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STAKEHOLDER PERSPECTIVES ON THE INFORMAL PHARMACEUTICAL MARKET IN OUAGADOUGOU: REGULATORY FAILURES, ENFORCEMENT GAPS, AND THE ROLE OF HEALTHCARE WORKERS

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ABSTRACT

The persistence and growth of the informal pharmaceutical market in Burkina Faso cannot be understood solely through the lens of consumer behavior; the actions and inactions of institutional actors are equally important. This qualitative study examines the perspectives of stakeholders involved in regulating, enforcing, and supplying the pharmaceutical market in Ouagadougou. Data were collected through semi-structured interviews with eight stakeholders, including law

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enforcement officers from the national police, gendarmerie, and customs services; a magistrate from the Ouagadougou Court of First Instance; a pharmacist from the National Agency for Pharmaceutical Regulation; and two street vendors. Thematic content analysis revealed that stakeholders identify multiple factors contributing to the persistence of the informal market, including the absence of strong and firm legislation specifically targeting street medicine sales, corruption within law enforcement and the judiciary, insufficient and ineffective public awareness campaigns, and significant shortcomings in the public health system itself, including insufficient numbers of hospitals and pharmacies, the long and costly process of obtaining formal pharmaceuticals, and unprofessional attitudes of healthcare workers toward patients. The study also found that street vendors operate with a high degree of organization, sourcing products through complex supply chains that cross national borders and distributing them through networks of sedentary and itinerant vendors. These findings suggest that effective policy responses must address not only consumer demand but also supply-side factors and the institutional failures that enable the informal market to thrive.

Keywords: Informal pharmaceutical market, stakeholder analysis, regulation, enforcement, Burkina Faso, health policy.

RÉSUMÉ

La persistance et la croissance du marché informel des produits pharmaceutiques au Burkina Faso ne peuvent être comprises uniquement à travers le prisme du comportement du consommateur ; les actions et inactions des acteurs institutionnels sont tout aussi importantes. Cette étude qualitative examine les perspectives des parties prenantes impliquées dans la régulation, le contrôle et l'approvisionnement du marché pharmaceutique à Ouagadougou. Les données ont été collectées par le biais d'entretiens semi-directifs avec huit parties prenantes, y compris des agents des forces de l'ordre de la police nationale, de la gendarmerie et des douanes ; un magistrat du tribunal de grande instance de Ouagadougou ; un pharmacien de l'Agence Nationale de la Régulation Pharmaceutique ; et deux vendeurs de rue. L'analyse thématique de contenu a révélé que les parties prenantes identifient plusieurs facteurs contribuant à la persistance du marché informel, notamment l'absence de législation forte et ferme ciblant spécifiquement la vente de médicaments de rue, la corruption au sein des forces de l'ordre et du système judiciaire, l'insuffisance et

l'inefficacité des campagnes de sensibilisation du public, et des lacunes significatives dans le système de santé public lui-même, y compris le nombre insuffisant d'hôpitaux et de pharmacies, le processus long et coûteux d'obtention de produits pharmaceutiques formels, et les attitudes non professionnelles du personnel soignant envers les patients. L'étude a également révélé que les vendeurs de rue opèrent avec un haut degré d'organisation, s'approvisionnant en produits par le biais de chaînes d'approvisionnement complexes traversant les frontières nationales et les distribuant par le biais de réseaux de vendeurs sédentaires et ambulants. Ces résultats suggèrent que les réponses politiques efficaces doivent s'attaquer non seulement à la demande des consommateurs, mais aussi aux facteurs liés à l'offre et aux défaillances institutionnelles qui permettent au marché informel de prospérer.

Mots-clés : Marché pharmaceutique informel, analyse des parties prenantes, régulation, contrôle, Burkina Faso, politique de santé.

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1. INTRODUCTION

The two preceding articles in this series have focused on the consumer side of the informal pharmaceutical market, examining the motivations that drive consumers to purchase street medicines and the barriers and risks that they perceive. However, a complete understanding of this phenomenon requires also examining the supply side and the institutional environment in which the market operates. Street medicines do not appear spontaneously; they are produced, imported, distributed, and sold by actors who operate outside the formal regulatory framework. Moreover, the persistence of the informal market is enabled not only by consumer demand but also by the failure of regulatory and enforcement institutions to effectively control it.

This study therefore shifts the focus from consumers to stakeholders, examining the perspectives of those who are responsible for regulating the pharmaceutical market, enforcing the laws that

prohibit informal sales, and administering justice to those who violate those laws. The research also includes the perspectives of street vendors themselves, who are the direct actors in the informal supply chain. By incorporating these multiple perspectives, the study aims to develop a systemic understanding of the factors that enable the informal pharmaceutical market to persist and grow.

Specifically, this research addresses the following questions: what do stakeholders perceive as the main factors contributing to the persistence of the informal pharmaceutical market in Ouagadougou? What are the perceived strengths and weaknesses of current regulatory and enforcement approaches? What role do healthcare workers and the public health system play in shaping the informal market? And what are the strategies and organizational characteristics of the street vendors who supply this market?

2. THEORETICAL FRAMEWORK

This study is grounded in stakeholder theory, which provides a framework for understanding the interests, perspectives, and influence of the various actors who have a stake in a particular issue (Freeman, 1984; Donaldson & Preston, 1995). Originally developed in the field of strategic management, stakeholder theory has been applied to a wide range of policy contexts, including public health. In the context of the informal pharmaceutical market, stakeholders include regulatory agencies such as the National Agency for Pharmaceutical Regulation, enforcement agencies such as the police, gendarmerie, and customs services, the judicial system, healthcare workers and public health facilities, licensed pharmacies, street vendors, and consumers.

Stakeholder theory suggests that the behavior of the system as a whole can only be understood by examining the interactions among these actors. A policy that focuses exclusively on consumers, for example, may fail if it does not also address the actions of vendors or the failures of regulatory agencies. Similarly, an enforcement strategy that targets vendors may be undermined if corruption within law enforcement allows them to continue operating.

The study also draws on the concept of regulatory capture, which refers to situations in which regulatory agencies come to be influenced or controlled by the very industries they are supposed to regulate (Carpenter & Moss, 2014; Stigler, 1971). While the informal pharmaceutical market is by definition unregulated, the concept of capture can be extended to understand situations in which law enforcement or judicial actors become complicit in the market through corruption.

3. METHODOLOGY

3.1 Sample and Data Collection

This study draws on the same dataset as the previous articles but focuses specifically on the stakeholder interviews. Semi-structured interviews were conducted with eight stakeholders between July and September 2023. These included two police commissioners, one from the Anti-Drug Unit and one from the National Center for the Fight against Drugs; one gendarmerie officer from the Narcotics and Morals Unit; one customs officer from the Directorate of Legislation and Regulation; one chief clerk from the Ouagadougou Court of First Instance; one pharmacist from the National Agency for Pharmaceutical Regulation; and two street vendors, one sedentary and one itinerant.

The stakeholder interviews followed separate guides designed specifically for each type of stakeholder. All interviews were audio-recorded, transcribed verbatim, and analyzed using thematic content analysis following the same procedure described in the previous articles (Bardin, 2003).

3.2 Data Analysis

Thematic content analysis was employed to identify patterns and themes within the stakeholder interview data (Krippendorff, 2003). The analysis proceeded through several stages: open coding to identify initial themes, axial coding to group related codes into categories, and selective coding to identify the core categories that best captured the stakeholders' perspectives.

4. RESULTS

The analysis of stakeholder interviews revealed several major themes related to the persistence of the informal pharmaceutical market. These themes are organized into three categories: regulatory and legal factors, enforcement and corruption factors, and health system factors.

4.1 Regulatory and Legal Factors

Stakeholders consistently identified the absence of strong and specific legislation as a major factor enabling the informal market. The pharmacist from the National Agency for Pharmaceutical Regulation noted that while Burkina Faso has laws regulating the pharmaceutical sector, these laws were not designed with the informal market in mind. The existing legal framework, she explained, focuses primarily on the consumption of narcotics rather than on the sale of falsified or substandard medicines. This gap in the law means that vendors who are caught selling street medicines often face relatively minor penalties, which do not serve as an effective deterrent.

The magistrate from the Ouagadougou Court of First Instance elaborated on this point, explaining that the penalties prescribed by current law are not proportionate to the public health harm caused by street medicines. He noted that while the law provides for fines and imprisonment, the maximum sentences are rarely applied, and many cases result in suspended sentences or small fines. This leniency, he argued, sends a signal that the offense is not taken seriously.

4.2 Enforcement and Corruption Factors

Stakeholders also identified corruption within law enforcement and the judiciary as a significant factor enabling the informal market. The police commissioner from the Anti-Drug Unit stated that despite their efforts, they are under-resourced and often outmaneuvered by vendors who have established networks of informants. Moreover, he acknowledged that corruption within the ranks of law enforcement undermines their efforts. Some officers, he explained, accept bribes from vendors in exchange for advance warning of raids or for turning a blind eye to their activities.

The customs officer added that the informal pharmaceutical market is supplied through complex cross-border smuggling networks. Street medicines enter Burkina Faso from neighboring countries, particularly Nigeria, Benin, Ghana, and Togo, where they are produced or repackaged.

Customs services lack the personnel and technology to inspect all incoming goods, and smugglers have become increasingly sophisticated in concealing their products.

The gendarmerie officer from the Narcotics and Morals Unit noted that even when arrests are made, corruption within the judicial system can lead to the release of offenders. He cited cases where vendors who were arrested and brought to court were released shortly thereafter, presumably after paying bribes to court officials or prosecutors. This cycle of arrest and release, he argued, has led to a culture of impunity in which vendors operate with little fear of consequences.

4.3 Health System Factors

Stakeholders also identified shortcomings in the public health system as contributing to the demand for street medicines, which in turn enables the supply side to thrive. The pharmacist from the National Agency for Pharmaceutical Regulation noted that the number of licensed pharmacies in Burkina Faso is insufficient to meet the needs of the population, particularly in low-income neighborhoods. Many residents of Ouagadougou live in areas that are not served by any licensed pharmacy, forcing them to travel long distances or turn to informal vendors.

The magistrate added that the process of obtaining formal pharmaceuticals is both long and costly. Patients must first consult a doctor, pay for the consultation, obtain a prescription, and then travel to a pharmacy to fill it. For a population living on less than two dollars per day, this process is prohibitively expensive. Street vendors, by contrast, offer medicines without the need for a consultation, without the need for a prescription, and at a fraction of the cost.

Perhaps most significantly, several stakeholders pointed to the unprofessional attitudes of healthcare workers as a factor driving consumers toward the informal market. The customs officer noted that he had personally witnessed healthcare workers treating patients disrespectfully, shouting at them, and refusing to answer their questions. These experiences, he argued, erode trust in the formal system and make the informal market more attractive. The police commissioner from the National Center for the Fight against Drugs agreed, stating that some healthcare workers seem to forget that patients are suffering and in need of compassion. When patients are treated poorly, they will seek alternatives, and street vendors are ready to provide them.

4.4 Vendor Organization and Strategies

The two street vendors interviewed for this study provided insight into the supply side of the informal market. Both vendors described a highly organized system of distribution. The sedentary vendor, who operates a stall in one of Ouagadougou's large markets, explained that he obtains his products from a wholesaler who imports medicines from neighboring countries. He does not know the exact origin of the products, but he trusts his supplier because they have worked together for many years.

The itinerant vendor, who moves from neighborhood to neighborhood on a bicycle, described a different sourcing strategy. He obtains his products from multiple sources, including the same wholesalers who supply the sedentary vendors, but also from other itinerant vendors and occasionally from individuals who have obtained medicines from hospitals or pharmacies and resell them. He noted that the system is flexible and adaptive; when one source dries up, another is found.

Both vendors stated that they are aware that their activities are illegal, but they see no alternative. They have no formal education and few employment options. Selling street medicines allows them to feed their families. The sedentary vendor noted that he has been arrested twice but was released both times after paying a bribe. He considers this simply a cost of doing business.

5. DISCUSSION

The findings of this study make several important contributions to the understanding of the informal pharmaceutical market from a stakeholder perspective.

First, the study reveals that the persistence of the informal market is not simply a matter of consumer irrationality or ignorance but is enabled by multiple institutional failures. The absence of strong legislation specifically targeting street medicine sales, the corruption within law enforcement and the judiciary, the insufficient and ineffective public awareness campaigns, and the shortcomings of the public health system all contribute to creating an environment in which

the informal market can thrive (Lachartre, 2020). This finding suggests that effective policy responses must address all of these factors simultaneously.

Second, the study highlights the role of healthcare workers and the public health system in shaping the informal market. Stakeholders consistently identified the unprofessional attitudes of healthcare workers as a factor driving consumers toward the informal market. This finding aligns with the results of the consumer studies reported in the previous articles, in which consumers described feeling disrespected and mistreated in formal healthcare facilities. Addressing this issue through training, supervision, and accountability mechanisms could help restore trust in the formal system and reduce demand for street medicines.

Third, the study provides insight into the organization and strategies of street vendors. The vendors interviewed operate within a sophisticated, adaptive system that spans national borders and involves multiple levels of distribution (Lachartre, 2020). This system is resilient because it is decentralized and because vendors have developed strategies, such as paying bribes, to mitigate the risks of enforcement. Disrupting this system will require more than occasional raids or arrests; it will require sustained, coordinated efforts that target the supply chain at multiple points.

Finally, the study reveals the limitations of current enforcement approaches. The cycle of arrest and release, facilitated by corruption, has done little to deter vendors. Moreover, the focus on arresting vendors without addressing the underlying economic factors that drive individuals to become vendors is unlikely to be effective in the long term. Alternative approaches, such as providing vocational training and employment opportunities for former vendors, may be more sustainable (United Nations Office on Drugs and Crime, 2023).

6. CONCLUSION

This qualitative study has examined the perspectives of stakeholders involved in the informal pharmaceutical market in Ouagadougou. The findings demonstrate that the persistence and growth of this market are enabled by multiple institutional failures, including weak legislation, corruption, ineffective enforcement, and shortcomings in the public health system. Addressing this public

health challenge will require a comprehensive, multi-pronged strategy that addresses consumer demand, vendor supply, and the institutional environment.

Future research should evaluate the effectiveness of alternative enforcement approaches, such as targeted interventions that address corruption within law enforcement and the judiciary. Research should also examine the potential of demand-side interventions that address the shortcomings of the public health system, including training programs to improve healthcare worker attitudes and flexible payment mechanisms to make formal pharmaceuticals more affordable.

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