

Chapter 4

Public Health Security in African Oncology: Access and Affordability – A Global Value Chain Perspective


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ABSTRACT

This chapter examines the inequity in access to affordable healthcare in low- and middle-income countries (LMICs) by investigating the impact of pharmaceutical value chains on local industrial capability development and public health security challenges in African countries. It focuses on the oncology value chain in the pharmaceutical industry and investigates its implications for access to oncology medicines for the local population in African countries. Our findings suggest an urgent need to establish appropriate governance structures that enable global value chains to deliver just and equitable outcomes for local populations in countries that receive the end product of value chains.

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INTRODUCTION

Research on Global Value Chains (GVCs), along with the related concept of Global Production Networks (GPNs), has highlighted the emergence of certain countries as dominant production hubs across global industries (Gereffi & Wyman, 2014). Lead firms play a critical role in shaping the value chain to sustain their market advantage, capturing value and driving global economic growth. In the process, lead firms can contribute to the erosion of state power in a globalising economy, particularly in LMICs (low- and middle-income countries) (Horner, 2021). Inter-firm competition among lead firms and suppliers embedded in global value chains makes them both structurally resilient but also sticky, creating significant entry barriers for new peripheral firms seeking to join. These asymmetries have led to the failure of many countries and firms to achieve technological upgrading and access global markets, resulting in the hollowing out of local industries and the importation of products produced through GVCs in other parts of the world.

The consistent focus on technological upgrading and export-oriented development within GVCs, coordinated by lead firms, has been critiqued for overlooking their negative impact on the development process. This includes implications for firms already within GVCs and, more broadly, for local production activities in LMICs that occur outside GVCs (Bair & Werner, 2011; Sturgeon & Kawakami, 2011). These diverse sets of issues raise significant challenges regarding the needs of local populations in LMICs that are peripheral to key activities in the value chain.

Within this context, governance plays a crucial role in the GVC. It dictates what and how to produce as well as the timings, quantities, and prices (Morrison et al., 2008). However, research on GVCs has explored governance issues through the prism of lead firms based in advanced countries and their role in industry organisation (e.g., Gereffi, 1994, 1999; Giuliani, Pietrobelli, and Rabellotti, 2005; Barrientos et al., 2011). Some researchers attribute the erosion of the state's capacity to govern and regulate the activities of firms associated with and embedded in the global value chain, which poses a challenge to deindustrialisation and economic development in some low- and middle-income countries (LMICs) (Horner, 2017). Very little has been studied from the perspectives of LMIC countries and firms at the receiving end of GVCs. Consequently, there needs to be a more in-depth discussion of the challenges faced by countries, mainly LMICs, that have import-oriented engagement with GVCs (Horner, 2021). With few exceptions (Hokkanson, 2009; Horner and Alford, 2019), much of the research has overlooked governance issues related to the global value chain associated with the pharmaceutical industry and their impact on the access and availability of drugs for local populations in LMICs, which are at the receiving end of these value chains. This research engages with these gover-

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