes. This makes them refuse any possibility that the main purpose of hegemony could be to spread an ideology, a way of thought, in order to promote later accomplishments, and as Puchala questions the goal of hegemony in nurturing ideas that might be later transformed into reality, he also explains that promoting ideologies is a major purpose of today's historical bloc (Puchala 576).

### **2.3- The Perception of the West as Collective Hegemon**

It is true that hegemony today, as defined by Gramscian theory, can be considered a historical bloc but, it does not belong to the materialist school of thought as Gramscians might assume (Puchala 577). It is surprising that even during the Cold War, the West had a huge effect on the functioning of the global economy, political affairs, and international organizations. In a similar sense, the United Nations is to many a Western dominated organization. When UN decisions are not inclined with Western expectations and preferences, Western countries can not resort to pressure on the UN. However, the UN remains highly dependent on Western contribution for its budget and spending on development programs including the healthcare sphere (Puchala 577).

The West support capitalist economics, open markets, democracies, and ideologies of liberal internationalism. This support for Liberal Internationalism and capitalism including in critical fields such as healthcare is interpreted by Neo Marxism

and Gramscians as legitimation for hegemony. After World War II, Japan also became part of the Western coalition and is considered to be part of the West economically, politically and mostly culturally. Today, this multinational convention of powers is most probably unchallengeable (Puchala 577).

Alison Bailin in, "From Traditional to Institutionalized Hegemony", introduced a non-Marxist version of Gramsci's hegemony according to Puchala. In her study, Bailin explains that the historical bloc of hegemons employ their overpowering resources to back up and endorse global institutions like the International Monetary Fund (IMF), World Bank, and the World Trade Organization (WTO). Bailin identified this as "Institutionalized Hegemony", where global power is concentrated in a small cluster of strictly capitalist democratic countries. These countries have a system of on-going scheduled periodic meetings, public record of agreements, commitments, interconnected system of continuous consultation and discussions. At the center of this communication is the Group of Seven which includes 7 countries: Canada, France, Germany, Italy, Japan, the United Kingdom, and the United States. Summits of the Group of Seven have connected Western governing elites at the highest political levels for the past thirty years (Puchala 578)

Formal summits are just the tip of the iceberg regarding inter-Western official communication. The annual board meetings of the World Bank and the IMF, the EU-US Dialogue, the regular meetings of the North Atlantic Treaty Organization (NATO) and

the Organization for Economic Cooperation and Development (OECD) represents venues for western Leaders to maintain their collective hegemony over the global hegemony and the international system (Puchala 578). As Robert Putnam and Nicholas Bayne note, "The summits themselves, are merely one moment in a continuous flow of domestic and international discussion and bargaining. You cannot understand the summits...without taking into account all other ongoing international meetings", and as Stephen Gill explains, the governmental, economic, political and cultural interactions have been taking place between these countries form the essence of their relations. These relations are the strongest across the Atlantic, becoming stronger between the US and Japan, and are still weak between Europe concludes Puchala (578).

#### **2.4- Universalizing Liberalism as the Goal of Western Hegemony**

Capitalism has never fallen far from liberalism and has been supported by liberals although liberal principles were not aimed at doing so. During the 1700s in North America, liberal thought was associated with freedom in politics, constitutionally driven governments and civil liberties. This given situation of liberal society was based on a moral order and thoughts that Adam Smith and Immanuel Kant firmly supported. Moreover, the 20<sup>th</sup> century witnessed "liberal internationalists were advocates of liberal states, democracy, free markets, and laissez-faire economies" as Puchala notes (579).

Those internationalists believed that free trade, liberalist states and international organizations promote worldwide prosperity, peace and enable international

cooperation, all of which reduce deviant conduct among states and is something that liberals have not seized to believe in (Puchala 580).

The West defined by the principles of liberalism and liberal internationalism, relates to and constitutes the Gramscian historical bloc. Puchala states saying that “[a]s the leaders of Western powers declared at their first G-7 meeting in 1975, "Because of shared beliefs and shared responsibilities, we are each responsible for the government of an open, democratic society....Our success will strengthen, which indeed is essential to, democratic societies everywhere" (580).

Furthermore, Puchala makes a reference to the historian Hans Kohn’s description of the commitment of the West to liberalism in the early 1900s, as a daring struggle with contrasting belief systems that emerged as an accomplishment. Kohn comments on the West’s persistence in standing up against fanatic ideologies. The second half of the 1900s witnessed yet another testimony of liberalist victory that took the form of a Western hegemony (581).

Today’s hegemony is directed by the will of the West and liberal ideas that take charge of global political, economic, military, social, and cultural consequences aided by institutions like the UN. Puchala explains that “[l]iberal Internationalism supports international law, free and open international communication, using diplomacy for conflict resolution, free trade, open markets and international organizations as keepers of

order”. Moreover, the West is the agent that controls and supports the leading economic and military powers whereby the United States has been given the role of an enforcer that can take military measures when conduct against liberal thought rises (581).

## **2.5- Durability of Western Hegemony**

It is invalid to assume that the purpose here is to encourage hegemony of any sort; however acknowledge Western existence. The principles of liberalism can probably look tempting, yet they remain imperfect due to the ignorance of cultural differences worldwide and its complete rejection of communism. Puchala refers to Ali Mazrui’s ideas to explain the West has the false impression that the rest of the countries of the world are weak, despite the fact that Western history has not been void of flaws either as Nazism, fascism, and genocide clearly demonstrate (582).

Many remain doubtful of the belief that current liberalism of Western hegemony will come to be dissimilar in comparison to that of earlier times, since what the West finds effective for itself is not necessarily the case for other countries. The West and its hegemony are positively correlated: when one falls, so does the other. Puchala makes another reference, this time to Bailin, noting that “when the hegemon is a group of powers, otherwise known as an institutionalized hegemony, the end of this hegemony comes from within the group itself”; therefore the widening gap in values constitutes a threat to Western alliances, thus, to its hegemony (582).

According to Cox's predictions, as Puchala explains, Europe and Japan will find themselves willing to establish their own identity as they go on and make decisions regarding the option of giving their consent to the role of the United States as the only enforcer. He adds that historical events of the "Gulf War, the "New World Order" of President Bush, the integration of the European Union, and the dispute over the war on Iraq in 2003 made matters worse by putting Europe in a position of more uncertainty and separating it from the United States" (582).

## **2.6- Modern Medicine under Western Hegemony**

The advances in the field of chemotherapy marked the time at the end of the nineteenth century when modern medicine came to be known as it is today. In "The Rise and Hegemony of the Western Pharmaceutical Industry," Richard Harvey Brown and Timothy Recuber explain that coal tar is a manufactured product that results from the process of carbonized hard coal; it has come to be known that coal tar has constituents that can serve as dyes in textile-making. More and above, it has been revealed that certain dyes bonded with certain types of tissue. He writes that "[t]he pioneer of chemotherapy, Paul Ehrlich [...], built upon the work of Robert Koch, who observed that aniline dyes had the capacity to kill bacteria" (4).

Brown and Recuber make numerous references to Reekie's "Profits, Politics and Drugs" and Drews' "In Quest of Tomorrow's Medicine" to explain that Ehrlich's



extensive research resulted in the “Magic Bullet” drug as he calls it that “eventually created the first effective chemotherapy, a cure for [Syphilis]” (5).

Due to the remarkable significance of the newly discovered aniline dyes, major European pharmaceutical companies had their early start as chemical dye factories and extended to the field of medicine. In the first half of the twentieth century, Dr. Gerhard Domagk made a discovery pertaining to the anti-microbial characteristics of Prontosil that is basically a red dye. Soon after, it was in France where the active property of the dye, sulfanilamide was recognized for its healing characteristics; the latter made its way to medicinal categories as antibacterial chemotherapy took off (Brown and Recuber 5).

Brown and Recuber further explain that in the mid-twentieth century, the production and sale of medicine was mainly conducted on the hands of wholesale chemists. They used natural ingredients extracted from animals and vegetable and the usual ones used in tinctures and capsules included bitter aloes, belladonna, cascara, digitalis, ergot and fennel. After the focused study and the improvement of certain active chemical ingredients, they were prescribed more frequently than the traditional drugs themselves. (5)

In reference to Harrison’s “The Politics of International Pricing Drugs”, the pharmaceutical industry in the U.S. began with the rise of penicillin in 1928, and no patent was issued even after witnessing its therapeutic effects in 1941. However, the

U.S. Department of Agriculture took the lead in producing the drug and having it licensed to many firms in total of 19 penicillin producers by 1944, as Brown and Recuber explain (6).

Drews further state that the U.S. had been pressured during the first and second World Wars to become less dependent on Europe for its medicines, and the great need for antibiotics during WWII led to a focus on research and development in the U.S., as explained by Browns and Recuber (6).

As for Reekie, he elaborates that after penicillin, drug development was the hit (Brown and Recuber 6). For example, the drug Streptomycin was conceived in 1943 by Waksman to combat tuberculosis; in addition, the first antibiotic, chloramphenicol, was introduced in 1949, and in 1953 Tetracycline became the first antibiotic to be manufactured after its chemical formula had already been established (Brown and Recuber 6). The 1950s were the years of therapeutic revolution, and both pharmaceutical outputs and profits boomed. Large amounts of drugs such as corticosteroids, antihistamines, antidepressants, and diuretics became available to help treat illnesses. Reekie's examination of the growth of the pharmaceutical industry in Britain shows just how rapid its rise was, particularly after the National Health Service (NHS) was instituted in the country in 1948 (Brown and Recuber 6). "Pharmaceutical output in Britain rose from a pre-war amount of 21 million pounds to 894 million pounds in 1976" states Brown and Recuber (6). Other countries witnessed similar glories as well. As for

the United States, profits for the pharmaceutical firms increased from \$150 million before World War II to \$12.2 billion in 1976. By 2002, the top ten American pharmaceutical companies reported \$35.9 billion in profits (Brown and Recuber 6). The Western world's pharmaceutical production reached \$43 billion by 1975, and today, the world market for pharmaceuticals has been estimated at between 330 and 360 billion dollars. Having the US on the lead in pharmaceuticals, and Japan closely following behind, are accounting for 55 percent of global pharmaceutical sales, followed by France and Germany (Brown and Recuber 6). Currently, pharmaceuticals are some of the most profitable firms in the world, and those profits often translate into wide-ranging political-economic power and influence (Brown and Recuber 6).

## **2.7- The Pros and Cons of Globalization on Pharmaceuticals Trade**

As stated in "Globalization and Medicine" online study, during the past several years, pharmaceutical trade has made a dramatic change of direction towards globalization driven by a more-or-less new approach to relationships between companies by means of uniting numerous pharmaceuticals. Consequently, the large pharmaceutical companies are active worldwide. However, the question remains: are the latter beneficial to the world in general, in particular developing and under-developed countries in particular?

On one hand, a number of industry researchers consider that the cooperation between globalization and the pharmaceutical industry has given desired results,

whereby the companies have achieved a high increase of income (“Globalization and Medicine”). With more profit, more opportunities for research were made possible, this being a key element to bringing forward new drugs and programs of treatment that aim at combating numerous diseases. Naturally, pharmaceutical companies take a standpoint in this matter stating that profits will be negatively influenced in the absence of globalization. Moreover, the lacking rise of profits will put these companies under the restricting conditions that would hinder them from taking part in researching projects and improvement, in the long run. In other words, numerous drug and treatment programs will suffer the consequences of not having the chance to develop or help the public to who said treatment remains indispensable. For instance, the discovery of drugs that aim at treating and ultimately curing AIDS owes its success to scientists working within pharmaceutical companies and this is one example of the various other instances that made treatment possible in third world countries (“Globalization and Medicine”).

On the other hand, other researchers hold a contrasting opinion to those who support the partnership between globalization and pharmaceutical companies, arguing that the only role that globalization played was providing the given drugs to those individuals in developed countries. They add that the carriers of AIDS in African countries would not experience any remarkable relief in the short run (“Globalization and Medicine”).

The number of carriers of HIV/AIDS is constantly rising and has reached to approximately 40 million today, whereby 90% of infected people are in underdeveloped

countries (“Globalization and Medicine”). This is leading to devastating results whereby certain countries are suffering the loss of an entire generation, which itself leads to an enormous imbalance. Although pharmaceutical companies claim that it was through the means provided by globalization that they were capable of developing drugs against HIV as a way to raise the standards of living in underdeveloped countries, the cost of these drugs have created an inescapable challenge which annually claimed more than 15 million lives around the world (“Globalization and Medicine”).

Over and above, the issue that comes forth is whether or not the international pharmaceutical companies should be responsible for producing cost-efficient treatments to people infected with HIV/AIDS in undeveloped countries (“Globalization and Medicine”). Some consider that it is the responsibility of every government to make the needed treatment available for its people. They find that TRIPS – (Agreement on Trade Related Aspects of Intellectual Property Rights) a treaty created by the World Trade Organization – is an unsuccessful group of principals that deprive some governments the freedom to duplicate and produce generic drugs available to the people who need them (“Globalization and Medicine”). The main target of pharmaceutical companies is to maximize their profits. However, one cannot ignore that they are participating in research and making the effort to come up with new drugs all over the world, yet these efforts remain rather futile considering that the people in need are incapable to meet the costs. Therefore, they believe that pharmaceutical companies are not to be responsible for producing cost-efficient treatment to patients of HIV/AIDS in underdeveloped countries. On the contrary, governments should take the responsibility on their shoulders

to locate the most favorable and reasonably priced medications for its people without necessarily having the West serve as its market (“Globalization and Medicine”).

## **2.8 - The Power of Pharmaceuticals Today and in the Future**

The World Health Organization (WHO), estimated that the worth of the global pharmaceutical market will increase by one billion dollars to reach \$400 billion within three years. One third of the market in question is controlled by the ten biggest drug companies with a 30% profit margin. Four of these companies are in Europe, whereas the rest are in the US. Also, it is expected for North and South America, Europe and Japan to carry on accounting for 85% of the global pharmaceuticals market. Companies at the moment spend one-third of the entire sale profit on marketing their products, approximately double the amount they spend on research and development (“Pharmaceutical Industry”).

The following quote illustrates the drive to augment profits rather than contributing to research and development of pharmaceutical companies: “As a result of this pressure to maintain sales, there is now, in WHO's words, ‘an inherent conflict of interest between the legitimate business goals of manufacturers and the social, medical and economic needs of providers and the public to select and use drugs in the most rational way’. This is particularly true where drugs companies are the main source of information as to which products are most effective. Even in the United Kingdom, where

the medical profession receives more independent, publicly-funded information than in many other countries, promotional spending by pharmaceuticals companies is 50 times greater than spending on public information on health” (“Pharmaceutical Industry”).

According to Matthew Herper, by 2016 the global market for prescription drugs will move from the current \$950 billion to \$1.2 trillion. He additionally states the following:“Some large pharmaceutical companies support health development through public-private partnerships. In a number of cases, international corporations and foundations have contributed drugs or products free of charge to help in disease eradication. SmithKline Beecham (GlaxoSmithKline of today) has made a US\$500 million commitment to WHO of its drug albendazole, used to treat lymphatic filariasis (elephantiasis). American Home Products has provided a non-toxic larvicide and the DuPont Company has contributed free cloth water filters for the eradication of guinea-worm disease (dracunculiasis). The Japanese Nippon Foundation has enabled WHO to supply blister packs containing the drugs needed for multi-drug therapy (MDT) of TB in sufficient quantities to treat about 800 000 patients a year in some 35 countries. The patients receive the treatments free of charge" (“Why Big Pharma Won't Get Its Piece Of The \$1.2 Trillion Global Drug Market”).

While being the largest market for pharmaceutical products, the US will lead a smaller part of the chart as the overall market grows. The IMS health institute is in command of the cost of prescription drugs; on the other hand, one should keep in mind that the latter does not suggest that the US will be less of a temptation compared to the

European drug makers Novartis, Sanofi, GlaxiSmithKline and Novo Nordisk. Moreover, the US is the country that has the highest expenditure on medicine per capita than any other country in the world; yet in the rising markets, costs and volumes are also increasing. Mathew Herper refers to the director of the Research Development for the IMS Institute, Michael Kleinrock, to clarify that the factor leading to the given transformation is quite simple: as per-capita income increases, for example from \$500 to \$5,000, a medicine’s cost as a percent of that income drops by an order of magnitude (“Why Big Pharma Won't Get Its Piece Of The \$1.2 Trillion Global Drug Market”).

A quick summary is demonstrated to forecast the pharmaceutical market spending within different geographic locations (see fig. 1).

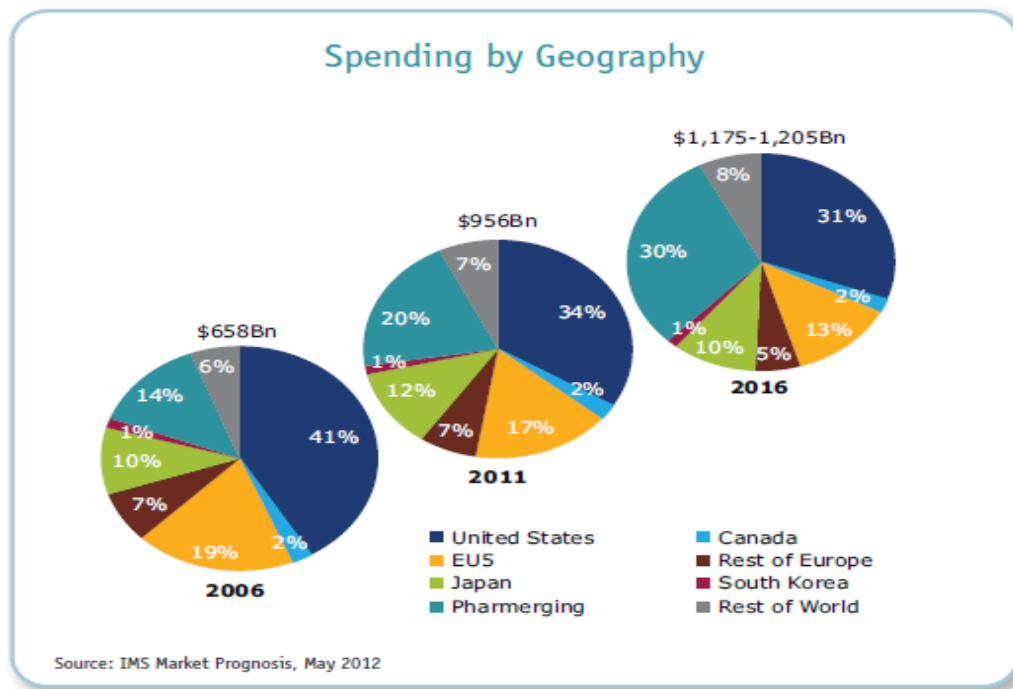


Fig. 1 Pharmaceutical Spending By Geography from Herper, Matthew; “Why Big Pharma Won't Get Its Piece of the \$1.2 Trillion Global Drug Market”; *Forbes*; *forbes.com*.. 2012; Web; 14 March 2013.



Multiple countries are reaching a stage where their population will be able to meet the expenses of some medicine they require out of their own pocket. Herper adds that countries like “Brazil, India, Russia, Argentina, Egypt, Indonesia, Mexico, Pakistan, Poland, Romania, South Africa, Thailand, Turkey, Ukraine, Venezuela, and Vietnam” are inclusive in emerging markets in pharmaceuticals, where the product companies often function on a local scale. The latter is where most of the growth will come to be, despite the fact that large drug producers are making their effort to get a share of this growth as well (“Why Big Pharma Won't Get Its Piece Of The \$1.2 Trillion Global Drug Market”). Statistically speaking, Herper reports that 65% of about \$360 million in sales will be from generics. In the developed world, only 18% of \$675 million in sales will be from generics. That leaves branded drugs with just \$680 million in sales, a bit more than half the market, with cheaper generics taking the rest (see fig. 2)

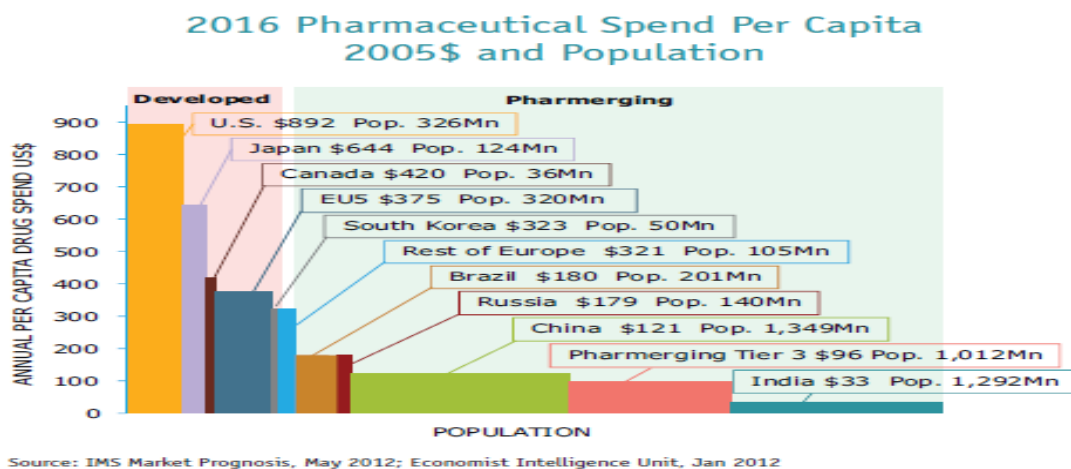
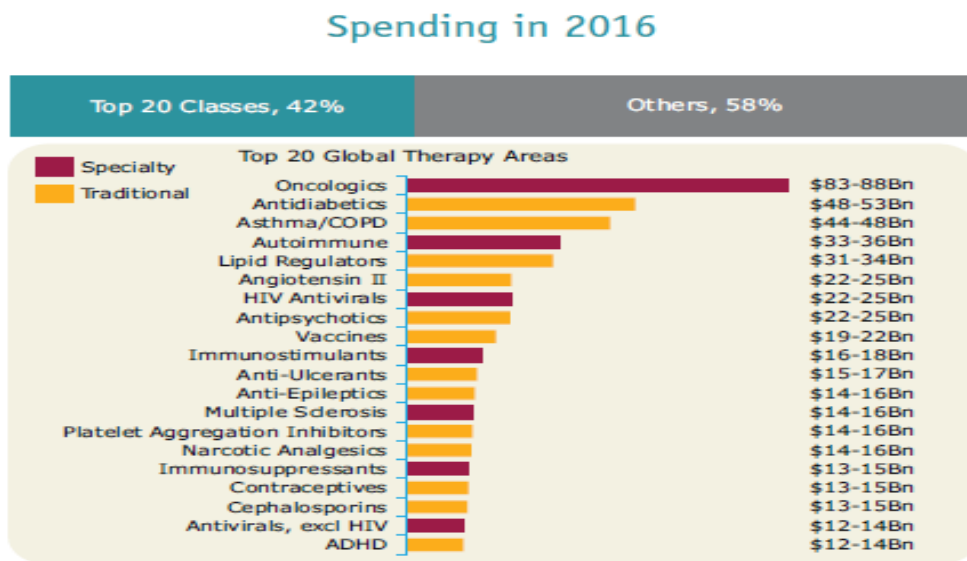


Fig.2 2016 Pharmaceutical Spend Per Capita 2005\$ and Population from Herper, Matthew; “Why Big Pharma Won't Get Its Piece of the \$1.2 Trillion Global Drug Market”; *Forbes*; *forbes.com*.. 2012; Web; 14 March 2013.

However, the West will witness a challenge to bring in the aspired growth since the US and Europe try to control the costs. According to the IMS, the drug production will pull out of its research drought with the introduction of 35 new medicines on average, to the market, more annually than it has in the past five years. Among them might be medicine against Alzheimer’s and possibly a new drug for multiple sclerosis. On the other hand, the West and Japan will focus their attention on cancer and diabetes (see fig. 3). By 2016, the top spending domains will be oncology (cancer) by 83-88 Billion dollars as explained by Herper(“Why Big Pharma Won’t Get Its Piece Of The \$1.2 Trillion Global Drug Market”).



Source: IMS Institute for Healthcare Informatics, May 2012

Fig. 2.9 Pharmaceutical Spending in 2016 from Herper, Matthew; “Why Big Pharma Won’t Get Its Piece of the \$1.2 Trillion Global Drug Market”; *Forbes*; *forbes.com.*. 2012; Web; 14 March 2013.

## **2.9 United Nations Global Module on Partnerships for Local Countries**

The United Nations came up with a module called Comprehensive Cervical Cancer Prevention and Control-program guidance for countries or states, mainly the developing ones, through the United Nations Population Fund (UNFPA), to address all issues related to population and development with an emphasis on gender equality and the reproductive system based on its Millennium Development Goals. The UNFPA, which works closely with WHO, UNICEF, UNDP, and UNAIDs, put together a control guideline program for countries to have a complete cervical cancer prevention on local level as of the main global health threats affecting women's lives ("Comprehensive Cervical Cancer Prevention and Control").

This module was published in 2012 and was put together based on the challenges represented with cervical cancer worldwide; this illness has become the second leading cancer killing women globally, therefore there is an urgency to prevent and control it ("Comprehensive Cervical Cancer Prevention and Control"). The guideline's manifestation was the fruit of collaborating with 17 country teams working on cervical cancer prevention methods on a global scale, and technical experts from 7 partner agencies (GAVI, IPPF, Jhpiego, PAHO, PATH, UICC and WHO). The Module was translated into 5 languages (English, Arabic, Spanish, Russian, and French) to improve accessibility ("Comprehensive Cervical Cancer Prevention and Control").

According to the United Nation, the module presented in “Comprehensive Cervical Cancer Prevention and Control”, answers the 3 questions below by enforcing key points in maintaining solid relationships between key stakeholders:

1. How to strategize and manage local programs to prevent cervical cancer
2. How to incorporate HPV vaccine delivery into health systems
3. How to put up an advocacy plan and community mobilization

### **2.9.1 National Guidelines for Cervical Cancer Prevention**

Below are the main recommended factors to governments and their strategic stakeholders as a guideline to prevent and control cervical cancer based on UN module presented in “Comprehensive Cervical Cancer Prevention and Control”:

- A national agenda should be developed within all geographic locations of a country and as an initial step, it is important to have all access facilities ready for all women to receive the preventive methods.
- This agenda and program should be with the lead of Ministries of health as part of national health programs for reproduction with efforts to prevent and control cervical cancer.

- As for the Ministries to ensure sustainable results, it is advised for them to form partnerships with suggested key stakeholders or decision makers like civil society organizations, scientific/medical societies, academic institutions, donor agencies or international organizations, non profit organizations (NGO's) with specialization on woman health and reproduction issues, private sector partnerships, and non-health sector government agencies.

Accordingly, ministries can form a task force from the above mentioned stakeholders and put on an action plan to follow.

The module encourages the ministries to cooperate with the private sector as partners like the pharmaceuticals, banks etc. as a corporate social responsibility from the corporate side along with NGOs to support the cervical cancer prevention program.

- It is essential for ministries to strengthen their data registries to ensure correct allocation of resources. Therefore, existing health information systems must be updated and followed up.
- These registered data must be handled in best care and quality, and persons in charge of this task must have the necessary know how and knowledge in how to handle them, and be able to monitor the screening results with WHO indicators and provide treatments for those in need. This type of approach strengthens the

local cancer registries to evaluate their program impact in the future (“Comprehensive Cervical Cancer Prevention and Control”).

### **2.9.2 HPV Vaccine into Health Systems**

According to the United Nations, WHO has recommended including HPV vaccines in the national immunization programs at the country level. Therefore, countries can put HPV vaccination plans within their programs to prevent and control cervical cancer, and serve to disseminate information on screening and early treatment to woman with older age not possible to have the vaccines. These packages must be checked first with local ministries and their health packages and services programs (“Comprehensive Cervical Cancer Prevention and Control”).

However, the financing of the HPV vaccines are considered to be one of the biggest challenges of the program. A single negotiated price information by country should be made public so other countries leverage similar prices. This price is usually achieved through a competitive biddings on drug prices. External donations should be accepted if Ministries of Health do not have a donor funder. Further principles and guidelines on accepting donations are articulated in the WHO-UNICEF Joint Statement on Vaccine Donation (“Comprehensive Cervical Cancer Prevention and Control”).

### **2.9.3 Advocacy Strategy**

Based on the decisions made by the stakeholders of a national program or campaign to prevent cervical cancer in a country, as a next step, it is vital to engage the community and the professional groups with advocacy approaches highlights the UN. This way, sustainability and receptiveness of the program is ensured and applied by reaching the needed awareness to the public on country level “Comprehensive Cervical Cancer Prevention and Control”).

The advocacy programs, in order to spread their agendas further, should target media representatives, community leaders and members, key decision makers within civil societies, government sectors, corporations, academic institutions, medical societies, institutions and laboratories, health care providers and physicians “Comprehensive Cervical Cancer Prevention and Control”).

To educate the public, a well-organized mass media should be implemented to reach woman and girls in the country with key messages of prevention and control of diseases or information on promotional opportunities to facilitate obtaining health services at lower costs “Comprehensive Cervical Cancer Prevention and Control”).

Ambassadors or high visibility advocates should be selected and be designated as key people to address the public about the national program. These said individuals

should be trained and kept in close contact for follow up purposes “Comprehensive Cervical Cancer Prevention and Control”).

Extra special focus should be put to the women living in hard-to-reach locations and here the civil societies or NGOs can play an excellent role in filling this gap (“Comprehensive Cervical Cancer Prevention and Control”).

## **2.10- Conclusion**

The birth of “The West” is now comprehensible in all its terms. From its formation to its powers in today’s globalized world, the theories of hegemony are best defined in the tactics of the operation between these powerful countries forming the western coalition, and how this power is elaborated within the pharmaceutical industries. The substantial influence of said industries is to be best applied on countries for a positive outcome through a UN module, whose aim is to work on solving global health threat affecting states especially small states.

The next chapter will discuss a Lebanese experience with cancer prevention, and how this example can provide suggestive clues about the success of international and national cooperation in allowing for win-win outcomes for all.

The methodology research will be considered, as well as the qualitative methods used to collect primary data through interviews, personal observations and a case study along with secondary research data used as further justification.



# CHAPTER THREE

## RESEARCH METHODOLOGY

To better capture the case of Lebanon, it is important to point out why Lebanon has become a major market to the global pharmaceuticals and why it seeks win-win strategies with these giant corporations before going in depth with the research methodology process.

### **3.1- The Lebanese Health Sector.**

According to *Eastern Mediterranean Health Journal*, in “Rebuilding of the Lebanese health care system: health sector reforms,” Kronfol M. states that “Lebanon is a middle-income country with a population estimated at 4 million, over 80% of whom live in urban areas. The population consists of Lebanese citizens (93%) and foreign and migrant workers from neighboring countries, as well as Palestinian refugees” (459).

As mentioned, statistical studies indicate that Lebanon is a country that has a moderate income. It has a population that estimates around 4 million people – including 7% of foreign immigrants – whose vast majority resides in urban regions (Kronfol 459).

For the first three quarters of the 20<sup>th</sup> century, Lebanon was economically due to its free enterprise economy which featured strong real estate, touristic and banking sectors (Samir Makdessi 7). However, this reality drastically changed due to the start of the Lebanese civil war (1975-1992) that resulted in the need to transfer much of the service sector abroad. Especially to the industrial and the agricultural infrastructure was radically affected and suffered greatly (Samir Makdessi 7). Therefore, Lebanon experienced harsh conditions where public debt witnessed a remarkable increase due to factors such as concentrated expenditure on security and decrease in governmental revenues collected from taxes (Samir Makdessi 7). The public health care system was subject to the damaging influences of the civil war since the state facilities were in a considerably poor condition. Therefore, the private sector was the alternative that could provide care to the people where the government found itself incapable to do so. In other words, the civil war reversed the reality of the period prior to 1975; by the year 1990, the percentage of Ministry of Public Health's budget that was spent to care for patients outside public facilities increased as high as 70%. For the past twenty years, the private health sector – among the remaining sectors – has never witnessed a similar growth (Kronfol 463).

In conclusion, Lebanon is a developing country with moderate income. The Lebanese civil war played a negative role on the country in terms of its economy. This led the country to seek support from private corporations. These corporations saw the opportunity for a new market to promote and sell their products and attain higher profits.

### **3.1.1- Lebanese Pharmaceutical Sector**

Kronfol also highlights the impact of the pharmaceutical sector in Lebanon, and states that, “pharmaceutical expenditure accounted for over 25% of the total health expenditure” in 1998, and the generic products constitute 2% of the pharmaceuticals sold in Lebanon of which 98% are proprietary products. Additionally, he mentions, “imported drugs account for 94% of consumption with locally manufactured drugs making up only 6%. Thus, the per capita expenditure on pharmaceuticals is high (US\$ 120)”. In addition, as for the expenditure on pharmaceuticals, it has been increasing at 7% per year, keeping in mind that a “household out-of-pocket expenditure accounts for 94% of the spending on pharmaceuticals”. This increase in expenditure on pharmaceuticals lead to an increase in the built pharmacies in Lebanon. “Between 1995 and 1998 the number rose by 59% and the number of registered pharmacists grew by 34%” (463).

In conclusion, the increase in demand for drugs by the civilians has created a new, large market for the pharmaceuticals to emerge and maximize their profits.

### **3.1.2- Lebanese Health Care Utilization**

As part of the reforms, a National Household Health Expenditures and Utilization Survey (NHHEUS) was undertaken (Kronfol 463). Officially released in

December 2001, the survey represents the first time a specific health survey has been conducted in Lebanon. Contrary to other countries, studies show that people with lower earnings are the ones who, paradoxically, have higher use rates than people with higher earnings. Thus, there seems to be no discrimination in terms of making use of health services based on use rates. The elderly above the age of 60 and children below the age of 5 had the highest use rates, and people with insurance exceed the use rates of those who do not (Kronfol 463).

The overall hospitalization rate was 12% per year (1.5% of the population had more than 1 hospitalization per year). The average length of stay was 4 days, and the overall occupancy rate of hospitals was 55%. For those over 60 years, the rate of hospitalization was 28%, with 4.5% having more than 1 episode per year. Hospitalization was more frequent amongst lower income groups. Hospitalization rates varied between the insured and the non-insured, 10% versus 8% for 1 admission per year. Regardless of the fact that seniors had higher use rates of day surgery than the younger age groups, having health insurance was not a differentiating element as was the case with outpatient care and hospitalization (Kronfol 464).

### **3.3 The Lebanese Case**

The background of the cervical cancer threat case among women will be clarified in order to show the importance of partnership between the government sector, civil society and the corporations, and elements on how to turn Western hegemonic influences

into positive beneficial outcomes with the support of the civil society. In addition, the local case will be a justification of how the global UNFPA module in support of partnerships between private and public sector can be applied locally and attain a successful outcome.

Unfortunately, there are no wide spread official registries on cervical cancer reported in the Lebanese cancer registries but only a very few through different forms as discussed in the case and that is not because of lack of these health threats but because of lack of resources to register these cases (Beatrice Menassa 16).

Having said so, it must be highlighted that a woman is diagnosed with cervical cancer every minute globally, and by the hour we lose a woman to cervical cancer in the Middle East according to the Lebanese Society of Obstetrics & Gynecology (LSOG). A global survey encompassing 18,000 women in 30 countries, including over 1,000 in Lebanon, was conducted through “Opinion Matters Research 2010” with the support of GSK Pharmaceutical - a personalized and prioritized cervical cancer survey from November 2009-May 2010 – as reported by Lebanese Society of Obstetrics and Gynecology ("Women's Health").

In *The Ultimate Middle East Business Reports*, Siba Ammari notes in year 2011 Sept,14th that Lebanese women are prone to have cervical cancer if no proper measures are taken into consideration. These would potentially be healthy eating habits, exercising and most importantly aiding themselves in guaranteeing protection of Human Papilloma

Virus (HPV) through regular screening and vaccination. According to the global “Opinion Matters Research” survey, around 72% of Lebanese women believed they could develop cervical cancer, 55% of Lebanese woman expressed worries that they would; while 64% did not undergo regular pap smear tests. Nearly, 94% had not been vaccinated to help protect themselves against the HPV disease (“Lebanese OBGYN Society, Hypatia Network announce encouraging results on cervical cancer prevention”).

Amaari further notes that 43% of the surveyed women understood the purpose of the Pap Smear tests, namely to check for early signs of cervical cancer. 16% of women rated healthy eating and exercise above Pap Smear testing (9%) or getting vaccinated (12%) as the action they would take to help protect themselves against the disease (“Lebanese OBGYN Society, Hypatia Network announce encouraging results on cervical cancer prevention”).

For this reason, over 200 healthcare professionals, representatives of non-governmental organizations, medical societies, United Nations agencies, corporations and local VIPs attended the launch event of “Think Again” in Lebanon in September 2011(“Think Again Campaign”). It was a part of the National Cervical Cancer Prevention Campaign which was aimed at raising awareness and asking women to avoid cervical cancer through vaccination and Pap smear tests. The panelists of the night highlighted the fact that cervical cancer is a leading cause of cancer death among females in Lebanon and in the world as a whole, being the second after breast cancer. Most of these deaths happen to women in their reproductive age; however, they can be

avoided through primary and secondary prevention tools by regular Pap Smear tests and vaccination against cancerous types of the human papillomavirus (HPV) which causes cervical cancer. For this reason the Lebanese Cervical Cancer Prevention Committee (LCCPC) – founded by “the Lebanese Society of Obstetrics and Gynecology, Lebanese Pediatric Society, the Lebanese Family Medicine Society, the Lebanese General Practitioners Society, and the Lebanese Order of Physicians, and housed in the Lebanese Order of Physicians – partnered on the “Think Again” campaign with multinational pharmaceutical company GlaxoSmithKline and the Hypatia Network, with the support of the Ministry of Public Health and the United Nations Population Fund (UNFPA)”. The campaign functions will be coordinated by the Lebanese Society of Obstetrics and Gynecology (LSOG) and through “Think Again” campaign, the Cervical Cancer Prevention Campaign, will work to advocate for cervical cancer awareness, primary prevention, early detection, and effective treatment. The campaign highlighted that all activities will involve policy makers, healthcare professionals, the media, NGOs, eligible members of the population, and social networks as explained in Rag Mag magazine (“Think Again Campaign”).

Ammari states in *The Ultimate Middle East Business Reports* dated 2011 September 15th, that a group called the Hypatia Network was formed to prevent cervical cancer in Lebanon which was formed in 2010 by the Lebanese Society of Pathology, patient group Faire Face, the May Jallad Foundation for Cancer and GlaxoSmithKline pharmaceutical to help “Prevent Cervical Cancer through Knowledge” as the motto of

the network. Ammari adds that, one of the most encouraging news at the time of the campaign to prevent cervical cancer was the price reduction of the vaccine by the company to an affordable one, which resulted in more women taking the initiative to take this preventive approach (“Lebanese OBGYN Society, Hypatia Network announce encouraging results on cervical cancer prevention”).

Ammari explains that through the “Think Again” campaign, journalists had the chance to be educated by a workshop organized by Hypatia network on Sept 12, 2011 at Movenpick Hotel. They had a better understanding about cervical cancer, its causes and preventive methods. A journalism award was presented to all those who had been writing in a skillful way about the cancer for the past year; this served as encouragement for raising awareness (“Hypatia Network's Prevent Cervical Cancer Award announces new campaign at Think Again seminar”).

In another Study, Rana Mesbah highlights in *The Ultimate Middle East Resource* dated January 5th, 2012 that the month of January in the year 2012 was dedicated to cervical cancer in Lebanon to mark the international month of cervical cancer. A series of awareness public activities took place by NGOs and awareness lectures within universities (“Think Again Campaign marks International Cervical Cancer Awareness Month with lectures tour in universities”).

Later on in this campaign, a press conference was held at the headquarter of the Lebanese Physicians in Beirut at *Beit El Tabib* on March 8<sup>th</sup>, 2012 to announce that a pap smear campaign will take place from March 19-April 19 2012 as a primary



preventive method of cervical cancer. The pap smear campaign will be conducted with the Lebanese Ministry of Public Health in coordination with the Lebanese Order of Physicians (LOP), the Lebanese Cervical Cancer Prevention Committee (LCCPC), and the Hypatia Network within the context of the “Think Again” cervical cancer campaign. As Rana Mesbah reports in *The Ultimate Middle East Business Reports* dated March 22nd 2012 by further explaining that the pap smear campaign took place between March 19-April 19 2012. The campaign featured subsidized pap smear tests for women. Participating centers were listed on the Lebanese Society of Obstetrics and Gynecology (LSOG) and the Ministry of Public Health (MOPH) websites for the public to follow. Furthermore, a hotline was set up for more information and booking appointments (“Ministry of Public Health Joins Forces with Lebanese Cervical Cancer Prevention Committee and Hypatia Network”).

According to the Lebanese Society of Obstetrics and Gynecology (LSOG) 89 in total hospitals and centers were ready to provide these services for women in all parts of Lebanon (see table 1).

Table 1 Pap Smear Campaign List of Hospitals and Medical Centers

<b>Governmental Hospitals</b>		<b>Private Medical Centers</b>		<b>Private Hospitals</b>	
Beirut	2	Beirut	15	Beirut	9
Mount Liban	1	Metn	2	Metn	1
South	2	Mount Liban	12	Mount Liban	4
North	5	North	12	Chouf	1
Bekaa	4	Chouf	1	Byblos	1
		Bekaa	14	Bekaa	3

Source: “Women’s Health” *lsog.com*. Lebanese Society of Obstetrics & Gynecology. 7 March 2011. Web. 1 Apr. 2013.

Mesbah quotes LCCPC Coordinator Dr. Faysal el Kak who stated that “regular pap tests remain as essential tools for saving the lives of women diagnosed with cervical cancer, yet no more than 10 percent of women in Lebanon actually get them”. On the same subject, as for Dr. Bahij Arbid speaking on behalf of Mr. Ali Hasan Khalil, the Lebanese Minister of Public Health, notes that “the objective of this awareness campaign is to encourage the early detection of cervical cancer through a simple test because this gives women the chance for a full cure exactly as mammograms do in the case of breast cancer.” Mousbah, also quotes Lebanese Order of Physicians (LOP) President Dr. Sharaf Abou Sharaf when he says that “cervical cancer is the world’s second most common cancer among women aged 25-45 and this makes it a vital health awareness issue for younger women in order to adopt preventive measures early on in their lives.” As for Dr. Faysal again, she mentions in her report that he stated firmly that the “Worldwide, cervical cancer is one of the main female cancers, estimated to affect 510,000 women each year with numbers expected to rise in Lebanon and the region due to several social, cultural, and public health factors, we will however be able to prevent a number of cases if we all come together to increase the uptake of pap smear tests”. Furthermore, Mesbah does not forget Dr. Antoine Chucrallah, President of the Lebanese Society of Pathology and a Hypatia Network founding member, where he stated at the press conference that “vaccination provided in three doses over a period of six months plays a vital role in protecting against cervical cancer” (“Ministry of Public Health joins forces with Lebanese Cervical Cancer Prevention Committee and Hypatia Network”).

### **3.4- Overview of the Research**

This study will have two types of inter-related research: Primary and secondary research methods. The research will be qualitative research, as there is less involvement of numbers and mathematical procedures.

In primary research methods, the methods that will be used are interviews with key stakeholders in the Lebanese Health System who are the major decision-makers in their fields.

A primary purpose of my research is to shed light on this important campaign to heighten awareness of cervical cancer among Lebanese women. Background information about this campaign, its development, its current conditions and interactions with its stakeholders will be analyzed in the context of having the UN module specifically the United Nation Population Fund (UNFPA) in mind, which will serve as a secondary research method.

As for the secondary research method in this study, published statistical information will be discussed to demonstrate the spread of the global health threat at hand: cervical cancer in the world and particularly in Lebanon.

To support the findings, research articles from different journals, electronic books, various published material and already published interviews of stakeholders in the Lebanese Health care system will be referred to.

### **3.5 Research Structure**

Two types of interviews will be conducted in this methodology research: structured and unstructured. The questionnaires will be addressed to the selected stakeholders in the Lebanese healthcare system – Ministry of Public Health (MOPH) – Government Sector, Obstetrics and Gynecology ( OBGYN) Society- Civil Society prone to public sector, Rotary Organization – Civil Society, GlaxoSmithKline (GSK) – Private sector/Multinational Corporation. The questionnaires, even though short in length, are precise and designed to allow for analysis that could provide us with the whole picture of the mission, conditions and support to the Lebanese Health Sector; their responses varied from several words to detailed paragraphs.

The structured interviews consisted of questions addressed to the top personnel of the Lebanese Health Sector: Mr. Tony Asfour- Rotary Community Service Director, Mr. Ashraf Khairy – GlaxoSmithKline Regional Access and Strategy Marketing Manager.

The questions addressed were mainly about the mission of each organization, how it supports the public within the health sector and why, the conditions of support, and if working through a coalition with many key stakeholders on board can bear fruitful results in fighting a global health threat such as cervical cancer in Lebanon.

Four more unstructured questions were addressed to two key stakeholders in the Lebanese healthcare system: the Lebanese Ministry of Public Health and the Lebanese Obstetrics and Gynecology Society. The questionnaire described and assessed the

conditions, restrictions and support opportunities of a sustainable health system within the public.

The top key decision makers, when it comes to women's health, were questioned during the coalition meetings and conferences of the Lebanese Cervical Cancer Campaign -*Think Again*. These individuals were: Dr. Walid Ammar, managing director of MOPH and Dr. Faysal El Kak, President of the OBGYN Society.

The questions addressed mainly the conditions to provide a better health system to the public, the favorability to have joint coalition initiatives with many stakeholders on board, the support provided to the public, and future expectations and goals.

Some interviews were backed up with secondary research and further explained for justification purposes. The personal observations make up the notes taken within a year of follow-up on the campaign by attending meetings, exchanging organizational emails and attending conferences consisting of the stakeholders with all documents, correct dates and locations. As for the case study, its goal is to show the strength of key stakeholders when working together as a coalition focusing on preventing cervical cancer in Lebanon, while keeping in mind the recommendations of the global UNFPA module on cervical cancer prevention and analyzing them together in the next chapter.

### **3.6 Data Collection**

The data was collected through the interviews and the Lebanese case study. Both were analyzed with the aim of drawing some concrete conclusions. After attending

several conferences and over 20 meetings with the coalition group of the national cervical cancer campaign ‘Think Again’, personal observations were obtained for a period of one year. This study will shed light on the background, development, current conditions and interactions of the groups, all observed, recorded and analyzed for stages of patterns in relation to internal and external influences.

Initial phone contacts were made with the stakeholders, during which time dates, interview schedules, and preparations were finalized. The two stakeholders that were contacted to participate in the study approved to be interviewed; they were also informed that they would receive a letter regarding the interview meeting, as well as a copied list of the questions two weeks prior to the scheduled date. This way, the interviewees had a chance to reflect upon the questions. All interviews were recorded in the form of note-taking.

### **3.7 Analysis Plan**

After receiving the responses of the questionnaires mentioned earlier, the information was gathered and analyzed through the responses of the interview. The Lebanese case study on cervical cancer campaign called “Think Again” was studied and interpreted, accompanied by secondary research data on cervical cancer, and the UNFPA Module; this will provide a clearer, broader perspective on the study.

After discussing the above research methodology, the next chapter will explore the findings and analysis of the interviews based on a Lebanese case study, secondary research and their analysis as summary.

# CHAPTER FOUR

## FINDINGS AND ANALYSIS

Thus far this study have demonstrated that multinational pharmaceuticals can benefit to local and national interests if appropriately managed and partnered with. Partnerships between pharmaceuticals, private NGOs, and public sector are credible for the success in dealing with critical diseases such as cervical cancer. After assessing the global, regional and local cases on breast and cervical cancer, this chapter summarizes the results of the interviews with key stakeholders of the Lebanese healthcare providers.

### **4.1- Interviews with Lebanese Stake Holders in Public Health**

The following Stakeholders in the Lebanese Health sector were interviewed. Dr. Walid Ammar, the director of the Lebanese Ministry of Public Health (MOPH); Mr. Tony Asfour, the Service director of the Rotary Organization- namely Rotary Club of Beirut Cosmopolitan (a service organization with a focus on health); Mr. Ashraf Khairy, the Regional Gulf and Near East Marketing Manager of GlaxoSmithKline (GSK) multinational pharmaceutical; Dr. Faysal el Kak , the Lebanese Society of Obstetrics and Gynecology President. These interviews took place during a coalition meeting of the Lebanese cervical cancer campaign, ‘Think Again’ on October 15, 2011 at Phoenicia Hotel. The meeting aimed at joining forces to better serve the Lebanese public in health

domain and reach out to women in an attempt to reduce cervical cancer in Lebanon. Further follow up meetings were arranged subsequently.

Dr. Ammar, noted that the MOPH is willing to work with multinational pharmaceuticals in Lebanon to design health awareness campaigns for the public, provided that fear and panic about the illness were not conveyed to the public. Second, no medicine promotion will take place in any awareness campaign to the public, which the MOPH will support through local health providers, hospitals and health-oriented institutions to work cooperatively in conducting local surveys to collect additional data on cervical cancer cases. It will also strongly back up the organization of pap smear tests accessible to the public, through campaigns spread across Lebanon. The MOPH will arrange with its team to effectively diffuse awareness messages on TV channels and radio stations. All public campaigns associated with the MOPH must abide to the MOPH bylaws and ask for approval in all written and spoken text handed out and delivered to the public. Specifically, all written documents must be in accordance with the MOPH protocol, along with all the prior arrangements of events and conferences. MOPH is favorable to the collection of data for cancer registries in Lebanon.

This interview proves Kronfol's statement in the Eastern Mediterranean Health Journal, "Rebuilding of the Lebanese health care system: health sector reforms," when he states lessons learned from the Lebanese health sector are important for the region where health sector reform efforts are increasingly focusing on a public/private mix in



the financing and provision of health services. The most important lessons are the need for the Lebanese Minister of Public Health (MOPH) to be the central player in a pluralistic system, particularly in defining the areas of the public and private sector operation based on a needs assessment, and having the capacity to monitor and regulate the private sector. In the absence of a policy framework and a regulation capacity, there is a danger that health systems based on public and private participation will not produce the desired health outcomes, nor provide health services that are equitable, efficient and of good quality (474).

As for the non-profit Rotary Organization or other NGOs working towards cancer prevention and awareness methods in Lebanon, Mr. Tony Asfour explains that NGOs exist to represent and work for the civil society. Rotary's aim is to support the public with better standards of living and quality of life. Health is a number one priority to Rotary to work on globally as an International Organization which exists in more than 200 countries and works through 34,000 clubs. As for Lebanon, the situation is the same and there are 24 rotary clubs which aim to provide humanitarian services to local communities. With the "Think Again" campaign, rotary and rotaract clubs (junior clubs of rotary, with ages between 18-30 years) will join hands to support cancer prevention initiatives to provide a better quality of life to women in Lebanon. The clubs will entail field work to reach out to the public through awareness sessions and fundraising, in the aim of buying HPV vaccines for women living in rural areas. They will also support the OBGYN Society and the MOPH with a joint action plan to hold awareness lectures. In addition, they will promote fair rights for citizens in terms of subsidized prices for

vaccines, and promotions offered to the public thanks to this campaign. Rotary and rotaract clubs will act as watchdogs to ensure policies are met and will take part in the joint meetings to design optimal outreach with Hypatia Network and the Lebanese Cervical Cancer campaign, 'Think Again'.

As for GlaxoSmithKline (GSK) Pharmaceutical, Mr Ashraf Khairy states that as a healthcare company, its mission is to “improve the quality of human life by enabling people to do more, feel better and live longer”. Being a corporation, GSK needs to be productive and profitable in order to flourish and conduct more research and development for the production of drugs. GSK place great importance on what is achieved but also how it is achieved, and that is with value-based business and commitment to being accountable to its consumers. The medicines, vaccines, and consumer healthcare products of GSK make a valuable contribution in improving people’s lives. By being responsible, GSK has always gained the trust of its clients and was able to support the societies they operated in. The company further provides exclusive workshops for doctors to update them with top-notch discoveries on medicine. These workshops are closed to the public as the company has no right to address the public according to their internal bylaws. All awareness campaigns’ aim will purely consist of spreading awareness about cervical cancer and prevention methods to the public. After being approved by the MOPH, GSK will contribute financially for printouts and research when necessary; this initiative will benefit the company’s competitor pharmaceutical as well. GSK is willing to have its “Think Again” global

cervical cancer campaign all around the world as part of its social corporate responsibility. The company is glad to place it under the disposal of the MOPH, the various Lebanese medical societies and other institutions to use and modify it as they see fit for the improvement of the public health sector in Lebanon with cervical cancer cases. GSK already agreed to permanently reduce about 50% of its vaccine prices in support of the campaign. Of course, no promotions about the company are necessary to be revealed to the public, as this is not permitted within GSK bylaws. Finally, GSK will not financially directly donate to the MOPH, based on the company's ethical bylaws.

Concerning the Lebanese OBGYN Society, the Coordinator of the National Cervical Cancer Campaign and the President of the OBGYN Society, Dr. Faysal el Kak repeated at several conferences and interviews that the OBGYN Society will hold surveys and work on data collection to further investigate the disease and mortality cases of women in Lebanon and will be working on the "Think Again" cervical global campaign in localizing it to meet the needs of the public. The Society will be ready to offer awareness sessions in hospitals, clinics, and universities; the society will also work with all pharmaceuticals without any prioritization or preference, despite possible pressures from them. Also, the Society will do its best to encourage women to undergo pap smear tests more often and take general preventive measures. It was the society's initiation to start up such a movement or a coalition based on witnessing the cancer cases and mortality rates of women in the country. The Society held a general meeting inviting all key stakeholders of public health in Lebanon, along with media representatives, academic institutions, the United Nations, medical societies and institutions, government

sector, community leaders and members, and NGOs. It played a core role in pressuring the pharmaceuticals to abide by actions based on country/ civilian needs rather than their business profits. The Society was the lead initiator and lobbyist to start this health awareness campaign in preventing cervical cancer within the Lebanese public health.

Throughout the interviews, one common theme became clear when interviewing the main decision makers in the Lebanese health sector about cervical cancer. All four stakeholders from the government sector, the public sector and the multinational corporation agreed that a partnership was needed between one another to create sustainable relationships and outcomes that would benefit all. They were all very clear in stating that no individual group could operate alone over the long term.

## **4.2- SECONDARY SOURCES**

To show the latest updates in cervical cancer cases in Lebanon, the Middle East and globally it is important to view recent studies. We must understand the intensity of the global threats that exist among us so we can better understand the environment we are living in. We can then act based on the needs to avoid more advanced global health threats in the future.

To maintain the flow of thoughts in this section, it is important to mention here that the given studies and information below are all in reference to the article by Mohammad H. Forouzanfar, Kyle J. Foreman, Allyne M. Delossantos, Rafael Lozano,

Alan D. Lopez, Christopher J. L. Murray, and Mohsen Naghavi under the title “Breast and cervical cancer in 187 countries between 1980 and 2010: a systematic analysis.”

#### **4.2.1- Global Views on Cervical Cancer**

On the background of breast and cervical cancer in the Lancet, it is notable that women above the age of fifteen years old can face the risk of death by this cause of mortality, as the undertaken yearly assessment that was conducted on age-based criteria in more than 180 countries shows. Findings on studies show that global breast cancer cases increased annually by 3.1% in 2010 and global cervical cancer cases by 0.6%.

*“Breast cancer killed 425 000 (359 000-453 000) women in 2010, of whom 68 000 (62 000-74 000) were aged 15-49 years in developing countries. Cervical cancer death rates have been decreasing but the disease still killed 200 000 (139 000-276 000) women in 2010, of whom 46 000 (33 000-64 000) were aged 15-49 years in developing countries”*  
(30).

Therefore as part of the suggested interpretation, additional policy is required to reinforce the founded health-system responses to limit breast and cervical cancer in developing countries. A background information presentation of the illnesses discussed: breast and cervical cancer are undeniable health problems that relate to women’s reproductive health conditions. Arranged programs that are designed to target the load of both breast and cervical cancer have been hugely featured in the conferences taken up to the UN High-level Meeting on Non-communicable Diseases. The results of reports in the media have brought in additional attention on stable raise in deaths caused by breast

cancer in both industrialized and underdeveloped countries. Growing concentration and attention to these diseases is partially driven by the possibility of health systems to limit the load of the disease. Persuasive proofs demonstrate that the screening and the treatment that pertain to breast and cervical cancer, in addition to tobacco control, are one of the primary affordable strategies for limiting cancer (Forouzanfar et al. 30).

Considering the significance of breast and cervical cancer and the possibility for efficient health-system measures, observing the trends in the incidences of the discussed diseases and the rate of deaths that they cause over a given interval of time is crucial. Numerous studies of similar trends have been conducted in countries like the United States of America, the European Union, Asia and Latin America and so forth. Organized efforts to occasionally evaluate incidence and mortality caused by cancer have been conducted by the International Agency for Research on Cancer (IARC), only a couple of years ago in 2008. Further comprehension of how effectively different populations are taking measures in combating both breast and cervical cancers, one needs to have access to data on national trends in all countries as well. On the other hand, so far there is no internationally based evaluation of trends that has been conducted. The available information to track trends in both cancers contains the data collected through “population-based cancer registries, vital registration systems with medical certification of causes of death, and various subnational and national verbal autopsy studies” states Forouzanfar et al. (30).

International Agency for Research on Cancer (IARC) has made remarkable efforts to make use of cancer registry information that is based on population and essential recorded information to come up with approximates for individual years of cancer. The mentioned attempts have numerous and noteworthy challenges that they present. Comparability is rendered rather limited as 26 different merged techniques to evaluate the incidence and mortality are employed around the world. Moreover, a considerable number of these approaches count of estimates of number of deaths from the remaining types of cancers put together and are based on examples with unverified foretelling rationality to measure their outcomes for particular cancers. Despite the fact that screening is less frequently performed prior the age of 50 years, the trend in the ratio mortality-to-incidence (MI) at younger ages is more possibly connected to curing. A five-year survival might in reality be reduced in certain countries due to premalignant cuts so that occurrence and mortality information pertain and are limited to aggressive lesions (Forouzanfar et al. 34).

Following the control for income-per-person and year, the values of the random influence by nation made the suggestion that the ratio of mortality-to-incidence for breast and cervical cancer in certain underdeveloped countries were less than that those in industrialized countries (Forouzanfar et al. 35).

For young and middle aged women between 15-49 years old, records show double the number of cases suffering from breast cancer in developing countries than those in industrialized countries. Recent cases of cervical cancer take place more

frequently in developing countries than in those of industrialized countries with respect to all age groups.

Furthermore, clear figures of developing countries are shown below:

*“The number of cases of cervical cancer has been increasing for all regions except in high-income countries; for east and south Asia, Eastern Europe, and southern Latin America the number of cases has been constant [...]. Breast cancer cases are more equally distributed across developed and developing regions [...].”*  
(Forouzanfar et al. 35).

A rise in the amount of cases in all countries was recorded during the late thirty years, however the mentioned rise is more noticeable in the regions of South and Southeast Asia, Middle East, and central Latin America. Moreover, the given rise is lower in Western Europe, North America and southern Latin America on an international average. Regardless of the fact that amount of recent cases of cervical and breast cancers has been rising, the recorded increase is partially caused by population growth. (Forouzanfar et al. 36).

Within the time span between 1980 and 2010, inconsiderable progress has been brought to light with respect to reducing the mortality-to-incidence ratio for cervical cancer in areas of both industrialized and underdeveloped countries. Although vast differences are present between the two mentioned regions in terms of the ratio of mortality-to-incidence (MI) for breast cancer, the MI ratio for the industrialized and underdeveloped regions has been greatly reduced since the mid-1980s. Studies show that



the given “decrease coincides with the introduction of tamoxifen and raloxifene and potentially wider use of screening” (Forouzanfar et al. 41).

As anticipated the mortality-to-incidence ratio increases under the influence with age. Moreover, the “MI ratio of cervical and breast cancer ranges from 0.3 in women younger than 45 years in developed and developing countries to more than 0.6 in women older than 70 years in developed countries. The breast cancer MI ratio increases from less than 0.2 in women younger than 50 years in developed countries to more than 0.35 in women aged 70 years in developing countries” (Forouzanfar et al. 41).

More results from 1980 when the number of deaths caused by breast cancer was lowest report that the results were lowest “in Mongolia, Saudi Arabia, The Gambia and Bangladesh (risk less than 0.4%); by contrast, the UK, Uruguay, and Belgium has cumulative risks of death of more than 3.7% [...]. In 2010, the countries with the lowest risk of death remained the same, but Denmark, Uruguay, Lebanon, and Argentina had some of the highest risks [...]. The gap between the lowest risk of death and the highest decreased between 1980 and 2010 from 22 to 14. For cervical cancer, some of the lowest mortality risks in 1980 were seen in Syria, Egypt, Saudi Arabia, and Iran, and some of the highest levels were seen in Ethiopia and Malawi. In 2010, the countries with the lowest mortality risks remain unchanged, and some of the highest risks were seen in Malawi, Ethiopia, and Guyana” (Forouzanfar et al. 42).

Cases of deaths from cervical cancer in almost all countries around the world have been reduced within the thirty years between 1980 and 2010, excluding Zambia,

Iraq, Sri Lanka, and Thailand. Remarkable declines have been witnessed in regions where rates of death were high in the year 1980 like Eastern and Southern Africa and other countries like Mexico, Chile, and Panama from Latin America. In the case of breast cancer, the trends are considerably complicated. Moreover, cumulative possibility of mortality has been rising in Central America, regions in East Asia, North and sub-Saharan Africa, Eastern Europe and the Middle East. Yet, it has witnessed a fast decrease in high-income countries (Forouzanfar et al. 42).

In the majority of the countries of the world, the threat of cervical cancer occurrence and death is diminishing.

Breast and cervical cancer have had a lengthy history of acknowledged significance as one of the reproductive health problems that pertain to women in industrialized and developing countries. As a direct consequence of the increasing number of mortalities from these two cancers joint and the declining number of maternal deaths, the rate of mortality takes places globally as a result of breast and cervical cancer than from maternal mortalities. In terms of numbers, “developing countries, 1.7 breast and cervical cancer deaths occur for every direct or indirect obstetric maternal death. The median age of death for breast cancer in the developing world is 54 years and for cervical cancer is 55 years. If comparison is restricted to reproductive age groups only, women aged 15—49 years, 0.44 breast and cervical cancer deaths occur every direct or indirect obstetric maternal death. Overall, breast and cervical cancer are large contributors to the burden of reproductive illness” (Forouzanfar et al. 47).

The study provided by The Lancet are characterized by a coherent and unifying approach that relies on statistical approaches to study all the existing occurrence and mortality information for breast and cervical cancer to produce approximations for all the essential quantity under study. However, they confess that their study has considerable limitations, one of which is the example of population-based cancer records. The latter dates back to the year 2002 when it comes to some countries. In this case, direct contact with many of the cancer registries for the purpose of updating the numbers although many of them were not capable of having the information available. Despite the fact that the standard methods used to ascribe them to corpus or cervix uteri according to age, the mentioned approaches represent additional uncertainty to the study. Moreover, any study of the causes of death, particularly in countries with limited information, can produce differing outcomes than if all causes of death were studied simultaneously. The continuous worldwide load of researching disease whereby all the causes that lead up to it are taken into consideration might create a situation that requires revising death estimates for more than one age group in certain countries (Forouzanfar et al. 48).

It is beyond any discussion that in low-income countries, the quantity of well-qualified population-based cancer records must be expanded. During earlier years, progress in verbal autopsy techniques have produced an additional chance for a progressed method of observing breast and cervical cancer in regions where a thorough essential registration system and the medically certified death causes are lacking. The recently developed and validated techniques are proven as effective for breast and

cervical cancer, in addition to the established automated program services that present the possibility of having been delivered to mobile phones. The mentioned recent programs must assimilate with strategies on a national level to observe maternal in addition to breast and cervical cancer mortality certification of causes of death.

It is worth mentioning that there are various worldwide action plans and initiatives designed for maternal and child health, like “UN Commission on Information and Accountability for Women’s and Children’s Health; the US Global Health Initiative; Child Health Now; the Save the Children Global Action Plan for Maternal, Newborn and Child Survival; The Global Fund Call to Support Child and Maternal Health; and the Bill & Melinda Gates Foundation Call for Global Action to Save Mothers and Children” (Forouzanfar et al. 50).

They are all raising their policy focus on matters that pertain to women’s health especially for range of age groups of reproductive women. The obtained results propose that the main causes of mortality for women at the given age group in third world countries derive from breast and cervical cancer. The UN High-level Meeting on Non-communicable Disease must increase awareness policy with respect to the great significance of having control on breast and cervical cancer, in addition to the policy responses that aim to develop reproductive health. Based on the recorded trends of studies, “breast and cervical cancer are likely to soon approach material causes as a crucial cause of mortality in women of reproductive age in developing countries. Indeed, if the trends of the past three decades were to continue during the next 15 years, the ratio

of maternal deaths to breast and cervical cancer deaths in developing countries in the reproductive age group will decrease from 2.3 to 1.3” (Forouzanfaret al.51).

Finally, greater attempts to limit and decrease the load of disease are a worldwide issue related to health priority in terms of potentials for effective reactions in the favor of health systems.

#### **4.2.2 - Lebanese Cancer Related Initiations**

According to the Lebanese Ministry of Public Health, the National Cancer Registry (NCR) was officially restarted in 2002 under the supervision of Minister SleimanFrangieh as an information system, designed for collecting, storing, managing data on cancers in all geographic areas of Lebanon by going through the following stages: firstly, establishing and maintaining a cancer incidence reporting system; secondly, by being an informational resource for the investigation of cancer and its causes; thirdly, providing a primary source of unbiased population-based cases for investigators seeking to conduct case-control or cohort studies, clinical trials and survival analysis; fourthly, by providing information to assist public health officials and agencies in the planning and evaluation of the National Cancer Control Program. (“National Cancer Registry 2003”).

The first cancer report was the “Cancer in Lebanon 2002” which was produced in 2003. The report data was collected from two surveillance sources. Duplicates have been carefully expunged, as well as cases which had been diagnosed prior to January 1,

2003. Cases residing in Lebanon were all included regardless of their nationality but cases residing outside Lebanon (Syria, Jordan, etc...) were removed from the count. The MOPH believes that the coverage of this report surpasses 90% of all incident cases in Lebanon in 2003, although part of cases reported may have been prevalent ones diagnosed in earlier years (“National Cancer Registry 2003”).

The NCR is managed by the National Non-Communicable Diseases Program (NCDP) and passive reporting originated from the Drug Dispensing Center (DDC) which was managed by the Ministry of Public Health (MOPH). DDC facilitate patients who do not have health coverage to receive cancer drugs free of charge which was estimated to be the 50% of the Lebanese population. Eligible cancer patient reports are then entered to NCDP and through that process, NCDP made its studies and was receiving an annual report of cancer cases diagnosed through UNRWA medical services (“National Cancer Registry 2003”).

Reports originating from other public health agencies should be received by the capture system as well and based on “a decree 511/1 from the PH Minister in June 2002 which was used as the legal framework to start elaborating this system. Thus a protocol of understanding was formulated in mid-2003 between NCDP and the Lebanese Society of Medical Oncology (LSMO) to actively obtain cancer information directly from health facilities” as stated in the MOPH report. However, activities were postponed all throughout 2004 for reasons related to inconsistent management of NCDP that had been

entrusted to the WHO Office in Beirut. The positive side to this is that these problems decreased in 2005 and supported for all its functions to reboot once more (“National Cancer Registry 2003”).

To gather data, the Lebanese Society of Medical Oncology (LSMO) formed and coordinated a coalition with the Lebanese Society of Pathology, the Lebanese Cancer Society and other medical societies. This coalition for the NCR was officially recognized in 2005 by the decree 230/1 from the PH Minister Mohammad JawadKhalifeh, creating an oversight Committee for the National Cancer Registry in Lebanon, stating that all funds provided by LSMO and the Italian Cooperation in Lebanon would hire additional staff to collect data. This new workforce was able retrieve data from all registered independent and hospital-based pathology laboratories, hematology laboratories with leukemia diagnosis capability, hospital-based cancer registries of the Makassed Hospital, AUB Medical Center and affiliated Children’s Cancer Center, the Hotel-Dieu de France, and St-George University Medical Center in Beirut (“National Cancer Registry 2003”).

According to the *Lebanese Medical Journal* in support of the Ministry of Public Health, cervical cancer is the second leading cancer in women worldwide. However, no official data on the prevalence of the disease exists, as a national tumor registry is not available as it should be, unlike the Breast Cancer registries which tend to be a step ahead of the cervical cancer registries in Lebanon (Beatrice Menassa 16).

### **4.3- Analysis**

The intensity of global cancer threats is becoming a red flag and better preventive measures must be utilized according to the Lancet studies. Women are at risk and their life depends on better and more sustainable measures to be carried out by local Governments. This is especially true in Lebanon as a developing country where threats of cervical cancer are being discussed among doctors of the Lebanese OBGYN society. For this reason, many stakeholders came together with the Lead of the OBGYN Society to come up with preventive measures and sustainable outcomes to save the lives of Lebanese women.

The four key stakeholders from the government sector, the public sector and the multinational corporation mentioned in their interviews that they needed one another to create a sustainable module with outcomes that benefited all. It was very clear that one sector couldn't operate alone over the long term.

A multinational pharmaceutical having a western hegemonic background was transformed into a positive influence on Lebanon as a developing country within the health campaign designed for women to prevent cervical cancer which was initiated by the civil society, with the lead of the government sector, the Lebanese Ministry of Health. The price of the vaccine was reduced to 50% of its initial price, in support of the National Cervical Prevention Campaign 'Think Again', and specifically in agreement with the advocacy of the civil society and the ethical standards of the pharmaceutical company. Financial support was allocated in the educative part of the awareness



campaign by the pharmaceutical, and no donation was given to the Ministry of Public Health in a form as it is forbidden by the pharmaceutical internal bylaws.

As for the cervical cancer registry, although the pharmaceutical also initiated in having surveys conducted in Lebanon on cervical cancer cases, more surveys are still needed to reach to as many women as possible, in order to provide them with treatments through future findings, and encourage preventive methods for the long run, such as undergoing regular pap smear tests and administering the vaccine. The Ministry of Public Health supports the pap smear tests, but they are not yet able to include the vaccination within their immunization program on a national level.

By allowing women to have these tests and answer these surveys, they are indirectly being encouraged to visit their gynecologists thus they form a habit of scheduling regular checkups often. This also gives them the opportunity to take preventive measures against other possible cancers or diseases through general checkups. Besides the fact that these awareness campaigns definitely helped to reduce the number of women affected in Lebanon, they also maintained the humanitarian and domestic balance of a healthy social life. Finally, these kinds of initiatives also help with the much needed cancer registry data collection in Lebanon, which is a necessity to have more precise information, to ensure future studies and remedies for.

The role of the civil society was the core essence in this campaign, for they were the ‘watchdogs’ as mentioned earlier, and the field workers for the sake of the public. Their initiation and advocacy approaches surely payed off and they played the biggest

role in influencing the pharmaceutical and the government. Their persistence and determination for the success of the project made all this possible.

If we are to analyze this campaign with the UNFPA module, especially after checking the intentions of all stakeholders and making sure they are all on the right path, the following collaboration with these stakeholders can be summarized.

The cervical cancer prevention campaign – Think Again did address cervical cancer prevention and control in a comprehensive manner by promoting safer sexual and reproductive health for girls and women along with other key health interventions.

The small state, as in Lebanon a developing country, with the appropriate kind of partnership with key stakeholders consisted of the private sector, the public sector and the core initiation of the civil society, was able to perform the following so far as the campaign is still ongoing even though at a slow phase:

- Put on a National Cervical Cancer Prevention and Control schematic plans.
- Make more suitable use of sexual and reproductive health, as well as HIV-related services to instigate more accurate detection of the HPV and its preventive methods.
- Establish educational efforts, as well as social mobilization and mindful cultural-specific communication campaigns, to promote awareness of cervical cancer, risk factors and prevention methods.

- Guarantee coordination between health education and cancer control plans, in addition to other relevant public health programs with alliances between the public and private sector.
  
- Obtain endorsement and advocacy for resource organization and financing schemes for cervical cancer prevention and control.
  1. A practical multi-disciplinary plan of action to nurture partnership and coalition, and establish the national agenda with Ministry of Public Health.
  
  2. Vaccine price reduction for the cervical cancer by two main companies in Lebanon.
  
  3. Nationally implemented instructions for health workers, for all components of overarching cervical cancer prevention and control.
  
  4. Monetary and technical resources to inculcate the policy/plan among the Lebanese public, and guarantee that services are within the reach of and affordable to girls and women.
  
  5. Communication tactics to inform the community and advocate for support of national policies and funding.
  
  6. Existence of a cancer registry as part of the health data system to keep an eye on cervical cancer incidence and death rates.

The conclusion and recommendations will be presented in the next chapter where the win win approach can be concluded to have a sustainable health system in small states or developing countries as it is in Lebanon.

## **CHAPTER FIVE**

### **CONCLUSIONS AND RECOMMENDATIONS**

This thesis has been a study on one specific aspect of the Lebanese healthcare system namely cervical cancer. In approaching this subject, this study focused on how the civil society, the Ministry of Public Health and the pharmaceutical industry have worked together to develop a national strategy to address this critical issue that affects thousands of Lebanese woman.

This study demonstrated that the NGOs, medical syndicates, multinational corporations, and the government cant cooperate together to safeguard the interest of the public and turn a hegemonic attitude into beneficial sustainable public health system.

#### **5.1 Partnership**

To reduce global cancer threats, civil society is demanding support from governments to help with medication, preventive methods, or by increasing awareness. Cervical cancer has become a global red flag if kept untouched according to the Lancet studies and better preventive measures must be taken. For this reason, many key health stakeholders came together to find means to reduce this threat.

The four key decision makers in public health in Lebanon are: From the government represented by the Ministry of Public Health (MOPH), the OBGYN Society representing the medical professional entity, Rotary Club from NGO sector and GSK representing the pharmaceutical industry. In the interviews, these stakeholders emphasized their partnership in pursuit of the same cause namely the prevention of cervical cancer cases in Lebanon as long as there are ways for women to prevent themselves from having the virus (HPV) by having proper awareness about it beforehand and than having the regular pap smear tests and a vaccination program to prevent the virus. The stakeholders highlighted their importance of working together side by side to address this problem by establishing sustainable modules and outcomes that benefited all players especially the concerned woman. For all parties it as clear that one sector couldn't operate alone.

It is important to note again that the influence of globalization and western hegemony has reached Lebanon which remains a developing country. Despite this influence, joint collaborations and partnerships between concerned parties resulted in implementing sound health policies, and the negative influence of powerful authoritative global pharmaceutical industries was transformed into a positive one, thus benefiting the public and creating a win-win situation for all.

A significant amount can be learned from the form of the partnership strategies mentioned in this thesis to support the local health care system, despite it not being as grand as the manner in which it is carried out in the West. As more procedures are learned, the approaches become more cost-effective for the Western countries, and be set as examples for them as well. With adequate partnership between the public and the private sector globally, considerable achievements have been accomplished to benefit local health systems. The civil societies aim to address the local needs and follow up in the formation of coalitions, and partnerships between the public and private sector are bearing positive fruit to all stakeholders.

As mentioned in the beginning of the thesis, partnership between the public and private sectors is giving an added value to the local communities, as long as the stakeholders carry out their role ethically. Health information is enhanced locally with the help of rapid globalization, and much is accomplished through the civil society. Having the Lebanese Ministry of Public Health as the core focal point and the balancer among competing interests is essential for a sound and sustainable public health policy. While it is true that pharmaceutical companies have the powerful influence over developing countries, but it is up to the local government of each country to establish limits, and take the lead and responsibility to decide which drug to select, depending on drug prices and effectiveness offered. It is not the pharmaceutical industry's responsibility to produce cost-effective drugs; to encourage this, partnership methods are a potential solution as they place corporate responsibility on their side.

## **5.2 Sustainable Public Health Policies**

By reviewing the global guidelines mentioned in the UNFPA module, the guideline for success are tailored in forming solid partnerships between key stakeholders to achieve a better health care system and fight off diseases. Developing countries can inspire one another with these approaches, in the aim of paving the way for other countries to do the same, examples would include using cost effective approaches with sustainable outcomes.

In addition, recent organized global health efforts nowadays in treating diseases aim at the cooperation of the public sector and private companies as suggested in the UNFPA module. Various cooperation between different sectors have appeared during the past few years, such as the Clinton Foundation HIV/AIDS Initiative, the International AIDS Vaccine Initiative, the Malaria Vaccine Initiative and more with the help of the globalization where numerous partners in education, industry, civil society, developed and developing countries, and governments impacted the local health sector. Public and philanthropic agencies were the ones who most regularly took care of administrative charges, specifically acting as ‘watchdogs’ for public rights and putting pressure on advocacy campaigns to pass their messages to key stakeholders for support.

The majority of partnerships do not have numerous years of experience, which they can rely on to defend their efficiency. Regardless of the brief time span, they have begun making progress, for example, the cervical cancer campaign in Lebanon. They



were even able to push pharmaceuticals to reduce drug prices through said campaign, which lead automatically to a reduction in the prices of competitor drug pharmaceuticals.

In addition, by definition partnerships are expected to demonstrate skills regarding relationship management. They should also accommodate to, and potentially influence the dissimilar agendas of partners. As noted, partnerships have a directed, focus on a particular disease in their mission and process of operations. The latter is highly effective in flourishing deep understanding and knowledge of the given disease, the epidemiological trends, the recent position of R&D and the size of the market and awareness methods used, having in mind all sectors a sustainable public health policies can be formed.

### **5.3 Lessons Learned**

The same concept of strategic partnerships applies to the Lebanese cervical cancer case. By identifying the strengths of each stakeholder, multiple results were achieved. This helped the Lebanese MPOH in conducting more surveys and studies on the disease to better serve the concerned communities through disease prevention and control.

The question about the share of pharmaceutical companies in building and maintaining these kinds of partnerships is a significant factor. There are times when these companies can maintain the right of ownership to new developed drugs and vaccines and, therefore, its part of their obligation to sell the given products at cost-efficient prices in low-income countries. On the other hand, they are also at liberty to make large profits in well-developed markets. Pharmaceuticals additionally grow more aware of new markets, and often have adequate access to them. Finally, companies can benefit from representing themselves as good corporate 'citizens'. Cooperation is usually a better option for penetrating new markets in a responsible way.

In conclusion, there is a large possibility of benefits, even if a small portion of the industry's large resources (including laboratories, researchers and access to chemical products) can be merged with the aim of meeting the health requirements of developing countries. Cooperation between various partners will be an essential challenge as the partnerships struggle to join efforts with drug companies for fighting diseases in developing countries. Furthermore, a limited number of patients are presented with the chance to obtain the drugs, as coverage falls short. Limited resources are committed to research and development targeting the needs of low-income countries that constitute for a large part of the world's array of diseases. In the context of advocacy groups insisting and maintaining the pressure to obtain lower costs, it should be considered that the industry is in a strong financial condition. In addition, the advocacy groups should also push for increased funding from donors from both private and public sectors. Reducing

the gap of resources is directly related to reinforcing public health infrastructure, which will become a first class priority in developing countries. It is imperative to establish and develop strong care delivery mechanisms that assure smooth and safe drug flow, and abide by the given treatment protocols.

## **5.5 Recommendations**

Having emphasized the role of vibrant civil society, this study highlights that no hegemonic power can really negate a civil society and take away the right of patients under false preferences to have access to affordable and effective drugs.

The same forces of globalization which allowed for the hegemony of pharmaceutical industry over developing markets are producing strong responses from governments and civil society groups including NGOs that are focus on healthcare issues. The fact that certain pharmaceuticals' command assets are worth more than the national income of their host countries reinforces their fearful image. Indeed, there is a risk that some pharmaceuticals can bribe government officials in order to deviate from obstacles erected against profitable operations of their enterprises. This act was not observed in the Lebanese National Cervical Prevention Campaign, 'Think Again'.

In the context of globalization, the fact that some countries are not capable to successfully participate in the globalization process is due to their lack of crucial factors necessary for globalization to develop and perform beneficially. Some of the decisive factors they lack is the level of economic development and effective institutions and

supporting government policy. Most importantly sound institutions and enabling policies are essential to fight corruption, poverty and in our case promote healthcare awareness and tackle critical problems like the example of cervical cancer. For Lebanon as a developing country, much support is needed from all stakeholders involved, such as the public and the private sector and the civil society through NGOs and medical societies, to sustain the healthcare of its citizens but having the MOPH as a core center and main decision maker.

One of the central efforts executed by NGOs in the public health domain is to promote awareness and provide support for individuals with cancer, as it is an extremely common illness fought globally, especially breast and cervical cancer in women. The global cancer spread rate is increasing and exposures to factors that lead to cancer risk factors are not only becoming more prevalent in developing countries, but they have also become difficult to cure because of the scarce data and registered cases in Lebanon. Prevention is being sought within the Lebanese public health department, which is succeeding in raising the awareness levels of many women locally regarding breast and cervical cancer. What is certain is that they are being carried out through partnerships between the private and the public sectors of Lebanon with the support of the civil society.

Cancer remains a critical problem in all countries and more people are being exposed to factors that trigger cancer. Throughout the developing world more cases of cancer are being reported annually and this time is in Lebanon. In like of this, cancer epidemic, it is essential to overcome the problem of scarce data through establishing a

proper and sustainable registry of all reported cancer case in Lebanon. In the case of Lebanon, the pharmaceutical industry, civil society groups and the Ministry of Public Health are finally working together to achieve some tangible results. These results included by targeting an awareness campaigns of cervical cancer targeting women, physician and journalist educations, price reduction of *Cervarix*, a leading prevention drug and its main competitors, *Gardasil*, and initiating steps towards establishing national registry of reported cervical cancer cases.

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