

What Happened to the Science? The Role of Social Networks in influencing Health Policy: the Case of Misoprostol and the WHO Model Essential Medicine List.

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Objectives

To carry out a social network analysis of the government agencies, civil society organisations and pharmaceutical companies promoting misoprostol in order to assess their influence on health policy.

Key Research questions

In 2011 misoprostol was added to the WHO Model Essential Medicines List for the prevention of postpartum haemorrhage (PPH). The WHO EML committee had in previous years rejected applications for misoprostol use for PPH due to lack of evidence.

- Why in 2011 did they change their mind, when the evidence was still not conclusive?
- Is health policy based solely on science and evidence based medicine, or is it influenced by wider social, political and economic factors?

Methods

Boundary – to identifying as many organisations or individuals as possible who have been actively engaged in the promotion of misoprostol for maternal health

Network – to collect data on the activities of these organisations/individuals and the relationships between them

Analysis

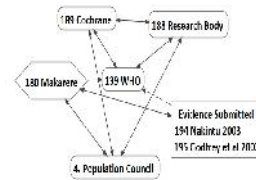
To use social network analysis to identify central foci in the misoprostol network and locations of influence and power
To consider how the network has developed over time by analysing each of the WHO EML misoprostol applications

Chronology of WHO Misoprostol Applications up to 2011

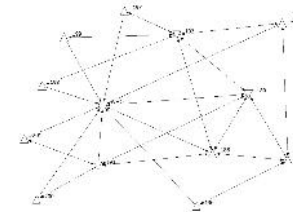
Year	Indication	Result
2003	1. Gynaecological and Obstetric Indications	Not considered due to limited registration for gynaecological and obstetric Indications
		Added to complementary list
2005	1. Medical Abortion	Added to complementary list
	2. Labour Induction	Added to complementary list
	3. PPH	Rejected due to lack of evidence
2009	1. prevention of PPH	Rejected due to lack of evidence
	2. incomplete abortion	Added to complementary list
2011	1. PPH Treatment	Rejected due to lack of evidence of safety when women previously received prophylactic misoprostol
	2. PPH Prevention	Added to core list

Developments in the Network

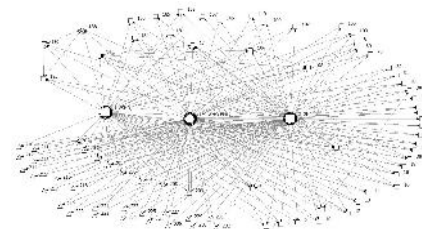
2003 WHO Misoprostol Application



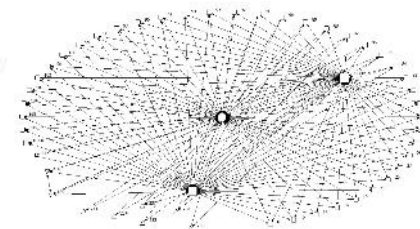
2005 WHO Misoprostol Application



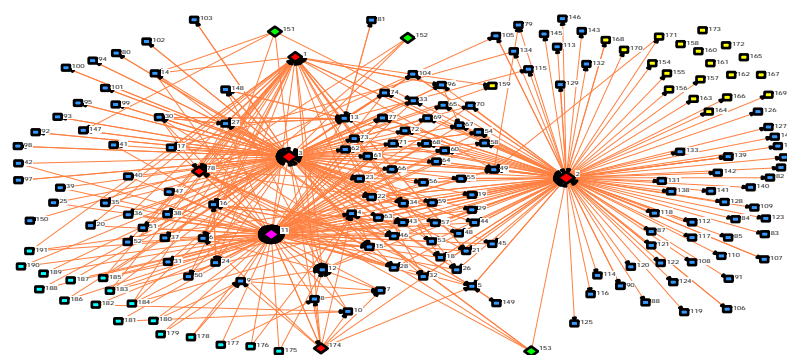
2009 WHO Misoprostol Application



2011 WHO Misoprostol Application



The Entire Network



Findings

The WHO EML Committee ideal is that the decision to add misoprostol to the EML is based on science, outside the influence of the wider social and political environment.

The research found a large network of organisations and individuals, that has increased over time, all promoting the use of misoprostol for maternal health indications. This included:

- a network of 238 agents. These agents included: civil society organisations, government agencies, intergovernmental agencies, private foundations, researchers, research bodies, individuals and pharmaceutical companies.

A growing network supporting the WHO EML applications:

- 2003 – 2 application 7 agents
- 2005 – 3 applications 13 agents
- 2009 – 2 applications = 82 agents
- 2011 – 2 applications = 51 agents
- These networks are **nested** within the entire network of 238 interlinked agents

At the time when misoprostol was added to the WHO EML in 2011 the drug had been the focus of a complex social process that had been developing in complexity over the previous decade

Key organisations in the network: Venture Strategies Innovations / Gynuity Health Projects / Cochrane Collaboration / Gates Foundation / USAID / Buffet Foundation. These organisations had a major influence on the WHO EML committee decision

