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Governance, Circulation and Pharmaceutical Objects

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It is now time to wrap things up. We learn from this book that circulation and governance relate to a twofold process. First, circulation is primarily an industry-led phenomenon, firmly anchored in national and global market construction. The globalization of Asian medicine is not the privilege of national and supra national public initiatives, as mainstream components of the global health regime might be (Packard 2016). Institutions such as the WHO, for instance, has shifted its agenda on “traditional medicine” from a policy of integration into primary health care – launched during the 1979 Alma Ata conference – to a strategy supporting the globalization of traditional medicine through regulation, therapeutic evaluation and safety, property rights and professionals’/consumers’ education. While economic reforms and specific government incentives do exist and boost the global development of traditional medicine, as in China or amongst exile Tibetans (Scheid 2002, Saxer 2013, Kloos 2019), the global turn of Asian medicine is largely private and industrial. The second observation bears on the governance of Asian medicine, which appears to be dominated by public institutions and policies, notwithstanding forms of governance introduced through public-private partnerships (Buse and Walt 2009). Implicit in this opposition is the reciprocal interaction between circulation and governance, their areas of collusion and their cross-fertilization. Not only the circulation of objects and people informs and inflects the making of governance, but also modes of governance frame the ways objects and people circulate. All chapters in this book underscore one of these phenomena or both. Eunjeong Ma shows how the Korean government makes use of biomedical science to set up guidelines for public policy and regulatory practices, which in turn set the paths for the circulation of Korean medicine products. Similarly, Caroline Meier zu Biesen’s chapter unpacks the dynamic at play between circulation and governance in the case of Artemisinin-based Combination Therapies between Asia and Africa. This author sheds light on the way by which the pharmaceutical industry fosters the global circulation of ACTs, and how this expansion and the economy it generates led to new regulatory apparatuses and finally

to the transformation of malaria control. This volume has many such stories to tell us, underlining the co-production of circulation and governance. This reciprocal affair, however, is complicated by the fact that it potentially affects the pharmaceutical object itself.

Take the case of new ayurvedic formulations produced by a global firm established in India. New formulations are made in various batches, so that there are several possible formulations to test for one or more therapeutic indications. These early formulations enter the Department of Formulation Development which is responsible for making a product suitable for mass production and the market. With the aim to facilitate market penetration in Europe and the USA, specialized personnel in the Department of International Regulatory Affairs intervene at this stage. They check the constituents of all formulations and may discard or keep a formulation on this basis. If a formulation contains a plant which is banned in the UK, EU, or US, the formulation is simply thrown out of the window, irrespective of its efficacy. The formulation does not meet the target of ‘global compliance’ and this pitfall precludes any further development (Pordié 2014). A substitute for the plant will then be found. This does not pose any major problem in the eyes of the inventors as they think there are interchangeable plants in the classical medical texts that may enter a single formulation and which are considered to have similar effects. Conversely, if a formulation contains a plant which is part of an existing pharmacopoeia in these countries, its use is strongly encouraged and the formulation kept. In-depth research will follow this selection phase and the most active formula will be selected. Governance and the regulatory environment of Western countries play a very direct role in the innovation processes and the selection of formulations in Ayurveda. Regulation do not only inflect the trajectory of Asian medicine, it also transforms objects, weighing heavily in this case on the components of a given drug prone to global circulation.

Identical conclusions can be made about circulation and its effect on the object. Markovitz and his colleagues put it boldly: “In circulating, things, men, and notions often transform themselves. Circulation is therefore a value-loaded term which implies an incremental aspect and not the simple reproduction across space and time of already formed structures and motions” (Markovitz *et al.*, 2003: 2-3). Think about the shift in status from medicine to health supplements for a variety of Asian medicinal products between Asia and Europe (Janes 2002, Pordié 2008, 2015). As a way to circumvent the stringent regulatory environments of Europe or the US, and to conceal their quality as “medicines”, Asian medicine goods come under new labels. Once therapeutic objects in Asia, they become health supplements, functional food or nutraceuticals elsewhere. The chapter by Liz Chee on fish liver

oil provides a telling example. She describes a product at the boundary of food and medicine which shifts over time from side to side according to changing regulatory environments, market orientations, and global circulation, thus blurring lines and opening possibilities. This is also shown in the contributions by Enjeong Ma, Simeng Wang and Caroline Meier zu Biesen which all deal with some kinds of hybrid drugs, whether from the standpoint of regulations and product categories or from that of epistemology. Karen MacNamara further demonstrates that the legal value of different categories of medicines is unstable and increasingly influenced by their circulation in the global market. In these cases, the pharmaceutical object appears to be fragile and sensitive to circumstances (Appadurai 2006). The object's conception, legal status, value, content or therapeutic indication are potentially altered by circulation.

For the purpose of analysis, let us take health governance out of its entanglements and mutual production with circulating and transforming objects, and examine the establishment of laws and policies aiming at regulating and monitoring Asian medicine. The chapters by Céline Coderey and Arielle Smith show how nation-building projects and other States agendas, in Myanmar and Singapore respectively, inform health regulation and more generally the way medicine comes to be legitimized. They both illustrate the normative power of biomedicine and the ways expressions of biopower translate into particular modes of governance. These processes are described as political, as they usually take place in relation to central governing structures and entails remarkable transformations of therapeutic power. They are also deeply economic, as one of the chief aims is to foster the accumulation of capital. Drawing from Fassin's brilliant analysis on the genesis and transformations of medical power (2000), we also understand that health governance cannot be reduced to a mere political or economic reading. It involves the moral foundations of medicine and therapeutic power. By fixing norms for Asian medicine, these regulatory regimes convey sets of new behaviours and values, a moral code that concerns the nature of right and wrong. Céline Coderey signals these moral inflections by underscoring the disappearance of certain elements in the therapy in Myanmar, such as ritual practice and other religious components. Not only medical knowledge and practice but also 'the possibility of a discourse on medicine' are thus subjected to a profound reorganisation (Foucault 1963). While the contributors in this volume do not lose sight of the social, cultural, epistemological and clinical dimensions of contemporary Asian medicine, the chapters also underscore the political character of health governance and discretely suggest its moral declination. Making this a frontline issue will open new research avenues to understand the moral process at work in health governance and regulation and, through it, in the social world.

Finally, official modes of governance cannot explain how circulating objects and people are regulated, simply because a sizeable part of what and who circulate escapes institutional governance. Simeng Wang's contribution explores such routes and the many ways regulation is circumvented by practitioners. She reveals a number of strategies – which is to be understood, after Michel de Certeau (1980), as referring to subjects who claim a place of their own, a base from which relations with an exterior threat can be managed – used by people to bypass regulatory regimes. Whether it is a matter of Chinese medicine practitioners in France who use geographic mobility to escape national governance (Wang, this volume), of restocking the country of Nigeria with pharmaceuticals (Peterson 2014) or of smuggling Siddha medicine products from Southern India to Europe (Sébastien 2011) people are resourceful to make official governance look weak. Thus studying the shady networks and practice of Asian medicine that escape institutional governance provides a unique perspective on the role and functioning of the State at its medical and social margins (Das and Poole 2004). Following this idea, the very notions of health governance and pharmaceutical regulation, which are taken in this volume as forged by institutional authorities, should possibly be revisited and expanded, confronted as they are with multiple realities. The world is also ordered and ruled through myriads of other agents and practices that do regulate. For instance, individual agency, interrelations, and cultural differences influence regulatory processes (Brhlikova *et al.* 2011, Kuo 2008), just as multinational pharmaceutical companies may take on the role of regulators (Peterson 2014: 195). The gravitating forces of regulation are as much located within as outside the control of central powers (Quet *et al.* 2018). In this perspective, the act of regulating reflects its etymological roots, and involves all the means, people or institutions that control or direct by a rule, a principle, a law or a method, and, by extension, that put or maintain social activity in order. When pharmaceutical objects circulate in the real world, they go through and influence, as much as they are affected by, expanded systems of control and regulation that go far beyond the realm of institutional governance and practice. This is perhaps the subliminal message of this book.

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