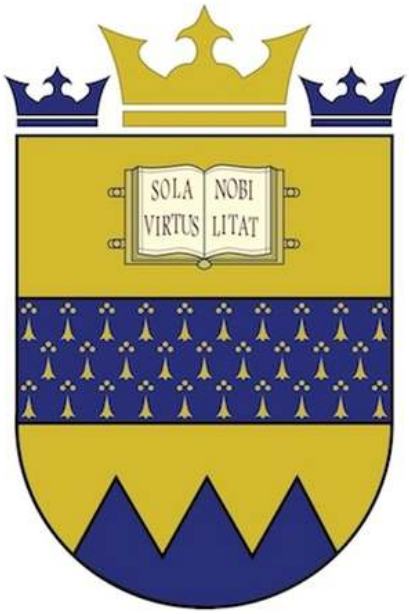

Monarch Business School

University For Graduate Studies In Management

Corporate Citizenship of Pharmaceutical Multinationals in Emerging Markets: A Study of HPV Vaccination in India

PROGRAM:	D.Phil. in Governance
SUBMISSION DATE:	17-April-2016
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Final Submission For Consideration Of The Dissertation Committee

QUOTES

"Rights and liberties are instrumental and integral to the attainment of development, not merely add-ons to be pursued at some later date."

Amartya Sen, Nobel Prize in Economics in 1998.

"It is clear that philanthropic aid is no longer enough. The best way to improve global quality of life and health is to build locally sustainable solutions that will have an enduring impact. The most important societal issues in developing countries are healthcare education, infrastructure and distribution."

Joseph Jimenez, CEO, Novartis, Annual Report 2012.

"Managers must learn that the Bottom of the Pyramid markets require a new level of collaboration between civil society and the private sector. It also requires a new respect for consumers as co-creators of solutions and not just passive recipients of a product or service."

J.K. Prahalad The Fortune at the Bottom of the Pyramid, 2009

"Authentic listening fosters trust much more than incessant talking".

Participatory Communication: The New Paradigm, Jan Servaes & Patchanee Malikhao, 2005.

"Le danger qui guette la plupart d'entre nous n'est pas de viser trop haut et de rater la cible, mais de viser trop bas et de l'atteindre."

Michel-Ange

DEDICATION

‘No man is an island’ and in my opinion, no one is self-made. I think it is imperative to thank my family and recognize their support in making my thesis a reality.

Firstly, my mother, for her encouragement and love all through this effort. She has been a beacon of hope during those long hours of work, constantly reminding me that success was not far away. With a child of my own, her sacrifice and dedication is more evident than ever before and I hope that I can be as good a parent as she is. Her determination, courage and audacity have been a source of constant inspiration in my life in general and during this period of thesis writing in particular. I would like to thank also ‘Amma’, my mother-in-law for her help in reaching out to new contacts for the research, her advice and for giving me a state of the art computer!

Secondly, my son. Right from the start of my pregnancy, I have felt him being with me in spirit and I am sure he has experienced the highs and lows of thesis writing with me. I am lucky to have him as a son and look forward to the day he writes a thesis of his own and can in some way feel more comfortable, having been with me during mine!

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Finally, I would like to thank some of my former colleagues who were willing to provide me with insight on the subject and help me in this endeavour. In India I thank all the participants in this research and I am grateful to their spontaneity and honesty in answering the questions. This thesis would not have been possible without their valuable insight.

Also I will remember all the inspirational workshops and symposiums we had in Dubai, Zug and Malaga as well as the spirit of camaraderie created with my fellow candidates.

PURPOSES AND ATTESTATION

This document is prepared as a Dissertation submission to UGSM-Monarch Business School Switzerland in fulfilment of the degree of:

Doctor of Philosophy in Governance

The author hereby attests that the work herein provided in fulfilment of the above degree requirement is wholly of her own effort and hand. Further, the author attests that this document constitutes the entire submission of the dissertation component.

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Mrs. Aurélia Narayan, M.Sc., M.Phil.

6 March 2016
Date

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LIST OF ABBREVIATIONS

AAP	the American Academy of Paediatrics
ACIP	the Advisory Committee on Immunization Practices
AEFI	Adverse Events Following Immunization
BBC	British Broadcasting Corporation
BSE	Bombay Stock Exchange
CC	Corporate Citizenship
CBER	Center for Biologics Evaluation and Research
CCA	Culture-Centered Approach
CDC	Center for Disease Control and Prevention
CML	Chronic Myeloid Leukaemia
CR	Corporate Responsibility
CSR	Corporate Social Responsibility
CSOs	Civil Society Organizations
DK	Don’t Know
ECCA	European Cervical Cancer Association
ECPC	European Cancer Patient Coalition
EMEA	European Agency for the Evaluation of Medicinal Products
FDI	Foreign Direct Investment
GAAP	General Accepted Accounting Principles
GAVI	Global Alliance for Vaccine and Immunization
GRI	Global Reporting Initiative
HBM	Health Belief Model

HBR	Harvard Business Review
HDI	Human Development Index
HPV	Human Papillomavirus
IAP	Indian Academy of Pediatrics
IAPCO	Indian Academy of Pediatrics Committee on Immunization
ICMR	Indian Council of Medical Research
ILO	International Labor Organization
IP	Intellectual Property
IPV	Inactivated Polio Vaccine
ISO	International Standard Organization
JEET	Joint Efforts to Eradicate Tuberculosis
MBBS	Bachelor of Medicine Bachelor of Surgery
MD	Medical Doctor
MNCs	Multinationals
MIC	Middle-Income Country
MOHFW	Ministry of Health and Family Welfare
NA	Not Applicable
NGO	Nongovernmental Organization
NPSP	National Polio Surveillance Project
OECD	Organization for Economic Co-operation and Development
OHSAS	Occupational Health & Safety Advisory Services
PATH	Program for Appropriate Technology in Health
PMS	Post Marketing Surveillance
PPI	Pulse Polio Immunization
PPP	Public Private Partnership
PRI	Principle for Responsible Investment

QALY	Quality-Adjusted Life-Year
RI	Routine Immunization
SM	Social Mobilizer
STI	Sexually Transmitted Infection
SWOT	Strenghts Weaknesses Opportunities Threats
TB	Tuberculosis
TCCI	Tata Council for Community Initiatives
The Company	The East India Company
tOPV	Trivalent Oral Polio Vaccine
TRIPS	Trade Related Aspects of Intellectual Property Rights
UIP	Universal Immunization Program
USD	United States Dollars
VFC	Vaccines For Children
VIA	Visual Inspection with Acetic Acid
WACC	Women Against Cervical Cancer

CHAPTER ONE

INTRODUCTION

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CHAPTER ONE – INTRODUCTION

1.0 INTRODUCTION

Half a million women die each year of cervical cancer (Dabash, Vajpayee , & Jacob , 2005). Human papillomavirus, also called HPV, is the most common sexually transmitted infection. It is transmitted through genital and sexual contact and almost all cervical cancer is caused by HPV (C.D.C., 2012). One fifth of the global burden of the disease is in India with approximately 130,000 new cases each year (Dabash, Vajpayee , & Jacob , 2005) and about 73,000 women die of cervical cancer annually, the primary cause of death in women (W.H.O., 2010). In Europe, new stakeholders have appeared with HPV vaccination such as: scientific societies, Civil Society Organizations (CSOs), cancer leagues, women's associations and patient groups (Laurent-Ledru, Thomson, & Monsenegro, 2010). The public's main source of information about the disease and vaccination has mainly been through online medical websites. In response to this trend, there has been an evolution in healthcare where the patient makes the choice for himself (Laurent-Ledru, Thomson, & Monsenegro, 2010). Also, the newer avenues for information dissemination provided by social media outlets like YouTube, Blogger, Facebook and Twitter have a tremendous potential for delivering information and in some cases have led to the increased empowerment of the public and civil society (Laurent-Ledru, Thomson, & Monsenegro, 2010).

The seminal literature appears to show a lack of study on the patient-centric approach in India. The primary focus of this research is to understand the role of civil society organizations (CSOs) in India with respect to the education and implementation of the HPV vaccination and the relationship that CSOs have with the business community. The research also attempts to create a conceptual framework of ethical collaboration between the main stakeholders of the vaccination program. More than 85 types of papillomaviruses have been identified (Zur Hausen , 1999). The two vaccines presently on the market to combat them are Cervarix[1] and Gardasil[2] . Gardasil also protects against genital warts and has been shown to protect against cancers of the anus, vagina and vulva. Both vaccines are available for females (C.D.C., 2012); Gardasil is also available for males at age 11-12 years old (C.D.C, 2013). Gardasil was launched in India on October 14th, 2008. The sales of Gardasil increased 72% over 2009 in India. Cervarix launched in 2009 in India and increased in volume by 60% in 2010 (Madhumati, & Jyothi Datta, 2010). Presently, under the Universal Immunization Programme (UIP), vaccines for six-preventable diseases, i.e. tuberculosis, diphtheria, pertussis, tetanus, poliomyelitis and measles are available free of cost to all. Madhavi (2003) noted that strong indications of immunization policy are pushed by the pharmaceutical industry and mediated by international organizations.

[1] Cervarix is a trademark of GlaxoSmithKline
[2] Gardasil is a registered name of Merck & Co

TABLE 1.0
HPV Vaccines Profiles

Vaccines	Gardasil®	Cervarix™
Manufacturer	MSD: Merck Sharp & Dohme: American pharmaceutical company	GlaxoSmithKline: British pharmaceutical company
Product Profile	The Food and Drug Administration in the U.S.A. states that Gardasil® is a quadrivalent vaccine and it protects against four strains of HPV, namely HPV types 6, 11, 16 and 18 (FDA, FDA, 2012). The first two cause 90% of all genital warts and the latter two are responsible for 70% of all cervical cancer cases (FDA, FDA, 2012).	The Food and Drug Administration in the U.S.A. states that Cervarix™ is a bivalent vaccine that prevents cervical cancers caused by HPV types 16 and 18 (FDA, FDA, 2012a).
Market/Target Audience	The FDA has approved the vaccination of girls and young women aged 9 to 26 as well as for boys and young men aged 9 to 26 (FDA, FDA, 2012). In 2013, vaccination of boys at age 11-12 years old (C.D.C, 2013).	The FDA has approved the vaccination of girls and young women between 9 through 25 years of age (FDA, FDA, 2012a).
Market Price	Gardasil® is priced at 41 euros per dose; the full vaccination (3 doses) costs 123 euros.	Cervarix® is priced at 48 euros per dose; the full vaccination (3 doses) costs 144 euros.
Price in India for deprived communities	GAVI Alliance is covering the major cost, India has access to the vaccine for 3.30 Euros (4.50 USD) (GAVI A. , 2014)	Since 2013, the price is 3.30 Euros (4.50 USD) (GAVI A. , 2014) **NB:** Kreimer et al. (2011) found that 2 doses of Cervarix® have the same efficacy as 3 doses of Cervarix®
Sources: (FDA, FDA, 2012; GAVI A. , 2014)		

Also, India now has access to a sustainable supply of HPV vaccines at 4.50 USD per dose thanks to the public-private partnership of the GAVI Alliance and the manufacturers (WHO, 2013). It is an out of pocket market, where people have to pay for themselves to access the vaccination which at this price becomes affordable for most of the population.

1.1 BACKGROUND OF THE PROBLEM

With a population of more than 1.2 billion people, India is the world's largest democracy (WHO, 2010). Its emergence as a nation with a significant regional economic presence, alongside China and the Middle East, has brought significant social benefits to the country (The World Bank, 2013). However, social, cultural and economic factors continue to prevent women from gaining adequate access even to existing public health facilities (Nilanjan, 2006). During the British colonial era i.e. before India's independence in 1947, less than 1% of girls were enrolled in educational institutions (Seth, 2007). Since then, the education of women has always been delayed compared to that of men. Education at that time was home-based: either in the form of husbands educating their wives or missionary representatives visiting middle-class women in their homes to provide some form of instruction. However, by the latter half of the nineteenth century there were growing voices through journals and magazines directed at women in favour of female education including formal schooling (Seth, 2007). In 2011, India ranked 134 among 187 countries in terms of the Human Development Index (HDI) (United Nations, 2011) . Large swathes of people such as women, the lower castes, indigenous peoples and minorities are still marginalised. Development is still negatively influenced by gender discrimination and when it comes to education, the average time a child spends in school is 4.4 years (Sundar, 2013). The importance of the role of education, literacy and female literacy in particular, in making people more health conscious has been highlighted by several researchers (Dreze, 1993; George & Nandraj, 1993). A survey carried out by the International Agency for Research on Cancer (IARC) in Asia shows

that there is a direct correlation between education levels and HPV prevalence (Anh, Hieu, & Herrero, 2003).

1.1.1 Family Influence In India

Decision-making around vaccination takes place within the family and the mother has the primary responsibility for seeing that vaccination is carried out (Bingham, Drake, & Lamontagne, 2009). Hence, parents are the decision makers and are an important primary audience for communication about HPV vaccination (Sherris, et al., 2006). Moreover, their attitude towards vaccination influences their adolescents' attitudes towards vaccines (Zimet G. , 2005).

1.1.2 Cervical Cancer Awareness

The awareness of HPV was found to be 48.9% in India (Joy, Sathian, Bhattarai, & Chacko, 2011). Furthermore, CSOs have been communicating on the media and raising their concerns regarding the safety and efficacy of the two HPV vaccines, the questionable ethics in the promotion of the vaccines, the public health implications and the consequences of introducing the vaccines into the country's Universal Immunization programme (UIP) (Sarojini, Anjali, & Ashalata, 2010). A group composed of physicians, community health groups, human rights & women's associations and patient groups submitted two memoranda to the Union Minister of Health enumerating these concerns (Dabade , 2010; Abhiyan , 2010). In fact, the National AIDS Research Institute, NARI, based in Pune and the Program for

Appropriate Technology in Health, PATH, jointly conducted a formative study of HPV vaccine introduction in the Indian States of Andhra Pradesh and Gujarat. This study was part of the five year global project known as: *HPV Vaccines: Evidence for Impact.* The project was conducted in India, Peru, Uganda and Vietnam to generate key data to make evidence-based decisions about introduction of HPV vaccines (Jacob, et al., 2010).

1.2 STATEMENT OF THE PROBLEM

Trust towards western multinationals operating in India is lacking. The problem of trust with the adoption of HPV vaccine is twofold: trust in the products itself and trust in the companies who sell the products. The lack of ethics in clinical trials, more precisely during the “Demonstration Project” has been widely publicised throughout the country by the media. In July 2009, 13, 791 girls were vaccinated with Gardasil in Andhra Pradesh and in August 2009, 9,637 girls between 10 and 14 years were vaccinated with Cervarix in Gujarat. Four girls died following the administration of one of the three doses of the vaccine (Sarojini, Anjali, & Ashalata, 2010). Moreover, the investigation made by CSOs revealed this study to be a multi-level violation of all existing protocol on clinical trials, as well as a breach of children’s rights. India has a vibrant civil society and any derivation in the behaviours of multinationals is relayed in the media and brought to the attention of the public opinion. As Neera Chandoke, fellow at the London School of Economics and specialist of civil society in India, states:

> "citizens recognize that they possess the right to take part in decision making". (Chandhoke, 2011, p. 172)

and the outcome of that decision maybe a sanction. The climate of mistrust towards westernised corporations and more precisely towards the HPV vaccine maybe explained by history. The country has had a traumatic experience with western business models and culture. One hundred and fifty years ago, the British East India Company was transformed from a business corporation into a political entity ruling over vast natural and labour resources. When the Company set up its foundation in Bengal in 1756 unbearable tax burdens followed helping to multiply the profits for shareholders (Albuquerque, 2010). More recently, in 1985, India was witness to one of the worst corporate and societal tragedies in modern memory with the Bhopal disaster[3]. A poisonous gas leaked from the Union Carbide plant and killed approximately 4,000 people immediately and several thousands more over the year (Sundar, 2013).

In contrast, it is more generally accepted that creating value means doing so for all the stakeholders including the community to ensure the success of any businesses. Anand G. Mahindra, Chairman and Managing Director of the Mahindra Group, notes that:

[3] Union Carbide showed limited respect for the human rights of those living in a poorer client country. After long years of litigation in USA and India, the relatives of each death victim got a mere 75,000 rupees (1,230 USD) while the injured or disabled got only 25,000 Rupees (411 USD). The main accuses, Chairman Warren Anderson, disclaimed any responsibility and escaped free from any punishment in India. (Sundar, Business & Community, 2013, pp. 225-226).

> "the ones that do not create social value in the process of making profit will quickly erode their brand and lose the trust of the public." (Mahindra, 2013, p. 53)

India has transformed from being purely a land of "low-cost" service-level talent to an emerging super-power with social awareness and an educated, awakened middle class that is willing to raise its concerns against exploitative practices. The new approach to this market for businesses has to be both ethical and consensual. This is exactly what Corporate Citizenship (CC) envisages. It constitutes a broader concept than Corporate Social Responsibility (CSR) because it includes corporate involvement with civil society rather than merely with individual stakeholder groups (C. Ludescher, McWilliams, & S. Siegel, 2008). The core concept of CC is the value that corporations bring to society (C. Ludescher, McWilliams, & S. Siegel, 2008). Though CC is considered a mere complete term, its use is still not as widely used as the more familiar term of CSR. This fact is illustrated in table 1.2 below.

TABLE 1.2
Google Scholar, JSTOR, PROQUEST Search Results For Corporate Citizenship, HPV And Polio Vaccines Related Terms

Terms	Number of Entries Google Scholar	Number of Entries JSTOR	Number of Entries PROQUEST
Corporate Citizenship	400,000	6,559	25,019
Corporate Social Responsibility	1,480,000	25,914	152,325
Corporate Responsibility	1,770,000	33,813	313,708
Corporate Citizenship and India	66,600	1,453	4,550
Corporate Citizenship and Europe	160,000	2,893	10,246
Corporate Citizenship and the United States	520,000	4,349	20,691
Corporate Citizenship and Civil Society	283,000	2,482	7,278
Sustainability	2,250,000	12,668	147,139
Triple Bottom Line	703,000	2,093	15,109
HPV vaccine	64,200	1,097	1,782
HPV vaccine and India	15,500	210	478
HPV vaccine and Europe	24,000	326	1,077
HPV vaccine and the United States	35,200	684	1372
HPV vaccine and civil society	3,180	132	64
Polio vaccine	67,000	7,308	3,439
Polio vaccine and India	24,300	1,574	1,048
Polio vaccine and Europe	29,500	1,680	1,267
Polio vaccine and the United States	45,200	4,080	2,583
Polio vaccine and civil society	12,800	1,014	294
Source: Aurelia Narayan, 12th October 2015			

The lack of recognition of the term “corporate citizenship” is even more pronounced when isolating geographically for India. Only 66,600 entries are found in Google Scholar, 1,453 in JSTOR and 4,550 in PROQUEST in comparison to 17 million entries in Google Scholar. This shows an apparent ignorance of the “CC” term and a potential lack of research within the scholarship. Moreover, the same lack of results is obtained when further isolating for the intersection of the term “CC” and “civil society”. The HPV vaccine remains in the shadow of ‘under-studied’ subjects and the documentation of the relationship between HPV vaccine and civil society is almost

non-existent. For instance, JSTOR counts 132 entries and PROQUEST counts 64 entries. The same assessment can be done for the polio vaccine. Unfortunately, while these vaccines have been studied extensively from a medical research orientation, the business, social and ethical areas are almost never studied.

1.3 PURPOSE STATEMENT

The objective of the research is to achieve a better understanding as to how the pharmaceutical industry is portrayed and viewed by all the stakeholders of the HPV vaccination as well as to understand the barriers to its adoption in the Indian context. The outcome of the research is the development of a new conceptual framework that portrays the role of these corporations in Indian society. The elements that foster trust and mutual understanding between the various stakeholders with respect to the adoption of HPV vaccination is a key element to be studied.

1.4 RESEARCH QUESTION

As stated, the aim of the research is to understand the characteristics of HPV vaccine adoption in the context of corporate citizenship. Based on a comprehensive review of the existing literature it appears that there is a lack of evidence and potential understanding of CC in emerging markets and in particular in India. This research aims to fill this gap of knowledge and provides a unique scientific opportunity to contribute to the original body of scholarship in the domain of business citizenship ethics. As a consequence, the research question has been developed as:

Main Research Question:

"What are the characteristics of an Indian corporate citizenship framework that more adequately addresses the underlying mechanism of HPV vaccine adoption?"

1.5 RESEARCH METHODOLOGY

The research is a triangulation of data between a content analysis of CSR and annual reports of the two MNCs, the field research and the literature review. The methodology used for the content analysis is a qualitative deductive approach. The research methodology to be used for the field research is qualitative, based on a phenomenological approach. The goal is to encourage participants to reconstruct their experiences and to communicate these experiences back in their own words. Qualitative interviewing by way of semi-structured and open-ended questionnaires is employed as it is appropriate for capturing subtly held personal beliefs that otherwise may remain hidden. The table below presents the three organizational levels of analysis possible. The target group for this research is situated at the meso level and includes CSOs, NGOs, scientific communities and corporations. This group is selected because of its understanding of the ground realities.

TABLE 1.5 Level of Analysis & Stakeholders Schema		
Level	Organizational Level	Unit Level
MACRO	Societal	Government, Media
MESO	Social	Corporations, NGOs, CSOs, IGOs, Trade Bodies, Knowledge workers, Physicians, Scientific Community, Patient Groups
MICRO	Individual	Indian women, Relatives
Source: UGSM-Monarch Business School Switzerland		

With the development of closer relationships between business and civil society, as is the case at a global level with the GAVI, where knowledge workers sit alongside the world's largest pharmaceutical companies to deliver health services to poor communities, Civil Society Organizations (CSOs) are portrayed as the gatekeepers of the communication flow. With this in mind, interviewing of selected groups are conducted in a two stage process designed to uncover personal beliefs of the phenomenon unique to each individual groups:

Group 1: Knowledge Workers-CSOs:

1. Step-One: Preliminary Interviews: General interviews based on semi-structured open-ended questions are employed. The target audience comprises of fourteen knowledge workers holding key positions within their respective civil society organizations namely NGOs, patient groups, women's associations and professional societies of Paediatricians. They are English speakers and thus no translation into local languages is required.

2. Step-Two: In-depth Interviews: In-depth interviews based on the data obtained in step-one will be concluded with a sub-set sample population of five knowledge workers from NGO/IGO/GOs. As before, they are English speakers and thus no translation into local languages is required.

The qualitative research data will be analysed using the NVIVO10 software. Questionnaires will be pre-tested to ensure accuracy. Interviews will be over the phone, audio recorded and are expected to be approximately 45 minutes in length. The objective is to have a greater understanding of the roles, missions, perception of HPV vaccines and the working habits of the CSOs group. Informed consent and the continuing voluntary nature of participation will be required for the research. Anonymity will be granted to participants and responses are kept confidential. No vulnerable population will be involved in the study i.e. minors, non-literate individuals or individuals with a disability.

1.6 SIGNIFICANCE OF THE STUDY

Approximately 266,000 women die every year from cervical cancer in the world and among it 85% occur among women in developing countries. At current rates, cervical cancer is forecasted to rise to 416,000 cases/year by 2035, mostly located in developing countries (GAVI A. , 2014). Most cervical cancers are caused by the human papillomavirus (HPV) and immunization coupled with screening and treatment is the best strategy to rapidly reduce the occurrence of cervical cancer. Immunisation in resource-poor countries becomes critical as women do not have access to cancer

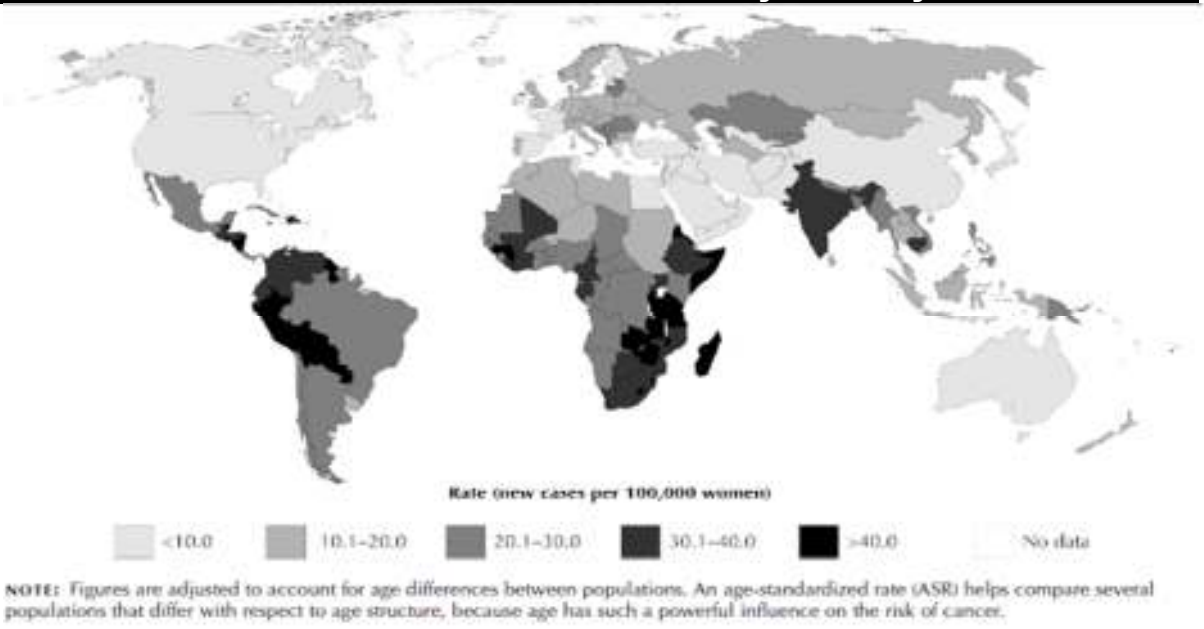
screening (GAVI A. , 2014). Moreover, high prices have been a major barrier to the introduction of these vaccines. Since 2013, the GAVI Alliance and its partners have agreed on a price of 4.50 USD per dose, therefore making the vaccination affordable and sustainable (GAVI A. , 2014).

1.6.1 The Worldwide Burden Of Cervical Cancer

The following are the most salient facts concerning the prevalence of cervical cancer in the world today.

- Nearly 500,000 women are diagnosed with invasive cervical cancer every year;
- 275,000 women die of cervical cancer every year;
- 80% to 85% of deaths occur in developing countries;
- The highest incidence and mortality rates are in sub-Saharan Africa, Latin America, and South/Southeast Asia;
- Most cervical cancer in developing countries occurs in women who take care of children, provide income for families, and work in their communities. In industrialized countries, poor women have a higher incidence of cervical cancer than their wealthier neighbours (PATH, 2014).

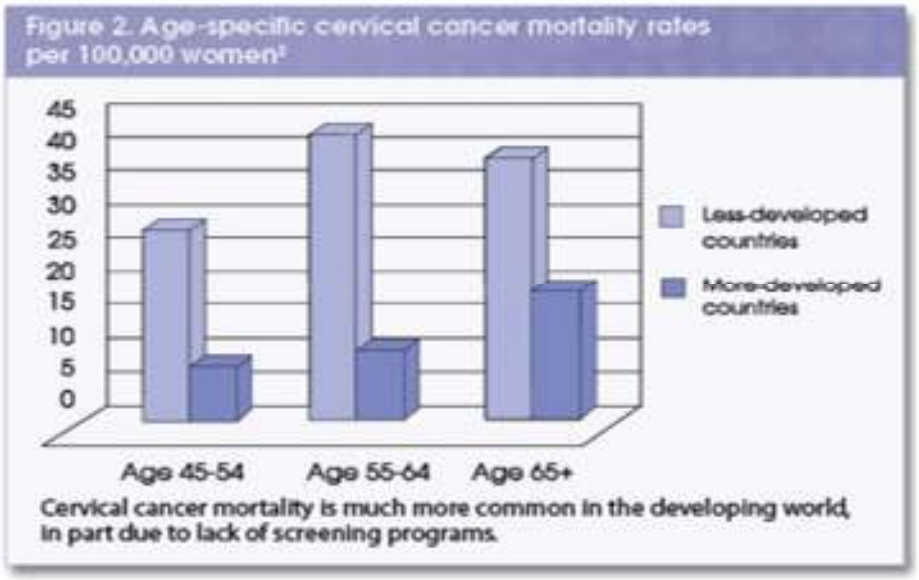
MAP 1.6.1A
Cervical Cancer Incidence By Country



Source: (Ferlay , Bray, Pisani, & Parkin, 2004)

Looking at the distribution in the figures 1.6.1(A&B), women contract HPV between the late teenage years and early 30s and often cervical cancer is also found much later, usually after the age of 40, with peak incidence around the age of 45 and peak mortality in the late 50s.This incidence is four times higher in developing countries and there is a long delay between infection and the appearance of invasive cancer (Moscicki, Schiffman, Kjaer, & Villa, 2006 ; Clifford, Franceschi, Diaz, Munoz , & Villa, 2006). These facts point to the importance of early detection and underline the necessity of preventable measures.

FIGURE 1.6.1 B
Age-Specific Cervical Cancer Mortality Rates Per 100,000 Women



Source: (PATH, 2014)

1.6.2 Pap-Smear Screening

Pap smear screenings have been found to prevent cervical cancer in communities where the general healthcare coverage is good (IARC, 2004). However, the ground reality in many a developing country is that the majority of women do not get done a pap-smear regularly. Even fewer have ever had one. Indeed the minimum requirements for establishing an effective pap smear screening effort include:

- Well-trained providers including nurses, midwives, and physicians;
- Examination rooms and laboratories stocked with the necessary supplies and equipment;
- Effective conduits, including the availability of transportation to reliable laboratories with appropriately trained technicians;

- Strategies for ensuring the quality of Pap smear samples and the accuracy of interpreting them;
- Proven systems for timely communication of their Pap smear results to screened women; and
- Effective referral and follow-up systems for diagnosis and treatment of abnormalities (IARC, 2004, p. 5).

In low-resource settings, such equipment and organization are missing (IARC, 2004). The most familiar method of cervical cancer screening worldwide is the pap test. Since cervical cancer develops slowly, over the period of several years, regular screening is very effective in preventing cervical cancer (PATH, 2014).

1.6.3 Vaccination Of Adolescent And Teenage Males

The concept of male vaccination emergies from the belief that when it is done in both sexes, the vaccination effort will benefit women predominantly. This argument is a scientitic one and is in stark contrast to the economic benefit of vaccinating males, especially in the developing world. This argument also holds true in the U.S. where the inclusion of males in a programme of HPV education and vaccination is not likely to be an efficient expenditure of valuable ressources (Kim & Goldie, 2009).

1.6.4 Cost-Effectiveness Of Cervical Cancer Prevention

The availability of resources and finance play a major role in the successful outcome of any education and advocacy campaign (Tsu & Pollack, 2005). However, the cost-

effectiveness of vaccination and screening programs in developing countries is influenced by the cost of instituting programs for widespread coverage of the target populations, the duration of protection that the vaccine provides and the degree of participation in the programs (Sherris, Friedman, Wittet, Davies, & Steben, 2006; Goldie, Goldhaber-Fiber, & Garnett, 2006; Batson , Meheus, & Brooke, 2006). In India, HPV vaccination followed by three pap smears per lifetime is expected to reduce cancer deaths by half (Diaz, et al., 2008).

In developed countries the majority of HPV infections (90%) are not a high risk for cervical cancer because of the screening programmes and early detections (WHO, 2008). As a conclusion, empirical evidence of the benefits of the vaccine will not be determined for decades due to the long latent period (10-30 years) between HPV infection and cervical cancer incidence (WHO, 2008). In developed countries, the higher efficacy of HPV vaccines compared to pap screening have not been demonstrated in the prevention of cervical cancer and pap smear screening is still required even in vaccinated women (Wilyman, 2013). This has been a major reason behind the opposition to HPV vaccination in the west by various community stakeholders' groups.

1.6.5 Advocacy, Communication And Training

It is essential to improve the knowledge quotient of health care workers, educators, policymakers, parents, and patients, by considering sociocultural realities, as many

may not be able to understand the value of HPV vaccines or cervical screening in improving the current situation (Sherris, Friedman, Wittet, Davies, & Steben, 2006; Cuzick, Arbyn, & Sankaranarayanan, 2008). Community leaders should be involved in the design and implementation of vaccination programmes from the beginning as they will be the gatekeepers (de Melo-Martin, 2006; Zimet, Liddon, Rosenthal, Lazcano-Ponce, & Allen, 2006). Hence it is important for the different stakeholders of the vaccination program to carefully listen the concerns and needs of the population in order to understand the priorities, to foster trust and common understanding. Previous experience has demonstrated that ethics must remain the core of any public-private collaboration. As Guido Palazzo and Andreas Georg Scherer (2006), professors of Business Ethics at the universities of Lausanne and Zurich, have argued:

> "Openness to input from civil society, to being persuaded rather than just persuading, is an important prerequisite to the attainment of ethical legitimacy." (Palazzo & Scherer, 2006, p. 82)

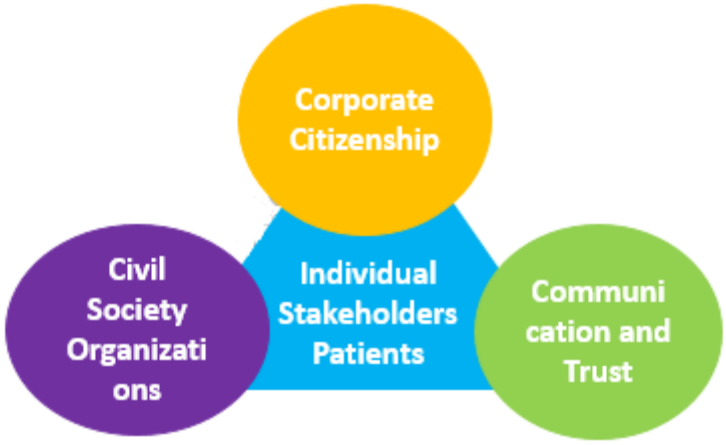
The research will attempt to better understand the position of civil society organizations related to the HPV vaccination, their needs and their input.

1.7 THEORETICAL FRAMEWORK

The adoption of HPV vaccine in India revolves around three focal points, namely, the CSOs, who are the gatekeepers of these messages, corporations who engage in corporate citizenship and are the vehicles of communication entities or channels and

the individual patients. The theoretical framework highlights the triangulation between the primary players of Corporate Citizenship (CC), Civil Society Organizations (CSOs) and communication. The link between those three entities is the individual stakeholder who will decide to adopt the vaccine or not.

FIGURE 1.7
Theoretical Research Framework



Source: Aurélia Narayan, 2014

For the purposes of delineation of the literature to provide a better understanding of the scholarship within the larger context of the research the review will be divided into four parts as follows:

- Corporate Citizenship: The Evolution of a Construct
- Responsibilities of Business Towards Society
- Multinationals Operating in Emerging Markets: CC in India
- HPV Vaccination and Communication in Communities

A short description of the above parts of the Literature Review which will be examined in detail in Chapter Two follows.

Corporate Citizenship: the Evolution of A Construct

CC and its maturity over time as early usage is defined in terms of corporate philanthropy (Carroll A. , 1991) or direct support of local communities (Altman B. , 1998). Several frameworks have dominated the scholarship and seminal authors in the field include: Archie Carroll and his pyramid of CSR. William C. Frederick and R. Edwards Freeman who provide a more inclusive definition of CSR, including not only shareholders but also the whole community of stakeholders in their purview. They begin to compare and contrast CC with stakeholder theory (Phillips & Freeman, 2008). One of the challenges of this comparison is the fact that neither theory can currently claim a defining consensus regarding the content and limitations of their respective domains (Phillips & Freeman, 2008). Logsdon and Wood (2002), pioneers in the area of CC first used the term ‘citizen’ (Logsdon & Wood, 2002). More recently, seminal authors Dirk Matten and Andrew Crane have incorporated the term “citizenship”. Hence, the concept has evolved to take into account nuances that make CC more inclusive and clearly demarcate it from CSR. They are drawing CC away from notions of CSR popular in the US and towards the concept’s roots in political theory (Matten & Crane, 2005). Matten and Crane (2005) suggest that

> “CC describes the role of the corporation in administering citizenship rights for individuals”. (Matten & Crane, 2005, p. 173)

This definition rejects the view of the corporation being a citizen or acting like one, and instead focuses on the way in which the corporation has taken over the governing and protection of various social, civil and political rights (Matten & Crane, 2005).

Responsibilities of Businesses Towards Society

With the increasing role of medias Corporations feel increasing pressure to engage with civil society and demonstrate responsibility for their actions. Seminal author Simon Zadek analyses the relationship between business and CSOs. Zadek (2001) argues that initially, civil society acts as a non-market, non-governmental force for regulating the activities of business. Later, the relationship evolves and he points out that corporations and civil society

> "engage in more extensive and intimate collaboration compared to what historically used to be oppositional forces". (Zadek, 2011, p. 429)

Hence, the question of whether business must engage with civil society is no longer a relevant one and non-engagement is made impossible given the interdependence of civil society actions with market-based technologies, communication pathways, and source of expertise and resources (Elkington & Hartigan, 2009). Authors Sanjay Seth, Seema Alavi and Neera Chandhoke, specialists on Indian civil society history, provide a historical background that describes how education fostered this movement and how and why people wanted to have their voices heard. In comparison, Klaus Schwab, Founder and executive Chairman of the World Economic Forum,

emphasizes the importance of CSOs in the modern economy and N.B.Sarojini, founder and director of the SAMA Resource group for women, a New Delhi based non-profit organization expresses her concerns with respect to HPV vaccination in particular.

Multinationals Operating in Emerging Markets: Corporate Citizenship in India

Indian society has inherited a traditional moral guide from Mahatma Gandhi, called Trusteeship. It means that businessmen should interest themselves in humanitarian, cultural and educational activities; they should adopt fair trading activities and consider their business as a social mission. This part contrasts and puts into perspective two ways of doing business. The seminal authors are Pushpa Sundar, Bimal Arora and Ravi Puranik, who developed a framework of CSR practices in India. In addition, Rahul Mitra integrates the concept of culture in his CSR framework and highlights its importance through the culture-centric approach in an emerging market.

The HPV Vaccination and Communication in Communities

Anthropologist and specialist of online communication, Anne Kata reviews the tactics of the online anti-vaccination community. Marc Steben, Paul Greenough, Silvio Waisbord and Heidi Larson are seminal authors on Health education/communication. Finally, communication theories related to vaccination mainly come from scientific literature. Interestingly, they all speak about adopting a communication-centric

approach towards the targeted community, but very few raise the question of trust in the industry and in the product itself.

1.8 NATURE OF THE STUDY

As demonstrated, there appears to be very little research into CC in India. The essence of the present research is to contribute to the understanding of the position of Civil Society Organizations (CSOs) regarding the pharmaceutical industry and the role they play in influencing the different stakeholders in the vaccination journey. The aim is to assess the role played by CSOs and understand their needs, their influence, and their expectations from the industry through a qualitative approach using an open-ended questionnaire. Once the “raison d’être” is understood, a framework for collaboration that respects the values and norms of each community will be elaborated.

1.9 DEFINITION

In order to avoid misunderstanding and misinterpretation and to provide a common benchmark certain key terms are defined below for the purpose of improved clarity.

TABLE 1.9 Definitions	
Civil Society	Civil society is the sphere of un-coerced human association between the individual and the state, in which people undertake collective action for normative and substantive purposes, relatively independent of government and the market (Walzer, 1998, pp. 123-24). The term 'Civil Society Organizations' covers a large range of entities of varying types, sizes, purposes, and levels of formality, including community or grassroots associations, social movements, labour unions, professional groups, advocacy and development NGOs, social enterprises, and many others (Edwards, Introduction: Civil Society And The Geometry of Human Relations, 2011, p. 7).
Corporate Citizenship (CC)	CC carries many of the same meanings that CR does, with the added implication that corporations are imbued with legal rights and obligations that derive from a status akin to citizenship (Marsden, 2000), and because they are powerful institutions in modern societies, in some cases, corporations are assuming roles and responsibilities that used to be considered governmental (Matten & Crane, 2005, p. 166).
Corporate Responsibility (CR)	CR is manifested in the strategies and operating practices a company develops in operationalizing its relationships with societies, stakeholders and the natural environment (Waddock, 2002). Some degree of responsibility is present in all of these relationships and in the ways that companies treat stakeholders' nature. Corporate citizenship is an increasingly popular term with businesses, while there still exists considerable controversy about whether a corporation can act as a citizen (Scherer & Palazzo, 2008, p. 52).
Corporate Social Responsibility (CSR)	CSR is the subset of corporate responsibilities that deals with a company's voluntary/discretionary relationships with its societal and community stakeholders. CSR is typically undertaken with some intent to improve an important aspect of society or relationships with communities or NGOs. CSR is frequently operationalized as community relations, philanthropic multisector collaboration, or volunteer activities (Scherer & Palazzo, 2008, p. 52).
Ethics	Ethics is concerned with the study of morality and the application of reason to elucidate specific rules and principles that determine right and wrong for a given situation. These rules and principles are called ethical theories (Crane & Matten, 2010, p. 8).
Grassroots	Powerful metaphor that is often counter posed with ideas of top-down or elite-driven funding. The grassroots approach suggests the ground beneath our feet, something that is both anchored and anchoring. They are close to the earth, elemental, and connote a direct relationship with the sources of being and truth. For some, a nongovernmental organization (NGO) ceases to be grassroots when it is no longer led by those directly affected by the problems the organization seeks to address (Ruesga, 2011, p. 455).
Morality	Concerns the norms, values and beliefs embedded in social processes which define right and wrong for an individual or a community (Crane & Matten, 2010, p. 8).
Trusteeship	Deal with investing part of one's profit outside the business, for the greater good of society (Sundar, Revealing Indian Philanthropy, 2013a, p. 42).
Values	Conceptions of what is desirable, which influence the selection of means and ends of actions (Berry, Poortinga, Breugelmans, Chasiotis, & Sam, 2012).
Source: Aurelia Narayan, 2014	

1.10 LIMITATIONS AND DELIMITATIONS OF THE STUDY

The following items represent the limitations and delimitations of the present research.

Limitations:

Culture: India is a mosaic of cultures, languages, castes, values and levels of education. The interviews for this research take place in urban and semi-urban areas only; hence the findings could differ slightly from what will be found among CSOs working in rural areas. The findings could differ from one geographical area of the country to one another. Also, to gain a complete understanding of the situation, all the stakeholders of the vaccination i.e. patient, CSO, industry, political will, should be interviewed. Due to resource constraints, the study will be limited to the CSOs alone.

Sample Size: The present research is limited in the number of respondents that will make up the sample group. Due to resource limitation every effort has been made to include the most representative sample group as possible. However, the generalizability of the results may be limited due to a small sample size.

Delimitations:

Government Role: Government creates the institutional framework in which the associations of civil society take shape and carry out their activities. It also outlaws certain groups and criminalizes certain activities (Rosenblum & Lesch, 2011).

1.11 ASSUMPTIONS

Six assumptions shape the conduct of the present research:

Assumption #1: Poor collaboration

There is little or no collaboration currently between the companies (MNCs) and the Indian civil society. Also, there is a lack of understanding of the culture and value systems prevalent in small communities.

Assumption #2: Poor communication

There is presently poor communication between the MNCs, CSOs and individuals. MNCs have a poor understanding of the needs and the concerns of the population. CSOs, especially grassroots associations, are vehicles of these matters. To create effective collaboration and communication strategies, trust has to be constructed between the different stakeholders.

Assumption #3: Civil Society is the gatekeepers of the messages

Civil society organizations are the gatekeepers of the key messages on the HPV vaccination and vaccines in general. They can be pro-vaccination but have the potential to damage the image of multinationals as well as the product by creating a sense of fear towards a therapy or product.

Assumption #4: Mistrust

There presently exist mistrust towards the pharmaceutical industry and its marketing efforts: the present research assumes (and according to the literature) that there is a climate of mistrust towards the pharmaceutical industry.

Assumption#5: Barrier to answer the questions

As a follow-up on the above point, this mistrust translates into a barrier for participants in the study, especially when it comes to employees within pharma. They are either unwilling to participate or unwilling to share their though freely. This effect could be further amplified by the fact that the researcher is a non-Indian.

Assumption #6: Poor-understanding of the social cultural environment

Culture, language, values and politics drive public perception. Presently, there is a poor understanding of the socio-cultural environment in India and, perceivably low ethics demonstrated by pharmaceutical industry in the introduction of this vaccine.

Assumption #7: No real willingness and efforts from the pharmaceutical companies to reach the Bottom of the Pyramid (BOP)

As C.K Prahalad defines it: 'the 4-5 billion poor who are unserved or underserved by the large organized private sector, including MNC firms.' (Prahalad, 2009, p. 6). Appropriate ecosystem in the most remote areas of the country must be built and skills of local leaders should be developed. Low-income individuals are still not seen as potential customers in their local economy and community, but rather as passive recipients of charity.

Assumption #8: Difficulty in reaching professionals within the pharmaceutical industry

Due to the sensitivity of the subject and the widely reported case in the media, it will be difficult to interview the upper management level pharmaceutical professionals. Communication on sensitive issues is directed through a legal team and is limited to a few comments in mainstream media.

1.12 SUMMARY OF CHAPTER ONE

Each year in India, 73,000 girls die from cervical cancer as a result of the Human Papilloma Virus. Indian society reflects a poor level of collaborations between the various stakeholders who have the collective opportunity to improve both education and adoption of vaccination processes and procedures. A greater adoption of HPV vaccination will require a concerted effort by all stakeholders based on increased trust and more effective communication strategies. The purpose of the research is to develop a more robust framework that will assist the identified stakeholders in achieving greater integration amongst one another with the effect of making tangible results for the female Indian population.

CHAPTER TWO

LITERATURE REVIEW

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2.0 OVERVIEW

There have been a growing number of articles and company reports referring to Corporate Citizenship (CC) in their content as well as a large number of private consultants, NGOs, international organizations and governmental bodies which have been involved in the development of social and environmental management standards and reporting systems (Pederson & Huniche, 2006). One of the most famous is the UN Global Compact with the aim of improving the responsibility and accountability of companies (Waddock, 2008 (a)).

The discourse around CC is often linked to globalization (Matten & Crane, 2005). Some scholars accept that globalisation can stimulate economic, social, and environmental growth in developing countries through industry development, job creation, and technology transfer but at the same time recognized that MNCs exploit national differences in social and environmental legislation for their own benefit (Jenkins, 2005; Neergaard & Pedersen, 2003). MNCs often operate in markets with poor government regulations and are expected by the public to self-regulate, actioned by adopting social and environmental management systems[4] (Pederson & Huniche, 2006). Also, the media has brought to light differences in standards, rights and severe social problems that a wide range of developing countries are facing. In consequence, development and CC are linked. Hence, MNCs embrace addressing

[4] In the opinion of Pederson & Huniche, it is difficult to fathom as to how CC can be the solution to problems caused by lack of government regulation. The recent rise in corporate scandals like the violation of union rights, polluting production, use of child labour, dangerous working conditions and discrimination illustrate that problems caused by a lack of public regulation cannot be solved just by encouraging self-regulation (Pederson & Huniche, 2006).

development issues such as poverty, pollution, corruption, social exclusion, HIV/AIDS, malaria and so on, for a wide variety of reasons including:

- It is in alignment with the social and cultural values;
- Their stakeholders expect it;
- Political, economic and social instability is a barrier to the realisation of the unutilised business potential in developing countries (Pederson & Huniche, 2006).

Business in Asia is known for being culturally different from western practices (Fukuyama, 1995). The trends of CC in emerging economies are similar to those during the industrialisation era of the early 20th century in westernized markets (Mohan, 2001). The economic emergence of the BRICs countries with the globalization of MNCs which are looking to develop their business in low-cost areas has brought attention to the social and environmental problems in these countries (Jamali & Neville, 2011). Until recently, studies on CC were mainly focused on the economic and organizational contexts of Europe and the US (Raman, 2006). It is only recently that a few studies have explored this concept in India both theoretically and empirically (Arora & Puranik, 2004; Balasubramanian, Kimber, & Siemensma, 2005; Baskin, 2006; Narwal & Sharma, 2008).

In the healthcare sector, there is still a lot to improve and it is mandatory for MNCs to understand the context and culture of people in the countries they are operating to succeed, especially so in emerging markets. Indeed, a few articles have addressed the cultural, political, and organizational issues specific to these areas while

introducing vaccines and emphasizing on the importance of understanding the political and cultural contexts and to monitor beliefs, attitudes, and behaviours of the population involved (Zimet, Liddon, Rosenthal, Lazcano-Ponce, & Allen, 2006; Streetfland, 2003; Gauri & Khalegian, 2002). Women in emerging countries have the highest rate of cervical cancers and this statistic is compounded by the fact that there is a lack of research related to HPV vaccination and its acceptance focusing on individuals from these countries (Zimet, Liddon, Rosenthal, Lazcano-Ponce, & Allen, 2006). Culture is an important criterion of acceptability in the developing world (Zimet, Liddon, Rosenthal, Lazcano-Ponce, & Allen, 2006). More research should focus on remote communities. Besides, some of the challenges specific to this area include distribution, to provide training in how to talk about vaccination and good infrastructures that allow access to healthcare, refrigeration, and transportation (Zimet, Liddon, Rosenthal, Lazcano-Ponce, & Allen, 2006).

The present research follows an integrative literature review triangulated around the theories of corporate citizenship, civil society and communication. Multiple data sources were used as CSR reports, Proquest, Science direct, Jstor to capture the contextual complexity of the area under investigation. This provides us with a multi prism insight. Seminal authors in each area have been explored and reviewed and the research has been structured into four parts:

- Corporate Citizenship: The Evolution of a Construct;
- Responsibilities of Business Towards Society;

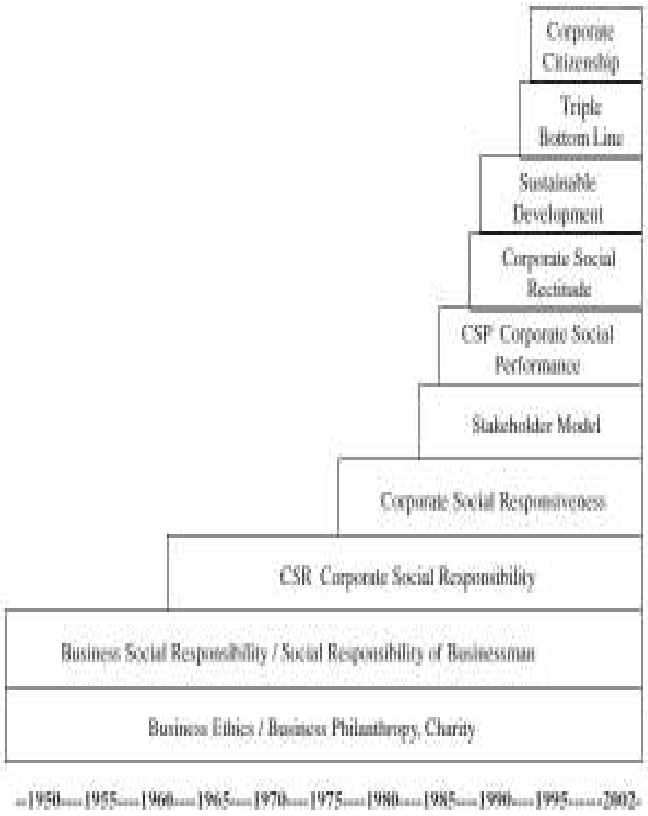
- Multinationals Operating in Emerging Markets, Corporate Citizenship in India;
- The HPV Vaccination and Communication Towards Communities.

The research method for the literature review is based on a thematic design.

Part 1: Corporate Citizenship: The Evolution of A Construct

This section aims at defining the evolution of the corporate citizenship construct over time. Initially, CC encompassed philanthropy as a way to give something back to society. Later, it evolved into Corporate Social Responsibility, with a broader perspective of the legal and ethical framework that came to the fore in order to support this new concept. So far, the field has been unclear and pre-paradigmatic between CSR and CC. As a starting point, the concept of citizenship is to be defined and will then lead into the meaning of corporate citizenship. The figure 2.00 illustrates the evolution of the concept of CC over the last sixty years in literature. A number of other notions and related ideas were added to the debate to bring nuances such as business ethics, sustainable development, corporate philanthropy or organizational citizenship.

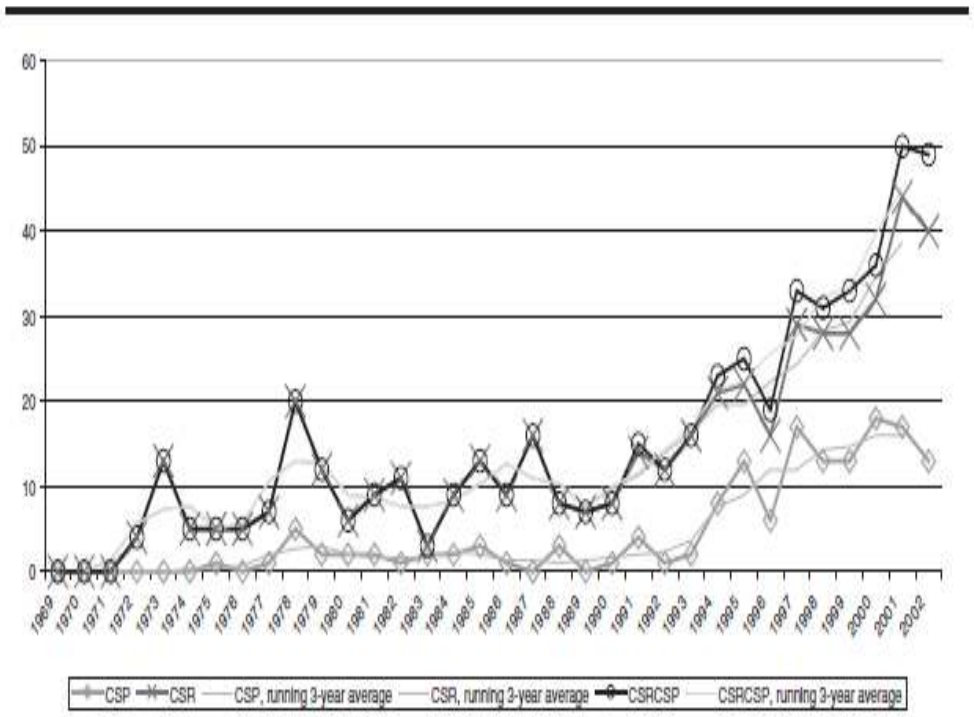
FIGURE 2.0 A
Developments In CSR Related Concepts



Source: (Mohan, 2003, p. 74)

The Figure 2.0 B below is a bibliometric on CSR and the related term CSP. The number of papers is constant until 1990. After that, there is a steady increase in the number of publications, which can be related to an increase of interest on the subject.

FIGURE 2.0 B
Bibliometrics: Number Of Publications Per Year Corporate Social Responsibility (CSR), Corporate Social Performance, combined CSR and CSP = CSRCSP



Source: (De Bakker, Groenewegen, & Den Hond, 2005)

An unbiased review of the existing literature and comparing and contrasting, reveals that CSR and CSP terms appear in 132 publications and CSP in 42. Two major publications in the area of CSR and CSP are Business & Society and Journal of Business Ethics (De Bakker, Groenewegen, & Den Hond, 2005).

Part 2 Responsibilities of Business Towards Society

This section will introduce the civil society in India and the way it came into prominence as a result of the imposed education introduced during the British Raj.

Also, vaccination was brought to India by the East India Company thanks to the scientific public sphere. These historical backgrounds are reviewed to bring greater clarity towards the mind-set and perception of the people of India today. Finally, civil society in Europe and its role in the HPV vaccination will be compared with the situation in India.

Part 3 Multinationals Operating in Emerging Markets: Corporate Citizenship in India

This section will explore the historical approach of doing business in India and the tradition of philanthropy ingrained by the Gandhian concept of trusteeship. A comparison of the concept of corporate citizenship in an Indian environment with the traditional westernised setting will be concluded. Indian companies are adopting principles of CSR in their business plans however there exists a gap in the literature with regard to the behaviour of multinationals in India with respect to this field.

Part 4 HPV Vaccination and Communication Towards Communities

This section will contrast two systems of communication: one of industrialised countries versus the one of India and lend greater perspective as to why some communication strategies cannot be achieved in an emerging market. This section will follow with a review of the online activity of anti-vaccine groups related to the HPV vaccination and finally it will explore the determinants of acceptance with regard to vaccination.

PART ONE

CORPORATE CITIZENSHIP:

THE EVOLUTION OF A CONSTRUCT

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2.1 EARLY DEFINITIONS OF CORPORATE CITIZENSHIP

Corporate Citizenship (CC) emerged in the 80's in management literature (Altman & Vidaver-Cohen, 2000) and is a prominent term today that deals with the role of business in society (Matten & Crane, 2003). There is a plethora of related terms, associated with this concept such as Corporate Social Responsibility, Corporate Responsibility, and Corporate Social Performance.

2.1.1 Philanthropy As A Way Of Doing Business

In early literature, CC is identify to charity and corporate philanthropy undertaken in the local and immediate community (Matten & Crane, 2003; Scherer & Palazzo, 2008). Hence, CC scholarship makes extensive reference to a firm's charitable activities, often as a gauge of the quality of a firm's citizenship behaviours (Phillips & Freeman, 2008, p. 105). However, philanthropy can also be considered as one element among others of CC. Also, philanthropy unrelated to the core business has a limited impact on the culture and character of the firm making such donations. A second danger associated with philanthropy unrelated to the firm's core value-adding functions is that:

> "it amounts to an attempt to whitewash otherwise harmful or dangerous firm activities." (Phillips & Freeman, 2008, p. 106)

Other scholars like Milton Friedman considered that

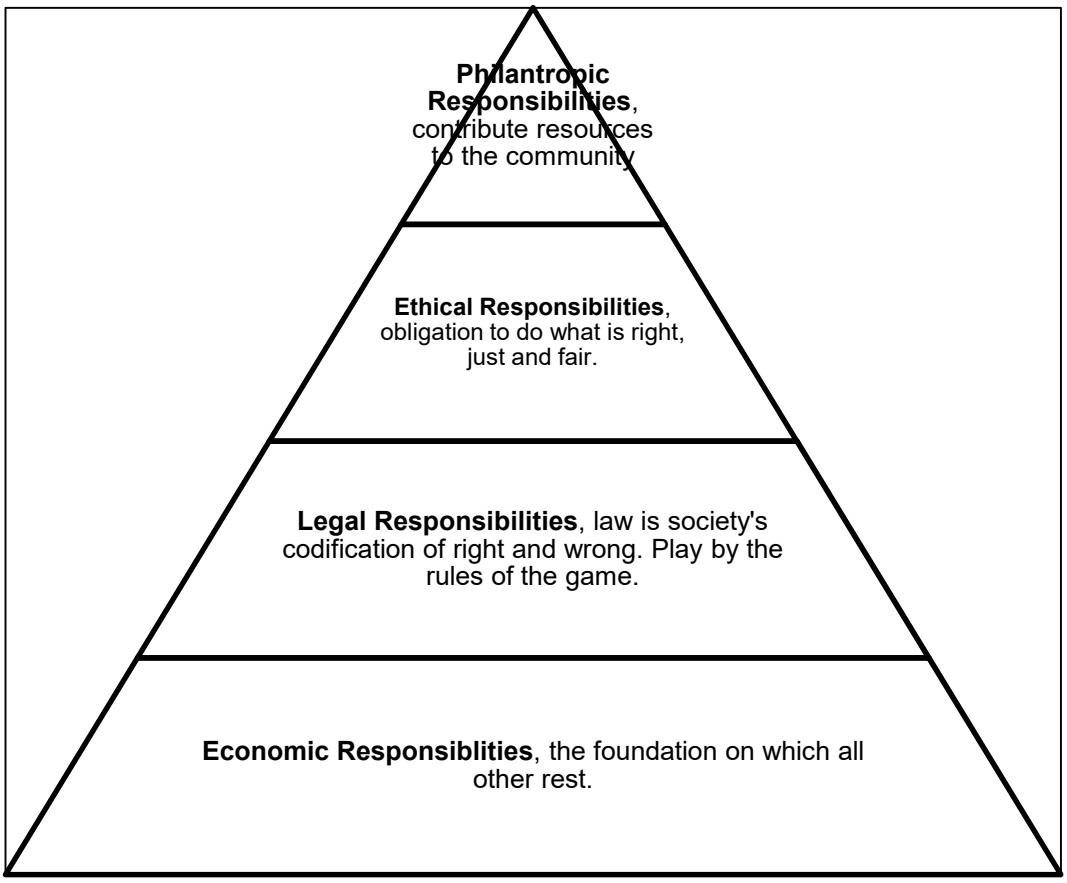
> "the social responsibility of business is to increase its profits". (Friedman M. , 1970)

He justified this argument by claiming that corporations cannot have social responsibilities for three reasons:

- only human beings can have a moral responsibility for their actions;
- it is the business manager's obligation to act in the interests of shareholders only;
- social issues are the responsibility of the state, not the corporation (Friedman M. , 1970).

The debate is still alive today and business ethics may be considered as a naïve concept. On the contrary, according to Carroll (1991) the ideal CSR is for a company and he divided the concept into four different categories economic, legal, ethical, and discretionary, conceived as levels of a pyramid. Also, a corporation had legal responsibilities, like following the local, regional or national laws. Ethical responsibilities represent more focus on respecting the spirit of the law than a mere compliance with the letter of the law. Finally, Carroll (1991) emphasizes the role of philanthropy at the top level of his CSR pyramid, making it non-mandatory to companies. It is regarded as a choice to "give something back" to the community, but since it is merely "desired" by the community it is, according to Carroll, "less important than the three other categories" (Carroll A. , 1991, p. 42).

FIGURE 2.1.1
Carroll's Pyramid Of Corporate Social Responsibilities



Source: (Carroll A. , 1991)

However, according to Alejo Jose Sison (2010) the different types of responsibilities and their limitations are not well defined. Responsibility should not be understood only in purely economic terms and the respect and compliance of law should be the first priority of corporations before assuming any other kind of responsibility (Sison, 2010). Hence, responsibility is primarily an ethical concept (Sison, 2010). Finally, philanthropic and ethical responsibilities should be better placed at the same level

(Sison, 2010). Andrew Crane and Dirk Matten (2010) note that it is the legal framework that drives philanthropic responsibility in Europe compared to the USA where they are more a hallmark of successful companies (Crane & Matten, 2010).

2.1.2 From CSR1 to CSR4

The term CSR is generally used in the literature and in practice to refer to the obligation of the firm to contribute to the society with its profits (Snider, Hill, & Martin, 2003). The European Commission (2011) defines CSR as:

> "the responsibility of enterprises for their impact on society. Those enterprises should have in place a process to integrate social, environmental, ethical, human rights and consumer concerns into their business operations and core strategy in close collaboration with their stakeholders". (European Commission, 2013)

There is a great degree of variability with respect to the exact definitions of CC and CSR. While Crane, Matten & Moon (2008) prefer to merge the two into one combined definition, Archie Carroll sticks to his original CSR based view point and applies it to CC as well (Carroll A. , 1998). On the other end of the spectrum, Jorg Andriof and Malcolm McIntosh (2001) incorporate the aspect of societal influence on decision making and once again synergize CSR and CC, albeit with a focus on social responsibility. William C. Frederick (2006) has incorporated all of these into the

major, progressive evolutive formation of modern CSR understanding, and proposes different stages of CSR such as 1,2,3 and so on.

CSR 1: Corporate Social Responsibility: According to William C. Frederick (1987, 2006) the first stage of business in society literature focused on corporate social responsibility, CSR1. CSR1 argued:

> "the rights that companies demanded in society came with a series of responsibilities and that as important and powerful actors in societies, companies have an obligation to behave responsibly, meeting obligations voluntarily to avoid problems that would otherwise emerge." (Waddock, 2008, p. 56)

In practice, CSR tends to stand for a variety of socially beneficial activities that companies undertake. It encompasses collaborative partnership aimed at the betterment of society as well as philanthropic, charitable and volunteer activities. There is an implicit responsibility ensconed within this definition of CSR which dictates that companies must be accountable for their actions and to a higher set of standards (Waddock, 2008).

CSR2 Corporate Social Responsiveness: CSR 1 was completed in the mid-1970s and the emergence of CSR 2 portrayed companies as more pro-active (Preston & Post, 1975). Responsiveness means that companies take forward-looking actions to deal with stakeholders (Waddock, 2008). They adopt a pro-active approach rather

than being reactive with problems raised by their activities (Preston & Post, 1975). CSR 2 is more practice oriented (Frederick, 1987; Frederick, 2006). According to Frederick (1987), two substreams emerged from this thinking. One was a micro-organizational stream that allow companies to be more responsive to external issues and it started with Wallace Ackerman and Raymond Augustine Bauer (1976). The second stream within CSR 2 was the macro dimension, which focussed on public policy. Preston and Post (1975) argue that companies attempt to cope proactively rather than reactively with issues that present themselves in spheres other than one of profit.

CSR 3: Corporate Social Rectitude:

CSR 3 reflects the dramatic growth of interest in business ethics within the general business in society field in the mid and later 1980s. CSR 3

> "emphasized both social values derived from the socio-political environment and the emergence of a great deal of conceptual writing about business ethics." (Waddock, 2008, p. 57)

CSR 3 acknowledge the inherent ethical dimensions of management strategies and practices (Freeman, 1994; Waddock, 2002). As Frederick defined it, rectitude or ethics involved:

> "a pervasive sense of rightness, respect, and humanity that would put values and ethics at the center of a company's concerns, its policies, and its major decisions". (Frederick, 1987, p. 157)

2.1.3 The Stakeholder Theory Definition Or CSR 5 Corporate Stakeholders Responsibility

Freeman (1984) in his seminal work '*Strategic Management: A Stakeholder Approach'* brought stakeholders theory into the common knowledge pool. He, himself sites 'stakeholder' as being initially used in a corporate planning document from 1963 produced by the Standford Research Institute. Undoubtedly, Freeman's work has come to be a founding pillar in the current understanding of stakeholder theory.

Stakeholder as per Freeman was then defined as:

> "A stakeholder in an organization is any group or individual who can affect or is affected by the achievement of the organization's objectives."
>
> (Freeman, 1984)

Later, the definition takes in nuances and included the following actors: company's employees, customers, suppliers, competitors, the government, and the community apart from its shareholders (Sison, 2010). Also, stakeholder theory considers that the interests and concerns of all interested parties should be heeded (Sison, 2010). This stakeholder approach to CSR criticised the previously dominant view as asserted by Friedman (1970). Friedman argues that the social responsibility of businesses is to increase profits for shareholders by examining the other important stakeholder groups (Friedman M. , 1970).

There are different categories of stakeholders and much of the literature has focused on identifying primary and secondary ones. Primary stakeholders are those who have a direct economic impact upon the organization. Secondary stakeholders include those who are able to exert influence or are affected by the organization's activity (Ansoff, 1965; Carroll A. , 1989). The tertiary stakeholders are those that provide the tools, guidance, and services that help the secondary stakeholders perform their roles more effectively and efficiently (Congressional Management Foundation, 2014).

In conclusion, Waddock (2008) argues that any and all stakeholder interactions and connections that must be put in place for a business to succeed are, eventually themselves the very foundation on which such successful enterprises are built. Executives should evaluate and engage actively with external, internal and interface stakeholders who are likely to influence the organization's survival in the market (Savage, Nix, Whitehead, & Blair, 1991). The Table below is a review of the evolution of the stakeholder theory since 1963.

TABLE 2.1.3 A
Some Early Definitions Of Stakeholders

Freeman 1984	"those groups without whose support the organization would cease to exist"
Freeman 1984	"can affect or is affected by the achievement of the organization's objectives"
Evan and Freeman 1993	"benefit from or are harmed by, and whose rights are violated or respected by, corporate actions."
Hill and Jones 1992	"constituents who have a legitimate claim on the firm.. established thorough the existence of an exchange relationship" who supply "the firm with critical resources (contributions) and in exchange each expects its interests to be satisfied."
Clarkson 1995	"have, or claim, ownership, rights, or interests in a corporation and its activities."
Source: (Crane & Matten, 2010, p. 61)	

Phillips and Freeman (2008) assert that stakeholder theory is, or should be:

> "importantly distinct from broader conceptions of CSR". (Phillips & Freeman, 2008, p. 103)

Many Scholars on the subjects of business, ethics and society use interchangeably the terms stakeholders and CSR. However, Roberts Phillips and R. Edwards Freeman (2008) argue that

> "stakeholder theory's focus on core business relationships entails significant differences between the two frameworks, theoretically and practically". (Phillips & Freeman, 2008, p. 103)

A paradigm shift has been observed with respect to corporate social responsibility, from a purely economic and legal one focused exclusively on the interests of shareholders, to one that takes into account the social and ethical duties towards other stakeholders (Sison, 2010). Also, codes, standards and principles have been developed by international organizations and companies are expected by the public to follow them.

2.1.4 The Concept Of Citizenship

Modern citizenship involves the right to a set of freedoms as well as abiding by and contributing to social order. In order to fully understand the nature of CC, citizenship alone be it of a country or a society or a group of like minded individuals must be

understood. It is safe to say that the origins of CC are well rooted in political literature (Bolzendahl & Coffe, 2009; Lister, 2003; Dalton, 2008) wherein there is a similar approach to citizenship from the perspective of being comprised of duties and rights. On similar lines, T.H. Marshall (1965) also emphasizes the rights of a citizen to contribute to social development. Civil rights coupled with social rights underline the political rights which form the basis for a functional societal construct (Marshall T. , 1965). The magnitude of the residual rights and obligations can vary based on the specific governmental construct such as liberal-minimalist citizenship, civic republican and communitarian citizenship (Sison, 2010). The concept of citizenship as per the liberal-minimalist ideal is:

> "Freedom from oppression and protection against the arbitrary rule of an absolutist government or state". (Crane, Matten, & Moon, 2003, pp. 7-9)

Citizens are vested with political rights enabling them to choose their representative of state. Civic republican or communitarian citizenship emphasizes

> "participation in the public good through the fostering of community ties and the practice of civic virtues". (Crane, Matten, & Moon, 2003, p. 9)

Civic republican or communitarian citizenship is set apart by "positive freedom" to work together with others for the common good (Sison, 2010, p. 242) whereas the liberal-minimalist citizenship approach is an individualistic one (Sison, 2010). It can be argued that CC is a broader concept than CSR and has a more global reach. Indeed, Dirk Matten and Andrew Crane (2005) adopt a political conceptualization of corporate citizenship where firms assume some of the responsibilities of government

in administering social, civil and political rights when government fail to do so (Matten & Crane, 2005). This phenomenon is especially believed to be necessary in emerging countries, to ensure the welfare of people. The gaps in governmental machinery must be filled by responsible corporations who must endorse and vocally support the protection and enforcement of human societal and environmental rights and protections as with, malnutrition, HIV/AIDS or a lack of education (Margolis & Walsh, 2003). However, in the early CC literature, scholars like Theodore Levitt (1958) and Milton Friedman (1970) were against the idea that corporations should be regarded as governments since the benefits to society of such an expanded role for corporates were dubious (Levitt, 1958; Friedman M. , 1970). There is still a large number of people who take this approach. It is an open debate.

2.1.5 Corporate Citizenship: An Anglo-American Origin

From its roots in conventional philanthropy CSR and eventually CC have remained within their anglo-american borders (Mohan, 2001). The conventional legality with regard to certain corporate structures dictates that society consider them individuals or citizens. From this concept emerges the construct of ownership of property by corporates for legal and taxation considerations. Some businesses however may only be ‘free riders’ who remain part of legitimate social structures with solely monetary gains in mind (Jones, 1999). Not succumbing to this and remaining a socially contributive organization still only explores CSR. However, according to Christopher Mardsen & Andriof (1998), CC encompases a larger gamut of positive societal contribution. However, even this approach may limit CC (Marsden & Andriof, 1998).

Normal peace time economies provide a bear minimum of operating security, market stability, consumer freedom and business friendly governmental policies. Irrespective of the underlying political construct, it remains true that any corporation that wants to do business in a market must per force contribute to a minimum stability and economic freedom in the market place (Sison, 2010). It also follows that such corporate entities will not shirk responsibilities such as social rights, civil rights and contributions to political and community systems. Crane and Matten (2004) point out that this should be the more holistic and possibly correct ambit of CC (Crane & Matten, 2004)

TABLE 2.1.5
Comparison Of CSR And CC

	CSR	CC
Motivation	Profits for shareholders. Pragmatic legitimacy	Profit and the good of society. Ethical legitimacy.
Outcomes for Firms	Can charge a premium price to cover the costs of added attributes and activities. Possible short-run competitive advantage due to increased reputation.	Continue to reap the benefits of "citizenship"- long-term survival, possible long-run competitive advantage due to expanded legitimacy.
Affected Groups	Firm stakeholders (shareholders, investors, consumers, employees, suppliers communities, managers)	Civil society, particularly the citizens of those countries where production or consumption occurs.
Outcomes for Affected Groups	Wealth maximization, product differentiation, enhanced work environment, healthier communities, greater managerial discretion	Cleaner environment. Safer work conditions, expanded human rights, unification of standards across societies.
Theories Applied	Political economy (Levitt 1958), Agency (Friedman, 1970), Stakeholder Freeman 1984; (Donaldson and Preston 1995; Jones 1995), Theory of the Firm (McWilliams and Siegel 2001), Resource-Based View (Hart 1995, McWilliams et al. 2002), Strategic philanthropy (Michael Porter, 2002)	Philanthropy (Carroll 1991), strategic philanthropy (Altman 1998; Windsor 2001), Theory of the Firm (Fombrun and Shanley 1990), Social Investing (Waddock 2001), Civil Regulation (Zadek 2001), Liberal Citizenship (Matten and Crane 2005).

Theoretical Justifications	Efficiency, economic rights, ethical preferences, short-term viability and competitive advantage.	Social welfare, human rights, social expectations, long-term viability and competitive advantage.
Source: (Ludescher, Williams, & Siegel, 2008, p. 332)		

2.1.6 Corporate Citizenship (CC) and Community Stakeholders

CC focuses particular attention on the community as a stakeholder and according to Dunham et al. (2006)

> "community as a stakeholder has come to represent something of a default, a sort of error term containing all sorts of interests and externalities that fail to find home within customer, supplier, employee, or shareholder groups". (Dunham, Freeman, & Liedtka, 2006, p. 24)

Hence, there is no clear understanding of what a community is or represents. They have subdivided it into what they term "communities of place", "communities of interest", "communities of practice" and "virtual advocacy groups". Communities of place represent the shared geographic locations which most people associate, most of the time, with "community". The communities of interest as the name implies is a group of persons who have interest in a specific topic and is able to significantly aid or harm the organization's ability to achieve its goals (Phillips & Freeman, 2008; Dunham, Freeman, & Liedtka, 2006). On the contrary, "virtual advocacy groups" according to Dunham et al.'s definition are "consistently hostile" (Dunham, Freeman, & Liedtka, 2006, p. 24). These groups rely increasingly on information technology and their ties between members can be entirely confined to cyberspace (Phillips & Freeman, 2008). Finally, communities of practice are a community made of

practitioners who have an expertise in a subject (Dunham, Freeman, & Liedtka, 2006).

Since companies influence many areas of social life, society feels that they must play a more responsible and contributory role. Moreover, they are often perceived to make profit at the expense of the society (Porter & Kramer, 2011). A strong relationship with one's local community may be at odds with an equally robust relationship with a multicultural global society. However, this is, first, forgetting that global society and the local community do not exist on the same level, no more than the local community and the family (Sison, 2010). For instance, a corporation that applies pollution control measures in its home country but neglects them in other communities, is simply not a good corporate citizen. Corporate citizenship is linked to the idea of globalization and universalism, and a corporation has to be accountable in its operations at home and host communities as well (Sison, 2010).

2.1.7 Corporate Citizenship And Civil Society

A major role of CC compared to CSR, is that it includes involvement and communication with civil society rather than just with individual stakeholders groups (Ludescher, Williams, & Siegel, 2008). CC, as a broader concept, must engage with the relevant civil society organizations in order to achieve profit-maximising objectives (C. Ludescher, McWilliams, & S. Siegel, 2008). The economic benefits provided by the provision of employment, sale of products and tax proceeds is often

not seen as sufficient and then additional contributions are demanded such as financial advisory services to local CSOs, public schools or governments, more traditional philanthropic contributions of company products and cash to those organizations (C. Ludescher, McWilliams, & S. Siegel, 2008). Some scholars pretend that the rewards to the firm of these social contributions take the form of continued support from all sectors of society, as access to the best quality labour, repeat business with customers and suppliers, absence of bureaucratic obstacles from government (C. Ludescher, McWilliams, & S. Siegel, 2008) enhanced reputation, loyalty and trust. Thinkers like Michael Porter and Mark R. Kramer (2011) argue that the relationship must be balanced and not always at the expense of the MNCs since the creation of value should be on both sides. As a consequence, this principle of "shared value" consists of creating economic value that will also create social value by addressing societal needs and challenges. It is defined thus:

> "policies and operating practices that enhance the competitiveness of a company while simultaneously advancing the economic and social conditions of the communities in which they operate." (Porter & Kramer, 2011, p. 2)

Also, firms must constantly advertise their CSR activities, in order to make civil society and customers aware of the contributions made by them to society. Corporations are obliged to convince CSOs of the value of their economic, social and environmental contributions (Ludescher, Williams, & Siegel, 2008; Porter & Kramer, 2011). One expectation is that if public opinion is too strongly against a form of doing business then corporations will be obliged to carry out organizational changes which

translate into additional costs, failing which they will ultimately lose business to independently owned enterprises or less profit-oriented organizations (Ludescher, Williams, & Siegel, 2008; Porter & Kramer, 2011). The concept of shared value, on the contrary, dictates that the strategy of a company and any internal organizational process, should recognize that social needs are the starting point (Porter & Kramer, 2011). Corporations are social actors just by naming them citizens and their value to society is the central issue of CC. As previously seen, corporate citizens are tightly integrated with the many communities in which they operate. These communities are local, regional and global depending on the extent and reach of corporate activities (Shrivastava, 2008). Being a corporate citizen implies reciprocal relationships between the corporation and respective communities. Cultivation of these relations through dialogue and engagement is the mutual responsibility of both.

Embodied CC responsibilities toward community go beyond social aspects to the physical health of community members. At the same time, this does not imply that corporations should entirely take over this responsibility. However, corporate citizens should be careful of how their products and services, their production and distribution activities, impact public health as these issues are technologically complex, politically sensitive, and have differential impacts on different racial and economic groups. As Paul Shrivastava (2008) argues

> “corporations have a responsibility to deeply understand these implications and engage communities in resolving public health problems arising from them.” (Shrivastava, 2008, p. 176)

As Michael Porter and Mark Kramer (2011) mentioned:

> "the competitiveness of a company and the health of the community around it are closely intertwined. A business needs a successful community, not only to create demand for its products but also to provide critical public assets and a supportive environment. A community needs successful businesses to provide jobs and wealth creation opportunities for its citizens." (Porter & Kramer, 2011, p. 3)

2.1.8 Creating Shared Value

For a corporate organization, creating shared value is an internal process of developing products, finding new markets, defining an efficient value chain, and building supportive industry cluster partnerships. One fundamental question that companies should ask themselves is: Is our product good for our customers? Or for our customers' customers? (Porter & Kramer, 2011). Also, by serving the disadvantaged communities, emerging markets represent a source of opportunity for MNCs. These communities used to be perceived as non-viable markets, a concept that is fast changing. In a country like India for example, the needs of new customers at the BOP are not fulfilled and yet a purchasing power does exist (Porter & Kramer, 2011; Prahalad, 2009). The social benefits of providing appropriate products to lower-income consumers can be impactful, while making the profits for companies increasing.

PART TWO

RESPONSIBILITIES OF BUSINESS TOWARDS SOCIETY

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2.2.1 Definition Of Civil Society

Although civil society as a concept has long been in use, it has only returned to popular use in the last decade (Bendell, 2000; Doh & Teegen, 2003). Previous to this resurgence, a two-sector world was modelled by social and political theorists, comprising the market or economic sector and the state sector. At that time, issues such as social welfare and environmental protection were resolved either through labour and product markets, state provision, or else corporate philanthropy (Crane & Matten, 2010). More recently, failure of the state or the market to ensure effective provision of social welfare is one of the reasons of the increasing role and importance of other types of organizations such as pressure groups, charities, NGOs, local community groups in attending to these issues (Crane & Matten, 2010).

As a result, a third type of institutional actor in society has emerged, namely civil society. In the literature, civil society is often said to comprise a third sector after the market and the state (Reece, 2001). It is often portrayed as a counterbalance to the state, and more recently also to business, guarding against the abuse of power and ensuring that the people's best interests are served (Reece, 2001). Only very rarely do corporations actually deal with individual citizens who are not their workers or customers, they usually communicate with Civil Society Organizations (CSOs), an umbrella term for the different types of organizations that might be considered to be civil society actors. In the literature, NGOs tend to be the most visible actors dealing with business. However, organization such as labour unions, consumers associations, religious groups, voluntary associations and community groups are also

important CSOs and synonymous of an engaged democratic citizenry (Crane & Matten, 2010; Kunreuther, 2011). Grassroots associations are groups where people come together voluntarily to advance a concern or interest, solve a problem, take an action, or connect with each other based on something they share in common (Kunreuther, 2011, p. 56). They provide spaces in which people can practice civic engagement and are characterized by more democratic and less hierarchical forms of governance (Smith D. , 2000). By organizing around common interests, grassroots groups provide one way to address the isolation and sometimes overwhelming responsibilities that face individuals and families. People come together voluntarily to learn, act, share, discuss, and enjoy (Kunreuther, 2011). Associations do not simply meet social needs,

> "they also provide skills that help individuals to engage in the political and economic systems, and build increased capacity at the local level for citizen interaction in democratic societies." (Kunreuther, 2011, p. 56)

Community organizing groups have an explicit goal of:

> "addressing power and inequality by engaging people who have little influence as individuals, but who can gain voice and influence by working more closely together." (Kunreuther, 2011, p. 58)

2.2.2 The Historical Trajectory Of Civil Society In India

CSOs were the symptoms of the resistance movement to colonialism and the raising of awareness to practices increasingly unacceptable in relation to the modern

systems of education (Chandhoke, 2011). The 19th century, under the British Raj[5], was marked by several stirrings for social reforms[6] as the influence of Western thought began to spread (Tandon, 2002). Civil society in India was governed by at least seven categories of organizations which pursued different but not necessarily incompatible ends (Jayal, 2007). First, in the nineteenth century social and religious reform movements such as the Bramo Samaj[7] and the Arya Samaj[8] worked for women's education and widow remarriage and were opposed to caste order. Second, in the early twentieth century, Gandhian organizations engaged in what was euphemistically termed the "social uplift" of the doubly disadvantaged castes and the poor (Chandhoke, 2011, p. 173). Third, a number of organizations grew up around trade unions in cities such as Bombay and Ahmedabad. Also, professional English-speaking Indians formed a number of associations to petition the colonial government to extend English education and employment opportunities to the educated middle classes for example The Bombay Presidency Association (Chandhoke, 2011). Women were included in the tradition of debates and discussion; however, to a lesser extent than men and this phenomenon crossed the barriers of caste and class (Sen, 2005). Besides, movements against caste divisions have always been present in Indian History and were opposing the hierarchy (Sen, 2005).

[5] 1858-1947: It is the period during which the Indian subcontinent (today's Pakistan, India, and Bangladesh) was under direct British rule (Cantegrell, Chanana, & Kattumuri, 2013, p. 11).

[6] In the 19th century a number of reforms movements emerged in India that were religious, political and social in nature. They campaigned successfully for the abolition of Sati (the self-immolation of widows), for female education and against child marriage (Cantegrell, Chanana, & Kattumuri, 2013, p. 11).

[7] He founded the Bramho Samaj in 1828 with the clear aim of bringing about social, political and economic change in India (Tandon, 2002, p. 7).

[8] In the 1880s, the movement made spectacular advances under the leadership of Swami Dayanand Saraswati. It achieved great success maybe because of its criticism of Hindu practices e.g. idolatry and polytheism, child marriage, the taboo on widow remarriage, Brahmin dominance, the multiplicity of castes based on birth alone (Tandon, 2002, p. 5).

According to Amartya Sen (2005) the most powerful arguments have been about the lives of the least privileged groups.

2.2.3 Education And The Rise Of Civil Society

Education was valued during the British Raj in order to get ahead, it was not something valued because of the knowledge that it produced. According to Sanjay Seth (2007), English education was instrumental and misunderstood;

> "it was a subordination of learning to material concerns: jobs, marriage prospects and dowry." (Seth, 2007, p. 21)

In 1902, students studied by cramming or by rote, without understanding it or integrating its real meaning (Seth, 2007). Seth (2007) argues that the first three universities in India at Calcutta, Bombay and Madras were modelled after the then newly established London University:

> "the introduction of modern, western knowledge implied not just the absorption of facts and theorems, the replacement of one set of ideas with another, but also deportment, stylistics, a whole series of adjustments in how human subjects inhabit the world." (Seth, 2007, p. 27)

At the end, it was a failure, the transformation of the subject through education was not accomplished and the subject and knowledge remained independent. Indeed, there is a difference between learning how to think and to regurgitate, between knowledge which is acquired by oneself and thus sustained by conviction and that

which is accepted in deference to authority (Seth, 2007). As a result of this knowledge imposition, a moral decline and intellectual confusion were observed and attributed to the fact that educated Indians had to negotiate two distinct worlds, cultural domains characterized by radically different conceptions of how the world works, and what constituted moral behaviour (Seth, 2007). Some experienced a crisis, as they were living a life governed by contradictory values and misunderstanding. It was a transition from one form of society and way of life to another with the erosion of traditional communities. The modern western knowledge introduced in India and disseminated through western education, the bureaucratic operations of the British administration and the impersonal cash nexus of the market, was a way of reshaping the country (Seth, 2007).

Towards the end of the nineteenth century there was growing criticism of the education system provided by colonial authority. Western education fell short of its expectation, which was mainly to create a generation of men who could think for themselves. The system instead created young men regurgitating information that they had crammed in and were only just equipped for clerical service in the government. In short, education was to be the instrument for modernity, and in this it was failing (Seth, 2007). The second category of criticisms of education was in the fact that it was rooted in an alien culture, under the control of a foreign ruler, not having been adapted to the character of those subjected to it; hence western education was alienating (Seth, 2007).

2.2.4 Vaccination And The Public Sphere In The Time Of The British Raj

From 1802, The East India Company depended on indigenous medical practitioners who operated as the welfare manager of society which went in the direction of disease prevention countering the spread of smallpox's (Alavi S., 2008). Smallpox vaccination was one of the early "welfare" schemes that the company undertook and it demonstrated the Company's interest in prevention of disease and thus the well-being of people (Alavi S., 2008). Hence, the management of the inoculation drives across North India sent a positive message regarding the Company's intent in matters of general well being (Alavi S., 2008). Local rulers as well as local physicians and the Company worked hand in hand to introduce schemes that would prevent disease, and thus guarantee the well-being of people (Alavi S., 2008).

British and Indian physicians both agreed that prevention of disease was as important an investment as therapeutics or cure (Alavi S., 2008, p. 109). Indeed, disease related not just to individual body physiology and its well-being but to the larger well-being of society. The outbreak of the cholera epidemic in 1817-18 increased their commitment to what, later in the century, was called "public health" (Alavi S., 2008). The knowledge of Indian medical communities was mandatory to the Company's medical understanding of epidemics and the idea of health being integral to social well-being gained popular consensus (Alavi S., 2008). In 1820, James Jameson, secretary to the medical board, wrote a report on cholera based on an analysis of a hundred reports from his colleagues and input from others local physicians and concluded that the disease was linked to well being (Alavi S., 2008, p.

114). By 1820, the military secretary had printed more than 300 copies of Jameson's influential report for circulation to all medical officers (Alavi S., 2008, p. 115). Doctors in India wrote cholera management texts so as to provide reference material for their colleagues in Britain. In 1832, Frederick Corbyn's text from Calcutta claimed to have a comprehensive account of cholera management. He had referred to all the literature produced in India and hoped it would "promote the interest of medical science in the welfare of humanity" as well as "remove the cholera suffering all over Europe" (Corbyn, 1832, pp. 7-9). British doctors and Hindustani healers worked together to share their medical practice in the management of cholera epidemic as well as the smallpox inoculation drive. Men of western training and traditional healing came together to create a medical public sphere (Alavi S., 2008).

2.2.5 The Arrival Of Print And The Transformation Of Medical Knowledge

By the late 1820s the expansion of lithograph printing in India added a new dimension to this shared pool of medical knowledge. The repositories of knowledge of the communities of healers began to be printed. The arrival of print influenced the ongoing contest over medical patronage and authority (Alavi S., 2008). Indeed, translations at that time, nineteenth century omitted the author's name and they projected the translator as the author (Alavi S., 2008). The vernacular Hindustani became the language of the new printed medical literature (Alavi S., 2008). If print changed the contours of medical knowledge by giving it a standardized textuality, the choice of the vernacular Hindustani as the language of these texts made medical knowledge accessible to a new range of readers as it moved out of the Arabic -

Persian confines in which it had nestled until the 1820s. Through the 1830s and 1840s, the British gave up their policy of translating the British medical texts into Arabic and Persian, and resorted to the vernacular as the language to reach out to a new class of people (Alavi S., 2008, p. 152). The London Pharmacopeia was translated into Hindi (Alavi S., 2008). The vernacularization of medical knowledge made the medical profession easier to access and a new community of physicians could now enthusiastically participate in the medical sphere as collaborators and competitors of British doctors. From the 1830s, it was with their active participation in the medical public sphere that the institutionalization of medicine began (Alavi S., 2008).

2.2.6 Legitimacy And The Public Sphere

The public sphere can be regarded as a communicative network in which positions are synthesized into “bundles of topically specified public opinions”, echoing the problem of citizens (Habermas, 1996, p. 360). The value of a public sphere rooted in civil society rests on three core claims: first, that there are matters of concern important to all citizens and to the organization of their lives together; second, that through dialogue, debate, and cultural creativity, citizens might identify good approaches to these matters of public concern, and third, that states and other powerful organizations might be organized to serve the collective interests of ordinary people (Calhoun, 2011, p. 311). The public sphere represented a greater collective choice and guidance. New media for communication have been important to this project, starting with print and extending through newspapers and broadcast media to

the Internet and beyond (Calhoun, 2011, p. 311). This approach to public communication grew partly on the basis of active public debate in the realms of science (Ezrahi, 1990; Alavi S., 2008), religion (Zaret, 2000) and literature (Habermas, 1991). The public sphere is crucial to identifying the public good and it is a matter of public culture that is shaped by creative and communicative processes as well as debate (Calhoun, 2011). Choices made by individuals are influenced by the public communication, such as advertising, and by the tastes and customs of specific communities or social groups, and finally connect to each other through markets (Calhoun, 2011). Civil society generates public knowledge via the media and first-hand reports, hence fostering a vibrant public sphere (Calhoun, 2011). According to Craig Calhoun (2011) culture is crucial to the capacity for agreements among individuals and hence it links the members of a society (Calhoun, 2011). He defines Culture as

> "continued creativity, and processes of reproduction incorporate novelty, allow some practices to fade, and shift patterns of meaning, as language add and lose words and adapt to new context. (Calhoun, 2011, p. 315)"

Public discussion is the way in which ordinary citizens gain knowledge, forms opinions, and express themselves, potentially influencing the state (Calhoun, 2011). Its very openness is an invitation to all citizens and recognition that all the opinions and emotions of citizens matter (Calhoun, 2011). Also, legitimacy can be seen as compliance with social norms, values, and expectations and it has become a very critical issue for corporations operating globally (Palazzo & Scherer, 2006; Olivier, 1996). Indeed, institutions who lose legitimacy have difficulties in entering into

partnership as external entities do not rely on their compliance with social rules (Palazzo & Scherer, 2006).

2.2.7 The Role Of Civil Society Organizations

Civil society activism has fostered corporations to become more responsible and accountable (Sundar, 2013). Since 1990, civil society has grown in size and acquired considerable sophistication in approach, and has attracted professionals to its ranks. According to the first official estimate by the Ministry of Statistics and Programme implementation in July 2010, the numbers of civil society organizations (CSOs) numbered 3.3 million in 2009 in India (MOPI, 2010), though only about half or two thirds are active. Civil society activism is reflected in various movements like the women's movement, tribal movements for forest rights, the environmental movement and the Anti-Corruption Campaign and hence, now challenges today many actions of the business sector (Sundar, 2013). In India, as Pushpa Sundar argues

> "CSOs have played a positive role in creating awareness among the disadvantaged as to their rights, bringing environmental concerns to the forefront, and in increasing people's expectations about the quality of governance and the minimum quality of life that was acceptable." (Sundar, 2013, p. 221)

The presence of this large third sector has a threefold effect on corporate/community interface:

- It serves to motivate the business community by creating awareness of different social problems and issues, and providing opportunities to work with communities;
- It offers companies, via donation or partnerships, an alternative to operating their own community programmes;
- Lastly, it acts as a watchdog towards the corporate sector (Sundar, 2013).

CSOs try to make businesses more responsible in their operations as one of its roles. In India, CSOs and the government's own awareness-raising campaigns have made the underprivileged sections of society more conscious of their rights, i.e. rights to property, food security, education and jobs. Since the 1960s, civil society was relying on government or foreign donor agencies. Today, most of CSOs are funded by the private sector (Sundar, 2013).

Most stakeholders contribute directly to the corporation in the form of labour, income, or capital, whereas, CSOs only very rarely contribute any resources directly to corporations. However, they might have a stake in the decision making of the company as they represent individual stakeholders interests who gain better voice and influence by regrouping together (Crane & Matten, 2010). In the past, the attention on CSOs was had through situations of often quite intense conflicts such as: strikes, boycotts, demonstrations and media campaigns where the legitimacy of these organizations was questioned. More recently, there has been a move towards a more consensual and collaborative approach in business-CSO relations (Murphy & Bendell, 1997; Selsky & Parker, 2005; Yaziji & Doh, 2009). As Simon Zadek emphasises, it has moved from

> "oppositional forces to more extensive and intimate engagement" (Zadek, 2011, p. 429).

Civil society is gradually embracing a more professional approach to solving long standing issues in health and education (Zadek, 2011). A number of social entrepreneurship initiatives have mushroomed across the country and are predominantly started or run by young educated professionals from middle class income groups. In time, this transformation of civil society from a sporadic to a more participative form of functioning will make CSOs a more powerfull stakeholder within the regulatory framework that governs multinational companies operating in India. It is true that companies cannot be expected to listen and engage with all CSOs. However, even though many CSOs and their demands may seem peripheral, illegitimate, or just simply unrelated to the corporate sphere of activity, according to Andrew Crane and Dirk Matten (2010) they should not be ignored. Whilst ignoring ostensibly "irrelevant" CSOs and hoping they will go away may be a typical corporate response to such "irritants", it may have detrimental long-term consequences (Crane & Matten, 2010, p. 449). Simon Zadek (2001) simply considers that

> "it is simply not really the company's choice who is and is not a stakeholder". (Zadek, 2001, p. 163)

Firms are more likely to recognize and respond to CSOs that are known, trusted, and not too critical (Fineman & Clarke, 1996). However, Harry Hummels (1998) suggests that managers should listen carefully to critical voices as in a complex, multi-faceted, global economy, there are likely to be many sides to any major corporate action which impacts significantly on society (Hummels, 1998). Indeed, listening to critics

can raise awareness of potential problems, help to define priorities, and aid in setting out more informed visions of the future. Of course, simply listening to what CSOs have to say is not always going to be a sufficient level of involvement, but it represents a good place to start. Stuart L. Hart and Sanjay Sharma (2004) suggest that corporations should

> "systematically identify, explore and integrate the views of stakeholders "on the fringe" e.g the poor, weak, isolated, non-legitimate because they potentially represent future market shares. (Hart & Sharma, 2004, p. 7)

CSOs are very active in promoting their causes and in seeking corporate recognition, engagement and response (Crane & Matten, 2010). However, some of the tactics used by CSOs can be seen as unethical (Whawell, 1998). One area where they have typically been open to ethical criticism is, as indirect action, in relation to the provision of misleading information (Whawell, 1998). More marginal CSOs involved in anti-business communication may not enjoy of course the same degree of overall trust from the public (Crane & Matten, 2010). Violent direct action also raises awareness of the issues that the CSO is promoting very quickly but it calls into question whether such action can really be deemed "civil" (Crane & Matten, 2010). Those tactics are perceived as illegitimate by the public and business community and the consequence is that the CSOs don't get access to the decision making process (Crane & Matten, 2010). It is easy, for even small CSOs, to organize campaigns and other forms of activism aimed at corporations on the Internet and social media. Finally, non-violent direct action can take a variety of forms including demonstrations, letters, emails or

social media campaigns (Crane & Matten, 2010). Also, the question of accountability is central to the raison d'être of CSOs and they have been regularly criticised on this factor (Bendell, 2005; Unerman & O'Dwyer, 2006). A number of problems have been voiced including:

- CSOs in developed countries, representing the interests of those in developing countries, have been accused of imposing their own agendas on local people without adequately understanding their situations and needs;
- The involvement of beneficiaries in agenda setting, defining priorities, and making strategic decisions is often limited;
- The need for financial support and other resources can focus CSOs' interests on donors' priorities rather than those of their intended beneficiaries (Bendell, 2000; Ali, 2000; Edwards & Fowler, 2002).

2.2.8 Shared Value: Implications For Civil Society

Civil society is dynamic and influential and over the last two decades it has flourished. Technology, geopolitics and the markets have fostered this movement with the creation of millions of CSOs around the world. They also give a voice to citizens both online and offline and generate deeper involvement in global governance processes (Schwab K. , 2013). In emerging economies, activities of CSOs are on the rise and increasing in influence. Information and communication technologies have changed the balance of power allowing ecosystems of individuals, communities and organizations to be built across different geographical areas. In

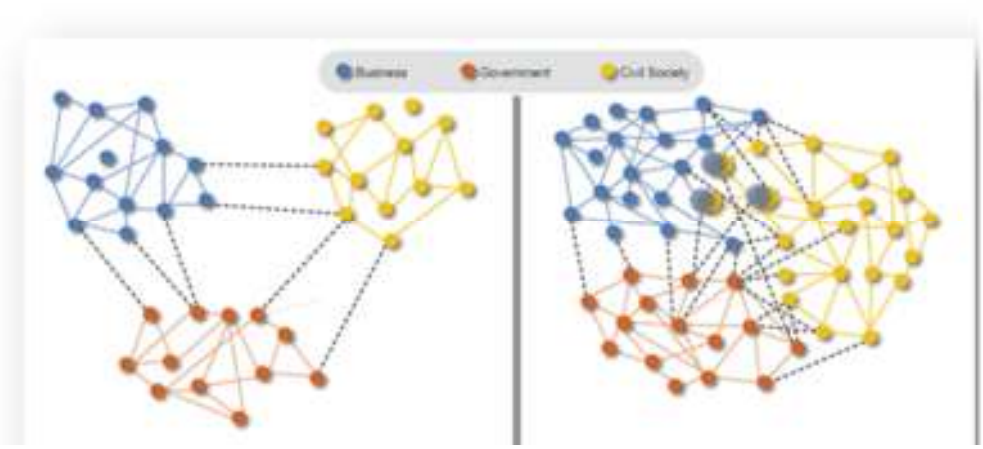
today's world, civil society is accepted in global governance processes and sits along other stakeholders (Schwab K. , 2013).

Non-profit organizations, in order to be socially impactful should focus on the results and outcomes of their actions. The principle of shared value is relevant for them and is different from the ideological approach of just social improvement

> "The principle of shared value creation cuts across the traditional divide between the responsibilities of business and those of government or civil society. From society's perspective, it does not matter what type of organizations created the value. What matters is that benefits are delivered by those organizations – or combinations of organizations- that are best positioned to achieve the most impact for the least cost." (Porter & Kramer, 2011, p. 3)

Shared value can be realised only as a result of effective collaboration among all parties (Porter & Kramer, 2011) and the figure 2.2.8 illustrates the paradigm shift and the evolution of the relationship between business, government and civil society over time.

FIGURE 2.2.8
The Evolution Of The Relationship Between Business, Government And Civil Society



Old Paradigm	New Paradigm
• Government, civil society and business each acting primarily within their own spheres • Some degree of interaction, but limited – each sector acting independently to influence the other • Independently-defined roles of each sector	• Greater degree of activity to address societal challenges within each sector and more integration across a shared space • New frameworks for collaboration, partnership and innovation resulting from increased intersections • Increased blurring of traditional roles • Evidence of hybrid organizations emerging (e.g. business social purpose and civil society as market actors)

Source: (Schwab K. , 2013)

2.2.9 Trends Affecting Civil Society

Over the past decade, the Internet has revolutionised several aspects of our life from learning and development to secure financial transactions. It is not difficult ot understand how the Internet has also come to influence civil society and the manner in which it expresses itself (Schwab K. , 2013). Indeed, totalitarian governmental

setups are today grappling with this unbridled proliferation of opinions and groups effectively shielded by parts of the Internet some times used exclusively for this. Even in conventional democratic economies, these citizen-voices are increasingly being heard and are growing in number and fortitude, presenting a new area of both governance and a grieviance redressal system which is, by nature of the Internet, decentralised (Schwab K. , 2013; Doh, 2008). The lasting memory of the late 2000's will definitely be the economic crisis and the resulting belt-tightening that corporates, governments and eventually households and entrepreneurs had to make. Such a reduction in the availability of resources has proven to be a barrier for civil society as well (Schwab K. , 2013).

There is a trust deficit all over the world portrayed by the rise of citizen protests in institutions such as business and government. To regain this trust, private sector players are putting their effort into the development of innovative solutions to societal, environmental and legal challenges, eventually having a positive on society (Schwab K. , 2013). As a result, as Klaus Schwab (2013) states businesses adopting these strategies can see themselves as part of civil society. NGOs have been among the most vocal and influential critics of the influence of corporates on society. This criticism has ranged from broad-based allegations of the negative influence of globalization and MNCs on the fabric of society, to specific assertions regarding workplace practices of companies doing business in the developing world (Doh, 2008).

2.2.10 Advocacy And Civic Reaction To The HPV Vaccine Introduction In Europe

In stark contrast to developing nations, the effect of civic social and other community oriented groups is more strongly felt on governmental and social decision making. Women's interest groups and patients groups thus bring a great deal of legitimacy to HPV vaccination, such as ECCA (European Cervical Cancer Association) and ECPC (European Cancer Patient Coalition) (Laurent-Ledru, 2008). Further, the WACC (Women Against Cervical Cancer) foundation brought together scientific voices, political leaders and patients to create a focussed advocacy groups for Europe, empowering existing local and transnational groups to increase their sphere of influence(Laurent-Ledru, 2008).

However, civil society advocacy also have a negative influence with regards to access to market and anti-vaccine groups have also voiced their concerns. Major problems raised related to vaccination, the industry and its marketing, were the following:

- Promotion of promiscuity: Faith-based organizations actively campaigned against HPV vaccination (Laurent-Ledru, 2008);
- Safety: Anti-vaccine movements, such as the National Vaccination Information Centre (NVIC), Judicial Watch either US organizations or the French Ligue Nationale pour la Liberté des Vaccinations tried to lay doubts on the safety of HPV vaccines (Gupta V. , 2009). In Spain, after the hospitalization of two girls in the province of Valencia following their vaccination for HPV, a parents'

association was created and advocated for a moratorium on HPV vaccination (Laurent-Ledru, 2008);

- Aggressive awareness campaign: In Germany, healthcare professionals expressed concern in the media. Thirteen health scientists launched a manifesto calling for an end to “misleading information” on the efficacy of the HPV vaccination. Awareness campaigns conducted by the vaccine manufacturers were found to be highly tenuous (Laurent-Ledru, 2008).

2.2.11 Indian Civil Society Advocacy In The Introduction Of HPV Vaccination

In India in the recent years, the introduction of newer vaccines is the subject of heated debates. A number of concerns have been identified and raised but the one persisting with the most focused attention is related to the commercial interest of the manufacturing lobby (Ramanathan & Varghese, 2010). The pilot HPV vaccination endeavours had a number of poor strategic weaknesses ranging from a vulnerable and poorly educated target group from rural India to poor execution as compared to national immunization programmes such as polio (Ramanathan & Varghese, 2010).

Members of health networks, women’s groups, organizations working on public health issues, medical professionals, human rights groups and child rights groups have raised concerns regarding the introduction of Gardasil to young girls in the country and they submitted a joint memorandum to the Union Minister of Health and Family Welfare enumerating these concerns and demanding that the demonstration projects to be halted (Sarojini, Anjali, & Ashalata, 2010). In July, 2009, The Andhra

Pradesh Minister for Health and Family Welfare in association with the Indian Council of Medical Research (ICMR) and PATH international launched a “Demonstration Project” for vaccination against cervical cancer. The vaccine used was Gardasil in Andhra Pradesh by Merck Sharpe and Dohme (Sarojini, Anjali, & Ashalata, 2010). On August 13, 2009, the Gujarat government launched a two-year “Demonstration Project” for Cancer of the Cervix Vaccine to administer three doses of the HPV vaccine to 16,000 girls between 10 and 14 years (Sarojini, Anjali, & Ashalata, 2010). Four girls died following the administration of one of the three doses of the vaccine. A group of women activist decided to visit the areas on 27th and 30th March, 2010, where this project was conducted, in order to understand the situation on the ground, to look at the nature and procedures of consent and to provide information to the girls and their parents (Sarojini, Anjali, & Ashalata, 2010). Key concerns raised by CSOs were the followings:

- Demonstration Project, Clinical Trial or Post-Marketing Surveillance (PMS):

  The nature of the project was not clear. There was confusion between research, a clinical trial, a demonstration project, or an “observational study”. Serious concerns were raised about the nature of selection of the area and children and the process of obtaining consent (Sarojini, Anjali, & Ashalata, 2010).

- Selection: Vulnerable Groups

  CSOs have blamed organisers for having conducted the project on underaged girls from the poorest and most marginalised sections of society (Sarojini, Anjali, & Ashalata, 2010). As a result, the “target group” of this vaccination project was chosen to be those who could not question the procedure or the motives of the project: a group of adolescents who were socio-economically weak,

malnourished, with no or little access to health care facilities, did not live with their parents, and did not understand the language in which information was provided (English, and Telugu in some cases). (Sarojini, Anjali, & Ashalata, 2010).

- Dubious Nature of Information and Consent

Teachers and students did not understand the vaccination initiative as a study. They believed it to be a public immunization program and were not aware that they were part of a research program (Sarojini, Anjali, & Ashalata, 2010). To them, the government was providing an expensive vaccine free of cost that would prevent them from having “uterine cancer” or “cervical cancer” (Sarojini, Anjali, & Ashalata, 2010).

- An Incomprehensible HPV Immunisation Card

The HPV immunisation card, in English, was given to all the girls after administration of the first dose of the vaccine to remind them about the vaccination schedule. However, neither of these girls, nor their parents, were familiar with English (Sarojini, Anjali, & Ashalata, 2010).

- Consent Form – Just a “Formality”

Participants were asked to get the consent form signed by their parents, which raises concerns about the violation of the process of obtaining consent. Indeed, the researchers should have asked the parents directly for their consent in the study (Sarojini, Anjali, & Ashalata, 2010).

- Public Private Partnerships

The implementation of the ‘demonstration project’ by the Ministry of health and Family Welfare (MOHFW), ICMR, PATH International and the State Government of Andra Pradesh is a demonstration of a poorly planned and organized Public

> Private Partnership (PPP). Also, the lack of transparency's accountability and ethics of such organizations is of concern (Sarojini, Anjali, & Ashalata, 2010).

Following these identified concerns, the recommendations raised by the civil society organizations were:

First and foremost, all trials using HPV should be stopped and no organization should be given permission for clinical trials / demonstration project/ vaccine administration, without systematic approval, a sound and ethical methodology of conducting the study and without provision of constant monitoring by the state. CSOs criticized industry for giving financial support, claiming that it should not be the criterion for introducing a vaccine (Sarojini, Anjali, & Ashalata, 2010). Finally, critics in the press have been vocal; the Director General of the Indian Council of Medical Research (ICMR) told the national newspaper "The Hindu" that he had asked the Health and Family Welfare Ministry, the State Governments and the people not to go ahead with the programme. He stated:

> "There can be no compromise, if ethical issues have been violated by any non-governmental organization or pharmaceutical company". (Katosh, 2010)

> "Following the controversy over the administration of the HPV vaccine to tribal girls in Khammam district, the Andhra Pradesh government has decided not to allow further mass vaccination until it receives a go-ahead from the ICMR and other competent agencies". (Katosh, 2010)

However, other CSOs support the introduction of the vaccine and try to foster trust in the process. This is the case of The Indian Academy of Pediatrics (IAP) which is at the forefront of vaccine advocacy in India. Through its large network of around 20,000 pediatricians, the Academy works to highlight the importance of vaccines in child survival (Thacker, Vashishtha, Awunyo Akaba, & Farhad Mistry, 2013). The Academy works in tandem with the Ministry of Health, the Ministry of Mother and Child welfare, the ICMR, and other government offices on a variety of vaccination and child health issues such as vaccine policies and adverse events following immunization (AEFI). The IAP conducts advocacy on newer vaccines. The IAP counteracts misinformation campaigns against vaccines and vaccination programs by issuing statements, arranging media briefings, and publishing specific messages in its publications and on its website. They also conduct vaccinology courses to train health professionals (Thacker, Vashishtha, Awunyo Akaba, & Farhad Mistry, 2013).

PART THREE

MULTINATIONALS OPERATING IN EMERGING MARKETS: CORPORATE CITIZENSHIP IN INDIA

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2.3.1 Business In The Pre-Independence Period (Pre-1947)

In India philanthropy can be traced back to its origins in family run businesses. A key factor that enabled these family businesses to enjoy unbridal success in India prior to the opening of market was their active involvement and support to the social structure that ensure overall stability right from the grassroot level. For instance, India has never had a national level military coup like in many south American and Asian economies. This co-dependance between business. philanthropy, government, religion and a large low-cost labour force is crucial for the economy's functioning. Large families of business caste concentrated in the earstwhile financial capitals such as Bombay (Sundar, 2013). Philanthropy continues to offer family businesses in India a legitimate means to not only market their family name in the immediate operating community of their businesses but also add to the overall betterment of society and the country in general (Sundar, 2013; Windsor, 2001; Wood & Logsdon, 2001). Some of these philanthropic efforts can be attributable to religious belief.

Note worthy is the financing mechanism that allowed these business-family communities to reduce their risks in the market place and from the late 1800's set up the Bombay Stock Exchange and other exchanges all over India (Gollakota & Gupta, 2006). Later on, in post-independent India philanthropy began to take on a more CSR and CC inspired guise, with the likes of Jamsetji Nusservanji Tata (1839-1904), whose pioneering work has even been the basis for many a western CSR framework (Harris, 1958 ; Mehta, 1991).

2.3.2 Corporate Citizenship After Independence

Even in post-independent India, the Tatas continued to be a guiding light for CSR and CC (Gautam & Singh, 2010). Such a foundation laid right from the early 1900's enabled modern Indian MNCs and regional companies alike to embrace the concept that CSR and CC in its various forms are indispensable for day to day business (Bajpai, 2013).

2.3.3 The Gandhian Concept Of Trusteeship

Mahatma Gandhi and his philosophies not only helped India to gain its independence but also laid the foundation for trust issue. Before Gandhi, this concept of trusteeship was confined to individuals and was primarily considered a paternalism. Gandhi, however, established that simply philanthrophy alone could not sufficiently buoy society (Sundar, 2013a). In addition, Gandhi used some of his clout among businessmen to instill in them the need for and the benefits of CSR. Subsequently, in post-independent India, several trusts and foundations came into be which continue to help society. In 2012, the top ten Indian philanthropists contributed USD 2.1 billion to philanthropy-based work (Wealth-X, 2013). One large corporate house, Birla, defines trusteeship in term of CC and as a means by which company profits can be shared by all (Birla, 2013).

After the phase of sudden growth in the establishement of trusteeship in the late 50's and 60's, the business environment began to accept a more holistic approach to trusteeship, taking the first steps towards CSR and CC (Mohan, 2001). More recently, in the early 2000's, Indian businessmen have understood and have beginning to implement a more robust approach to CSR, rising beyond conventional philanthrophy. Such new age thinking encompasses ethical practices, concerned for societal and environmental impact as well as long-term sustenance of the market in which they operate (Mohan, 2001)

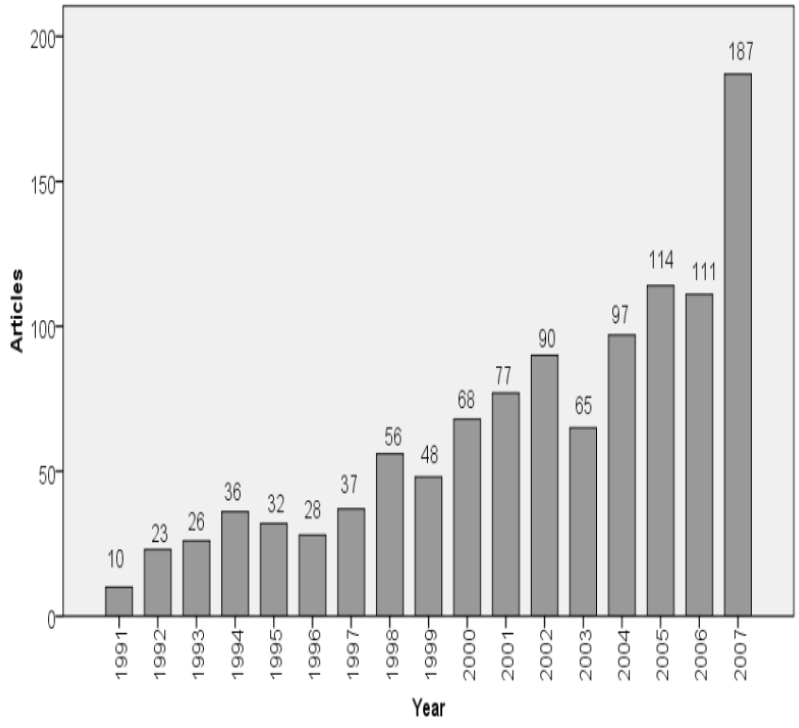
2.3.4 CSR Approaches, Drivers And Barriers

Transpararency international and organizations which rate countries based on the ability to do business and institutional corruption, consistingly finds several Asian countries lower down on their list. India is no exception with poor regulations and even poorer implementation systems (Chapple & Moon, 2005) This fundamental disparity in the perception of CSR versus the ground reality in developing nations leads to considerable challenges for firms in practicing CSR (Aravelo & Aravind, 2011). Outside of the senses mechanism there still remains much more room for development with regard to quantifying social trends. Thus it is only in the past ten years that some amount of literature as emerged with regard to CSR in India (Arora & Puranik, 2004; Sood & Arora, 2006). Even that is limited to CSR and as little or no details on CC practices. There continuous to be a knowledge gap with regards to CSR and CC, and their characteristics (Narwal & Sharma, 2008; Balasubramanian, Kimber, & Siemensma, 2005; Raman, 2006). Despite this, several multinationals

corporations hailing from emerging economies have placed considerable focus on CSR (Luken & Stares, 2005; Visser, 2008).

The drivers of CSR can vary, however in 2004, 536 companies across India reported philanthrophy and image building being the top two drivers. Employer moral and ethic were also important considerations (Partners in Change, 2004). In spite of the literature gap, it is noteworthy that over the last twenty yers about 187 articles have been published in related areas (Pillania & Fetscherin, 2009). The real question is whether mainstream businesses are adopting corporate citizenship practices when dealing with local communities and markets.

FIGURE 2.3.4 A
Yearly Output (articles) On Behaviour Of Multinationals Operating In Emerging Markets



Source: (Pillania & Fetscherin, 2009)

The table 2.3.4 B illustrates the four models of CSR in India.

TABLE 2.3.4B
The Four Models Of CSR In India

Model	Focus	Champions
Ethical	Voluntary commitment by companies to public welfare	M.K. Gandhi
Statist	State ownership and legal requirements determine corporate responsibility	Jawaharlal Nehru
Liberal	Corporate responsibilities limited to private owners (shareholders)	Milton Friedman
Stakeholders	Companies respond to the needs of stakeholders customers, employees, communities	R. Edwards Freeman

Source: (Arora & Puranik, 2004)

The societal response to businesses that undertake CSR earnestly is positive (Narwal & Sharma, 2008). However, the new company law requires companies with a net profit of more than 700 million Dollars to spend 2% of the average of it t over the three preceding years on CSR activities (Porter M. , 2013). Mikael Porter (2013) is strongly opposed to this mandatory measure because there is no social impact as it is not part of an integrated approach. Indeed, without any clear framework, they use the term as they want, with the end result that activities undertaken in the name of CSR are merely philanthropy or an extension of it (Arora & Puranik, 2004). To have an impact, a company must address the societal needs such as malnutrition or poverty while creating profits (Porter M. , 2013).

Over a period of time, Indian companies have progressively moved towards a western centric approach of CSR. Most of the MNCs with operations in India obviously conform to the parent company CSR guidelines. However, some Indian

companies stand out from the crowd such as the Tata and the Birla groups who have been leading the way in making CSR integral to their normal functioning (Sagar & Singla, 2004). Indeed, a survey conducted by Business world in 2003 found that 'respect' was a large part of the reason for the popularity of some of the top Indian companies. These companies have realized as much and instituted transparent and progressive internal guidelines as well as external or society facing CSR campaigns (Business world, 2003). In 1999, the Tata group of companies led a pro-active role in HIV-AIDS initiatives and have since embarked on other medical and health related programmes. TCCI or The Tata Council for Community initiatives has successfully completed a three year best practices development programme which has given birth to a framework. Similarly, the Birla group of companies run 15 hospitals and provide effective quality healthcare to over 100,000 people per year (Sagar & Singla, 2004). As with any new theoretical framework, the westernized concept of CSR has met with some resistance in India. The market oriented approach which draws from early capitalist ideals clash head on with traditional Indian societal value systems, wherein the motivation underliying any CSR initiatives is as important as the benefits reaped by society(Sundar, 2000). Ultimately, irrespective of the underlying motivation behind CSR or CC, society benefits and so do the citizens living within.

2.3.5 Impact Of Globalization On Culture And Communities

With globalization, companies trading in international markets can sometimes face difficult dilemmas with respect to the implementation of locally acceptable business

practices while safeguarding parent company standards (Crane & Matten, 2010; Donaldson, 1996). According to Andrew Crane and Dirk Matten (2010):

> "globalization makes regional difference less important since it brings regions together and encourages a more uniform "global culture" but on the other hand, in eroding the divisions of geographical distances, globalization reveals economic, political, and cultural differences and confronts people with them." (Crane & Matten, 2010, p. 21)

A common assumption of globalization is that the world will converge upon models of organization, consumption, culture and politics (Fukuyama, 1992; Levitt, 1983; Ritzer, 2004). A rival thesis, however, suggests that cultural values, path dependencies and the advantage of differentiation will mitigate this effect, causing greater divergence (De Mooji, 2004; Hall & Soskice, 2001; Withley, 1994). Hence, it can also be a positive process for better understanding of others thanks to the cross-cultural exposure it offers (Osland, 2003). John Tomlinson (1999) argues that "movement between cultural geographical areas always involves interpretation, translations, mutation, adaptations and "indigenisation" as the receiving cultures brings its own cultural resources to bear, in dialectical fashion, upon "cultural import" (Tomlinson, 1999, p. 84). Pressures for maintaining ethnic identity is important. Indeed, anthropologist Clifford Geertz (1998) wrote that the world is

> "growing both, more global and more divided, more thoroughly interconnected and more intricately partitioned at the same time." (Geertz, 1999, p. 107)

Even in the face of true globalization which creates common platforms and value systems, today's prevalent opinion influencers within the community are local and not global (Iyall Smith, 2007). The globalization movement has fostered divisions in the world as for instance wars and resistance to cultural homogenization fuelling an atomization of communities and people (Hoffman , 2004). It is increasingly true of Europe as it is of emerging countries in Africa that that fostering shared identities is easier said that done. More often than not there is more localization (Hall S. , 1997). Another phenomenon which contributes to robust grass-root level community decisions is the fact that there is often an urge to preserve, nurture and modernize cultural practices that were predominantly local, in the face of increased globalization. Consequently, a new 'hyper-hybride' cultural identity results, leading to its alienation from both its parent communities (Iyall Smith, 2007). Exceptions do exist. In earstwhile colonies of the British, French, Portuguese, Spanish and others hybride identidies did develop and continue to exist, in some case becoming a crucial link between western occupiers and indigenous peoples (Gandhi, 1998; Bauman, 1998; Bhabha , 1994).

2.3.6 Definition Of Culture, Value And Its Outcome In Indian Society

Beliefs, values and intellectual tools may vary substantially across cultures (Vygotsky, 1978). Hence, each culture provides its children with methods of thinking and problem-solving and is internalized by them during interactions with adults (Vygotsky, 1978). In many cultures, children do not learn by formal education, that is, by going to school, but by guided participation in which children's cognition is shaped

by actively participating in everyday culturally relevant experiences alongside more skilled partners (Rogoff, Mistry, Goncu, & Mosier, 1993). Social representations are systems of values, ideas and practices through which people make sense of the material and social world (Berry, Poortinga, Breugelmans, Chasiotis, & Sam, 2012). Clyde Kluckhohm, (1951) defines values as

> "a conception held by an individual, or collectively by members of a group, of that which is desirable, and which influences the selection of both means and ends of action from among available alternatives." (Kluckholn, 1951, p. 395)

This definition was later simplified by Geert Hofstede (1980), who said values are

> "a broad tendency to prefer certain states of affairs over others". (Hofstede, Culture's Consequences: International Differences in work-related Values, 1980, p. 19)"

Indian societal values and norms operate within the framework of patriarchy and thus impacts on women's rights at family and community levels and this tendency has been enhanced by globalization (Sarojini, et al., 2006). The poor health status of women is directly linked to their social and economic inequalities, which restrict their access to and control over resources (Sarojini, et al., 2006). Indeed, women's access to healthcare is much less in comparison to men because of their lower status in the family and lack of decision making power regarding expenditure on healthcare,

especially for communicable diseases, and non-availability of healthcare facilities prevent them from seeking medical help (Sarojini, et al., 2006). Gender differences are present in the perceptions of acceptable levels of discomfort between women and men. Besides, women are seen to face violence in all spheres of their social life (Sarojini, et al., 2006).

2.3.7 Corporate Social Responsibility And The Culture-Centered Approach (CCA)

Corporations moving to new markets need to develop a coherent communication and branding strategy (Dutta-Bergman, 2005). Part of this communication strategy involves the portrayal of the organization as committed to a particular cause or concern that affects society. Consequently, any or all negative occurences are difficult to pin on the corporation (Mitra R. , 2012). As Jamali and Neville (2011) observe

> "it is crucial to identify and leverage existing cultural/religious values and norms that are consistent with CSR across the developing world and channel these more effectively in pursuit of more systematic and substantive forms of CSR". (Jamali & Neville, 2011, p. 610)

Hence, culture is becoming an integral part of organization and management studies, and MNCs cannot ignore the values of the people in the country where they are operating (Jamali & Neville, 2011; Sagar & Singla, 2004). However, most of the study takes culture as a stable construct, drawing from Hofstede's five dimensions of individualism-collectivism, power distance, uncertainty avoidance, masculinity-

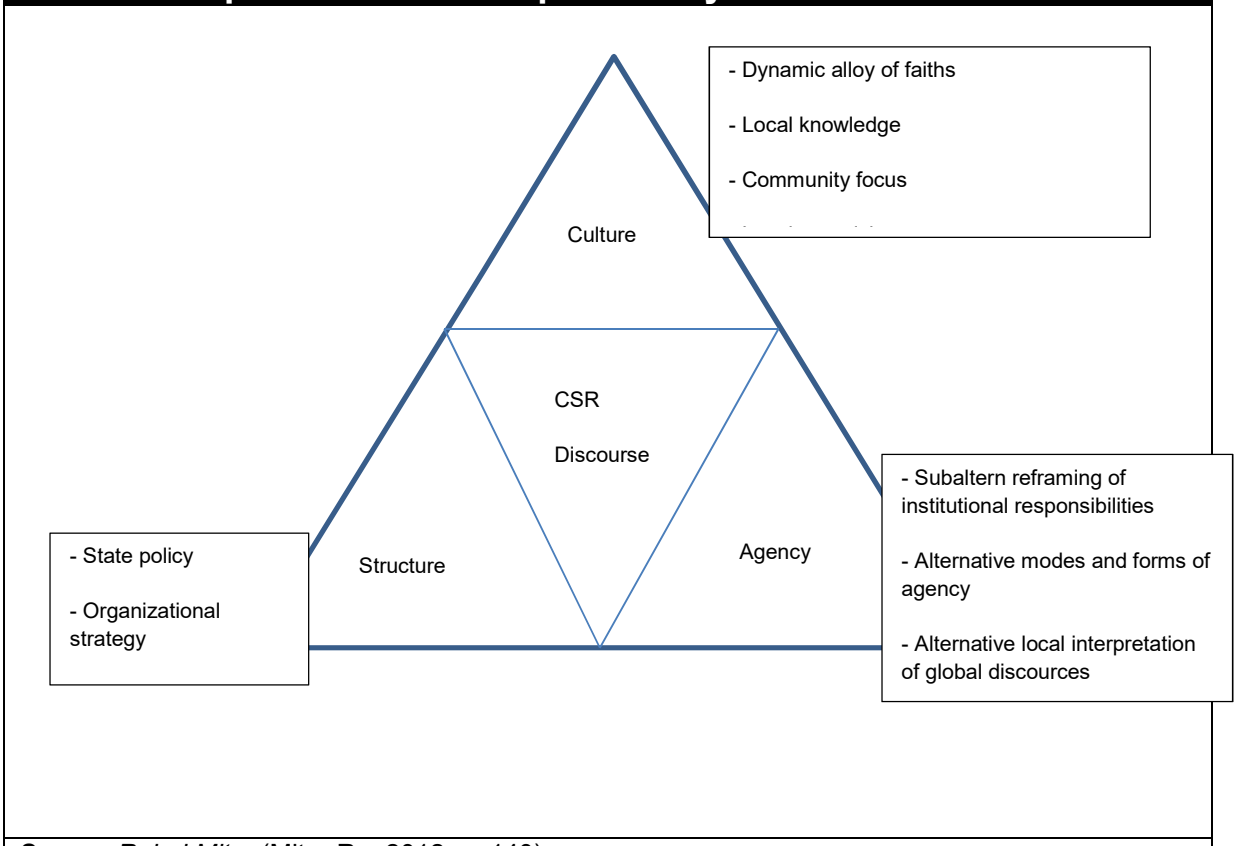
feminity, and long-short-term orientation (Hofstede, 1980). Hence, this approach is missing one part of the culture: the action-oriented nature of culture, i.e. how culture, while being a shared set of meanings for a community, transcends both micro and macro aspects (Shome & Hedge, 2002). The second trend is an attempt to reify culture as a variable to be used by corporations to serve managerial interests (Mitra R. , 2012). As Shome and Hedge (2002) note

> "culture is a site of struggle through which the social order is maintained, challenged, produced, and reproduced, in the performance of various social relations of equity and inequity." (Shome & Hedge, 2002, p. 172)

Indeed, there is room for a CSR ideology that encompasses both micro and macro aspects of culture and their effect on the community (Mitra R. , 2012). The Culture Centered Approach has the objective to engage with marginalized actors and analyse how they may resist hegemonic knowledge structures through their communicatively enacted cultural practices (Dutta, 2009). Subalternity refers to the invisible barriers that differentiate based on class, cast, sxual orientation, age and other factors. This is also true for entrance local ideologies that can be completely disregarded (Dutta, 2011). Under the CCA lens, *culture* is a continuously constructed, reified, and challenged concept through communication in local contexts (Shome & Hedge, 2002). This perspective allows continually challenging cultural norms, rather than taking them for granted, hence social inequalities may be embedded within cultural tradition. The CCA takes *structure* as the systems of organizing (Mitra R. , 2012) and hence, it attempts to understand the inequalities and power structures that

limit possibilities at the margins (Mitra R. , 2012). Finally, *agency* refers to the ability of individuals and groups to make sense of their environment (Dutta, 2008; 2011). The figure below interrogates mainstream CSR discourse in India through triad of the culture-centred approach.

FIGURE 2.3.5
Corporate Social Responsibility Discourse In India



Source: Rahul Mitra (Mitra R. , 2012, p. 140)

1) Culture

Based on existing research, a CCA based approach is dependent on a more deep seated cultural identity that values family relationship and traditional business vs. community interdependance (Sagar & Singla, 2004). Again, the Indian framework harks back to the Gandhian tenets of philantrophy (Mitra R. , 2012). Via vocational

training, Gandhi had proposed a path to economic self-reliance in the face of modern competitive forces (Richards, 1991). Moreover, a CCA perspective minimizes the lack of participation by marginalized society in progressive education(Mitra R. , 2012).

2) Structure

The CCA is a theory of structural transformation: social change is meaningful only when deep-rooted structures are transformed rather than just fine-tuned via protestations of dialogue. CC regulations are still missing in India. By building it and helping the country to develop itself, CC can help in this sense. Meaningful nation-building can occur only when grassroots and subaltern communities are transformed from below (Dutta, 2008). Ganesh (2007) argues that:

> "the global CSR discourse, focused on technological certification, sustainability, and protestant work ethic, is a tool for neo-colonial dominance, impressing upon developing nations the parochial capital-intensive modernization paradigm of development." (Ganesh, 2007, p. 380)

In the CCA, the role and objectivity of NGOs is questioned. CSOs are often portrayed as the best partners in CC and well representing the interests of citizens and subaltern communities.

There is a gap in the literature in the examination of discrepancies between the global CC discourse and local culture influences, and a need for deeper analysis of local grassroots measures (Mitra R. , 2012). In summary, a CCA lens must consider

how global/local flows implicate rural and urban communities together and how subaltern stakeholders may organize using both traditional and digital technologies to voice their concerns and make MNCs responsible of their acts (Dutta, 2011).

3) Agency

According to Dutta (2011):

> "agency is explained as the capacity of human beings to engage with structures that encompass their lives, to make meanings through this engagement, and at the same time, creating discursive openings to transform these structures". (Dutta, 2011, p. 13)

Through this recognition of subaltern voices, the overwhelming link between agency and MNCs can be undermined (Pal & Dutta, 2008). The CCA framework recognizes legitimacy in every stakeholder (Mitra R. , 2012) and they do not require external certification to have an interest or be effective in their protests. The ultimate goal of CC in India should be the integration of all ladders of society and communities, as well as the national uplift. However, on the ground, the drive to further profits, to tap new markets, and reduce expenditures at the cost of the society and environment still persist (Mitra R. , 2012).

2.3.8 Participatory Communication And The Media

Participatory communication for development emphasizes that knowledge is not the property of experts to be transmitted to beneficiaries, i.e. a top-down communication. Knowledge does not belong to or need to be transmitted by a handful of experts to a

mass of illiterates; knowledge already exists among people (Freire, 1971). This grassroot nature of participatory communication draws from within the community to fill gaps in knowledge(Arnst, 1996). Knowledge is the tool for the empowerment of communities and it leads to direct societal changes (Melkote & Steeves, 2001). Mainstream media helps in dissemination of information that is made available by the government specifically for the benefit of the population. This approach places emphasis on top down communication (Servaes & Malikhao, 2005). In Laswell's classic communication process, the message goes from a sender to a receiver – 'Who says What through Which channel to Whom with What effect?'–, and dates back to (mainly American) research on campaigns and diffusions in the late '40s and '50s. This process focuses on the diffusion and adoption of innovations in a systematic and planned way thanks to modernization (Servaes & Malikhao, 2005). According to Jan Servaes & Patchanee Malikhao (2005):

> "mass media are important in spreading awareness of new possibilities and practices, but at the stage where decisions are being made about whether to adopt or not to adopt, personal communication is far more likely to be influential". (Servaes & Malikhao, 2005, p. 94)

Thus the effect on modifying social tought and action is less probable. Indeed, this diffusion model emphasizes active involvement in the process of the communication itself. As a consequence, the efficiency of learning from direct interpersonal contact and related techniques is more (Servaes & Malikhao, 2005). At the same time, at the

micro level, people have to be informed of the facts thanks to the information media provide at the national, regional and local areas. Such a model builds on the fundamentals of democracy in that it places importance on cultural identity att all levels (Servaes & Malikhao, 2005). Paulo Freire (1983) refers to this as free speech :

> “This is not the privilege of some few men, but the right of every (wo)man. Consequently, no one can say a true word alone –nor can he say it for another, in a prescriptive act which robs others of their words”. (Freire, 1983, p. 76)

Information sharing cannot occur without the right attitude towards development. Stakeholders of the community must proactively take interest in the community’s development and couple this interest with knowledge, trust, commitment and the right information. Social participation can only be regulated to a limited extend vis legislation and legal action. A more sophisticated form of participatory societal good is self-regulation (Servaes & Malikhao, 2005). It is important to recognize the concept of free-riding or a general non participative attitude in any social strategy, thus the interested party or groups who are currently executing can be threatened and can take advantage of the situation. Thus grassroot level view points must be taken into account during resource distribution exercices (Servaes & Malikhao, 2005). Participatory communication involves community members as participants in the process of meaning construction (Beltran, 1975; Beltran, 1980; Freire, 1970).

2.3.9 Culture-Centric Approach To Health Communication

Some voices within the scholarly community place participants of the health system as the core component of healthcare communication (Airhihenbuwa, 1995; Airhihenbuwa, 2007; Basu & Dutta, 2007). A local culture-centric approach to any global communication strategy can make the difference between success and failure especially when such contextualised information is considered right during programme conception and planning (Dutta, 2008; Dutta-Bergman, 2005). This kind of grassroot approach placing emphasis on dialogue with the participants of respective programmes within the respective community allows change to take root more effectively (Beverly, 1999; Guha & Spivak, 1988). This kind of a democratic approach is a predominantly post-colonilisation phenomena(Shome & Hedge, 2002).

2.3.10 Community Perspective And Their Implications For Vaccine Acceptance And Delivery

Mark Nichter (1995) draws a distinction between “active demand for” and “passive acceptance of vaccinations” (Nichter, 1995, p. 617). Active demand represents a heightened community awareness and acceptability of any medical social intervention, even vaccines. On the contrary, passive acceptance of vaccination implies a blind faith in the instructions and guidances of health workers and policies but no underlying proactivity (Nichter, 1995). Perceptions of vaccinations by local communities have to be explored if one’s wants to consider the community’s point of view as well as local interpretations of vaccine-preventable diseases (Nichter, 1995). Vaccination programs have been linked with conspiracy theories in India. Mark

Nichter was guided in his efforts at vaccination acceptance by the insights provided to him at a meeting with a Hindu religious group. They duly pointed out that the reinforcing symbolisms between Christian missionary ideology and western medical programmes for social upliftment prevented the masses from benefiting from such interventions. As with several formal European colonial communities, the political will of Christian machineries was profoundly felt in India through several strategies aimed at progressive social development such as education, clean water, shelter and other benefits. Although there was little proof of express motivation to this end, there is a wide spread belief within the Indian communities that vaccination is a modern tool of the church . This theorization holds true in today's Afghanistan as well, with polio vaccinations being considered non-religious. Afghanistan is today seeing its first cases of polio in decades due directly to lower vaccination rate in the population.

The founding tenets of communicating any healthcare initiatives, in this case HPV, dictate that community concerns must form the central kernel of any messaging initiatives (Bingham, Drake, & Lamontagne, 2009). In addition, they should also continue to cover the essential information such as safety, efficacy and dosage as well as allay any concerns with regard to side effects (Jacob, et al., 2010). In order to reach the target population, several media can be utilised. The media, direct communication and indirect influencer education can all be a part of communication (Jacob, et al., 2010). It is important from the beginning, for vaccine acceptance, to involve the community's gatekeepers e.g., local leaders, health workers, and teachers, whose opinion and advice are solicited before important decision making;

they will contribute to the dissemination of information (Jacob, et al., 2010). Furthermore, according to PATH (2005), many policy makers anticipated that there would be community-level resistance to a HPV vaccine program based on concerns about vaccinating adolescents against a sexually transmitted virus (PATH, 2005).

Some pharmaceutical multinationals have prior experience working with the community. Despite the fact that a treatment is available, the country has the highest number of TB patients in the world and faces huge challenges such as misconceptions about the disease, poor infrasctructures and, patients' non-compliance with the treatment (Khan, 2008). Novartis India decided to conduct disease-screening camps and educate the population on the importance of completing the therapy. Later, the company launched a collaborative program with doctors and community members called Joint Efforts to Eradicate Tuberculosis (JEET) to address eradication of the disease more comprehensively (Khan, 2008). Also, a website was created to achieve large scale of awareness of the disease. The programme has facilitated:

- Conducting more than 50 TB detection camps in seven states around the country;
- Screening around 2500 potential patients;
- Providing free medication to fifteen thousand patients since its launch;
- Providing patient education materials such as posters, audio-visual items;
- Donating TB medicines to different governmental organizations (Khan, 2008).

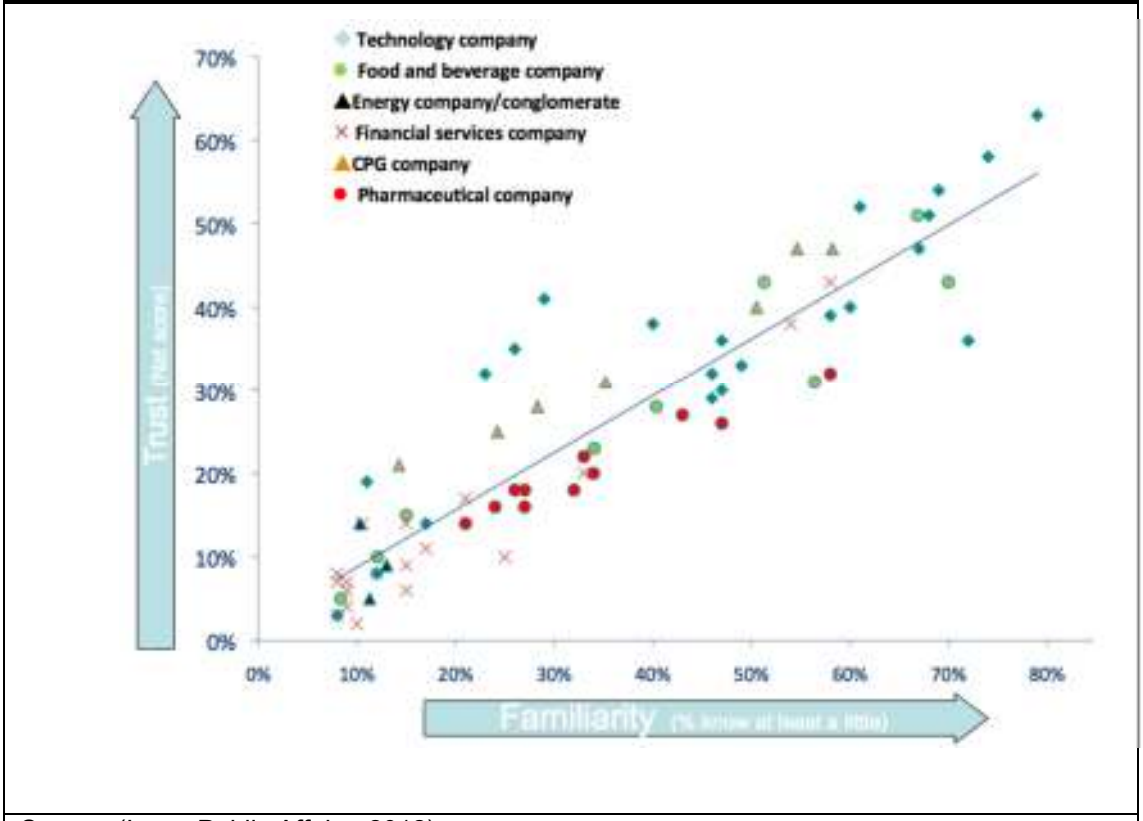
2.3.11 Reputation Overview Of The Pharmaceutical Sector

In several major markets like U.S., Canada, China and Germany consumers have an unfavourable opinion of the pharmaceutical sector compared to some emerging markets like Brazil, India, Indonesia and Mexico where the industry is seen more positively (Ipsos Public Affairs, 2012). However, opinions of the industry are not necessarily consistent with opinions of individual pharmaceutical companies and three groups of countries emerge:

- Those where the image of leading pharmaceutical companies mirrors the image of the industry;
- Those where individual companies have a better image than the industry overall;
- Those where the industry overall has a better image than individual companies (Ipsos Public Affairs, 2012).

Hence, pharmaceutical industry needs to gain popularity. To that extent, they need to be better known by the public as honest and trustworthy and that is largely a function of familiarity (Ipsos Public Affairs, 2012). Looking at 11 leading global pharmaceuticals, the relationship between familiarity and trust is almost purely linear; it is highly correlated especially for this sector as we can see it in this scatter plot.

FIGURE 2.3.11
Relationship Between Familiarity And Trust Across Different Sectors



Source: (Ipsos Public Affairs, 2012)

Ipsos Public Affairs (2012) found that consumers across the globe are unanimous when it comes to issues pharmaceutical companies should tackle to demonstrate social responsibility and this is where pharmaceutical companies should focus their efforts. The top priority among corporate citizenship for pharmaceuticals is developing innovative drugs to fight diseases. The second most important priority is providing assistance programs that provide less expensive drugs to low-income families (Ipsos Public Affairs, 2012). Pharmaceutical companies need to communicate more about their contribution to society in order to be perceived as a benefit. However, leading global pharmaceutical companies tend to be more

trustworthy on product quality and on their industry leadership than they do on corporate citizenship (Ipsos Public Affairs, 2012).

This image of the pharmaceutical industry has been damaged, while patent protection and costs incurred with it continue to be a pending issue in an emerging economy. In 2006, patients with cancer lawyers for patient advocacy groups, and representatives of nongovernmental organizations converged on the offices of Novartis in Mumbai to protest the company's effort to obtain an Indian patent on Gleevec (Mueller, 2007). Novartis claimed that section 3 (d) of the Patent Act, 2005 was non-compliant with the World Trade Organization's Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement). The Madras High Court rejected the application of the company for a patent on the cancer drug on the ground that the drug was merely a new form of an older drug without any significant enhancement of its efficacy. The measure will have forbidden generic companies to continue to manufacture the generic drug at an affordable cost. The case involved access to healthcare for patients with chronic myeloid leukaemia (CML) in India and in the developing world (Mueller, 2007). CML is a life threatening condition, making Gleevec an essential survival medication for patients. It is this 'essential' nature of some drugs which brings into focus the wider ethical concerns related to MNC pharmaceuticals and test the veracity of their commitment to real social goals and CC.

2.3.12 Clinical Research In India

To test the safety and efficacy of any new drug prior to its launch in the market, clinical trials have to be conducted. Subsequently, the data collected is evaluated by the regulators and accordingly, approval is granted, or not. In 2005, after the amendment of the Drugs and Cosmetics Act, the number of clinical trials rose but was not accompanied by a concurrent growth in the regulatory oversight of trials (Dr. Modi & Shetty, 2013).

The Government has reported that there were 89 deaths which were related to clinical trials. Health activists and civil society groups have emphasised the need for payment of an adequate compensation to patients (Dr. Modi & Shetty, 2013). The future of the industry will depend on the compliance with local and global regulations. A World Bank research in 2007 indicated that corrupt practices have been fostered by a lack of transparency in decision-making, coupled with lack of accountability (Campos & Bhargava, 2007). Investigations conducted by the life science companies themselves have brought to the fore some unethical practices like lavish gifts and sponsorship of holidays under the pretext of medical conferences, free samples and the like. The outcome was the introduction of a robust internal compliance programme as well as various laws and guidelines governing the ethical conduct of clinical trials (Dr. Modi & Shetty, 2013).

2.3.13 Conceptual Framework Of CSR For The Indian Pharmaceutical Industry

Shiban Khan (2008) conceptualized a practical framework for Indian pharmaceutical companies. The result of her research demonstrates that, in order to carry out CSR activities the firm should be financial successful. Also, they focus their CSR activities on healthcare and education and other social development. The companies fulfil their role in implementing CSR by instituting relevant policies that govern their employees and families, suppliers and other entities within the supply chain (Khan, 2008). They follow the traditional philanthropic notions of Gandhian social trusteeship which is defined the following way:

> "CSR in the Indian pharmaceutical industry means sharing a company's wealth with the society, engaging the company's resources for the benefit of the employees, their families and the larger community, contributing to their most urgent social development needs in a methodical and systematic manner, without necessarily expecting financial gains. " (Khan, 2008, p. 201)

2.3.14 Reaching The Bottom Of The Pyramid (BOP)

Too often, the world's four billion poor are seen as a social burden and individuals without sufficient purchasing power. On the contrary, they are actually micro-entrepreneurs at the grass-root level who have specific needs and they can be a source of opportunity and innovation. Those enterprises will be an integral part of the market-based ecosystems. Serving them will demand innovations in technology,

products and services as well as business models. In India, it is now mandatory for MNCs to work with this section of society (Prahalad, 2009).

PART FOUR

THE HPV VACCINATION AND COMMUNICATION TOWARDS COMMUNITIES

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2.4.1 Vaccine Introduction And Adoption In Industrialized Countries

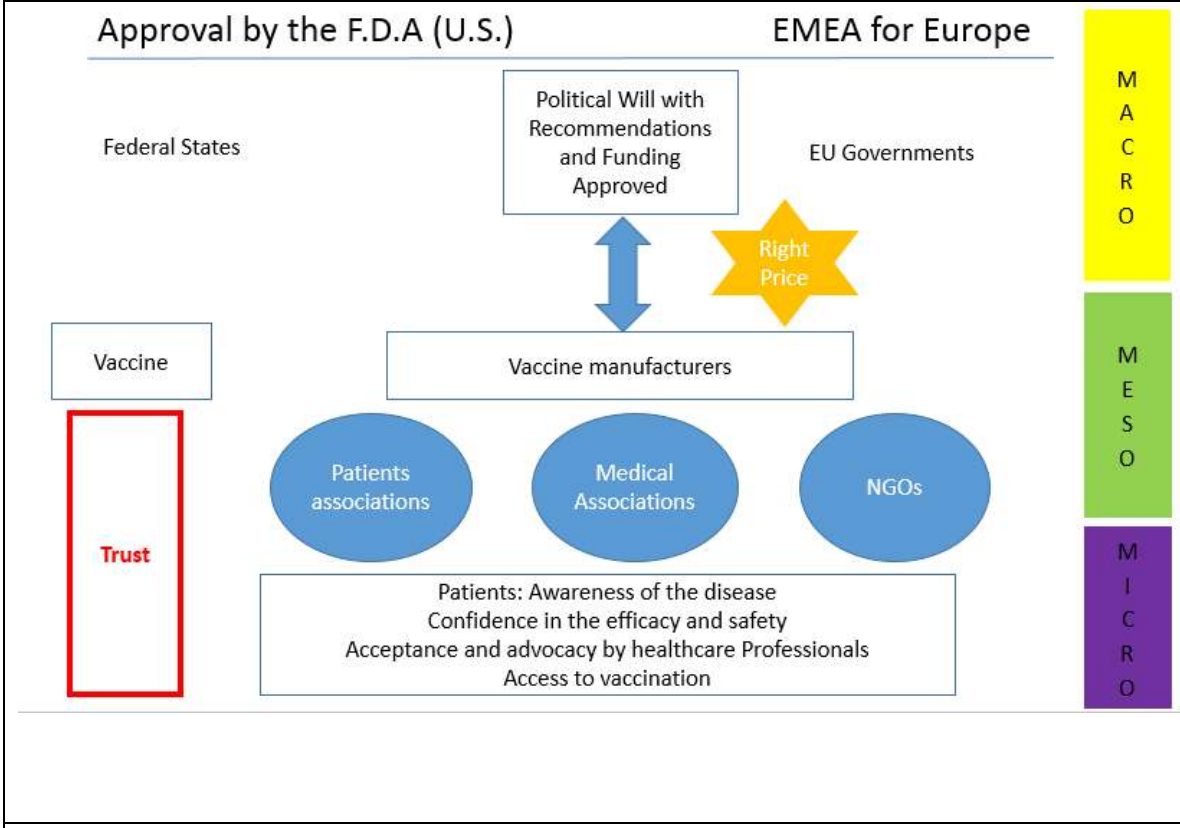
In industrialized countries there is a strict regulatory framework. The process for introducing a new vaccine involves several steps including licensure. This licensure is a critical step and is governed by different national and international authorities depending on which country the vaccine is being introduce in (Wright, Van Damme, Schmitt, & Meheus, 2006). In the US, CBER (Centre for Biologics Evaluation and Research) a part of the FDA takes on this responsibility. Similarly any new product having medicinal claims, which includes vaccines are subject to a rigorous process of evaluation via the EMEA (Wright, Van Damme, Schmitt, & Meheus, 2006).

The second element for vaccine introduction is recommendations developed by expert advisories bodies on vaccination schedules. In the US, recommendations for use of childhood vaccines are made by two groups: The Center for Disease Control and Prevention (CDC) and the American Academy of Paediatrics (AAP) (Wright, Van Damme, Schmitt, & Meheus, 2006). The CDC recommendations are developed by the Advisory Committee on Immunization Practises (ACIP). The second group is the AAP, which publishes recommendations for paediatricians on vaccination schedules and doses (Wright, Van Damme, Schmitt, & Meheus, 2006). Several countries within the EU have some form of immunization specific authority which will provide recommendations to the Ministry of Health (Wright, Van Damme, Schmitt, & Meheus, 2006).

Finally, there is the question of funding. In many European countries the cost is borne by publis and private sectors, varying between countries (Salisbury & Olive, 2004). In the UK, vaccination for infance and children are paid for the government but remain free for the end user. In France similarly, the government indirectly pays for vaccination irrespective of whether they are administered at private clinics or at government institutions. Germany also follows a similar pattern covering up to 90% of vaccinations through governmental programmes leaving 10% to be covered by private insurance (Salisbury & Olive, 2004). In the US, governmental programmes for vaccinations are channelled through the VFC (vaccine for children) or the federal grant programme (Giffin, Stratton, & Chalk, 2004).

Despite, the stringent regulatory framework in industrialised countries, there is another important factor that contributes to the success and sustained interest of all stakeholders and the programme in general. This includes all stakeholders within the regulatory framework(Laurent-Ledru, Thomson, & Monsenegro, 2010). In addition, the experience with introducing HPV vaccination in EU market shows that newer focus group such as CSOs, insurers, scientists, doctors and several patients support groups also contribute to the programme's success (Van Damme, Pecorelli, & Joura, 2008). The table 2.4.1 provides a framework of vaccine adoption in the EU countries as well as in the U.S..

FIGURE 2.4.1
Framework Of Vaccine Adoption Process In EU And The U.S.



Source: Aurélia Narayan, 2015

2.4.2 The Online Anti-Vaccines Community

The anti-vaccine community is present on the Internet and can succeed at mounting anti-vaccine campaigns branding vaccines as bad of health. Indeed, these various online anti-vaccine groups have something in common: an opposition to vaccines (Kata, 2012). Today, many people search online for health information, and the content they find online is influencing their decision (Kata, 2012). The web 2.0 allows users to create information and contribute content via blogging, photo-sharing, video uploading through applications that include YouTube, Blogger, Facebook, Twitter (Kata, 2012). Thus from a medical communication standpoint, users can engage and

educate others by sharing medical histories, treatment successes and failures, or experienced side-effects (Sarasohn-Khan, 2014). Patients engage pro-actively in their own care and the industry is experiencing a paradigm shift. Indeed, the Internet has shifted power from being the sole right of the physicians to patients themselves (Forkner-Dunn, 2003). The legitimacy of science and its authority is questioned (Hobson-West, 2004). The connective power of the Internet also brings together the layman and the expert (Gerstenfeld, Grant, & Chiang, 2003). The experiences presented online by users are each portrayed as legitimate and mutually reinforcing that there are many that share that belief (Mnookin, 2011; Gray, 1999). Also, new theories are debated in the public forum by the layman, potentially weakening messages from qualified experts (Kata, 2012).

The tactics describe hereafter the way of operating of anti-vaccine communities.

TABLE 2.4.2
Tactics Used By Anti-Vaccination Movement (i.e. Actions Undertaken to Spread Their Messages)

Tactics	Descriptions
Skewing the science	Denigrating and rejecting science that fails to support anti-vaccine positions; endorsing poorly-conducted studies that promote anti-vaccine agendas
Shifting Hypotheses	Continually proposing new theories for vaccines causing harm; moving targets when evidences fail to support such ideas.
Censorship	Suppressing dissenting opinions; shutting down critics.
Attacking the Oppositions	Attacking critics via both personal insults and filing legal actions.
Source: (Kata, 2012)	

The anti-vaccination movement is known for denigrating scientific studies while simultaneously developing scientific legitimacy for their theories that vaccines are

harmful (Kata, 2012). Some allegations from the anti-vaccine groups are refuted by the scientific community as for instance that vaccines are harmful. The web 2.0 facilitates the debate of new theories in public forums without any scientific accuracy (Kata, 2012). It has created supportive communities where one point of view is unquestioningly repeated and reinforced while critiques are expunged (Kata, 2012).

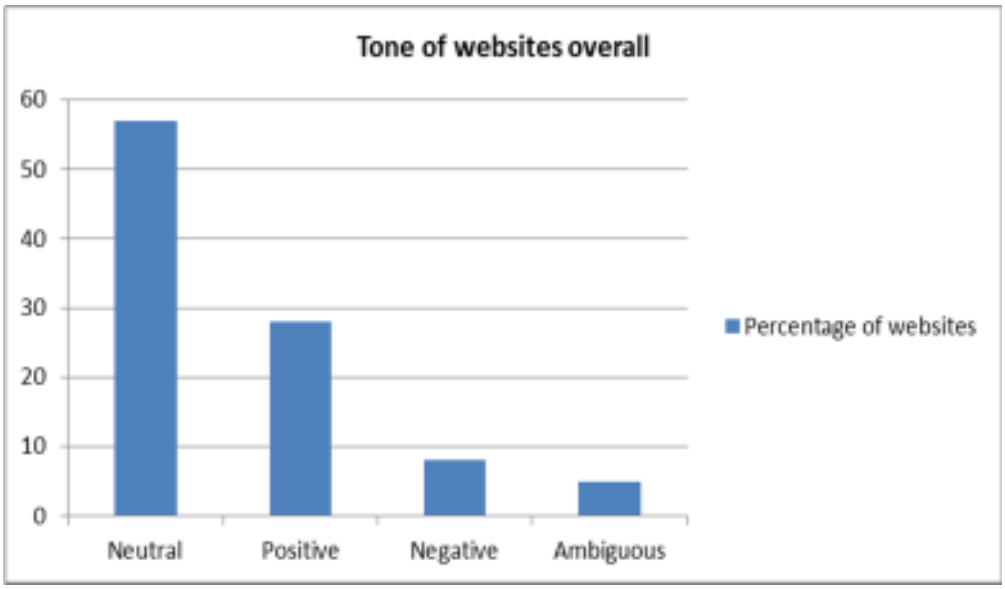
2.4.3 The Role Of The Internet On Vaccination Decisions

Anti-vaccine messages are more widespread and less restrained on the Internet than in other media forms (Davies & Chapman, 2002). Several studies analysed anti-vaccination website contents (Kata, 2010; Davies & Chapman, 2002). Their research found evidences of information online that directly or indirectly accused vaccines and vaccination campaigns as government conspiracies. Still others vouche for vaccines ineffectiveness and several other missed information campaign (Kata, 2010; Davies & Chapman, 2002). On YouTube, 32 % of videos opposed vaccination and they had higher ratings and more views than pro-vaccine videos (Keelan, Pavri-Garcia, Tomlinson, & Wilson, 2007). An analysis of the videos on HPV vaccination in YouTube found that 25.3% of them portrayed vaccination negatively (Ache & Wallace, 2008). Also, an analysis of MySpace blogs on HPV immunization found that 43% were negative; these blogs disseminated inaccurate data (Keelan, Pavri-Garcia, Tomlinson, & Wilson, 2007).

2.4.4 Environmental Analysis For Existing Information Online

A more complete picture of the options available to healthcare planners, can be glend from analysis of the exiting information that is already available online both for healthcare workers as well as for end users (Madden, Nan, Briones, & Waks, 2012; Eisenbach & Kohler, 2002). Today, the Internet is the starting point for any knowledge gathering exxercice. This holds true for HPV vaccination (Hugues, et al., 2009). An analysis of information on websites has been done under the Health Belief Model (HBM) which is proposed to be a predicator of vaccine acceptance (Madden, Nan, Briones, & Waks, 2012). The HBM identifies five factors – susceptibility, severity, benefits, barriers, and self-efficacy – that predict whether people will adopt certain health behaviour patterns. In total, 89 websites were coded, among them 31 were from not-for-profit or academic organizations. Formal bodies of the Government represented 22 websites (24.7%) another 14 websites (15.7%) were focussed on content from pharmaceuticals. Media groups and end-consumer based information was included in 11 (12.4%) website pages and five (5.6%) respectively. Finally, two (2.2%) and three (3.4%) were websites dedicated consumer generated content and professional organizations generated content respectively(Madden, Nan, Briones, & Waks, 2012).

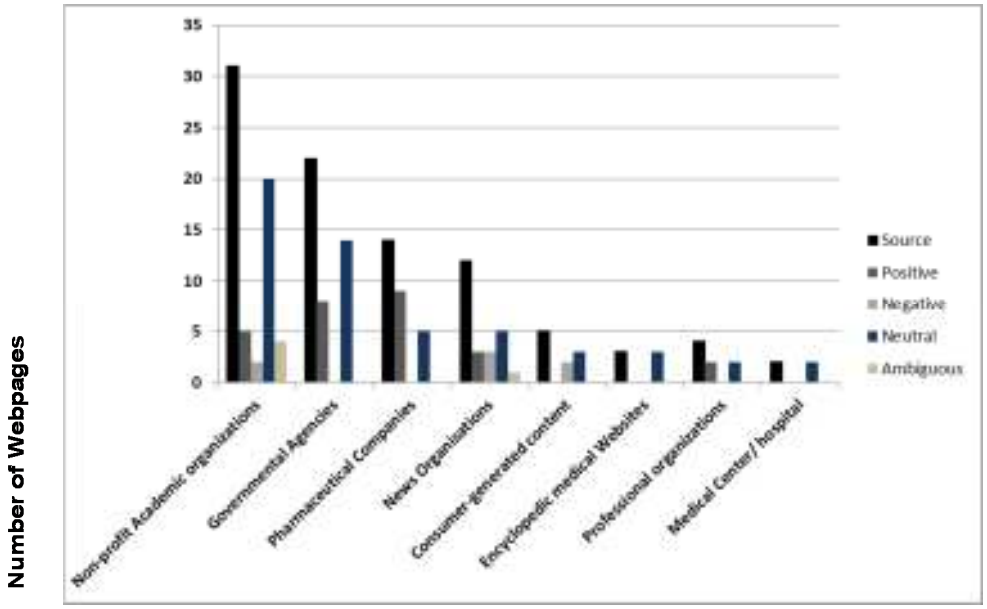
CHART 2.4.4A
Tones Of Websites On HPV Vaccination



Source: (Madden, Nan, Briones, & Waks, 2012)

57.3% of the websites are neutral towards HPV vaccines (Madden, Nan, Briones, & Waks, 2012). 28.1% of the websites are positive in tone, 7.9% are negative, or disapproving of HPV vaccines and 6.7% websites are ambiguous in tone. Hence information on HPV vaccination is both positive and potentially negative (Madden, Nan, Briones, & Waks, 2012).

CHART 2.4.4B
Tones Of The Websites On HPV Vaccination According To Their Sources



Source: (Madden, Nan, Briones, & Waks, 2012)

The majority of news sources were neutral (45.5%), 27.3% of news sources were negative, and 18.2% were positive in tone. None of the governmental agencies' websites or the pharmaceutical websites are negative in tone, and two (6.5%) websites were posted by non-profit or academic organizations are negative in tone (Madden, Nan, Briones, & Waks, 2012).

Two websites (2%) linked to HPV vaccination made reference to possible conspiracy theories and eight sites (9%) mention civil liberties associated with HPV vaccination (Madden, Nan, Briones, & Waks, 2012). 58.4% of the websites indicate that HPV

vaccine is highly effective, 6.7% indicates low effectiveness of the vaccine, and 34.8% do not mention effectiveness. Regarding health risks, 12.4% indicate health risks associated with the HPV vaccine, 36% report low risks, and 51.7% do not mention any risks.

Several recent studies have shown that health information available online can affect behaviour and the intention to adopt a vaccine (Farbey, Gagneur, & Pasquier, 2011; Betsch , Renkewitz, Betsch, & Ulshofer, 2010). Also, most of the analysis are relevant in industrialised context where mostly all the population have access to the Internet, which is not the case of an emerging country. On all the websites, very few mentioned conspiracy theories related to governmental agencies or pharmaceutical companies, but nearly one in ten websites did mention threats to civil liberties (Madden, Nan, Briones, & Waks, 2012). Indeed, the legislation in some states in the US attempting to make HPV vaccination mandatory in schools has also eroded public confidence and created a backlash of concerned parents (Gostin & DeAngelis, 2007). Also, 74% of the websites made the connection between HPV and cervical cancer and it is on the rise compared to the percentage of online news article (70%) (Habel, Liddon, & Stryker, 2009). But mostly all the offline news articles are making the link (99%) in 2005 and 2006 (Kelly, Leader, Mittermaier, Hornik, & Cappella, 2009).

2.4.5 Acceptance And Barriers To HPV Vaccination

Several reviews have addressed potential problems that may interfere with widespread acceptance of HPV vaccines and include structural, pragmatic, and attitudinal barriers. Any new vaccine introduced on the market comes with its critics but expert anticipate criticism linked to the fact that this vaccines is associated with a sexually transmitted infection (STI) (Zimet, Liddon, Rosenthal, Lazcano-Ponce, & Allen, 2006). We cannot deny the fact that vaccine cost in an out-pocket, emerging market will be a barrier to the access as well as challenges associated with vaccine supply and the set-up of pre-adolescent healthcare visit for administering vaccine (Zimet, Liddon, Rosenthal, Lazcano-Ponce, & Allen, 2006). Organized opposition to vaccination is not only the concern of industrialized countries, as previously seen, CSO are well organized in India and voicing their concern. Hence, it would be a mistake to assume that new vaccines will be uncritically embraced in developing countries and the pharmaceutical industry has to be ready for this challenge (Stanton, 2004). Understanding the cultural factors that may enhance the success of HPV immunization programs is very important (Zimet, Liddon, Rosenthal, Lazcano-Ponce, & Allen, 2006). The fact that this vaccine targets a STI is also of concern and the willingness of healthcare providers to recommend HPV vaccination may not exist (Zimet, Mays, & Fortenberry, 2000). Also, parents may be reluctant to vaccinate their children because it could lend a false sense of security to their children regarding susceptibility to a STI (Zimet, Liddon, Rosenthal, Lazcano-Ponce, & Allen, 2006). This aspect of ‘Moral Hazard’ has also been little studied in the pharmaceutical industry in general, let alone with vaccines. Also, public awareness and knowledge

about the disease can have an impact on vaccine acceptance (Zimet, Liddon, Rosenthal, Lazcano-Ponce, & Allen, 2006). The literature doesn't mention that failing trust in the pharmaceutical industry can potentially affect the acceptance or continued use of the vaccine.

2.4.6 Vaccine Adoption In India And The Role Of The Community's Gatekeepers

HPV vaccines in India are licensed by the Drug Regulatory Authority, and recommended by the Indian Academy of Paediatrics, the Federation of Obstetric and Gynaecological Societies of India, and by the WHO Strategic Advisory Group of Experts on Immunization; all three organizations are part of CSOs (Slade, Leidel, & Vellozi, 2009). Immunization programs overall are affected by local peaks of non-acceptance due to religious, ethical, and medical environmental and social factors. Also, immunization programs, in popular culture are seen to be driven by political and conspiratorial arguments (Waisbord & Larson, 2005). They are likely to encounter pockets of refusal and resistance even when vaccination is accepted and it is not simply a matter of disseminating knowledge. Indeed, knowing about vaccination does not necessarily lead to immunization acceptance (Waisbord & Larson, 2005). According to Silvio Waisbord and Heidi Larson (2005), socio-cultural and political influences have an impact on immunization behaviour and appropriate communication messages have to be developed for vaccine adoption (Waisbord & Larson, 2005). Also, it is the tool to build trust among those who question them (Waisbord & Larson, 2005).

In the same line Paul Greenough (1995) adds that historically, populations have rejected immunization due to concerns about vaccine safety as well as political, cultural, and religious reasons (Greenough, 1995). The acceptance of immunization faces a new, fast-paced communication environment. Negative comments are disseminated quickly worldwide thanks to new technologies and real adverse events following immunization are of media interest (Clements & Ratzan, 2003). Also in a democracy like India where debate is fostered and the question of community rights is becoming prominent people are likely to question immunization programs as a matter of fundamental rights (Waisbord & Larson, 2005). It is to be noted that India, does not provide the right to health as a constitutional right but it is an implied right since there is a right to life which is interpreted as a right to a healthy life. It is important to note that this omission has left it up to political interests to shape healthcare delivery in India.

Quality of communication between health workers, as the most influential sources of information and caregivers, plays a role in determining vaccination adoption (Waisbord & Larson, 2005). In addition, interpersonal communication activities with influential local leaders or key opinion leaders in religious, medical, and political areas can positively affect the community's trust and willingness to accept immunization for their children (UNICEF, 2004) as it was the case for the Polio campaign in India (Das & Das, 2003; Verma, Bansal, & Pawar, 2004). The question of health raises also the question of rights, especially women's rights. It is a right to life and a right of access to healthcare. The human rights denied by not addressing cervical cancer control argue for new approaches that gather obstetric/ gynaecologic

societies and their members, non-governmental and governmental agencies, women's health advocates and professionals, and pharmaceutical and device manufacturers in a common search for international and country-based approaches to control the disease (M. Cain, Ngan, Garland, & Wright, 2009). Educating women about their health options and respecting a woman's right to choose her care, in light of her beliefs and concerns and providing the information she needs to make a choice are the basic tenets of medical ethics (M. Cain, Ngan, Garland, & Wright, 2009).

Regarding education, many barriers must be addressed as there is a lack of general education and literacy, lack of ability to travel, lack of knowledgeable health professionals. Women don't have the same access to education and are often denied this human right by men (M. Cain, Ngan, Garland, & Wright, 2009). In some cases, patient testimonials are used to reach out to women themselves to educate them (Garland, et al., 2008). It is stated that women will continue to die from this disease unless health professionals and civil society join their efforts to control cervical cancer in all settings (M. Cain, Ngan, Garland, & Wright, 2009). In the context of minimal resources, priority should be given to engaging people at all levels to facilitate implementation of vaccination programs. Women, their families, and the community at large must understand that cervical cancer is preventable. As Marc Steben et al. (2012) state:

"Health education messages about cervical cancer should reflect national policy and should be culturally appropriate and consistent at all levels of the health care system." (Steben, et al., 2012)

TABLE 2.4.6
Roles And Responsibilities Of HPV Vaccination Program Stakeholders

Stakeholders	Roles and Responsibilities
National Leader and Health Ministry	• Develop national plan for cervical cancer control • Develop national guidelines • Launch a mobilization strategy • Plan integration in existing immunization structures or appropriate healthcare or education settings • Develop training program for health care providers and health care settings administrator • Provide information to population
Province, district and municipality /town council leaders	• Advocate for and promote HPV vaccination in the province or district according to national plan • Mobilize and allocate resources for HPV vaccination according to national plan • Provide information about HPV vaccination • Emphasize the importance of completing the three doses • Mobilize all eligible girls in the target population for HPV vaccination • Provide information about cervical cancer screening
District health management teams	• Plan, budget, and implement the HPV vaccination demonstration project • Implement the HPV vaccination communication strategy • Disseminate messages and materials on cervical cancer prevention • Monitor and supervise the vaccination program • Emphasize the importance of completing all three doses

	• Mobilize all eligible girls in the target population for HPV vaccination • Provide information about cervical cancer screening
Health workers in health facilities	• Provide information and distribute materials about the HPV vaccine • Vaccinate all eligible girls and provide counselling support • Collaborate with schools in their catchment areas in order to mobilize eligible girls for vaccination • Emphasize the importance of completing all three doses • Mobilize all eligible girls in the target population for HPV vaccination • Provide information about cervical cancer screening
Religious/ cultural/ civic/ village/ parish leaders	• Advocate for and promote HPV vaccination in the community • Educate communities about the importance of preventing cervical cancer using HPV vaccine • Mobilize parents/ guardians to take their eligible daughters to receive HPV vaccination • Emphasize the importance of completing all three doses • Mobilize all eligible girls in the target population for HPV vaccination • Provide information about cervical cancer screening
Source: (PATH, 2014)	

2.4.7 Developing Community Mobilization Strategy

To mobilize the community, it is important to adequately define the objectives and the target audience of a program and to be specific on one issue (Steben, et al., 2012). Changing behaviour of a targeted group is a cumbersome and it may be difficult to obtain agreement on this issue within the organization. The use of a leader to mobilize a community is very important. For instance, in Bhutan, the Queen mother wrote to parents about the importance of HPV vaccination (Steben, et al., 2012). The

use of community volunteers can significantly support the program by providing education and awareness and they have the capacity to reach out the marginalised. New technologies have proven their usefulness with cell phones for programme adherence and follow-up (Steben, et al., 2012). Prior to starting any vaccination program, the community's potential response and concerns must be evaluated. The culture, values of the target audience must also be understood as there are key components of community mobilization (Steben, et al., 2012).

2.4.8 Lessons Learned From the Introduction Of The Polio Vaccination Program In India

A programme to vaccinate children up to 5 years against polio, the Pulse polio immunization (PPI), was launched in India in 1995 (Paul, 2007) and now, India has been free of poliovirus case for more than one year (John & Vashishtha, 2012). It is agreed that CSOs, including the Indian Academy of Pediatrics (IAP), Rotary International, Core, and CARE played a significant role in the achievement of polio free status (Thacker, Vashishtha, Awunyo Akaba, & Farhad Mistry, 2013).

In 1997, IAP was at the forefront of this endeavour and it formed the first polio eradication committee that has since functioned under successive presidents (Thacker, Vashishtha, Awunyo Akaba, & Farhad Mistry, 2013). The members joined the battle against polio enthusiastically working with a vast network of committed coordinators at district and regional levels (Thacker, Vashishtha, Awunyo Akaba, &

Farhad Mistry, 2013). They organized workshops and continuing medical education events in association with National Surveillance Project (NPSP) and UNICEF throughout the country. They regularly upload publications on their website. To reach the minority communities, especially among the Muslim population of western Uttar Pradesh, they organized several meetings with the community leaders such as Ulemas, Maulvis, Immams, and Madrasa teachers (Thacker, Vashishtha, Awunyo Akaba, & Farhad Mistry, 2013).

2.4.9 Conclusion Of Part Two

The literature review is thematic and is based on three ideas: Corporate citizenship, Communication and civil society organizations. Research on the behaviour of MNCs operating in emerging markets is on the rise since 2007 (Pillania & Fetscherin, 2009). The five key disciplines are management (28%), business (27%), economics (15%), planning and development (11%) and environmental studies (6%) and the most prominent journals covering the topic are the Journal of International Business Studies (JIBS) and Harvard Business Review (HBR) (Pillania & Fetscherin, 2009).

There has been an evolution of the term Corporate Citizenship over the last 60 years ranging from philanthropy, to sustainable development, with an increase also in the number of publications since the 90's (Mohan, 2003; De Bakker, Groenewegen, & Den Hond, 2005). Consumers expect the pharmaceutical industry to develop innovative drugs to fight diseases and to provide assistance programs that make available less expensive drugs to low-income families (Ipsos Public Affairs, 2012).

A major role of CC compared to CSR, is that it includes the involvement of and communication with civil society rather than just with individual stakeholders groups (Ludescher, Williams, & Siegel, 2008). There has been a paradigm shift from the traditional, triple model of business, government and civil society wherein each entity is separated and acting within their own sphere to a new framework of collaboration where the roles are blurred and intersections are fostered (Schwab K. , 2013).

There has been an attempt by some scholars to define a CSR framework in India (Arora & Puranik, 2004; Narwal & Sharma, 2008; Mitra R. , 2012). CSR is engrained in philanthropy and in the Gandhian philosophy of trusteeship. Globalization has eroded national culture and has fostered divisions and resistance to cultural homogenization (Hoffman , 2004). The culture -centric approach has the objective of engaging marginalized people and revolves around the culture, structure and agency triad (Mitra R. , 2012). Understanding the cultural factors that may enhance the success of the HPV immunization program is very important; even more when a vaccine targets a Sexually Transmitted Infection (STI) (Zimet, Liddon, Rosenthal, Lazcano-Ponce, & Allen, 2006).

Finally, there is no clear regulatory framework in the introduction of pharmaceutical products in the market. The online anti-vaccine community is very active and has voiced its concerns regarding HPV vaccines. The internet has shifted power from the sole right of the physician to include patients as well (Forkner-Dunn, 2003; Laurent-

Ledru, Thomson, & Monsenegro, 2010). New theories are debated in public for a, harming scientific accuracy (Hobson-West, 2004; Kata, 2012). It is important to understand what information is available to people and how it could influence their decision-making (Madden, Nan, Briones, & Waks, 2012). Polemics around the vaccine itself are due to the fact that it targets a Sexually Transmitted Infection (STI). The literature does not mention that failing trust in the pharmaceutical industry can potentially affect the acceptance or continued use of the vaccine. Most of the research done presently on HPV vaccination has been done by scientists who see the problem under the lens of culturally sensitive communication. The question of trust in the pharmaceutical industry and its marketing is never raised. It is essential to tackle the problem of trust to understand how communication is done on the ground and the perception of those involved in the day to day vaccination - who are the gatekeepers of vaccine acceptance. The problem of HPV is linked also to the areas of human rights and female education. The research methodology chosen is phenomenological, in an attempt to provide us with the experience of those involved with the HPV vaccination on the ground.

CHAPTER THREE

RESEARCH METHODOLOGY

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3.0 OVERVIEW

The present research is aimed at investigating the role of CSOs in vaccine adoption and the level of trust afforded to the pharmaceutical industry. The research uses a two-step qualitative interview methodology of CSOs. With respesect to content analysis, CSR reports and annual reports covering the period 2009-2014 as well as websites from the two pharmaceutical companies MSD and GSK will be reviewed. Concomittant to the development of a closer relationship between civil society and business communities, CSOs have become the gatekeepers of good communication and understand messages related to vaccination. However, focus on the role of CSOs and of multinationals in an emerging market is poorly documented in the literature. With this in mind, group interviews will be conducted in a two stage process designed to uncover personally held beliefs and subtle understandings of the phenomenon. As previously mentioned, the target group for this research is situated at the meso level and includes CSOs, NGOs, scientific communities, prescribers as practicing physicians and corporations. Civil society is defined as a group of voluntary organizations that can be formed by grass roots and religious groups as well as community interest groups (Waddell, 2000; Andriof, 2001). The meso level is selected because of its understanding of the ground realities and knowledge of corporate citizenship of pharmaceutical multinationals. The contact persons and their organizations are identified through publications on HPV vaccinations, Internet websites on the subject, known contacts of the researcher, BBC reports and snowballing. Hence, at the end of each interview, the respondent will be asked to

direct the researcher to another potential contact. In this fashion, semi-structured, open-ended interviews of knowledge workers will be conducted, followed by in-depth interviews of this first sample. This two stage process will allow one to compare and contrast the reponses between the two groups i.e. the pharmaceutical industry and the CSOs and identify the discrepancies in order to develop an Indian CC framework for the adoption of HPV vaccine.

3.1 METHOD SELECTED

In the present research, the data collection is in three phases. In the first phase, the objective is to collect the relevant qualitative information in a deductive way based on the assumptions from the literature review using the CSR and annual reports of GSK and MSD, as well as their respective websites. The second phase uses semi-structured interviews targeting the CSOs based on a phenomenological methodology. Also according to Welman and Kruger (1999):

> “the phenomenologists are concerned with understanding social and psychological phenomena from the perspective of the people involved”. (Welman & Kruger, 1999, p. 189)

A researcher applying phenomenology is interested in the lived experiences of the people he is observing or interviewing (Greene, 1997; Holloway, 1997). This method is seen as appropriate for management studies and is used in a inductive way

(Ehrich, 2005). The third phase involves the use of follow-up interviews to complement the collection of qualitative information.

3.2 APPROPRIATENESS

The purpose of the content analysis is to make available all valid references from the data to a detailed analysis and scrutiny. This is achieved by a number of methods and is known as a content analysis (Krippendorkk, 1980). The aim is to attain an understanding of how pharmaceutical companies communicate their CC activities and more precisely about the HPV vaccination based on the previous theoretical framework from the literature review. For this part, the approach will be deductive. A deductive approach will be used when the analysis will bedone on the basis of previous knowledge and the objective will be to test theory (Kyngas & Vanhanen, 1999). A structured categorization matrix based on the literature review will be developed and all the data from the content will be reviewed for correspondence.

In the field research, data will be contained within the perspective of CSOs, who are the gatekeepers of HPV vaccination‘s messages and hence will help to later create a framework to facilitate vaccine adoption and enhance trust. The intention of this research will be to gather data from the perspective of Indian CSOs on health education, women and human’s rights and HPV vaccination. This approach seems not yet to have been adopted in the Indian context and thus the phenomenological approach in an inductive way is the appropriate method. Inductive content analysis is

used in cases where there are no previous studies dealing with the phenomenon (Elo & Kyngas, 2007). It allows a wide collection of data through open-coding and a large creation of concepts. Social constructivism enables the researcher to make sense of the perspectives that research subjects have about their world (Creswell, 2007). Qualitative methodology is apt for this study since it will provide an avenue for understanding those social realities. The purpose of this qualitative study will be to examine the lived experiences of knowledge workers in CSOs in the fields of Human and Women Rights, Education and Health in India, and delineate their perceptions of multinational legitimacy in the society.

3.3 RESEARCH DESIGN

The present research is a triangulation between the literature review, the content analysis and the field research as illustrated in the Figure 3.3 A below.

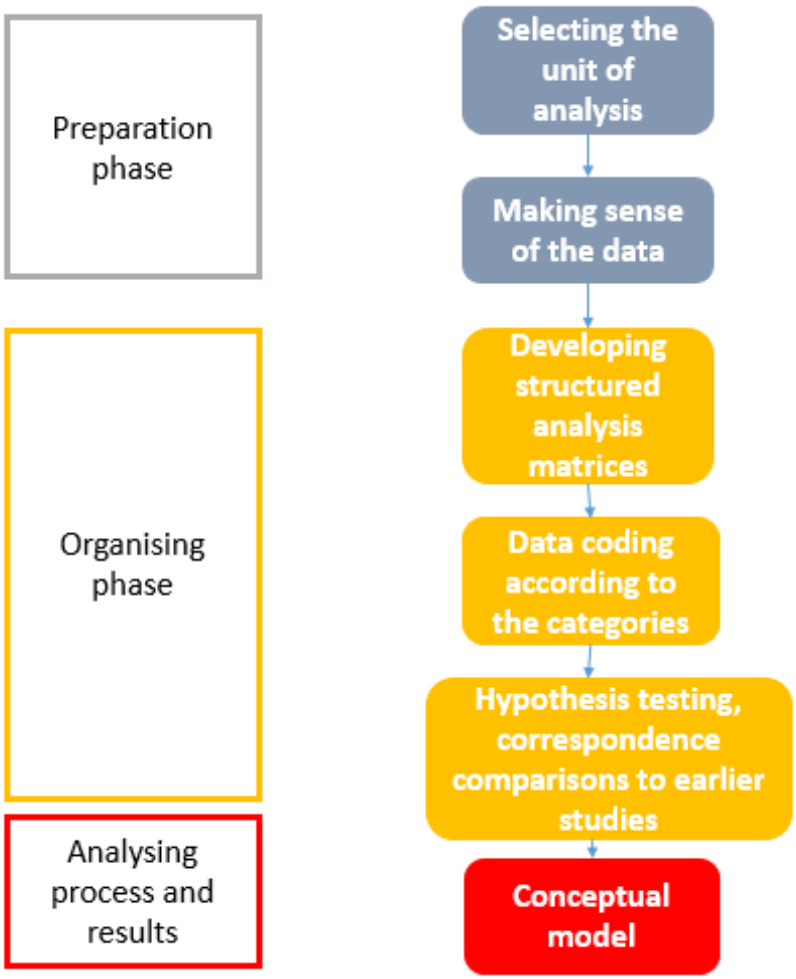
FIGURE 3.3 A
Research Triangulation

Source: Aurelia Narayan, 2015

1) Content analysis:

Based on the literature review of chapter two, a qualitative analysis in a deductive approach will be used to analyse the public domain information from Merck and GSK. Categorization matrices are developed based on the literature review and data collected is coded for correspondence (Polit & Beck, 2004). Only aspects that fit the matrix of analysis will be chosen from the data (Patton, 1990; Sandelowski, 1993). In total, twelve annual reports and ten CSR reports from both companies are analysed and coded. The period between 2009 to 2014 is covered. Also seven websites are analysed which are: GSK Home and India, Merck and MSD India, Gardasil, Family vaccine India GSK and the GAVI Fund website. The content analysis process is illustrated in the Figure 3.3 B below.

FIGURE 3.3 B
Deductive Qualitative Content Analysis Process



Source: Aurélia Narayan, 2015 adapted from (Elo & Kyngas, 2007)

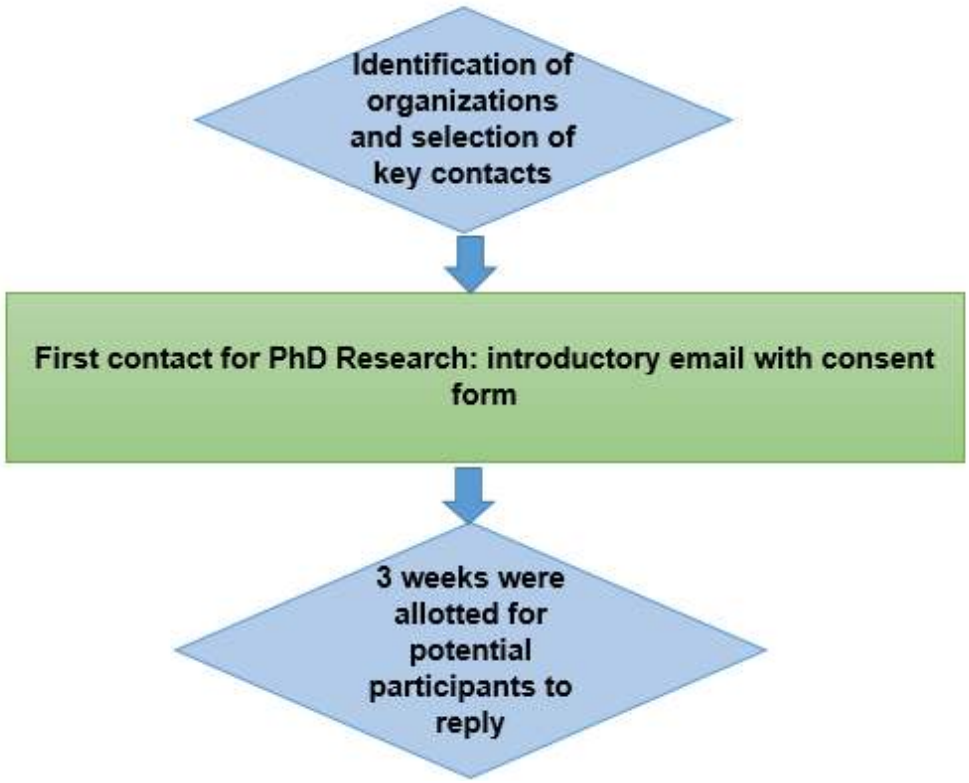
2) Field research: semi-structured interviews and follow-up interviews

During the recruitment phase, emails are to be sent to a sample of forty-eight knowledge workers representing a total of forty-one different organizations. These CSOs are identified via:

- The Global Compacts website;
- The literature review where CSOs voiced their concerns regarding the HPV vaccination on published articles and newspapers;
- Journalistic reports;
- And through known contacts of the researcher.

They are geographically situated in Mumbai, Bangalore, Cochin and New Delhi. The study itself consists of telephonic interviews based on semi-structured, non-leading, open ended questions that are employed for data generation due to the explorative nature of the study. Each interviewee is to be given the same questionnaire of ten questions. The questionnaire will be pre-tested on five persons who are related or have core expertise in the subject. Some fine-tuning of the questionnaire will be required after this pilot test phase. Finally, all the interviews will be carried out over the phone in order to accommodate the time constraint of these professionals and the large geographical zone to be covered. The actual interviews are expected to last approximately between 30 to 45 minutes on average in length. The questions are designed to ascertain the participants' perception of the pharmaceutical industry in relation to HPV vaccination adoption. They will be asked to share their opinions on the contribution of the pharmaceutical industry to society in comparison to the contribution of other sectors. Also, they will be asked to propose actions that the industry could take to improve their reputation and close the trust gap. Finally, they will be asked to offer solutions for a more impactful and inclusive communication on HPV vaccination.

FIGURE 3.3 C
Preliminary Field Research



Source: Aurelia Narayan, 2015

1) Introductory email and setup appointment email

This is the initial recruitment method for introducing the research topic (Appendices B & C). Second, it introduces the University and it provides the potential interviewee with a consent form (Appendices D & E).

2) Telephone interviews

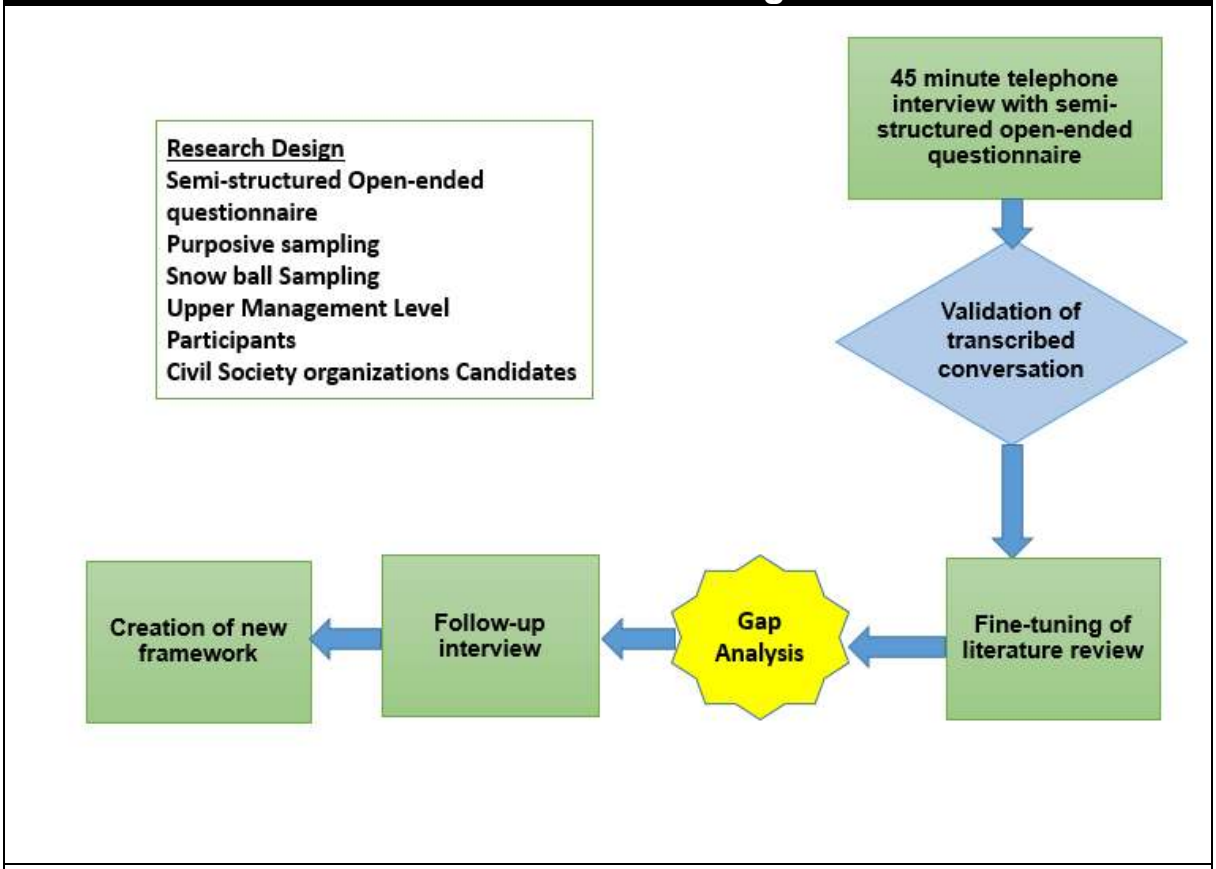
A semi-structured questionnaire is used in order to capture the perceptions of CSOs on MNCs, their CSR endeavours and the HPV vaccination program. Fourteen interviews are to be carried out over the phone and each interviewee is given the

same ten questions (Appendix F). On an average each interview is to last thirty-five minutes. In the following week, the transcription of the conversation will be sent to the interviewee for his/her validation (Appendix G).

3) Follow-up interviews

The subject matter is to be more deeply explored through the second phase of the in-depth interviews based on the answers of the first round of interviews. An example of a follow-up email as well as the interview guide for the follow-up interviews can be seen in appendices R & S. The research is designed as illustrated in Figure 3.3 D below.

FIGURE 3.3 D
Field Research Design



Source: Aurelia Narayan, 2015

The different categories of CSOs in alignment with the vaccination are distributed in the following way:

Participants' Profiles

TABLE 3.3 E
Types Of CSOs Involved In HPV Vaccination

CSO Types	Focus Area
Society of Paediatricians of Obstetricians	Support and encourage HPV vaccination
National newspapers, media	A lot of communication of the HPV demonstration project, rather negative communication
Women's right activists	Voiced concerns about the HPV vaccination and ethics of the industry
Children and healthcare Education organizations	Improve the quality of life of the community
International organizations implanted in India	Support HPV vaccination, educate and are recognized on the global stage
Prescribers	Physicians working at the hospital or in private practices
Foundations of MNCs	Support the HPV vaccination

Source: Aurélia Narayan

3.4 VALIDITY AND RELIABILITY

3.4.1 Definition Of Reliability And Validity In A Qualitative Environment

The objective of a good qualitative study is to allow:

> "understanding of a situation that would otherwise be enigmatic or confusing" (Eisner, 1991, p. 58).

Reliability is a pointer to evaluate the quality of a quantitative study with a "purpose of explaining" (Stenbacka, 2001, p. 551). On the other hand, a qualitative study has the purpose of "generating understanding" (Stenbacka, 2001, p. 551).

According to Yvonna S. Lincoln and Egon G. Guba (1985) who bring more clarity to the definition and to our understanding of it:

> "Reliability and Validity are essential criterion for quality in quantitative paradigms; in qualitative paradigms the terms 'Credibility, Neutrality, Consistency and Applicability' are to be essential criteria for quality". (Lincoln & Guba, 1985, p. 300)

John W. Creswell & Dana L. Miller (2000) suggest validity is affected by the researcher's perception of validity in the study and his/her choice of paradigm assumption (Creswell & Miller, 2000). Many researchers consider validity to be quality, rigor and trustworthiness (Lincoln & Guba, 1985; Stenbacka, 2001). Validity in qualitative research, relates to whether the findings of the study are true, in the sense of whether this findings accurately reflect the situation (Guion, 2002). Hence, to ensure credibility, neutrality, consistency and applicability, informal conversations are to be conducted first with three pharmaceutical directors. This allows for free flowing conversations and for better understanding of the scope of the subject. The results from this phase, although preliminary, will enable the researcher to identify that CSOs are the primary audience. Questionnaires are designed and pre-tested before starting the interview phase. Some fine-tuning of the questionnaire will be necessary to improve understanding and relevance of the questions to the audience.

The changes may include: rephrasing, removal and change of order of some questions. This process is equivalent to a pilot-test for a project. The outcome is that the interviewee should feel that they are talking to a peer and they are forthcoming with their responses. It helps also to create a good and trustworthy relationship with the interviewee despite the fact that the subject is controversial. Subsequently, the raw data collected in the field will be edited and coded. Editing requires checking for logically consistent responses (Zikmund, 2011). Herein, consistency implies that the responses given by one respondent to one question compared to others is verified. Response are to be identified and will be coded as a blank in the response. The interviewer take the liberty not to ask a question during the interview phase. This is due to the fact that the questionnaire is designed to cope with the dynamism of an open-ending interview style and the respondent may already cover certain answers in previous responses, negating the need to pose these questions again. In such case, the out of order answer is to be moved to the corresponding part.

3.4.2 Triangulation As A Way To Bring Credibility

Triangulation methods are used in qualitative research to check and establish validity. Triangulation is defined to be:

> "a validity procedure where researchers search for convergence among multiple and different sources of information to form themes or categories in a study". (Creswell & Miller, 2000, p. 126)

According to Lisa A. Guion (2002), 5 types of triangulation exist:

- Data triangulation;
- Investigator triangulation;
- Theory triangulation;
- Methodological triangulation;
- Environmental triangulation. (Guion, 2002, p. 2)

The relevant triangulation applied to this research is methodological triangulation. It means that different sources of data / information have to be used (Guion, 2002). The data from the literature review, the content analysis and the field research is compared in order to create a consistent Indian CC framework of HPV vaccine adoption. Upper level managers from different CSOs i.e. education, women's right protection, society of physicians and practitioners are identified. In-depth interviews are conducted to gain insight into what the stakeholders perceive as outcomes of the program and their perceptions of the pharmaceutical industry. If every stakeholder who is looking at the issue, albeit from different points of view, sees a common outcome, then it is more than likely to be true (Guion, 2002, p. 2).

3.5 SAMPLING METHOD

Sampling for media content analysis comprises three steps :

1. Selection of media forms (i.e. newspapers, magazines, radio, TV, film) and genres (news, current affairs, drama, soap opera, documentary, and so on); CSR and annual reports of the two MNCs as well as their corporate websites are chosen;

2. Selection of issues or dates (the period); the research covers the period 2009-2014;

3. Sampling of relevant content from within those media (Newbold, Boyd-Barrett, & Van Den Bulck, 2002, pp. 80-81). A purposive sampling method is the most relevant as all the available reports from those two MNCs and their Indian affiliates will be collected.

In phenomenological research we are not interested in knowing how many or how often an event has occurred (Giorgi, 2009) but rather its representativeness (Giorgi, 1988). As a consequence the purposive sampling method is selected so that the best understanding of the phenomenon can be captured and the research question responded in an appropriate manner (Creswell, 2007). The participants will be targeted according to their appropriate knowledge of the situation. They are identified via the Internet with the name of the head of the organization identified through an organizational chart, publications, news reports or by contacts known to the researcher. They will be contacted first by email. Key contacts are leaders of an organization as well as University Professors, Medical Doctors specialists in the field and lawyers. They are working either at the national or grass root levels. According to Magnus Englander (2012), qualitative research through phenomenology allows representativeness and generalizability from a small number of research participants. Giorgi (2009) emphasizes this argument by adding:

"Research based upon depth strategies should not be confused with research based upon sampling strategies". (Giorgi, 2009, pp. 198-99)

CSOs are collectively a major public stakeholder in matters of health in India and more specifically in the HPV vaccination and forty-one organizations will be approached by email. The objective is to understand their perception of CSR from pharmaceutical MNC's and their evaluation of the programme as a major administrator or gatekeeper. Phenomenological interviews are used to assess how participants interpret their own experience. Participant responses will be over the phone and will be audio-recorded. Anonymity will be granted to all participants, a notebook is used for additional comments from the interviewer. Also, a snowball sampling method, where participants are asked to suggest at the end of each interview the name of another potential respondent, will be used. This technique is required due to difficulty in reaching out to the target population and due to the sensitivity of the subject. All interviews will be verbatim transcribed and consequently analysed.

3.6 DATA COLLECTION

For the content analysis, data collection is done through document analysis.
For the field research, data is first collected via informal interviews conducted at the convenience and availability of three participants: one Director of CSR, one director of business analytics from the pharmaceutical industry as well as one Indian woman.

As highlighted previously, this pilot phase will help to understand that professionals within the pharmaceutical industry will be at best reluctant and at worst contractually prohibited from speaking about sensitive issues such failed clinical research initiatives. Later, for the semi-structured interviews, the data will be collected via audio recorded telephone and hand-written notes. The recording software used for this project will be Microsoft Windows Sound Recorder which creates WMA files. The pretesting phase of the questionnaires will be performed with five respondents in order to fine-tune the questionnaire. The question guide used will not be a rigid form to be filled. Questions will be revised as we go along, according to the information and newly emerging topics and issues that respondents point out. Indeed, leaving these answers unexplored may have made the respondents feel that the researcher is not really interested in their personal experiences (University of Toronto, 2014).

The questions, part of a phenomenological interview, meet the criteria of description (Giorgi, 2009). Hence, they are designed to evaluate the participants' perception of the pharmaceutical industry and HPV vaccines. They will be asked their opinions on the contribution of the pharmaceutical industry to society. The researcher will ask them to offer actions the industry could take to improve its reputation and close the trust gap and how a more impactful and inclusive communication related to HPV vaccination could be designed. Any vague answer during the interview will be probed via repetition, in order for the respondent to hear and think about his answer or sometimes for the last question, the researcher will ask whether there is 'anything else?'. At that point in time, some respondents may add spontaneous information to a

previous question. In closing the interview, each respondent will be thanked and acknowledged to leave a positive feeling about having participated in the study. Anonymity will be granted to all the participants and their organizations. The records will be safely kept in a locked box.

There is one main criterion to a good qualitative phenomenological research, which, according to Amadeo Giorgi (2009), an American psychologist, is:

> "What one seeks from a research interview in a phenomenological research is as complete a description as possible of the experience that a participant has lived through. (Giorgi, 2009, p. 122)

The transcribed and edited information will be sent back to the respondent for formal approval of the content. This allows respondents to modify or bring more clarity to their answers. None of the participants will be given the questionnaire in advance. The overall objective will be to allow for unbiased and spontaneous answers.

3.7 DATA ANALYSIS

All interviews are audio-recorded, transcribed and edited.

The collected data is analysed as follows:

1) Hand tabulation method: Each transcript and field notes is to be read carefully. Key words will be circled and ideas written on the side. The main ideas and concept of each transcript for each question will be entered into an excel sheet to

allow the researcher to have a global view of all the answers of each respondent for each question. Corresponding codes are placed at this point in time. The objective is to generate as many codes as possible on a free flow, without thinking too much about how they may ultimately be put together (University of Toronto, 2014).

2) Concept mapping and coding: NVIVO 10 software for mapping and coding of all the documents will be used. It organizes and structures the data, creates world clouds for a visual conceptualisation of the research, and colours by categories the different codes elaborated. Some of the codes may be more descriptive in nature while others more analytical, eventually leading to the identification of recurrent patterns, thematic dimensions and analytical categories (University of Toronto, 2014).

3.8 SUMMARY

The research is qualitative using a phenomenological methodology. The purpose of the research is to understand the experience of knowledge workers in CSOs related to education, health, women's rights with regards to HPV vaccination. Their perception of the pharmaceutical industry and the CSOs they represent will be ascertained. Forty-eight knowledge workers from a total of forty-one different organizations will be contacted. The research employs an open-ended questionnaire structured with three different parts. The first part focusses on the profile of the candidate followed by a section including ten questions on the perception of the pharmaceutical industry and a last part on HPV specifics. A pilot test will be elaborated that consistes of pre-testing the questionnaire on five respondents. This

phase allows for fine-tuning and more consistency. Each interview is over the phone and will be transcribed. The document is then edited and sent back to the respondent for review and validation. The responses are then coded and categorized using Nvivo 10 software. The following chapter will present the data collected and analysed into different codes in an effort to develop strategic concepts from the data.

CHAPTER FOUR

PRESENTATION OF DATA

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4.0 PURPOSE STATEMENT

The primary objective of the research is:

> to achieve a better understanding of how the pharmaceutical industry is portrayed and viewed by civil society organizations in India as related to HPV vaccination adoption. The outcome of the research is the development of an Indian corporate citizenship framework that considers the role of pharmaceutical corporations.

4.1 REVIEW OF THE RESEARCH METHOD

The objective of the content analysis is to analyse the communication done by large MNCs via their websites, CSR reports, as well as annual reports and to understand whether they are congruent with the literature review related to CC, CC in India, and the communication for the HPV vaccine adoption. Large companies receive more attention from the public than small and medium enterprises. As a result, they face more pressure to emphasize openness and transparency of their operations (Gao, 2009). Their corporate communication is a way to engage their audience and to create trust. The following four themes are discussed and a qualitative approach with a deductive implementation has been adopted:

- The CC business strategy of the two pharmaceutical MNCs i.e. Merck and GSK;
- The CC strategy adopted by their respective Indian affiliates;

- The social issues and the stakeholders they address;
- Their communication related to the HPV vaccination.

In addition, a qualitative research process has been chosen for the field research by way of phenomenological methodology. The targeted population was selected across India in the cities of Bangalore, Mumbai, Delhi and Cochin (Annexe A). The respondents were from different backgrounds and can be divided into three main groups: the prescribers, the communicators and the policy makers. The final sample group was composed of fourteen respondents including physicians, lawyers, and heads of NGOs in human rights or health.

4.2 REVIEW OF DESIGN AND DATA COLLECTION

The content analysis takes CC, communication and HPV vaccine as a theoretical framework. The general scope of the research consists of identifying whether GSK and Merck have CSR and relevant annual reports available for the past five years (2009-2014). This kind of documentation is usually provided by the corporate headquarter and the Indian affiliates have access to it. The social issues in their reports were reviewed. Finally, communication and actions undertaken around the HPV vaccine were analysed. The CC, communication and HPV vaccine information of GSK and Merck is gathered in the following way:

- CSR / CC reports, for the past five years, on its official website are gathered;
- Data are gathered mainly from the website on the CSR columns of the annual reports or the parent company's respective policy;

- CSR, communication and HPV vaccine data will be collected from the relevant “mission statements”, “core values” and annual reports on the official website;
- Company specific websites for the HPV vaccination or for family vaccines in general will be reviewed;
- The website of the CSO GAVI Alliance will be analysed as a comparator.

For the field research, forty-eight contact persons from a total of forty-one different organizations received initial introductory email. The targeted individuals had up to four weeks to confirm their participation failing which, they were eliminated from the sample. Finally, fourteen individuals partook in the research. Targeted organizations as well as their contact persons were identified through publications on HPV vaccination, BBC reports and contacts known by the researcher. A ‘snowballing method’ was used: each interviewee was asked at the end of the interview to provide the name of a contact that might be interested in participating. Data was collected via telephone interviews. The mean duration of each interview was forty-five minutes.

4.3 DATA DISTILLATION OF THE CONTENT ANALYSIS

CSR reports of GSK covering the period 2009-2014 were identified on the global website and reviewed. From Merck, only an online report was available. From the Indian GSK website, only the annual report 2014-15 was available. Previous years were not available on a google search. Similar difficulty was encountered on a online

search as only the CSR report of 2009-2010 and 2012 were available. GSK annual reports were easily accessible on GSK India website. On the contrary, none of the annual reports were available on MSD India website. After a google search, reports for 2009, 2010, 2011, 2013, and 2014 were identify and gathered.

4.3.1 Content Analysis Of CSR Reports

Corporate social reporting relates to the disclosures companies make with regard to their non-financial activities. It is a starting point for insights into the social performance of a company. It is part of their communication process to the shareholders as well as to their others stakeholders (Blowfield & Murray, 2011). This reporting was previously stated in the annual report and non-financial apsects of a company performance were largely voluntary (Blowfield & Murray, 2011). Today most companies have created a separate report called a CSR report.

In this section, an analysis of the codification methodology is provided. The research begins with the CSR reports as they are the documents which are able to provide the most information on CC. As previously mentioned, a total of six CSR reports from 2009 until 2014 for GSK were collected from the Global website. Three additional reports on CSR policy, vision and commitments were added to the research. On the Merck Corporate website, only the 2014 CSR report (488 pages) and its executive summary were available. An online search revealed the Merck 2009-2010 and 2012 CSR review (21 pages). On the MSD India website, there is no CSR report available.

However, on the front page of the website, there is one category titled "Responsibility". This content was captured and converted to PDF format via the software NCapture so that the data can be coded with the software NVivo 10. A word frequency query was performed on the data to have a preliminary overview of the coding. Terms related to corporate citizenship and vaccines were retained. A first coding list was established for GSK Global and subsequently for the India CSR reports, as illustrated in table 4.3.1 below. A true comparison is difficult to make as some reports from Merck were not available in the public domain.

TABLE 4.3.1 A
Preliminary Coding List Of GSK Global –India CSR Reports For The Period 2009-2014

Code / Word count	Total	2009	2010	2011	2012	2013	2014	2014 India
Access	**1,088**	347	274	139	111	127	73	17
Awareness	**242**	103	58	30	16	12	5	18
Communities	**321**	103	67	65	28	34	18	6
Community	**346**	102	84	49	38	35	25	13
Compliance	**375**	120	139	55	24	20	16	1
Developing	**734**	269	157	106	73	85	44	0
Development	**673**	207	163	91	61	98	43	10
Education	**194**	60	50	25	20	15	10	14
Ethical	**372**	151	123	40	20	19	19	0
Governance	**166**	49	41	27	17	20	11	1
Health	**1,414**	444	284	232	160	157	95	42
Patient	**857**	275	219	122	82	98	55	6
Pricing	**316**	106	91	45	26	34	14	0
Principle	**199**	73	44	24	28	10	10	0
Responsibility	**1,127**	572	211	141	93	94	8	8
Stakeholders	**222**	92	55	28	17	18	12	0
Sustainability	**424**	209	144	35	13	16	6	1
Vaccine	**1,146**	379	264	148	112	143	99	2
Value	**604**	115	120	88	103	117	59	2

Source: Aurélia Narayan, 2015 generated with Nvivo 10

TABLE 4.3.1 B Preliminary Coding List Of Merck CSR Reports					
Code	**Word count**	**Total**	**2009-10**	**2012**	**2014**
Access		**494**	29	30	435
Communities		**131**	5	6	120
Community		**202**	2	1	199
Compliance		**170**	12	4	154
Developing		**138**	9	7	122
Foundation		**177**	9	7	122
Global		**508**	40	22	446
Health		**1322**	76	40	1206
Human		**217**	13	3	201
India		**92**	1	5	86
Local		**184**	2	9	173
Needs		**144**	14	9	121
Partnership		**142**	12	5	125
Stakeholders		**131**	5	5	121
Support		**400**	16	7	377
Sustainability		**77**	11	6	60
Vaccine		**148**	11	1	136
Vaccines		**219**	8	12	199
Source: Aurélia Narayan, 2015 Generated with NVivo 10					

4.3.2 Theories Applied To Corporate Citizenship

As previously seen in Chapter Two, early CC is defined in terms of philanthropy (Carroll A. , 1991) or direct support of local communities (Altman B. , 1998). In 1979, Carroll offered a framework for understanding the different aspects of social responsibility and identified four type of reponsibilities i.e. economic, legal, ethical and discretionary under which the various actions taken to manage business / societal relationships should fall (Carroll A. , 1979). Besides, a major role of CC compared to CSR is that it includes involvements and communication with civil society rather just individual stakeholders' groups (Ludescher, Williams, & Siegel, 2008). Later, it is agreed that the firm should assume some of the responsibilities of

government in administering social, political and civil rights when Governments fail to do so (Matten & Crane, 2005). Finally, the ultimate aim is to create shared value (Porter & Kramer, 2011). This outlook provides one possible strategy for a company facing CC and CSR issues.

In India, the concept of CC is engrained in the Gandhian concept of trusteeship. Being 'good' for society means understanding the society in which you are operating. Indian values and norms operate within the framework of patriarchy and thus impact women's rights at family and community levels (Sarojini, et al., 2006). Recent scholarship in this area tried to integrate value and culture in CSR studies (Jamali & Neville, 2011; Sagar & Singla, 2004; Mitra P. , 2012). CC framework was taken as a reference to code the CSR reports and congruent terms were categorized under each code as illustrated in the Table 4.3.2 below.

MATRIX 4.3.2
Coding Of CC Strategy Of The Two MNCs

Code	Characteristics	
Value	• To deliver products of value through innovative science • To align shareholders and societal values • To provide value to stakeholders • Value-base compliance culture • Value the relationship • Foundation of the company	• Core value : transparency, respect for people, integrity and patient focus • Pre-employment check for values' alignment • Value in the decision making process • Value-chain • Training to company's values • Assessment of the values • Value in competitive remuneration
Economic	• Payment of taxes • Job creation • Revenue generation	• Economic development and creation of shared values for the region

		• Reduction of global workforce for efficiency
Compliance - Ethic	• Compliance on clinical trials with inform consent form • Compliance with data protection legislation • Compliant on promotional activities • Compliance in the relation with healthcare professionals • Audit of suppliers in emerging markets • Compliant with UN global Compact	• Compliance with grants and donations to scientific third party • Sanctions for policy violations • Compliance of supppliers' activities • Compliance with human rights • Ethical behaviour • Ethical promotion • Ethics in disease awareness campaign • Compliance with environmental law • Being compliant to reduce the risks
Legal	• Protection of Intellectual Property rights • To grant licences for HIV treatment in emerging markets • Clinical trials designed, conducted and monitored according to the same standards as in emerged economies	• Technology transfer for improving supply of vaccines • Technology ransfer with suitable local partners • Anticounterfeiting measures on medicine to prevent crime • Data protection and security • Fight against bribery and corruption
Sustainability	• Optimise efficiency and increase the use of renewable energy • To reduce the impact of our own operations	• Responsibility to contribute to meeting environmental challenges • Focus on carbon dioxide
Human rights	• Unique role to play in improving health worldwide • We respect human rights	• United Nation Global Compact • OECD • Guidelines for MNCs enterprise • Labor standards • Right to health
Shared Values	• Improve the affordability of our vaccines while remaining profitable • While striving to meet the needs of the society, we build trust • To go beyond the high-income sector • Wherever they live	• Increasing access to medicine in emerging markets • Providing sustainable return to the company • Middle Income Countries (MICs) represent increasingly important customers • To make medicines affordable in smaller pack sizes
Source: Aurelia Narayan, 2015		

4.3.3 Theories Applied To Stakeholders

A stakeholder is any person or organization affected by or with the power to influence a company's decisions and actions (Blowfield & Murray, 2011). The stakeholders framework was taken as a reference to code the CSR reports and congruent terms were categorized under each code as illustrated in the Table 4.3.3 A below. Each stakeholder was coded as a unit. In Table 4.3.3 B, an analysis of the stakeholders' interests and social issues addressed in the region is shown.

MATRIX 4.3.3 A
Stakeholders' Interest And Engagements

Stakeholders	Interests and Engagements	
Government	• Influence policy decision related to health • Agreement on pricing of medication • Lobbying of EU institutions • Advocacy with religious leaders	• Trade association membership in the US and EU • Advocacy on access to medicines, on intellectual property rights
Employees	• Employment and welfare • Training and development • Inclusive workplace • Mentoring, coaching, performance appraisal • Well-being • Increased workforce from emerging market	• Safety and health • Recognition and valorisation • Forum, 2-way communication • Foster employees' network groups • Volunteering • Leadership programme
Community	• Protection of human rights • Donation of time, money, medicines and equippement • Contribute to the public debate • Helping communities where we work to flourish • Improving health and nutrition	• Invest in health and education programmes • Interaction with local communities • Transparency • Community partnership programmes • Employees' volunteering • Improving immunisation

Patients	• Scientists meet patients • Research of new treatments that address the needs of the patients • Funding, membership fees • Public disclosure of funding	• Providing access to healthcare • Work with patients advocacy groups • Workshop with them as to how to make a funding application
Investors	• Profits • Meet regularly • To create value	• Socially repsponsible investments • Maximum performance
Healthcare professionals	• Ethics policies for relationship • Raise awareness • Medical expertise	• Market our vaccines • Prohibition of inducements to Doctors • We provide funding
Healthcare providers	• Partnership with local healthcare providers	• Training
Multilateral agencies	• Work with WHO on Malaria • Engagemetn through public health initiatives • Provide vaccines to those agencies	• Partnership to provide affordable and appropriate vaccines in emerging markets • Public-private partnerships
NGOs	• Engagement with international and local NGOs • Improve access to vaccines in developing world • Raise awareness • Philanthropic grants	• Education and public-health programmes • Community investment • Animal welfare • Women's health • Immunization
Scientific and academic community	• Be part of the scientific debate • Partnerships to discover new medicines	• Provide grants • Sponsoring speaker for conferences • Fostering the next generation of scientific leaders
Suppliers	• Global and regional suppliers • Expecting high standards for quality, environment and human rights	• Relationship based on mutual trust and respect • Assessment and in-depth audits • Business Partner Code of Conduct
Peer companies	• Engagement through membership of pharmaceutical industry organizations	• Joint ventures • Partnerships
Source: Aurélia Narayan, 2015		

MATRIX 4.3.3 B Social Issues Adressed in Selected Region And Country		
Region/ Country	Social issues and engagement (stakeholders)	
Asia	• 72% of in-depth audits (suppliers) • Partnerhsip with WHO to facilitate access to malaria vaccine (multilateral agency)	• Engagement with Muslims religious leaders on the use of HPV vaccine (NGOs) • Training of healthcare workers (healthcare providers)
India	• Partnership with Dr. Reddy's to create branded generics in cardiovascular area (Peer company) • Joint venture, technological transfer (peer company) • Provide HPV, polio vaccines at a lower cost to GAVI (Multilateral agencies) • Significantly expanded the distribution network to cover 20,000 villages (communities) • Donation of drugs for targeted diseases (Patients) • Provide healthcare to cancer patient (patients) • Employees'voluntering through PULSE programme (Employees), apply their professional skills to the service of communities • Address domestic violences through partnership	• 20 audits of contract manufacturers to ensure suitable standards (suppliers) • Indox partnership with Indian scientists to promote leading research practices (Academic community) • Women's health (reducing the global maternal mortality rate) (NGOs) • Training of local women to set up their own business and to sell consumer products (communities) • Support nutrition and education of mentally differently abled (communities) • Support residential care for street children (communities) • Training of community health workers (health workers) • Screening and awareness programmes (communities)
Source: Aurélia Narayan, 2015		

4.3.4 Accessibility And Adoption Of Vaccines In India

The factors contributing to the adoption of the vaccine were identified and coded in Table 4.3.4 A. Findings were compared to the methodology adopted for the polio vaccine in Table 4.3.4 B. According to the literature, polio disease was eradicated in India in 2012 (John & Vashishtha, 2012).

MATRIX 4.3.4 A Accessibility And Adoption Of HPV Vaccine		
Code	Method	
Partnership	• Purchased in bulk by GAVI Alliance at a cheaper cost to leverage its distribution network • Important to have local production capabilities • Working with local and provincial governments • Partnership to improve immunisation infrastructures • Demonstration project • Diverse employees can bring their ethnic, religious, cultural knowledge to facilitate the adoption	• Joint venture and technology transfer to help India to develop its research and manufacturing capabilities (Biological E) • R&D for development of a six in one pediatric vaccine • Community partnership programmes
Public Health Funding	• Grant for screening and treatment programme for cervical cancer	
Supply Chain	• To secure the production and supply of the vaccine	• Making distribution easier and less expensive • To develop vaccines that don't need to be refrigerated
Pricing	• Factor that impact access • Flexible pricing model • 30% of reduction in MICs • Reduction of price trigger the access	• Close relationship with others in the distribution chain to ensure that price reductions benefit patients
Barriers	• Not in the immunization programme of India • Distribution network is weak • Lack of healthcare professional (I physician for 1,000 patients)	• Poor healthcare infrastructures • Stigma associated with the disease • Not a strong political will to make the vaccination a priority
Advocacy	• For the adoption of public policy that provide adequate financing such as GAVI	• Access crisis in the developing world
Governance	• Core strategy • Developing countries and Market access department	• Focus on emerging market
Awareness	• Awareness campaign • Healthcare providers' education	• Media awareness • Halal certification for Gardasil
Source: Aurélia Narayan, 2015		

MATRIX 4.3.4 B Accessibility And Adoption Specificities Of Polio Vaccine (Eradicated in 2012)		
Code	Method	
Partnership	• Included in the immunisation calendar • Partnership to improve immunisation infastructures	• Community parthership programmes • Joint venture and technology transfer to help India to develop its research and manufacturing capabilities (Biological E) for six in one combination vaccine
Public health Funding	• Vaccines provided to the Polio eradication initiatives	
Healthcare	• Polio vaccination continues with an inactivated polio vaccine (IPV)	
Posology	• Oral vaccine, easy to vaccinate	• Can be distributed by volunteers • No need of sterile injection equipment
pricing	• Inexpensive, one dose	• Working on low-cost combination pediatric vaccines
Supply	• Investment in manufacturing facilities	
Source: Aurélia Narayan, 2015		

4.4.1 Content Analysis Of Annual Reports From Indian Affiliates

Traditional non-financial matters are reported as a part of the annual report. After reviewing the CSR reports developed by the MNCs, the analysis has been focused on the annual reports from the Indian affiliates to get a better idea of their local activities. Corporate responsibility reporting has come of age due to recent concerns about environmental degradation or social injustice, and companies have been engaged in the reporting of their non-financial activities for a considerable time (Blowfield & Murray, 2011). The Indian annual reports were collected for both

companies from 2009 to 2014 totalling twelve. Importantly, MSD India has a special website called 'Fulfordindia.com' dedicated to its investors where all annual reports are gathered. A word frequency query helped to make a preliminary analysis of the coding scheme. Terms related to the subject of interest, like corporate citizenship and vaccines were maintained while others were classified in the 'stop words list'. A first coding list was established with data extracted from annual reports of both Merck and GSK as illustrated in Table 4.4.1 below.

TABLE 4.4.1 A
Preliminary Coding List Of GSK India Annual Reports For The Period 2009-2014

Code / Words count	Total	2009	2010	2011	2012	2013	2014
Access	**57**	3	5	3	20	9	17
Compliance	**101**	12	16	14	16	18	25
Employees	**159**	11	13	19	36	38	42
Group	**209**	34	35	30	39	34	37
India	**748**	141	121	116	125	126	119
People	**71**	5	3	5	14	19	25
Policy	**56**	5	4	5	10	11	21
Tax	**955**	148	152	163	165	160	167
Value	**482**	77	70	74	90	86	85
Shares	**727**	113	114	102	133	131	134
Dividends	**302**	47	37	38	60	60	60
Profit	**351**	115	110	108	5	8	5
Quality	**88**	10	10	6	23	16	23
Responsibility	**99**	11	11	11	20	23	23
Services	**210**	35	33	34	39	33	36
Society	**118**	16	15	17	24	22	24
Vaccines	**58**	4	6	8	13	9	18
Value	**482**	77	70	74	90	86	85

Source: Aurélia Narayan, 2015 generated with Nvivo 10

TABLE 4.4.1 B Preliminary Coding List Of MSD India Annual Reports For The Period 2009-2014								
Code	**Words count**	**Total**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**
Compliance		**121**	19	17	15	18	20	32
Shareholders		**200**	20	19	17	32	59	53
Education		**48**	10	6	9	7	6	10
Employees		**201**	12	18	32	41	46	52
Governance		**96**	15	16	14	15	16	20
Healthcare		**130**	14	20	20	22	30	24
India		**1250**	160	144	135	236	273	302
Quality		**79**	10	8	15	12	13	21
Responsibility		**88**	11	12	11	12	17	25
Profit		**354**	0	77	81	59	67	70
tax		**744**	169	105	111	88	117	154
Assets		**713**	127	94	103	112	127	150
Shares		**644**	66	61	68	136	146	167
Dividends		**389**	76	61	58	55	71	68
Benefits		**195**	0	32	29	38	47	49
Value		**391**	60	49	55	64	78	85
Disclosure		**85**	17	10	10	15	19	14
Source: Aurélia Narayan, 2015 generated with Nvivo 10								

From the preliminary analysis, a glimpse of CC can be gleaned. With the data collected from the Indian annual report, the focus is on Indian operations. The central focus remains on the value and the discourse is more adapted to a shareholder audience. After a preliminary analysis, the CC strategy is in alignment with the one from the corporate headquarters and not just based on ‘philanthropy’ as it could be expected from India and according to the academic literature.

4.4.2 Theories Applied To Corporate Citizenship

Investors expect that their funds are handled with care and invested in such a way that they will receive a return on their investment (Blowfield & Murray, 2011). Over

the last decade, there has been a convergence of international codes to support the operations of companies across borders. As emerging economies seek to develop capital markets to encourage inward investment and joint venture arrangements, it is expected that global corporations are accountable and transparent as part of their corporate governance (Blowfield & Murray, 2011).

MATRIX 4.4.2
Coding Of CC Strategy Of The Two MNCs

CC Strategy	What are the Characteristics of a CC framework ?	
Value	• Strong emphasis on transparency, accountability and integrity • In sales and marketing practices	• Deliver value to the customer • Relationships with suppliers • Dividends
Economic	• Indutry under price control • Foreign exchange rate fluctuation impacts the profitability of the company • FDI in the green field projects 100% accepted • Anti-counterfeit measures	• Taxes • Taxes on income • Customs duty • Profits • Growth in net sales • Expansion of medicines under price control, economic impact on sales and profit • Regulation of patent protection very low and blurred
Business growth/ opportunities	• Brand building in rural areas • Approval of new products • Increase in health insurance coverage • Increase in healthcare spend by the Government	• Vaccines • To reach rural medical profession • Growth in incomes • Growth in medical infrastructures • Sales from emerging markets • Indian rural market (67% of the population)
Compliance - Ethic	• Compliance with human rights • Ethical behaviour • Compliance with the condition of corporate governance • Compliance with GAAP	• Compliance with laws and regulations • Code of conduct • Internal controls • Business responsibility report • Internal control system over financial reporting • Code of Practice for Promotion
Legal	• Quality in clinical trials • Anti-bribery and corruption policies • Guidelines of the Constitution of India	• Anti-counterfeit measures • External audit to financial control • Human rights laws
Sustainability	• Reduction of energy consumption	• Energy conservation activities

	• Core of the business	• Investing in people and communities
Governance	• Efficient conduct • Obligations to stakeholders • Robust policies • Corporate Governance Charter	• Code of conduct • Balance fiduciary duty and accountability to shareholders • Audit Committee of the Board
Shared Values/ Philanthropy	• Covering rural market • Medical education to Doctors' in remote areas	• Identifying specialty products as patients' needs
Source: Aurelia Narayan, 2015 *GAAP: General Accepted Accounting Principles* *FDI: Foreign Direct Investment*		

4.4.3 Theories Applied To Stakeholders

Engaging with stakeholders is an important part of how corporate responsibility is implemented but there is a difference between taking the views of shareholders into consideration and being accountable for them in any meaningful way. A stakeholder framework was taken as a reference to code the annual reports and congruent terms were categorized under each code as illustrated in the Table 4.4.3 A below. Each stakeholder was coded as a unit.

MATRIX 4.4.3 A
Stakeholders' Interest And Engagements Based On Annual Report

Stakeholders	Interests	Way to Engage
Government	• Influence policy decision related to health • Price control mechanism	• Input to Government • Advocacy • National pharmaceutical policy • Guidelines on promotion of pharmaceutical products
Employees	• Employment and welfare • Training and development • Inclusive workplace	• Company's code of conduct

	• Mentoring, coaching, performance appraisal • Well-being • Compliance with law • Environment Safety	• Reporting of unethical behavior • Award • Bonus • Talent management • Volunteering • Survey • Consultation • Participation in decision making • Induction programme
Trade Unions	• Negociation on salaries • Retirement plan	• Amicable relationship • Settlements
Community	• Protection of human rights • Contribute to the public debate • Helping communities where we work to flourish • Improving health and nutrition • Development in remote areas • Education in rural areas • Providing healthcare service • Promote maternal health • Senior citizen's help • Improving immunisation • Cancer care	• Invest in health and education programmes • Interaction with local communities • Transparency • Community partnership programmes with NGOs • Employees' volunteering • Donation of time, money, medicines and equippement • Mandatory by law i.e. Companies Act
Patients	• Research of new treatments that address the needs of the patients • Public disclosure of funding • Providing access to healthcare	• Work with patients advocacy groups • Workshop with them as to how to make a funding application • Scientists meet patients
Investors	• Profits • Socially responsible investments • Dividends • Accountability	• Meet regularly • Results are published in financial newspapers
Healthcare providers	• Partnership with local healthcare providers • Training • Ethics policies for relationship	• Training • Meeting with sales representatives
NGOs	• Improve access to vaccines • Raise awareness • Women's health • Immunization	• Education and public-health programmes • Community investment • Philanthropic grants
Scientific and academic community	• Be part of the scientific debate • Partnerships to discover new medicines	• Provide grants • Sponsoring speaker for conferences • Advisory board • Symposium
Suppliers	• Expecting high standards for quality, environment and human rights	• Suppplier performance Matrix • Assessment and in-depth audits

		• Business Partner Code of Conduct
Peer companies	• MNCs companies partners with Indian companies for co-marketing of their products	• Joint ventures • Partnerships • Engagement through membership of pharmaceutical industry organizations
Source: Aurélia Narayan, 2015		

4.4.4 Accessibility And Adoption Of Vaccines In India

The factors contributing to the adoption of the vaccine were identified and coded in Table 4.4.4.

MATRIX 4.4.4 Accessibility Of Vaccination		
Codes	Method	
Environmental Opportunities	• Higher disposable income • Urbanization	• Greater health insurance coverage
Public Health Funding	• Acceleration of Government's spending on healthcare	
Supply Chain	• Consistent supply • Increasing cost • Consolidation of warehouse • Temperature controlled storage	• Uncontrollable factors like inflation and depreciation of Indian Rupee
Pricing	• Control of the price by Government	• Responsible pricing
Barriers	• Anti-counterfeiting • Unaffordability • Lack of skillded healthcare providers	• Very few insurance have included reimbursement of vaccines
Healthcare Infrastructures	• To expand the reach to rural areas • Establishing Universal Health Coverage • Increasing affordability • Telemedicine to bridge the gap between rural and urban areas	• More budget from Government • Healthcare infrasctructure number is growing • Mobile health delivery to increase awareness
Source: Aurélia Narayan, 2015		

4.5.1 Content Analysis Of Companies' Websites

To understand why people are willing to get vaccinated or not, it is important to assess the information available in the public domain for decision making (Madden, Nan, Briones, & Waks, 2012). The content analysis consists of first coding from the source of the websites. Corporate websites of GSK and MSD Global and MSD India were added in the sample. The Gardasil website from Merck was included. In total, five websites were analysed as illustrated in Table 4.5.1.

TABLE 4.5.1
Sample Characteristics Of Websites' Content Analysis

Organization	Name of the wesite	Main Target Audience	IP Adress	Coding Procedure
GSK	GSK Global	U.K. residents	https://www.gsk.com/	Initial and second-level web pages
GSK	GSK India	Indian population	http://india-pharma.gsk.com/	Initial and second-level web pages
Merck	Merck Global	U.S. residents	http://www.merck.com/index.html	Initial and second-level web pages
Merck	MSD India	Indian population	http://www.msdindia.in/Pages/home.aspx	Initial and second-level web pages
Merck	Gardasil	U.S. and Puerto Rico residents	http://www.gardasil.com/	Initial and second-level web pages

Source: Aurélia Narayan, 2015

4.5.2 Coding Procedure

The unit of analysis was the website. If very little information was presented on the initial page, the analysis continued one level down, or clicked only on links contained within the initial or second-level pages. The analysis was divided into two parts:

- The information access;
- The websites design.

TABLE 4.5.2 A Analysis Of The Websites					
	GSK Global	GSK India	Merck Global	MSD India	Gardasil
Professionalism	10	10	8	7	8
Intuitiveness of the website	7	8	8	9	7
Content on HPV vaccine	0	1	9	0	10
Tailored-made information for Indian market	4	3	0	0	4
Tailored information for healthcare professionals	2	5	10	0	8
Explanations on how to get vaccinated and at which age	0	0	7	0	10
Explanations on the disease	0	0	2	0	10
Explanation on the vaccine	0	0	7	0	10
Explanations given in local languages e.g. Hindi, Bengali, Tamul	0	0	0	0	0
Access from a laptop	10	10	10	10	10
Access from a smartphone	10	10	7	7	9
FAQs	0	0	10	0	10
Total information access	**43**	**47**	**78**	**33**	**96**
Weighted Totals (i.e. 70%)	**30.1**	**32.9**	**54.6**	**23.1**	**67.2**
Readability	8	8	8	6	7
Freshness and maintenance of the site	10	10	8	8	7

Updated sitemap: links up and running	10	10	10	10	7
Clean design	8	8	9	8	7
Engaging: video, pictures	8	9	5	4	4
Homogeneity of Branding	10	10	10	10	10
Public relations platform i.e. twitter, facebook	10	10	10	0	0
Contact information and the personnel	10	8	8	8	2
Interactivity: forum, chat room	0	0	0	0	0
Total website design	**74**	**73**	**68**	**54**	**44**
Weighted Totals (i.e. 30%)	**22.2**	**21.9**	**20.4**	**16.2**	**13.2**

TABLE 4.5.2 B
Summary of Total Weighted Websites

	GSK Global	GSK India	Merck Global	MSD India	Gardasil
Weighted Totals (i.e. 70%)	30.1	32.9	54.6	23.1	67.2
Weighted Totals (i.e. 30%)	22.2	21.9	20.4	16.2	13.2
Weighted Total By Website	52.3	54.8	75	39.3	80.4

The table below represents a comparative analysis of five websites: GSK Global, GSK India, Merck Global, MSD India and Gardasil. The websites have been analysed under two main blocks: information access and website design. The weights allocated to each block are 70% and 30% respectively. Firstly the websites were analysed under 21 categories and scores allocated under each. Subsequently,

the categories were grouped under the main blocks i.e. information access and website design. Finally the weighted totals were calculated.

Although Gardasil tops the list, the website in question is focussed on an American audience. Looking closer at the final results, GSK India is the clear winner since the information is accessible while maintaining a clean website design and focussed on HPV in India. It is noteworthy, that Gardasil maintains an international focus and seemed to have taken a 'one size fits all' approach. MSD India scores lower that its counterpart GSK India on both information access and website design.

4.4 DATA DISTILLATION

This section will provide information of the data gathered during the interview phase. The questionnaire for the interview of the fourteen candidates was conceptualized the following way:

1 Part A: Participant Profiles

The respondents came from upper management level of CSOs in the areas of human rights, health and education. In order to anonymise the study, each respondent was given a code. This was 'C' followed by the serial number. For example, C 7 was a respondent who participated in the study, seventh. They were also categorised by their respective demographics:

- Title
- Area of Specialisation
- Years within the discipline
- Diplomas
- Previous Experience in Pharma Industry
- City
- Organization type

2. Part B: Characteristics Survey (Appendix A)

Ten classifications are produced based on the data collected and coded. Tables and tally charts were produced to allow the analysis and understanding of the data. Two different parts were developed. The first one consists of six questions related to the respondents' perception of the pharmaceutical sector followed by a second part composed of four questions on HPV specifics. Each participant had received a transcribed copy of his interview for review and validation before any analysis could occur. It was in alignment with the consent form sent to them prior to starting the field research, that expresslly stated that the interview will remain anonymous as well as the name of their organization will not be disclosed. The presentation of the data distillation started with a series of Tables 4.4 A, 4.4 B, 4.4 C that helped break down the respondents C1 to C14 into different categories: specialisation, gender, title, years within the discipline and the sector of the organization.

TABLE 4.4 A
Participant Profiles

	C1	C2	C3	C4	C5
Gender	Male	Female	Female	Male	Male
Title	Clinical care consultant	Ophthalmologist	Healthcare consultant	Orthopaedic surgeon	Microbiologist

Area of Specialisation	G.P.	Ophthalmology	Life-sciences	Orthopaedics	Microbiology
Years within the discipline	5	1	7	3	4
Diplomas	M.B.B.S. +MBA	M.B.B.S. + M.S.	M.Sc. + MBA	M.B.B.S + M.S.	M.B.B.S + M.D.
Prev. Exp. Pharma. Industry	yes	no	yes	no	no
City	Bangalore	Bangalore	Bangalore	Bangalore	Bangalore
Organization Type	International NGO health	hospital	Pharm. Industry	hospital	University
LEGEND					
1. M.B.B.S : Bachelor of Medicine, Bachelor of Surgery 2. M.S.: Masters of Surgery 3. M.Sc.: Masters of Science 4. M.D.: Medical Doctor			5. MBA : Masters of Business Administration 6. G.P.: General Practitioner 7. Prev. Exp: previous experience 8. Pharm Industry: Pharmaceutical Industry		
Source: Aurelia Narayan, 2015					

TABLE 4.4 B
Participant Profiles

	C6	C7	C8	C9	C10
Gender	Male	Male	Male	Male	Male
Title	Community physician and Academician	Brand manager	Professor, lawyer, head of organizations	Paediatrician	Head of different CSOs in Health
Area of Specialisation	Community medicine	Marketing	Law	Paediatrics	Pharmacology
Years within the discipline	3 years and half	4	10	7	20
Diplomas	M.B.B.S. +M.D. community medicine	M.B.B.S. + M.B.A.	D.Phil. Law (Oxford)	M.B.B.S + M.D.	M.B.B.S + M.D. Pharmacology
Prev. Exp. Pharma. Industry	no	no	no	no	no
City	Bangalore	Bangalore	Bangalore	Mumbai	Delhi

Organization Type	University	Pharma industry	University + organizations in human rights	hospital	NGOs health

LEGEND	
1. M.B.B.S : Bachelor of Medicine, Bachelor of Surgery 2. M.S.: Masters of Surgery 3. M.Sc.: Masters of Science 4. M.D.: Medical Doctor	5. MBA : Masters of Business Administration 6. G.P.: General Practitioner 7. Prev. Exp: Previous Experience 8. Pharm Industry: Pharmaceutical Industry

Source: Aurelia Narayan, 2015

TABLE 4.4 C
Participant Profiles

	C11	C12	C13	C14
Gender	Female	Female	Male	Female
Title	Researcher Economics, Leader of NGOs in women's rights	Consultant for NGOs on sustainable development	Pediatrician	Project manager
Area of Specialisation	Econometrics	Child psychology	Neonatalogy	Biocontrol agents
Years within the discipline	32	30	6	7
Diplomas	PhD econometrics	PhD child psychology	D.N.B Pediatrics + DCH + fellowship neonatalogy	PhD in biocontrol agents
Prev. Exp. Pharma. Industry	no	no	no	no
City	Trivandrum	Bangalore	Cochin	Bangalore
Organization Type	NGOs in women's rights	NGOs for HIV infected children	Hospital	Pharma industry

LEGEND	
1. M.B.B.S : Bachelor of Medicine, Bachelor of Surgery 2. M.S.: Masters of Surgery 3. M.Sc.: Masters of Science 4. M.D.: Medical Doctor	5. MBA : Masters of Business Administration 6. G.P.: General Practitioner 7. Prev. Exp: Previous Experience 8. Pharm Industry: Pharmaceutical Industry 9.DNB: Diplomate of National Board 10: DCH : Diploma in Child Health

Source: Aurelia Narayan, 2015

4.5 CATEGORY ONE: DEFINITON OF CORPORATE SOCIAL RESPONSIBILITY

The respondents were asked to provide their definition of CSR. Each of the responses were then collected and edited as presented in Appendix H, Table 4.5. In Appendix H1, concept maps were created using the software NVivo 10 to allow the responses to be coded and analysed. Subsequently, table and tally charts were created in the following subsection.

4.5.1 Combined Results On The Term CSR

In Table 4.5, the interviewees were asked to define the term CSR according to their own experience. In Table 4.5.1 A, key words were identified and congruent terms were generated into units of meaning in order to define the term CSR. There were in total twenty-nine occurrences generated to define CSR. Below they are listed without considering the order of importance.

TABLE 4.5.1 A
Defining And Explaining The Term CSR

1. Ethical manner 2. With no expectation of any gain 3. Initiatives 4. Giving back to the community 5. Betterment of the lower classes of society 6. Generate revenue 7. No relationship with the stakeholders of the company 8. Not a corporate investment 9. Not in the same field 10. To whitewash 11. To convince 12. Questionable intentions 13. Welfare of the employees	16. Money 17. Time 18. Part of the profit 19. Return on Investment 20. Affordable pricing 21. Advertising 22. Annual report 23. Social outlook 24. Corporations or large organizations 25. Foundation 26. Awareness programmes 27. Reach all the groups of society 28. Improve the Human Development Index 29. Enhance human and social activity

14. Compulsory by the law 15. Public health problems	
Source: Aurelia Narayan, 2015	

In Table 4.5.1 B, a tally chart was produced to analyse the value of each candidate's responses in defining CSR. This aided in identifying how many times each category was used by the respondents. There were eight categories generated from Table 4.5.1 A.

TABLE 4.5.1 B
CSR Term Tally

Candidates	communication	Mercantile aspect	Deceitful motivation	Betterment of the society	Educating	Dominant organizations	Altruism	Public health approach
1		√	√					
2 N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
3				√		√	√	√
4		√		√		√		
5				√	√			√
6		√		√				
7				√			√	
8				√			√	
9				√		√		√
10	√	√	√			√		
11 NA								
12	√	√	√					
13		√				√	√	√
14				√	√			

Total	**2**	**6**	**3**	**8**	**2**	**5**	**4**	**4**

Source: Aurelia Narayan, 2015

4.6 CATEGORY TWO: PERCEPTION OF THE PHARMACEUTICAL INDUSTRY

In this section, each participant was asked to respond to the question: “What is the perception of the pharmaceutical industry by those you represent?” Each of the responses were then collected and edited as presented in Appendix I, Table 4.6. In Appendix I 1, concept maps were created using the software NVivo 10 to allow the responses to be coded and analysed. Subsequently, table and tally chart were created in the following subsection.

4.6.1 Combined Results On The Perception Of The Pharmaceutical Industry By the Community

In Table 4.6, the candidates were asked to give the perception of the pharmaceutical industry for the community they represent. In Table 4.6.1 A, key words were identified and congruent terms were generated into units of meaning in order to define the perception of the pharmaceutical industry. There were in total forty-nine occurrences generated. Below they are listed without considering the order of importance.

TABLE 4.6.1 A
Perception Of The Pharmaceutical Industry By The Community They Represent

1. Research on new medicines
2. Bring down the cost of essential medicines
3. Generic medicines
4. Medicine cheaper but dubious efficacy and quality
5. Expensive cost of patented products
6. Domestic generic manufacturers
7. Serving the public interest
8. Good Marketing to doctors
9. Anti-Bribery measures
10. Increase Doctor's congresses
11. Difficulties from an ethical & community acceptance
12. Film stars to support vaccines
13. Inappropriate pricing
14. Develop values in society
15. Collaborate with ethical doctors
16. Should encourage research
17. Helpful industry
18. Initiatives in CSR
19. Profit driven industry
20. Creating value only for themselves
21. Don't care whether people are dying or affected
22. The idea of making business is very important
23. Have huge money
24. High profitability for them
25. Misunderstanding of how to enter into the Indian market
26. Acceptance depends on the product they sell
27. Percentage of success
28. Vaccines supported by the Government
29. NGOs' support
30. Polio free
31. Government working closely with the pharmaceutical industry
32. Vaccines free of cost
33. Companies with authentic brands
34. Patent companies
35. Drug companies have huge power
36. Costs have to be covered
37. From marketing executives to physicians on the ground
38. Foreign companies
39. Control primary and essential medicines
40. Parent company in the western world
41. Licence for producing drugs
42. They remain on the market
43. So many companies which are there
44. Companies with global renowned brands
45. Influence a lot the general practitioner and the specialists
46. Strong lobby
47. Invest lot of money in research
48. Bring out new products
49. Indian companies do less research

Source: Aurelia Narayan, 2015

In Table 4.6.1 B, a tally chart was produced to analyse the value and importance of each candidate's response in relation to the perception of the pharmaceutical industry by the community they are representing. There were eight categories generated from Table 4.6.1 A, listed below.

TABLE 4.6.1 B
Pharmaceutical Industry Perception Tally

Candidates	Aggressive marketing	Profit driven industry	Mistrust	Powerful	Well integrated industry	Well reputed international organizations	Cheap & unsafe generic products	Expensive patented medications
1	√	√			√			
2								
3						√		
4		√						
5	√	√	√		√	√		√
6	√	√	√	√	√		√	
7		√						√
8	√		√				√	√
9						√	√	
10		√	√	√				
11	√		√	√		√	√	
12								
13				√		√	√	
14 N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Total	**5**	**6**	**5**	**4**	**3**	**5**	**5**	**3**

Source: Aurelia Narayan, 2015

4.7 CATEGORY THREE – PERCEPTION OF THE PHARMACEUTICAL INDUSTRY IN RELATION TO THE INDIAN SOCIETY

In this section, each candidate was asked to respond to the question: “What is your perception of the pharmaceutical industry in relation to the Indian society?” Each of

the responses were then collected and edited as presented in Appendix J, Table 4.7. In Appendix J 1, concept maps were created using the software NVivo 10 to allow the responses to be coded and analysed. Subsequently, table and tally chart were created in the following subsection.

4.7.1 Combined Results On The Perception Of The Pharmaceutical Industry In Relation To The Indian Society

Appendix J shows candidates' perception of the pharmaceutical industry in relation to Indian society. In Table 4.7.1 A, key words were identified and congruent terms were generated into units of meaning in order to define the perception of the pharmaceutical industry in relation to the Indian society. There were in total fifty occurrences generated. Below they are listed without considering the order of importance.

TABLE 4.7.1 A
Perception Of The Pharmaceutical Industry In Relation To The Indian Society

1. Provide medicines	29. Licence for producing drugs
2. Generic drugs cheaper cost	30. Burden for the people
3. Should concentrate on generics	31. Healthcare costs
4. Rather than according to the brand	32. Benefiting
5. Good pricing	33. Important role to play
6. Accessible to most of the people	34. Delivery of public health still far short
7. Essential drugs at a minimal cost	35. To achieve a reasonable coverage
8. Competitive pricing	36. Universal coverage
9. Unnecessary charging too much	37. Fragmented
10. Cost-efficient vaccine required	38. Competitive
11. Lagging behind	39. Market forces
12. Controlling essential medicines	40. Efforts
13. Companies' movement on pricing	41. Educating the patients
14. Don't care of people	42. Not well controlled
15. A lot of social responsibility	43. Not comparable with international standards
16. Focused on patient education	44. Prevention
17. Squeezing the population	45. Socially responsible
18. Money	46. Expensive
19. To make a quick buck	

20. Honesty and integrity 21. Deals with human life 22. Ethic 23. Closely monitored 24. Distribution 25. Vaccines 26. Medicines 27. Public health 28. Added value	47. Difference to society 48. Image 49. Local conditions 50. Low price
Source: Aurelia Narayan, 2015	

In Table 4.7.1 B a tally chart was produced to analyse the value and importance of each candidate's response regarding the perception of the pharmaceutical industry in relation to the Indian society. There were six categories generated from Table 4.7.1 A.

TABLE 4.7.1 B
Perception Of The Pharmaceutical Industry In Relation To The Indian Society Tally

Candidates	Negative image	Appropriate pricing	Ethical behaviour	Caring for the Public health	Market force	Quality & safety concerns
1	√					
2						
3			√	√		√
4		√		√	√	
5 N.A						
6	√				√	√
7			√	√	√	
8	√			√		
9		√				√
10	√					
11 N.A.						

12						
13	√					
14	√					
Total	**6**	**2**	**2**	**4**	**3**	**3**

Source: Aurelia Narayan, 2015

4.8 CATEGORY FOUR: DESCRIPTION OF THE CHAIN OF COMMUNICATION FOR NEW VACCINATION

In this section, each candidate was asked to respond to the following question "Describe the chain of communication for new vaccination?" Each of the responses were then collected and edited as presented in Appendix K, Table 4.8. In Appendix K 1, concept maps were created using the software NVivo 10 to allow the responses to be coded and analysed. Subsequently, table and tally chart were created in the following subsection.

4.8.1 Combined Results On Description Of The Chain Of Communication

In Table 4.8, the candidates were asked to describe the chain of communication for new vaccination in their industry. In Table 4.8.1 A, key words were identified and congruent terms were generated into units of meaning in order to capture the description of the chain of communication for new vaccination. There were in total ninety-five occurrences generated. Below they are listed without considering the order of importance.

TABLE 4.8.1 A
Description Of The Chain Of Communication For New Vaccination

1. Educating
2. Parents
3. National immunization schedule
4. Across socio economic status
5. Universal
6. Acceptance
7. Other protections
8. Sexual transmitted diseases
9. Through training
10. Communicating
11. Metropolis
12. Facebook
13. Not accepted as in developed countries
14. Sections of society
15. Takes a long time
16. Engrained
17. Stigma
18. Vaccine
19. Available
20. Go ahead
21. What the doctor tells
22. Don't accept
23. To push
24. GAVI
25. Countries give money
26. To understand
27. To be averted
28. The way to get acceptance
29. Specific vaccines
30. Do not have a larger appeal
31. Communicated directly by pharmaceutical companies
32. From marketing executives to physicians on the ground
33. Paediatricians
34. Marketing campaign
35. Physicians treating this age group
36. Leading global pharmaceutical giants
37. Distribution channels in India
38. Marketing channels
39. Multiple doses not followed-up at the right time
40. The industry itself promote the vaccine
41. Marketing done by pharmaceutical representatives
42. Niche market
43. Universal coverage
44. Primary communicators are companies
45. Television
46. Newspapers
47. Media
48. Research scientists
49. Health training sessions
50. Hard data
51. Mass media
52. Public health unit
53. Ask the vaccine themselves
54. Already read about it
55. To prescribe
56. General lack of awareness
57. Healthcare professionals
58. Ambassadors
59. To promote
60. Childhood vaccines
61. To visit people in different areas
62. Village and villagers
63. Hospitals
64. NGOs
65. Healthcare workers
66. Working closely
67. Privately set up for manufacturing vaccines
68. CSR
69. Empowering women
70. Social organizations supporting them
71. Polio vaccine
72. Film stars
73. Depending on which vaccines
74. Big universities
75. Mass disease
76. Take the lead
77. Medical fraternity
78. Family doctors
79. Midwifes
80. Bill and Melinda Gate Foundation
81. Private-public partnership
82. Philanthropic organizations
83. Civil society
84. Medical college
85. Pediatric association
86. Children who come across their clinics
87. To advise
88. School
89. Guidance and direction from the government
90. Universal Immunization Programme
91. Free of cost
92. Rotary Club
93. To convince
94. Vaccine not too expensive
95. Teenage population

Source: Aurelia Narayan, 2015

In Table 4.8.1 B, a tally chart was produced to analyse the value of candidate's responses in describing the chain of communication for new vaccines. There were eleven categories generated from Table 4.8.1 A.

TABLE 4.8.1 B
Chain of Communication For New Vaccination Tally

Candidates	Mass media	educating	healthcare professionals	To persuade	Target audience	NGOs	Development	Variety of vaccines	School	Research scientists	Pharmaceutical companies
1			√			√	√	√			√
2			√			√					
3		√				√	√				√
4			√		√						√
5										√	
6	√		√								
7	√	√	√		√		√				
8					√	√	√	√			√
9			√				√	√			
10		√		√		√		√			√
11	√				√					√	√
12											
13				√	√						√
14			√						√		
Total	**3**	**3**	**7**	**2**	**5**	**5**	**5**	**4**	**1**	**2**	**7**

Source: Aurelia Narayan, 2015

4.9 CATEGORY FIVE – OPINION ON CURRENT REGULATION GOVERNING HUMAN RIGHTS AND CLINICAL TRIALS

In this section, each candidate was asked to provide his/her opinion on the current regulation governing human rights and clinical trials. The responses were collected and edited as presented in Appendix L, Table 4.9. In Appendix L 1, concept maps were created using the software NVivo 10 to allow the responses to be coded and analysed. Subsequently, table and tally chart were created in the following subsection.

4.8.1 Combined Results Of Opinion On Current Regulation Governing Human Rights And Clinical Trials

In Table 4.9, the candidates were asked their opinion on the current regulation governing human rights and clinical trials in the industry. In Table 4.9.1 A, key words were identified and congruent terms were generated into units of meaning in order to capture their opinion. There were in total forty-six occurrences generated. Below they are listed without considering the order of importance.

TABLE 4.9.1 A
Opinion On Current Regulation Governing Human Rights And Clinical Trials

1. Drug and Cosmetic act 2. Pioneers in term of clinical trials 3. Long way to go for regulation to catch up with what's happening on the ground 4. Not followed accurately 5. Very strict 6. Proper permission to carry out clinical trials 7. Elaborated standards	25. The documentation they elaborate needs to be really followed 26. Most of the drugs are only tested in western countries 27. Compulsory to have written consent 28. Need to tell them the adverse effects 29. Centres tightly governed 30. Guaranteed and permitted by the Indian Council of Medical Research

8. Equivalent to western standards but not implemented on the ground 9. Disaster 10. The executive branch of the government is not regulating effectively clinical trials 11. Draconian regulation 12. Almost impossible to carry out 13. Court driven 14. Cumbersome 15. We might see reasonable balance between people who participate in clinical trials and the companies and doctors who administer them 16. Discussion happening lately 17. Outsourced to clinical research organizations 18. Not used to a data driven approach 19. Doctors are not connecting data 20. Proper recording is not being done 21. Government programme 22. Permission from Government to introduce new vaccine 23. Approval from patients 24. The consent is very important	31. Perception that the major corporates are dealing with the western trials in a different way 32. Patients are not given full disclosure 33. They are not explained the contra-indication of therapy 34. Differences of opinions 35. Issue relating the compensation 36. It is difficult to distinguish death linked to the drug in the trial and death due to other causes 37. Perception that the patients are not compensated enough 38. Perception that trials are less ethical than in Europe or U.S. 39. Patients can be found for less than a few dollars for the whole trial 40. Clinical trials conducted out of the clinic of well-known physicians 41. Exposing their patients 42. They are using the poor patients who cannot afford the treatment 43. Guinea pig 44. Lack of regulation 45. Highly unethical 46. Ethical practices not followed
Source: Aurelia Narayan, 2015	

In table 4.9.1 B, a tally chart was produced to analyse the value and importance of each candidates response on the regulations related to human rights and clinical trials in the industry. There were ten categories generated from table 4.9.1 A.

Table 4.9.1 B
Opinion On Regulation Governing Human Rights And Clinical Trials Tally

Candidates	Strictly Regulated	Unethical practices	Institutions	Not up to international standards	Poor communication	Negative public opinion	Poor compensation	Low salaries to patients	Cumbersome process	Drugs not tested in India
1		√		√	√			√		
2	√	√								
3		√		√	√					

4	√	√		√		√	√			
5	√		√							
6	√	√							√	
7	√	√				√	√			
8	√								√	
9										
10			√							
11	√									
12										
13										
14	√									√
Total	**8**	**6**	**2**	**3**	**2**	**2**	**2**	**1**	**2**	**1**

Source: Aurelia Narayan, 2015

4.10 CATEGORY SIX –CAN MNC'S IN INDIA HAVE A ROLE TO PLAY IN THE AREA OF HEALTH?

In this section, candidates were asked to respond "Can multinationals in India have a role to play in the area of health?" Each of the responses was collected and documented in Appendix M, Table 4.10. In Appendix M 1, concept maps were then created using NVivo 10 to allow the responses to be coded and analysed. Subsequently, a table was created in the following subsection.

4.10.1 Combined Results On Role To Play By MNCs In The Area Of Health

In Table 4.10, the candidates were asked their opinion on the role played by MNCs in the area of health. In Table 4.10.1 A, key words were identified and congruent terms

were generated into units of meaning in order to capture their opinion. There were in total thirty-three occurrences generated. Below they are listed without considering the order of importance.

TABLE 4.10.1 A Role To Play By MNCs In The Area Of Health	
YES **Candidates 1, 3, 6 , 7, 8, 12, 13**	**NO** **Candidates 1, 2, 8, 10, 11, 12**
1. Question of making money 2. Niche segment 3. Make a profit out of it 4. Huge market gap 5. They know the regulation, the standard about implementation, and they have the manpower and the funding 6. Educating and empowering people 7. Huge debate 8. They have an influence on health through drugs, through technology and through vaccines 9. They are providing care to people 10. Health is global and is influenced by global conditions 11. In chronic care therapy, they are always trying to come up with programmes and initiatives that will directly touch the patient 12. Advice 13. Education 14. Call centre for information on Compliance to a particular therapy 15. Engaging patients and doctors on a particular platform 16. Reminder that a drug has been exhausted 17. Significant role to play with new diseases, especially life style disorder 18. Pharmaceuticals' ability to manufacture, supply and distribute these medicines will have a significant effect on the treatment of these diseases. 19. High level of integration through merger and acquisition that allow them to play a significant role through their domestic entities or their global entities 20. Prevention 21. Finance health camp, women's education 22. Medicine for the poor	26. International companies do unethical clinical trials 27. Not what they want, not here to improve health 28. They want business 29. They have monopoly control over some very important medicines that could affect a significant proportion of the population 30. Some medications are giving a lot of side-effects 31. CSR people from multinationals are not professionals 32. Not trained in social work 33. Not going to make a long-term profit

23. They should club with NGOs they trust 24. They do research 25. They could reduce the cost of the medications	
Note: Some candidates were quoted twice because of the mixed response that fit both categories	
Source: Aurelia Narayan, 2015	

4.11 CATEGORY SEVEN - ROLE, IF ANY, OF MNCs IN HPV VACCINATION

In this section, each candidate was asked to respond to the following question: “Can MNCs in India have a role to play in the HPV vaccination?” Each response was then collected and documented in Appendix N, Table 4.11. In Appendix N 1, concept maps were created using NVivo 10 to allow for responses to be coded and analysed. Subsequently, a table was created in the following subsection.

4.11.1 Combined Results On Role Of MNCs In HPV Vaccination

In Table 4.11, candidates were asked their opinion on the role MNCs play in HPV vaccination. In Table 4.11.1 A, key words were identified and congruent terms were generated into units of meaning in order to capture their opinion. There were in total twenty-four occurrences generated. Below they are listed without considering the order of importance.

TABLE 4.11.1 A Role To Play By MNCs In The Area Of HPV Vaccination	
YES Candidates 2, 3, 4, 5, 6, 7, 9, 13, 14	**NO Candidates 1, 5, 7,6, 7, 10, 11**
1. India is the cervical cancer capital of the world 2. All the stakeholders to come together and to build a comprehensive programme to address these issues	16. Received with great opposition because of the fact they are targeting only women and their reproductive rights 17. Drawbacks and side-effects of those vaccines

3. To raise awareness about HPV 4. They can bring a change in the environment in India 5. The role being played is quite new 6. It comes in the end where you have to manufacture in a subsidized way and supply to governmental organizations 7. They can help in understanding the disease well in terms of knowledge transfer, in distribution and organized vaccination 8. Educating 9. MNCs can do something about the cost 10. To strongly promote the vaccine through all the media 11. They can influence the professionals so they will influence the population 12. To do proper research 13. They have an important role because they have done all the R&D 14. They can integrate the vaccine into the National Immunization Programme 15. They can conduct immunization of girls	18. It is not about the production of the vaccine, it is more about the awareness of the disease 19. Any company looking into creating and marketing HPV vaccine should follow basic rules and regulations. In addition, the vaccine must be cheap, must be safe and free of any side-effects 20. Another market for them 21. To make money out of selling this vaccine 22. They are not trying to address any public health issue 23. If they are able to recuperate their cost and you don't have this kind of potential in this market 24. Strong affection for this country because the population is huge and hence the market share is huge
Note: Some candidates were quoted twice because of the mixed response that fit both categories	
Source: Aurelia Narayan, 2015	

4.12 CATEGORY EIGHT - SENSITIVITY OF HPV COMMUNICATION IN INDIA

In this section, every candidate was asked to respond to the following question: "Do you perceive that the communication about HPV vaccination in India is culturally sensitive?" The data was then collected and documented in Appendix O, Table 4.12. In Appendix O 1, concept maps were created using NVivo 10 to allow for the responses to be coded and analysed. Subsequently, a table was created in the following subsection.

4.12.1 Combined Results On Sensitivity Of HPV Communication

In Table 4.11, the candidates were asked whether they perceive that the communication about HPV vaccination in India is culturally sensitive. In Table 4.12.1 A, key words were identified and congruent terms were generated into units of meaning in order to capture their opinion. There were in total twenty-five occurrences generated. Below they are listed without considering the order of importance.

TABLE 4.12.1 A
Perception Of The Sensitivity Of The HPV Communication

If YES, why? Candidates 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 13	NO Candidates1, 4, 5, 6, 8, 10, 13, 14
1. This propaganda is practically null 2. Only targeting women which is not acceptable for feminists 3. If you do it in mass fashion with a multimedia campaign that might become a problem in India 4. Sexual disease are not to be talked about 5. Market aggressively 6. You cannot justify the use of HPV vaccine in adult females 7. It is better to target first the high risk population 8. Not heard of any doctors prescribing for such a contingency disease 9. Nobody has taken up the issue to inform the community that it is good for you 10. People are not aware 11. They don't see the importance of vaccination 12. To some section of the society based on geographies 13. Language, culture, caste barriers 14. Parents are apprehensive 15. It has not trickled down to society 16. Unless we are not talking about the mode of transmission of the disease 17. They can communicate about the prevalence of the disease, the kind of mortality it can cause	12. There must be awareness programmes 13. Should conduct studies about knowledge of HPV infection in parents and in school kids 14. Start by educating people 15. People really know what it is 16. In urban areas there is no issue 17. Clarify about risks and clarity about outcomes might be done on a better way than it was done for the HPV experiment 18. There is no social problem with that 19. You can talk in the media about what the causes of cervical cancer are 20. No hesitation 21. As a male doctor, I can explain gynaecologic problem to a woman 22. People are more open-minded 23. No cultural sensitivity at all 24. Decisions taken by the parents 25. They just take it as part of a routine vaccination

18. Not an easy task because it involves a sexual transmitted disease 19. In rural areas they are not able to take this message 20. Usually we don't go for a gynaecologist before marriage 21. Sexual and reproductive health has cultural variation across the world, in some parts of India related communications can be sensitive 22. MNCs are not able to understand the differences in the local cultures 23. they need to work with counterparts e.g. NGOs 24. it is sensitive in term of the multiculturalism or the religious perspective 25. Easier to do the counselling one on one 26. Cultural sensitivity about discussing openly sexual activity 27. The programme has to cater to this particular geography	
Note: Some candidates were quoted twice because of the mixed response that fit both categories	
Source: Aurelia Narayan, 2015	

4.13 CATEGORY NINE – WHAT HAS YOUR ORGANIZATION DONE WITH REGARDS TO HPV, HUMAN RIGHTS AND WOMEN's EDUCATION RELATED PROGRAMMES WITHIN THE COMMUNITY

In this section, each candidate was asked to respond to the following question: "What has your organization done in the areas of HPV, human rights and women's education related programmes within the community?" Each of the responses were then collected and documented in Appendix P, Table 4.13. In Appendix P 1, concept maps were created using NVivo 10 to allow the responses to be coded and analysed. Subsequently, a table was created in the following subsection.

4.13.1 Combined Results On Activities Linked To HPV, Human Rights, Women's Education Programmes

In Table 4.13, the candidates were asked to explain the activities that their organizations has done in relation to HPV, human rights and women's education programmes, if any. In Table 4.13.1, upon completion of content analysis, seventeen reasons were generated and then separated into two different categories:

1. Yes – Their organizations have done activities related to HPV. Under the section details, the specific initiatives are elaborated

2. No – Their organizations have not done any work related to HPV

TABLE 4.13.1 A
Activities Linked To HPV, Human Rights And Women's Education Programmes Done By Your Organization

	YES	NO	Details
Candidates 1, 2, 3, 4, 5, 6, 9, 10, 13	√		1. We look into the incidence of cancer cervix and the incidence of cancers caused by HPV 2. I worked at the grassroots, state and international levels 3. By working with this population (transvestites), we were able to change some of these regulations. The Government of India has now recognised some of these populations 4. We offer the vaccination 5. We offer the vaccination at an affordable price with the help of pharmaceutical companies 6. We do carry on awareness camps, pap-smear camps 7. Patients are educated about the vaccination 8. We used to do a lot of pap-smear examinations 9. We have assisted in diagnosing, treating and rehabilitating these patients

			10. We have made a movie about the story of rape in India
Candidates 6,7, 8, **9, 13**		√	11. We don't have the portfolio to venture into other activities 12. The pharmaceutical company will only look at what drugs it is selling to which particular therapeutic area 13. We don't run a community based programme 14. Not even once in my seven years have they undertaken any CSR activities 15. We don't have any marketing for HPV 16. We have not worked on HPV at all 17. We have just tracked it passively
Source: Aurelia Narayan, 2015			

4.14 CATEGORY TEN – THE MOST IMPORTANT MESSAGE TO GIVE TO THE COMMUNITY YOU ARE REPRESENTING

In this section, every candidate was asked to respond to the following question "What is the most important message to give to the community you are representing?" Each of the responses were then collected and documented in Appendix Q, Table 4.14. In Appendix Q 1, concept maps were created using NVivo 10 to allow the responses to be coded and analysed. Subsequently, table and tally chart were created in the following subsection.

4.14.1 Combined Results On The Most Important Message To Give To The Community You Are Representing

In Table 4.14, the candidates were asked to provide with the most important message to give to the community. In Table 4.14.1 A, key words were identified and congruent terms were generated into units of meaning in order to capture their

opinion. There were in total twenty-eight occurrences generated. Below they are listed without considering the order of importance.

TABLE 4.14.1 A
The Most Important Message To Give

1. Everything that has to go towards the customer has to be more about the awareness of the disease rather than treatment and cure 2. To communicate to the community with respect to HPV vaccine 3. One part of the challenge for the pharmaceutical industry is to communicate science carefully 4. A greater clarity of communication about the quality of science would be very useful 5. In India the burden of the cervical cancer related to HPV is quite huge 6. We need to hang in there 7. We need the time to come of age as a society 8. We should help ladies understand the importance of getting themselves checked every year, getting their pap-smear done 9. We should be more open regarding HPV, sexual relations before marriage 10. There is no pill for every ill 11. We cannot depend on medicine for everything 12. We need to have a healthier lifestyle, healthy food, healthy environment 13. Work out your own results based on your own experience. 14. Two important things for women is education and health 15. Government hospital should be given a training on vaccination	16. HPV can be avoided thanks to vaccination 17. Most of the Indian women should get vaccinated 18. We need to really step up vaccine coverage with HPV vaccines 19. We should create a link between the fact of getting vaccinated and not developing cervical cancer later 20. The message is: " if you don't take the vaccine, you can end up with cervical cancer" 21. Campaign to bring out change 22. Prevention is better than cure 23. We should make it compulsory 24. The high risk serotype of HPV can harm the cervix and harm your health as a whole 25. Males are also being infected by HPV 26. The pharmaceutical industry will have to reimagine its role as a business in a very hierarchical and poor country 27. Being able to organize business in developing markets in ways different from the way businesses are organized in developed markets 28. International organizations can help in women empowerment
Source: Aurelia Narayan, 2015	

In Table 4.14.1 B, a tally chart was created to analyse the value and importance of each candidate's response on the most important message to give to the community. There were eleven categories generated from Table 4.14.1 A.

TABLE 4.14.1 B
Message To Give To The Community Tally

Candidates	Accuracy in communication	Burden of disease	Culture codes and tradition	Continue the efforts	Education	Importance of HPV vaccine	HPV Awareness	Compulsory vaccination	Male and Female are concerned	Role of pharmaceuticals in emerging markets	Change in behaviours & lifestyle
1			√	√							
2			√				√				
3					√					√	
4						√					
5							√		√		
6						√					
7							√	√			
8	√		√							√	
9						√					
10											√
11					√						
12											
13		√				√	√				
14		√			√			√			
Total	**1**	**2**	**3**	**1**	**3**	**4**	**4**	**2**	**1**	**2**	**1**

Source: Aurelia Narayan, 2015

A second round of interviews was conducted with four respondents selected from among the previous sample group. The questionnaire was divided into five themes which are:

- Citizenship;
- Trust;
- Access and Inclusiveness;
- Communication and;
- Education.

Also, some of the questions, from the questionnaire guide, were fine-tuned according to the different organizations' types. Due to the small sample size (four candidates) of this second round of interviews, results are presented in a descriptive fashion.

4.15 CATEGORY ELEVEN – CITIZENSHIP

In this section, each candidate was asked to respond to questions from the questionnaire guide. Each of the responses were collected and documented in Appendix T, Table 4.15. In Appendix T 1 & T 2, the responses were then coded and analysed.

4.15.1 Combined Results On Citizenship According To The Target Audience

In Table 4.15, the candidates were asked questions related to the concept of citizenship. In Tables 4.15.1 A & B key words were identified and congruent terms were generated into units of meaning. The occurrences generated are not ranked in order of importance.

TABLE 4.15.1 A Citizenship	
Candidates C 4 and C6	
Describe your experience working (or interacting) with the pharma industry?	
1. Through medical representatives 2. Inadequate presentation of products 3. To incentivise the doctors 4. A lot of scope for improvement	5. More clarity on their products 6. Less unnecessary things 7. Only promotion of drugs
Difference of behaviours between Indian pharma companies compared to international pharma companies	
1. Difference in the brand value 2. Better brand trust 3. Better trust in MNCs 4. People better qualified 5. More professional 6. Catching up in professionalism and ethics	7. Vaccines' standards as per western standards, rules and regulations 8. Both have business motives 9. Expanding business 10. Pushing
Would you describe MNCs as being good corporate citizens?	
1. None of these pharma companies are good 2. Not good for people	3. Western pharma companies are good 4. Good standards 5. We can trust them
Source: Aurelia Narayan, 2015	

TABLE 4.15.1 B Citizenship	
Candidates C1 and C8	
Difference in the behaviours between Indian pharma companies and international pharma companies	
1. 10-15 years, Indian pharma companies will make it a point to distinguish themselves 2. Lastly, a lot of them have been bought up 3. Very strong commercial ties with big pharma 4. Alliance with the MNCs manufacturers 5. Alliance with the domestic pharma manufacturers 6. The gap is reduced 7. Not make too much of a distinction	8. Indian companies more into developing generics 9. A world of difference 10. Different in the number of people they employ and in the relevance to the local market 11. Indian is a back office of the world 12. Generating jobs in India 13. Sales in Europe and in the US
MNCs as being good corporate citizens	
1. MNCs manage their PR more vigorously than Indian companies 2. Any research that compares CSR functions 3. I suspect they are quite similar 4. Some MNCs are good CCs 5. Some MNCs are very committed to social development and uplifting the population	6. Upliftment of people below the poverty line, 7. To gain an income 8. To spend more on their products 9. Short-sighted development objectives 10. Not all can be the same 11. Non-pharma based MNCs are much better CCs

Definition of corporate citizen	
1. two ways to define it 2. business should be legally compliant and humane 3. Narrow way you don't talk about the business at all 4. You ask the company to do some social good 5. We should talk about both 6. Tendency to focus only on the CSR function and not on the business model	7. good CC is both 8. having certain rights given by the Constitution 9. Legal definition 10. Duties part of the responsibilities 11. To obey the law 12. To have a positive effect on society 13. To contribute back to the society
Should pharma companies communicate more on their CSR activities?	
1. Those initiatives have not turned out very well 2. PR pushes 3. Making believe that they are doing more than they are actually doing 4. It backfires 5. You should communicate it well 6. Websites, newspapers 7. Elaborate PR machine	8. A lot of social media 9. Nestle in India 10. I don't know any CSR activity the pharma is doing 11. I have not heard of any initiatives 12. Malaria programme Bill and Melinda Gates Foundation
Source: Aurelia Narayan, 2015	

4.16 CATEGORY ELEVEN – TRUST

In this section, each candidate was asked to respond to questions from the questionnaire guide. Each of the responses were then collected and documented in Appendix U, Table 4.16. In Appendix U 1, the responses were then coded and analysed.

4.16.1 Combined Results On Trust According To The Target Audience

In Table 4.16, the candidates were asked questions related to the concept of trust. In Tables 4.16.1 A & B, key words were identified and congruent terms were generated into units of meaning. The occurrences generated are not ranked in order of importance.

TABLE 4.16.1 A Trust	
Target Audience : Candidates C4 & C 6	
What are some of the areas the pharma MNCs can improve?	
1. Marketing 2. Cannot directly market to the client 3. Have to go through doctors 4. They can do a better job in marketing and sales 5. Cost-cutting 6. More expensive than Indian generic medications 7. Cost have to come down	8. Indian capacity to buy drugs is much less 9. Inappropriate pricing 10. Should be accountable 11. Should not always be business minded 12. Quality of drugs 13. Affordable price 14. Patents and drugs protection are issues
Do you think MNCs companies should communicate more on their CSR activities?	
1. Advertising CSR is not going to help 2. It may help increase the market penetration 3. They have to do CSR activities	4. Should communicate accurately
Describe how you were approaching and creating trust while working with communities?	
1. Be friendly 2. Don't create barrier 3. Don't have any ego 4. Be always helpful 5. Feel that you are a servant to them 6. Answer their needs 7. Good intentions	8. Spend few minutes 9. Hear them 10. Para-medical services have to be provided 11. Positive advertising before going 12. Getting to know them 13. Meet the demand 14. Understand the problem they have
Source: Aurelia Narayan, 2015	

TABLE 4.16.1 B Trust	
Target Audience : Candidates C1 & C8	
Do you think CSR endeavours by pharma MNCs are creating trust?	
1. They are losing trust 2. Pharma MNCs within the context of history and culture had a very good time 3. GSK would be more expensive and of higher quality, would guarantee to work 4. That was the perception 5. India is a market for lower prices 6. Pharma MNCs had a very good advantage in term of brand name 7. If they exist in the UK, they exist in India 8. Historical significance	9. Foreign companies to have a good reputation 10. It is changing 11. Doctors are consciously choosing to not prescribe more expensive MNCs based products 12. They are losing their reputation 13. They will be completely lost 14. They know what is going on with their products 15. The best way is to communicate
Do you think they are doing enough?	
1. No connection between selling medication and CSR in India	4. They don't do anything e.g. Nestle case

2. No connection between CSR, social development and brand perception 3. They don't need to do anything to establish themselves	5. If they do any contribution, it won't have any impact 6. No connection between CSR and perception of MNCs
Does your community or organization exercises pressure on the pharmaceutical industry?	
1. In term of pricing 2. Question of supply and demand	3. It is economics not CSR
Source: Aurelia Narayan, 2015	

4.17 CATEGORY TWELVE – ACCESS AND INCLUSIVENESS

In this section, each candidate was asked to respond to questions from the questionnaire guide. Each of the responses were collected and documented in Appendix V, Table 4.17. In Appendix V 1, the responses were then coded and analysed.

4.17.1 Combined Results On Access And Inclusiveness According To The Target Audience

In Table 4.17, the candidates were asked questions related to the concepts of access and inclusiveness. In Tables 4.17.1 A & B, key words were identified and congruent terms were generated into units of meaning. The occurrences generated are not ranked in order of importance.

TABLE 4.17.1 A Access And Inclusiveness	
Target Audience : Candidates C 4 & 6	
How can pharma MNCs make available their products and services to all?	
1. To establish good distribution channels 2. Willing to use the foreign pharma if competitive prices 3. Need to have doctors' trust 4. Trust is already there	5. Make sure of the quality of drugs 6. Reasonable price 7. Affordable 8. Reduce the cost

How can pharmaceutical MNCs make available their products in the most remote areas of the country?	
1. Distribution chain 2. Multiple medical representatives 3. Meeting the doctors	4. Social marketing
How do you perceive the cost of medication for your patient?	
1. Reasonably ok 2. Have still to go down to subsidized for the rural population	3. It is competitively priced
Source: Aurelia Narayan, 2015	

TABLE 4.17.1 B **Access And Inclusiveness**	
Target Audience : Candidates C1 & 8	
How can pharma MNCs make available their products and services to all?	
1. Price sensitive market 2. Not about providing a couple of free boxes of medicines 3. The can reduce the price from a social perspective 4. Price is important 5. piracy	6. Unless price is suited for each market 7. They are not going to make the drug accessible 8. Indians doesn't have either public coverage or insurance coverage 9. Purchases are private 10. It is not the right price 11. It is the key
How can pharmaceutical MNCs make available their products in the most remote areas of the country?	
1. Supply chain 2. Huge market in rural area 3. Less exposed to competition 4. Combination of availability and pricing 5. Reduce the price 6. Find it really effective and start to believe in it 7. Communication alone is not going to solve anything 8. Not priced accurately	9. The older generation no longer there and the newer generation with stories like the case of Nestle 10. MNCs are coming down in opinion scale 11. Not being recognised anymore 12. Combatting piracy 13. Investment for developing distribution networks 14. Should be procured by the public system 15. Public hospitals are available pharma companies have to get in the public procurement
Source: Aurelia Narayan, 2015	

4.18 CATEGORY THIRTEEN – COMMUNICATION

In this section, each candidate was asked to respond to questions from the questionnaire guide. Each of the responses were then collected and documented in Appendix W, Table 4.18. In Appendix W 1, the responses were coded and analysed. Subsequently, tables and tally charts were created in the following subsection.

4.18.1 Combined Results On Communication According To The Target Audience

In Table 4.18, the candidates were asked questions related to the concepts of communication. In Tables 4.18.1 A & B key words were identified and congruent terms were generated into units of meaning. The occurrences generated are not ranked in order of importance.

TABLE 4.18.1 A
Communication

Target Audience : Candidates C 4 & 6	
Who in the family is the decision maker for HPV vaccination?	
1. Mostly male in rural communities 2. For a child, both father and mother in urban settings 3. The head of the household	4. In 90% the father 5. 10% the woman
Is the communication around medications or vaccines made in the local language?	
1. It is made in local language 2. English and in local language	
Do you think communication around HPV vaccine should target only girls or both boys and girls?	
1. Cannot say boys and girls 2. Should address male and female gender 3. Boys have to be targeted more to sensitize the issue	4. Should communicate to the community 5. Very gender sensitive country 6. You have to target both of them
Source: Aurelia Narayan, 2015	

TABLE 4.18.1 B Communication	
Target Audience : Candidates C 1 & 8	
Should MNCs communicate differently in an emerging market compared to a westernized economy?	
1. Absolutely 2. Westernized markets are more regulated 3. Advertising for pharmaceuticals is changing 4. They are realising 5. Nestle case 6. Culture might travel quite easily 7. For drugs , it is far more complicated	8. Grey areas 9. Different from a perspective of regulation 10. Foreign direct investments 11. MNCs succeed 12. They understand the local culture 13. Trying to correct that 14. Appropriate cultural way to communicate 15. They have to be indianised to be successful
Do you feel the communication made by the pharmaceutical industry around HPV vaccine was pertinent?	
1. Communication told people who get 2. How to get it 3. What it prevents	4. Maybe it was pertinent
Is the communication around medications or vaccines made in the local languages?	
1. Yes it made in local language 2. posters	
Source: Aurelia Narayan, 2015	

4.19 CATEGORY FOURTEEN – EDUCATION

In this section, each candidate was asked to respond to questions from the questionnaire guide. Each of the responses were then collected and documented in Appendix X, Table 4.19 found. In Appendix X 1, the responses were coded and analysed. Subsequently, tables and tally charts were created in the following subsection.

4.19.1 Combined Results On Education According To The Target Audience

In Table 4.19, the candidates were asked questions related to the concepts of education. In Tables 4.19.1 A & B key words were identified and congruent terms

were generated into units of meaning. The occurrences generated are not ranked in order of importance.

TABLE 4.19.1 A Education	
Target Audience : Candidates C 4 & 6	
How many patients do you see in a day?	
1. 25 patients	
To secure adherence to a treatment or to a vaccination follow-up, how do you proceed?	
N.A.	
Given the fact that HPV is a chronic disease, do you think that patients find it less serious?	
1. It is an infection 2. 99% of people are unaware of the infection itself 3. It is mild 4. Only in urban settings 5. In rural settings, the tough itself is not there to be screened for pap smear 6. In urban areas, 40% of women are aware	7. They know about cervical cancer but not the HPV infection 8. Combination of lack of awareness and the fact that the infection is very mild 9. Make the people not serious about it 10. Only 5% will get a pap-smear done in urban settings
Source: Aurelia Narayan, 2015	

TABLE 4.19.1 B Education	
Target Audience : Candidates C 1 & 8	
Do you think education is a way to get acceptance of a vaccine or disease?	
1. A degree of public education 2. Needs to happen 3. Understands fully what a vaccine means 4. Help vaccines to establish	5. We go along with our doctor 6. We trust our doctor's recommendations 7. Polio is an example 8. The only thing that stands between the new cases of polio in Pakistan
How can the needs of the population be assessed before launching an educational programme?	
1. Take a local guide 2. Not enough to take a large consulting firm	3. Someone on the ground 4. Dealing with patients on a day to day basis
Can we empower women? If so, how?	
1. Not really been a problem 2. India had always women in high position 3. Female prime minister 4. Continue to have a large number of women 5. Workforce 6. Wives abuses	8. Society is fair 9. Changing with the Internet and the access to information 10. Not subjugated as before 11. Binging social education 12. India has come a long way

7. India has given a lot of opportunities to women to be doctors, lawyers, politicians	
Do you use leaders in the community or technologies to educate people?	
1. It is happening 2. Leaders to inspire 3. Bring up a new generation 4. Leaders to encourage and guide youngsters 5. Not put my life based on what a cricketers or Bollywood celebrities says	6. The Government of India does it 7. Bollywood celebrities 8. Very useful 9. Over developed media country 10. Crowded media space 11. Celebrities based marketing 12. Some exhaustion
Source: Aurelia Narayan, 2015	

4.19.2 Summary Of Data Distillation For Follow-up Interviews

The four follow-up interviews were analysed, coded and categorized in order to generate an understanding of how MNCs' were percieved by CSOs as well as their and the HPV vaccination. Chapter five will analyse in greater detail, the synthesis and integration of the research findings. In chapter five, the findings from the interviews and their follow-ups will be triangulated with the content analysis and the literature review in order to bridge the research gaps and formulate a model.

CHAPTER FIVE

SYNTHESIS AND INTEGRATION

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5.0 OVERVIEW

This research was conducted with information from the two MNCs GSK and Merck who are involved in the HPV vaccination and used their public communication reports such as CSR, annual report and websites - both corporate and Indian affiliates. The sample size for the field research was fourteen, consisting of civil society organizations in India. These organizations included grass-root and policy level organizations in the fields of education, health and human rights. The physician community was also represented. Finally, healthcare consultants were also part of the sample as they have a crucial role in shaping policies. Furthermore, follow-up interviews were conducted with four respondents from the previous sample. The subsequent sections will synthesize, categorize, and present the findings, and construct a new model of Indian corporate citizenship to facilitate the adoption of the HPV vaccine.

5.1 IDENTIFICATION OF FINDINGS FROM CONTENT ANALYSIS

The dissertation attempts to answer the following main research question:

> “What are the characteristics of a new Indian corporate citizenship framework or model that more adequately addresses the underlying mechanism of HPV vaccine adoption?”

In order to adequately respond to the research question, four themes have been developed:

- The global CC strategy of two pharmaceutical MNCs (Merck and GSK);
- The Indian CC strategy adopted by their affiliates;
- The social issues and the stakeholders they address;
- Their communication related to the HPV vaccination.

Those themes have been the common thread throughout the analysis of the various communication channels which include CSR and annual reports as well as websites produced by the two MNCs. The following section aims to compare the findings of the content analysis with academic literature. This step will delineate the scope of knowledge and allow the creation of a new knowledge database to answer the research question.

5.1.1 Analysis And Conceptualization Of Corporate Citizenship Strategy

All the GSK Global CSR reports from 2009-2014 were easily available on the Internet and contain on an average 75 pages. There is a will to communicate clearly to the public. This was not the case for Merck who only does CSR reviews. It is unfortunate that such reports are the opportunity for the company to engage with its stakeholders and help them understand what is being done for society. It is quite obviously being done on purpose, as according to our research Merck is more oriented towards its investors and their interests. For both companies, those reports are created and edited at the headquarter. Also, the identified codes for corporate citizenship strategy

have been : value, economics, compliance – ethics, legality, sustainability, human rights and shared values.

Value: The idea of value is central to the CSR report and in order to be legitimate in society MNCs have to live by certain desirable values and exercice certain roles (Maak & Pless, 2008; Ludescher, Williams, & Siegel, 2008). This is the central definition of corporate citizenship, wherein MNCs take on the role of social actors. Indeed, the two companies are creating a value-based culture. They are training and assessing their employees to abide by those values. Society expects them to reflect these behaviors in day to day operations. In the academic literature, these values are key for the reputation of the company and comprise of being a steward, citizen, servant and visionary (Maak & Pless, 2008).

- *A steward:* It means a custodian of values and resources, preserving and enriching what they are entrusted with and caring about future generations. The concept of sustainability reflects such a thinking and these two companies claim to have a *' values-based approach to sales and marketing practices across the world'*. (GSK, 2012, p. 38) Also, the code of conduct is translated into 26 languages to reach a wider audience and to be inclusive (Merck, CSR report, 2012) .
- *A good citizen:* it can be translated as being an active and caring member of the community. Healthy communities need flourishing businesses and in turn, those businesses can only flourish in healthy communities. *'The company delivers value to patients.* (GSK, 2012, p. 50) or *'enhance the well-being of local communities.'* (GSK, CSR Report, 2013, p. 8)

- *A servant:* means being *'committed to creating innovative products that deliver value for all'.* (GSK, CSR Report, 2013, p. 45)
- *A visionary:* by providing inspiration and perspective towards a better future. It needs to be ethically sound, envisaging a truly sustainable business balancing economic success and the well-being of nature and societies (Maak & Pless, 2008). This is in alignment with the report as stated inside*: 'better align societal and shareholder value'.* (GSK, CSR Report, 2009, p. 14)

The common values claimed to be embodied in the two companies are integrity and transparency. For instance, *'transparency, respect for people, integrity and patient focus'.* (GSK, CSR Report, 2011, p. 57) To quote the Merck report *'Merck is committed to maintaining the highest standards of ethics and integrity. We also remain committed to operating openly and have taken significant steps recently to improve transparency.*' (Merck, CSR Report, 2009); *'our commitment to good governance and transparent reporting reflects our core values.'* (GSK, 2013, p. 71) *'Transparency is a key element in our sustainability strategy and this report plays an important part in being open about our aims and performance.'* (GSK, 2009, p. 205) Transparency is designed to increase disclosure of financial and non financial information and it is a pillar of good governance. Transparency represents the disclosure of structured information with the objective of correctly representing the financial state of the company; as well as projecting the image of a company to the outside world (Schipper & Boje, 2008). '*Integrity'* comes from the Latin *integer* which means 'whole', 'complete', 'unbroken' or 'in one piece' and the term involves a situation considered in terms of wholeness (Schipper & Boje, 2008, p. 508). However, there is no mention in these reports of the HPV clinical trials in India and

the related marketing fiasco. Later in 2013, GSK made available some information with regard to involment in a corruption scandal in China and the corrective actions taken. Integrity is itself an important marketing tool and closely related to the branding. Bringing an organization's self-image in line with that of a moral actor is important.

Economics: The leading economist Milton Friedman's (1970) opinion is: ' The only social responsibility of business is to increase its profits' (Friedman M. , 1970, p. 122). Also, according to Carroll 's pyramid, economic responsibility is the foundation on which all the others rest. However, as part of a restructuring programme, Merck did not hesite to reduce its workforce of 8,500 positions. (Merck, CSR report, 2014, p. 332) This is definitely not what is expected from a responsible company caring for society. As per GSK, the company accomplishes its duty as a corporate citizen by '*paying a significant amount of taxes'*, which have a snowball effect on *'economic development*' by '*creating jobs'*. (GSK, 2012, p. 47) Merck and GSK have very different strategies. GSK adopts a citizenship approach while Merck privileges the shareholders' interest which is in alignment with a CSR lineage.

Compliance - Ethic: Compliance with the law is set up internally with operations as well as externally with suppliers. Focus is on emerging markets with additional audits carried out in this region. Non-compliance with the prevalent local and parent company laws and immoral behavior can be damaging for the image of the company

as CSOs will not hesitate to raise their voices. To reduce such risks, MNCs have set up a 'code of conduct' and 'code of practice' for marketing. Like the compliance mechanism adopted by a state, they do not hesitate to sanction in case of deviance from these protocols: *'972 employees were disciplined for policy violations'; 'Of these, 246 were dismissed or agreed to leave the company voluntarily'.* (GSK, CSR Report, 2013, p. 174) However, compliance with self-regulatory initiatives serve to 'greenwash' businesses (Conzelmann & Wolf, 2007). As for instance with clinical trials where *'informed consent means that a potential clinical trial participant voluntarily confirms their willingness'* (GSK, 2009, p. 174) which was not reported as being the case in the Demonstration Project in India in 2009.

Legality: If corporations are to exercise a citizenship role, then, it seems reasonable to consider anti-corruption work as an important element of that role. The call for corporations to be good citizens regarding corruption might simply mean that corporations should more carefully control their own actions with regard to corruption, taking action to prevent employees from committing acts or violating the law and fostering an ethical, 'corruption-preventing' organizational culture (Weaver & Misangyi, 2008). '*GSK requires compliance with the highest ethical standards and all anti-corruption laws are applicable in the conduct of its business.*' (GSK, 2010, p. 98) They are not socio-politico actors but in 2013, after the corruption scandal of GSK in China they have reinforced the training among employees towards anti-bribery and corruption. The company felt obliged to make a statement about this incident in its report as it was widely covered in the international television news.

Sustainability: Almost all the references in the reports made to sustainability are linked with protection of the environment: *'We are integrating environmental sustainability into our business'.* (GSK, 2010, p. 152) This is an incomplete view of what sustainability is. Companies invest in environmental protection equipment :*'We have set ambitious environmental sustainability goals to reduce the impact of our own operations and our value chain.'; 'Environmental stewardship'.* (GSK, CSR report, 2010, p. 177) *'We are working to sustain and continuously improve our compliance programs and environmental controls while enhancing the efficiency of our use of energy, water and other natural resources in our business'* (Merck, CSR Report, 2009, p. 17). However, this view of responsibility emphasizes essentially the 'social' aspect as many of the large companies treat the environment as simply another of the many stakeholders' interests that they are acknowledging responsibility toward. Most statements of CC acknowledge some responsibilities toward maintaining balanced and sustainable use of the natural environment. The concept 'sustainable development' seeks to moderate economic growth globally to levels that avoid jeopardizing future generations' ability to meet their needs (Shrivastava, 2008). To become a driving concept, sustainable development will need to address inherent conflicts between the North and the South, between capital and labor, and between corporate responsibilities towards investors and other societal stakeholders (Shrivastava, 2008). Semantically, companies embrace sustainability and pro-environmental values, operationally their environmental commitments remain limited, and conditioned by competitive pressures and investor demands for profitability (Beder, 2000).

Human rights: The human rights aspect on the reports is only taken under the lens of the aid-based development through public-private partnerships with international agencies and adherence to international human rights norms. Indeed, *'we support the UN Guiding Principles on Business and Human Rights'* (GSK, 2014, p. 32), *'we respect human rights as recognized by the principles of the United Nations Global Compact'*. (Merck, 2014, p. 349) Also, there is a gap in the regulation of human rights development at the national level in relation to the role of corporates shouldering responsibilities in those regions (Kinley & Nolan, 2008). Companies prefer adhering to local laws: '*We adhere to local laws. When local protection is insufficient or nonexistent, we observe even more demanding standards consistent with our human rights policy to the extent that these standards do not violate local laws and regulations'.* (Merck, 2014, p. 350) They prefer to do more than what is expected by the law when the framework is blurred. However, the influence of corporations on human rights can also be negative. Some corporations are guilty of treating workers badly, polluting the environment and guilty of general human rights abuses (Beth, 2002). A lot of voluntary codes of conduct have been adopted by corporations such as the UN's Global Compact (Leipzig, 2003). For instance, '*in 2009 our company signed on to the United Nations Global Compact, the world's largest and most widely embraced corporate citizenship initiatives,'.* (Merck, 2014, p. 20) However, there are no effective, independent enforcement mechanisms to ensure that they do so (Beth, 2002). It is only CSOs that raise the concerns to the public and emphasize the dichotomy between the reports and the behaviour on the ground as exemplified in the case of the HPV vaccination where dubious practices were involved.

Shared Values: From 2009 onwards, the GSK company adopted a shared value strategy. Indeed, this approach represents changing market opportunities as they expand their business reach towards Middle Income Countries (MICs) like India. This position is taking importance over time as exemplified by the sentences: *'We are therefore extending our flexible pricing strategy for MICs to improve the affordability of our medicines and increase access for patients with lower income levels, while remaining profitable for GSK.'* (GSK, 2009, p. 86) or *'By striving to meet society's healthcare needs we build trust in our business, which helps to safeguard our licence to operate in the long term'.* (GSK, 2010, p. 1) Also, GSK helps to create an ecosystem of people that can distribute their products: *'In India, where many low-income and rural consumers live in hard-to-reach places, we have significantly expanded our distribution network to now cover 20,000 villages directly with our range of wellness, oral health and nutritional products at an appropriate size and price for everyday purchase and consumption. We have also trained local women to set up their own businesses to sell our products to households in areas where there are no retailers.'* (GSK, 2014, p. 16) This approach is mainly adopted by GSK.

As a conclusion, the term citizenship is almost unseen in the reports because once they start to use it, MNCs box themselves into a corner in that they are forced to act like ordinary citizens (Thompson, 2006). Accordingly, two forms of citizenship are elaborated and are 'act citizenship' and 'status citizenship'. Act citizenship refers to a behavioural approach in relation to what agents do to claim citizenship. By contrast, 'status citizenship' pertains to a legal framework and is a passive approach, whereby

agents are entrusted with rights and obligations as a consequence of them being members of a polity or community (Thompson, 2006). In this research, the analysed companies belong to the first category ‘act citizenship’. The word ‘citizenship’ can only be tracked three times in the Merck CSR report for 2014. Hence, it is almost invisible. They don’t pretend semantically being citizens but they try to act as much as possible in this direction. In this private actor approach the corporation is a citizen in the sense of dutifully fulfilling formal and informal societal expectations, but not in any sense stronger than that. They are not acting as socio-political actors in their citizenship role (Weaver & Misangyi, 2008). More expansive views treat corporations as socio-political actors responsible for maintaining or developing the overall framework of society which is not the case in the present research (Matten & Crane, 2005; Scherer & Palazzo, 2008).

5.1.2 Analysis And Conceptualization Of Indian Corporate Citizenship Strategies

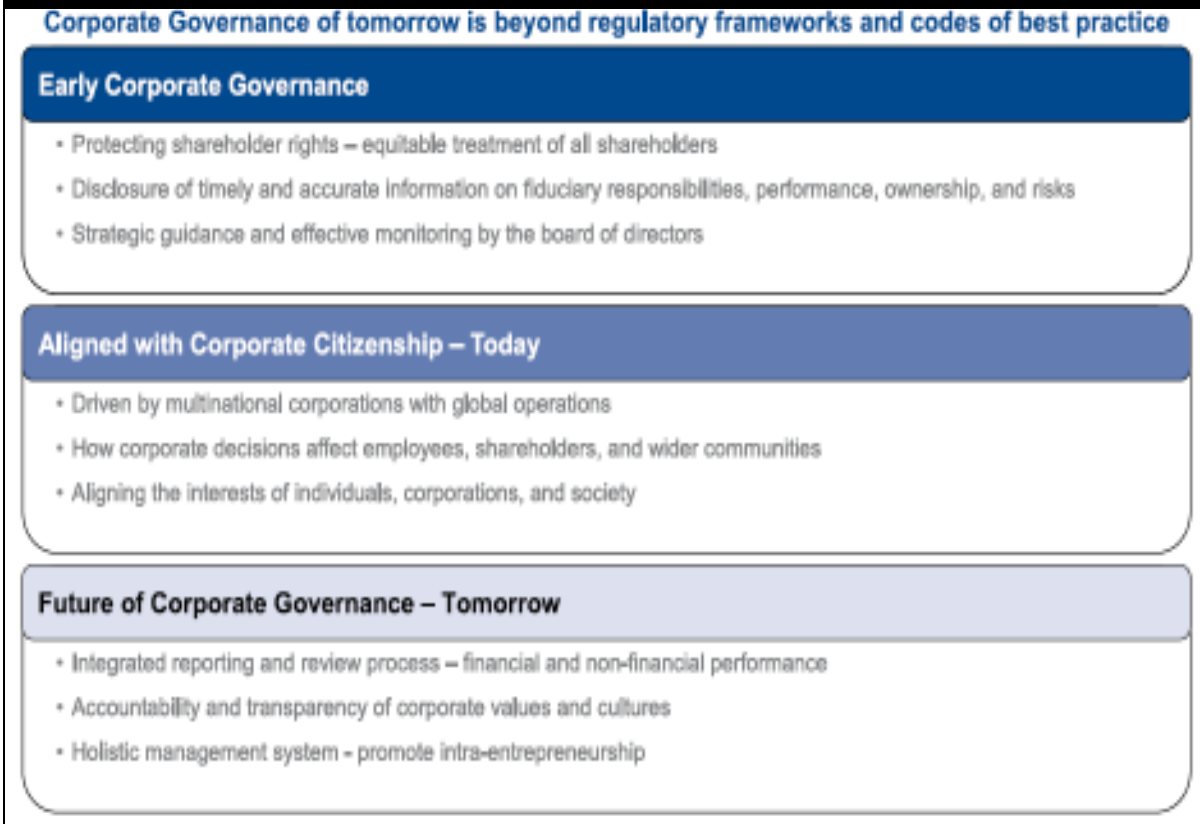
Societies have different values in different regions of the world and this is part of the challenge that MNCs are facing. They have to adjust their tactics to suit local expectations of the society in which they operate while keeping their strategy homogenous around the globe. National governments have different laws protecting labor and consumer rights and protecting intellectual property especially in an emerging country where access to healthcare is not free for the entire population (Ludescher, Williams, & Siegel, 2008). In this climate, it is of importance to understand how this shapes the CC and the role businesses have in India. Integrity being a core value of the MNC communication strategy, they adhere to the standards

of the home country and apply the same ethics as they will in their home country. After the analysis of annual reports as well as the Indian CSR reports, CC strategy revolves around the five concepts of Value-Governance, Economic Benefit, Business Opportunities-Shared Value-Sustainability, Compliance-Ethic and Legal.

Value and Governance: MSD openly acknowledges that value generation is primarily for shareholders. Both companies communicate to this audience by making them the owners as stated in the reports: 'your company'. Also, a website from MSD India www.fulfordindia.com is dedicated to the shareholders with all the financial results available. GSK is commited to limiting the risk of discrepencies between the Board and the management level.*'The Company's philosophy of Corporate Governance is aimed at assisting the management of the Company in the efficient conduct of its business and in meeting its obligations to stakeholders'.* (GSK, 2009a, p. 12) According to the academic literature, the core function of corporate governance has traditionally been to control management's power and make sure that shareholders' interests are served, above all else. This role is changing today. With a progressive loss of trust in businesses, civil society activism and legislated voluntary movements are dictating government reform. The Board of trustees of the companies is expected to ensure that all stakeholders are treated in a fair and non-preferential manner (Morgan, Ryu, & Mirvis, 2009). In addition, for corporate citizenship to be effective - so that a company minimizes harm and maximizes benefits through its activities and is accountable to a full range of stakeholders - a consistent approach is required. The lead has to be taken by the Boards of Directors to shape and govern citizenship in

companies and call for robust management structures and systems to integrate citizenship into the operations of a firm (Morgan, Ryu, & Mirvis, 2009) as exemplified in the reports :*'the Company has adopted a codified Corporate Governance Charter'* (GSK, 2012a, p. 12) *'The Company has put in place a Code of Conduct effective February 9, 2005, for its Board members and senior management personnel.'* (MSD, 2009, p. 16) *'In essence, we believe that good Corporate Governance consists of a system of structuring, operating and controlling a Company with integrity'* (MSD, 2010, p. 19) Both companies have a code of conduct and they disclose the Board's roles and functions in Governance. They *'overview'* the financial reporting process, '*review*' and *'audit'* the financial statements and reports. (MSD, 2010, p. 22) The figure 5.1.2 illustrates the evolution of corporate governance's agenda from assuming fiduciary responsibilities to establishing comprehensive regulatory frameworks and adopting a holistic, inclusive stakeholder governance model.

FIGURE 5.1.2
EVOLUTION OF CORPORATE GOVERNANCE



Source: (Morgan, Ryu, & Mirvis, 2009, p. 40)

Presently, GSK and MSD India are both in the last category of corporate governance. *'As such, our corporate governance objective is to balance fiduciary duty and accountability to generate long-term shareholder value, while also considering in a transparent manner, the feedback from other stakeholders.'* (MSD, 2009, p. 21) Both companies report on their annual report financial and non-financial statements alike, their CSR endeavours and their impact on the environment. Corporate values are reaffirmed and the compliance mechanisms put in place are listed. Also, both companies are audited by external auditors for CC public disclosure which is becoming the norm in Europe but is not yet a global practice (Morgan, Ryu, & Mirvis, 2009). GSK discloses how it oversee and support compliance with the firm's code of

conduct.

Compliance-Ethic:

Compliance helps to mitigate potential risks and looks for opportunities in the relationship between business and society. *'Your Company conducts its business with integrity and high standards of ethical behavior, and in compliance with the laws and regulations that govern its business. Your Company has a well established framework of internal controls in operation, including suitable monitoring procedures and self-assessment exercises.'* (GSK, 2009a, p. 5) Both MNCs have a well established compliance policy that is actively monitored through internal and external audits. Codes of conduct are not only in place, there is a system of enforcement. *'Your Company has been following a comprehensive internal control system and has well defined Standard Operating Procedures and Policies for identifying and mitigating the risk across various divisions within the Company.'* (MSD, 2014-15, p. 35) *'Managers are required to certify on an annual basis whether there have been any transactions which are fraudulent, illegal or violative of the Code of Conduct.'* (GSK, 2009a, p. 5)

After several financial scandals in the corporate World, efforts are on to emulate the monitoring and compliance of the prevalent law of financial statements: *'the financial and operating controls of your Company at various locations are reviewed by the Internal Auditors, who report their findings to the Audit Committee of the Board.'* (GSK, 2009a, p. 5) *'Your Company has designed such internal controls over financial reporting to provide reasonable assurance regarding the reliability of financial*

reporting and preparation of the financial statements for external purposes in accordance with Generally Accepted Accounting Principles (GAAP) in India.' (MSD, 2014-15, p. 35)

Besides, both MNCs have put in place a *'Whistle Blower Policy' 'by which employees of the Company can raise their concerns relating to fraud, malpractice or any other activity.'* (GSK, 2009a, p. 19) *'The Company has formulated a Whistle Blower Policy* or *Vigil Mechanism for employees including directors of the Company to report genuine concerns.'* (MSD, 2014-15, p. 16) In addition, 'GSK is a member of various industrial and trade bodies like *'Confederation of Indian Industries (CII), Bombay Chamber of Commerce and Industries (BCCI), Organisation of Pharmaceutical Producers of India (OPPI) and PHRMA.'* (GSK, 2013a, p. 29) This brings further credibility among the industry and legitimacy to the company to operate.

<u>Legal:</u>

Since 2013, the Companies Act makes it mandatory for MNCs to spend 2 % of their profits on CSR activities (Porter M. , 2013). Also '*pursuant to the provisions of section 135 of the Companies Act, 2013 and with the Companies Rules 2014, the Company has constituted a CSR Committee and has adopted a CSR Policy.*' (MSD, 2014-15, p. 14) Mickael Porter (2013) is strongly opposed to this mandatory measure because it is not an integrated approach. CC must come from within the business strategy of the company. However, this measure has allowed companies to structure their CSR activities and MNCs have created policy units and departments dedicated to this

activity. From a legal standpoint, companies are also actively engaged in combatting counterfeiting, bribery, corruption, and human rights. *They 'worked on a number of anti-counterfeit measures.'* (GSK, 2013a, p. 12), their *'policies on ethics, bribery and corruption are stringent and encompass our stakeholders including suppliers, vendors, contractors, NGOs,'* (GSK, 2013a, p. 25) Finally they *'comply and adhere to all the human rights laws and guidelines of the Constitution of India, national laws and policies and the content of the International Bill of Human Rights.*' (GSK, 2013a, p. 28)

Economic:

CSR used to be seen negatively in India and as a tool for tax exemptions and other government incentives (Narwal & Sharma, 2008). Today the trend is reversing and society looks at it positively (Narwal & Sharma, 2008; Reddy, 2006). After independence, society was suspicious regarding the private sector due the country's interaction with the East India Company and colonialism (Prahalad, 2009). The private sector was deemed exploitative of the poor and people had an enormous confidence in the government machinery to do what was right and moral. This led to controls over the size and expansion of the private sector through systems of licences and taxation for instance. The system was built on distributive justice over wealth creation because of the disparities in wealth and the preponderance of the poor (Prahalad, 2009). This traditional view reflects the philosophy behind actions taken by bureaucrats and politicians and helps to understand why the Government is still controlling CSR activities of MNCs today (Prahalad, 2009). Both companies

reiterate their duty towards citizens and value creation towards society by paying taxes: *'we also create value as a global company by making direct and indirect economic and social contributions in the countries that we operate.'* (GSK, 2014a, p. 31); *'contribution to the Government as Taxes & Other Levies'* (MSD, 2014-15, p. 20) *'In accordance with the provisions of the Companies Act, 2013 read with CSR Rules, the Company was required to spend 114,070 Rupees on CSR activities. The Company has contributed 1,50,000 (Rupees Once Lac Fifty Thousand Only) to Swach Bharat Kosh launched by Government of India during financial year 2014-15.'* (MSD, 2014-15, p. 14)

Shared Value-Business Growth and Sustainability:

The three concepts, *shared value*, *business growth* and *sustainability* are integrated in the strategy of both companies. As previously seen, CSR in India has been dominated by a philanthropic approach consistent with the long-standing tradition of close business involvement in social development needs and ingrained in the Gandhian concept of trusteeship (Mohan, 2001). It is true that the CSR report from GSK 2014-15 reflects this idea as emphasis is on philanthropy and giving back to the society: '*product donation'* (p. 6); *'as a responsible corporate citizen, responding to natural calamities is a moral and social imperative. In spirit of this ethos, we contributed to the relief operations in Jammu and Kashmir by donating medicines*' (p.6) , *'provide residential, nutritional, educational and transportation support'* (p.9) , *'employee volunteering'* (p. 20). The objective of those CSR reports is to better engage and communicate with the Indian population in order to create trust.

However, corporate donations to groups outside of the core-firm stakeholders have little impact on the nature and quality of relationships between the firms and its stakeholders. It can even have negligible impact on the culture and character of the firm making such donations (Phillips & Freeman, 2008). Making available medication is the reponsibility of a pharmaceutical company and it is uniquely qualified to provide this service but responding to a natural calamity as it is noted in the annual reports is not one of its primary responsibilities (Hsieh, 2004; Dunfee, 2006). Philanthropic activities must be communicated and must remain within the core purview of the activities of the company otherwise it can give the impression that the company wants to whitewash other pernicious activities, leading to eventually having the contrary to the expected effect. However, the CC strategy of both MNCs is not limited to philanthropy. It is in their DNA and they have embraced the concept of shared value. Indeed, the Indian market represents a business opportunity necessary for their future growth*: 'India has a huge middle class population, which has grown rapidly from 25 million people in 1996 to 163 million people in 2013. If the economy continues to grow fast and literacy rates keep rising, around a third of the population (34%) is expected to join the middle class in near future. Middle class population is rapidly acquiring the purchasing power necessary to afford quality medicine due to an increase in disposable income. The Indian population spent 7% of its disposable income on healthcare in 2005, this number is expected to nearly double, to 13%, by 2025*.' (MSD, 2014-15, p. 33) They want to reach the rural market and answer the needs of the local population as well as create ecosystems of brand ambassadors. *'This year we have made good progress in extending our spread. Our REACH initiative covering rural markets has delivered excellent growth surpassing what it had*

set out to achieve'. (GSK, 2012a, p. 3) *'Company which attempts to physically provide access of the Company's products in small villages and which also provides continuing medical education to doctors in these remote geographies has met with continued success.'* (GSK, 2012a, p. 5) Both companies are transparent in the sense that they do not hide their purpose i.e. to be sustainable. This is a way to create trust with the audience. *'Corporate Social Responsibility for us is our commitment to discovering innovative solutions to the world's greatest health challenges while growing our business in a sustainable way.'* (MSD, 2014-15, p. 26)

As a conclusion, the credibility of CSR communication has always been questioned, especially when it is used to compensate unethical behaviors with respect to shouldering any real social responsibility (Coope, 2004). Indeed, misleading corporate communication can only be counterproductive and seriously jeopardize a company's reputation and social capital in the face of a more informed public and easier access to information through various media. Companies are facing more precise expectations from consumers regarding their CC strategy, which puts pressure on them to maintain transparency and be proactive in communication (Chaudhri & Wang, 2007). A proactive communication approach in the global economy is considered by scholars as central to corporate reputation and relationship building (Manheim & Pratt, 1986; Tapscott & Tiscoll, 2003). In the following section, we will analyse who the stakeholders are that both companies address and how they are being engaged.

5.1.3 Analysis And Conceptualization Of Social Issues And The Stakeholders They Address

It is the responsibility of the Board and management to actively monitor and engage stakeholders, including receiving their critiques and addressing their expectations (Morgan, Ryu, & Mirvis, 2009). Few Boards today disclose how they engage and protect the firm's many stakeholders which is not the case with both these MNCs who are disclosing those elements in their annual reports (Morgan, Ryu, & Mirvis, 2009). The board takes an integrative approach to corporate citizenship and handles citizenship issues such as ethics, compliance, governance.

Both analysed companies have adopted some form of stakeholder engagement and provide an accounting of their performance as a corporate citizen through a public report. The ability of companies to assess and manage social issues is enhanced as they canvass stakeholders, focus on concerns linked with their core activity, and translate these into the strategic agenda of their businesses (Morgan, Ryu, & Mirvis, 2009). Tables 4.3.3 A, 4.3.3 B and 4.4.3 were synthesized and the findings integrated into the Matrix 5.1.3 in order to map all the relevant stakeholders the Indian affiliates are working with and identify their method to relevantly engage with them.

MATRIX 5.1.3
Stakeholders' Interests And Engagements

Stakeholders	Interests	Way to engage
Governments	• Influence policy decision related to health • Price control mechanism • Legislation on granting of licences and control over intellectual property (TRIPS agreement)	• Input • Advocacy • National pharmaceutical policy • Guidelines on promotion of pharmaceutical products

Employees	• Employment and welfare • Inclusive workplace • Training and development • Mentoring and coaching • Performance appraisal • Increased workforce from emerging markets • Safety and health	• Company's codes of conduct • Reporting of unethical behaviour; whistleblower policy and protection • Award • Bonus • Talent management • Volunteering • Consultation • Induction programme
Trade Unions	• Negociations on salaries • Retirement plan	• Amicable relationship • Settlements
Community/NGOs	• Helping communities where we work to flourish • Improving health and nutrition • Providing healthcare services • Senior citizens' help • Improving immunisation • Cancer care • Women' health • Training of local women to set up their own businesses • Training of community health workers	• Interaction with local communities • Partnership programmes with NGOs • Employee's volunteering • Donation of time, money, medicines and equipment • Mandatory by law i.e. Companies Act • Training • Awareness programmes
Patients	• Research of new treatments that address the needs of the patients • Provide healthcare to cancer patients • Donation of drugs for targeted diseases	• Work with patients advocacy group • Workshop on how to make a funding application • Scientists meet patients
Investors	• Profits • Socially responsible investment • Accountability • To create value	• Meet regularly • Results are published in financial newspapers • Dividends • Audit the financial statements • Control financial disclosure, reports
Healthcare providers	• Partnership with local healthcare providers • Ethics policies for relationship • Prohibition of inducement to Doctors • Market the vaccines • Raise awareness • Medical expertise	• Training • Meeting with sales representatives

Scientific and Academic community	• Be part of the scientific debate • Partnership to discover new medicines and promote leading research practices	• Grants • Sponsoring speaker for symposium • Fostering the next generation of scientific leaders • Advisory boards
Multilateral Agencies	• Provide HPV, polio vaccines at a lower cost to GAVI	• Reduction of costs of vaccines
Suppliers	• Expect high standards for quality, environment and human rights	• Relationship based on mutual trust and respect • Assessment and in-depth audits • Business partner code of conduct
Peer companies	• Partnership with local pharmaceutical companies of repute (like Dr. Reddy's) to create branded generics	• Joint venture, technological transfer • Licencing • Membership to pharmaceutical industry organization
Source: Aurélia Narayan, 2015		

The relationship with external stakeholders is based on partnership. This is the common way companies, public institutions and/or community have been organizing themselves (Waddell, 2000; Zadek, 2001). It has influenced the donor community as a wide range of bi and multi lateral development agencies engage in intersectorial partnerships with business and/or civil society (Waddell, 2000; Covey & Brown, 2001; Fox, 2002). They partner in India to provide vaccines at a lower cost to the local population. Also, the Indian affiliates are geographically situated in an emerging market and compared to their westernised headquarter companies, they have to deal with BOP through partnership with NGOs and/or community. On a day to day basis, they have to be flexible and learn to work with a large number of institutions with different agenda and priorities (Prahalad, 2009). In addition, the reactions of the various groups can vary from open hostility towards the MNC to a willingness to cooperate. To succeed in this market and earn legitimacy, it is important to integrate

CC into the core business by delivering value on a day to day business basis (Prahalad, 2009).

Stakeholders definition in the academic literature is represented by those groups who have an interest in the action of an organization, or who have a stake in the organization and who have the ability to influence it and have different expectations (Sharplin & Phelps, 1989; Aggarwal & Chandra, 1990). Freeman defined it as 'any group or individual who can affect or is affected by the achievements of the firm's objectives (Freeman, 1984, p. 46). Freeman (1984) drew a distinction between 'primary' and 'secondary' stakeholders. Primary stakeholders are those without whose participation a company cannot survive and it includes for instance suppliers, employees, clients. It is important to notice that the term of 'clients' is never used in the reports, the word 'patients' is employed instead. Secondary stakeholders are those that influence the company or are affected by it, but who are not essential to its survival, although they may be able to help or harm the company as the media. Indirectly, annual reports target the media which is a tool used by CSOs. According to Blowfield and Murray a company, in order to map the relevant stakeholders, has to make a judgement and assess who are the stakeholders who have a lot of influence and give them priority (Blowfield & Murray, 2011). Also according to R. Edward Freeman (1984), stakeholders were treated as the means to corporate ends, rather than entities whose interests should be served. The 'stakeholder engagement' approach tries to remediate on it as consultation and dialogue is carried out with the aim of gathering important input and ideas, anticipating and managing conflicts,

improving decision making, building consensus among diverse views, and strengthening the company's relationships and reputation (Blowfield & Murray, 2011). As a conclusion, the Indian affiliates of the two MNCs are collaborating with their stakeholders the same way the global headquarter would do it. The main difference remains in the community approach where they have to partner with local NGOs for community development programmes.

5.1.4 The SWOT Analysis Of HPV Vaccine Adoption And Communication

Finding of tables 4.3.4 A, 4.4.4, 4.5.3 A & B were synthesized and integrated into the SWOT Matrix. SWOT analysis aims to identify the strengths and weaknesses of an organization, or a product and the opportunities and threats in the environment. The strengths and weaknesses are identified by an internal appraisal of the organization and the opportunities and threats by an external appraisal (Dyson, 2002).

SWOT 5.1.4
Swot Analysis Of Vaccine Adoption And HPV Communication

Strengths	Weaknesses
• Partnership with GAVI to leverage distribution network with cheaper costs • Joint venture • R&D in six in one pediatric vaccine • Flexible pricing model for MICs • Grant for screening and treatment of cervical cancer • To expand the reach to rural areas • To secure the production and supply of vaccines	• Difficulties in making distribution easier and cheaper, increasing costs • Consolidation of warehouse • Challenges in controlling of temperature • Very few insurances have included the reimbursement of vaccines • Unaffordability • Difficulty of accessing to scientific HPV vaccine information • Information not tailored made for the Indian audience and culture • Information on the web not provided into Indian local languages • Websites layout not engaging • Information is not provided in any other multimedia channels e.g. mobile applications

Opportunities	Threats
• Partnership with local governments • Technology transfer • Awareness programmes on immunisation • Focus on emerging markets • Halal certification for Gardasil (Indonesia) • Healthcare providers education • Higher disposable income • Urbanization • Greater health insurance coverage • Acceleration of Government's public health spending • Telemedicine to bridge the gap between rural and urban areas • Mobile health delivery to increase awareness	• Demonstration project • Poorly monitored community development projects • Vaccines need to be kept refrigerated • Make sure that price reduction benefit the patients • Poor healthcare infrastructures • Stigma associated with the disease • No strong political will to make the vaccination a priority • Lack of healthcare professionals • Not in the immunisation programme • Weak distribution network • Depreciation and inflation of Indian Rupee • Control of the prices by Government • Anti-counterfeiting • Lack of protection on intellectual property rights
Source: Aurélia Narayan, 2015	

After analysing the different websites of the companies, it is obvious that there is not a real will from the MNCs to communicate to the BOP which represents a viable business and people with needs. This segment of the population is adaptable and have a keen interest for new technologies. Indeed, most of the growth in the use of mobiles is in the BOP markets and India has counted approximately 11 million new subscribers in January 2009. The spread of the cell phone has made this the device of choice for communications but also for the delivery of medical care (Prahalad, 2009). Technologies have transformed the lives of the poor and it is unfortunate that pharmaceutical MNCs are not yet using it to educate, raise awareness and communicate to their potential customers of HPV vaccines. However, according to their reports, they use it for other healthcare services. In addition, technology is not the only pre requisite to any successful product launch and adoption in the BOP market. Relevant eco-systems of pharmacists, healthcare professionals in those

remote areas have to be built (Prahalad, 2009). Managers have to concentrate their efforts in creating a system of people that can communicate and educate the patients right from the place where they live. Companies have already started these types of initiatives within their community programmes but it is not enough. Given the fact that the healthcare infrasctuctures are weak, a lot of efforts need to be put into it. Also, working with the BOP requires from the MNCs a brand new business model based on economies of scale, being locally responsive, provide high quality at low-costs and most importantly, learn about the needs and culture of the local consumers (Prahalad, 2009). To that aim, companies need to collaborate with CSOs to gain grass-root knowledge, access and gain trust of the community. The health camps are a primary illustration of such a co-creation of values. However, there is not a lot of examples of grass-root collaborations with CSOs in the reports and it is definitely lacking. Indeed, consumption decisions are closely related to values that shape the national culture, attitudes and beliefs (Banerjee, 2008 ; Hofstede, 1991). In addition, there is today a continue lack of trust in foreign MNCs. This attitude has its roots with colonialism as capitalism, symbolised by the British East India Company, was associated with imperialism. After independence from the British in 1947, the country was focussing on socialism and collectivism and was oriented toward self-sufficiency rather than world trade. It was not until 1991, that a more open cultural attitude took over (Bhattacharya, 2008). The behaviour of the Government regarding the lack of protection of IP rights as well as control of prices in pharmaceutical products is related to those events. Also, the protection of vaccine patents in India should not be a problem. Indeed, the role of emerging suppliers in supplying the international vaccine market has been growing and stronger intellectual property laws have been

adopted in compliance with the Agreements of Trade-Related Aspect of Intellectual Property (TRIPS). It grants a patent protection to pharmaceutical products of 20 years. However, it comprises a number of provisions known as TRIPS flexibilities that have been source of complaints from manufacturers. Those exceptions include compulsory licences, an authorization granted by the government to a third party to practice the invention without the consent of the patent owner as well as parallel imports in which products can be imported without the consent of the patent owner. Without those measures the access of medicine in emerging market is compromised (WHO, 2006; WHO, 2004; IPR Commission, 2002). However, vaccines remain under strict control with regulation and the patent protection being high. Production of this biological product is tightly controlled to ensure safety and requires a considerable amount of innovation that is not communicated by patents (WHO, 2004). As a consequence, the flexibility in the TRIPS agreement such as allowing for parallel imports, the possibility to grant compulsory licenses, or protection of clinical trial data are unlikely to be relevant (Milstien, Gaule, & Kaddar, 2007).

The online communication of MNCs is not inclusive and is not in alignment with the concept of integrity as it is claimed in the reports. The Indian websites do not contain any information on HPV disease and vaccine as well as none of their communication is done in local languages. India, in its composition, includes numerous ethnic and religious groups. While the most dominant religion is Hindu, India is the world's second most populous Muslim country (after Indonesia). Christianity is the third most popular religion, practiced by approximately 3 percent of the population. There is a

multitude of languages and dialects spoken in India. In addition to their mother tongue (local language), Hindi is the official national language, and most of the educated classes speak English (Mohanty, 1994; Anderson, 2012). It is an important caveat as it means the communication in the reports as well as the website are exclusively created for the educated population. The BOP cannot accesse this information and to ensure success and adoption of product. Marketers should touch mind of the consumer and should speak in the consumer's language (Banerjee, 2008). Rituals and customs are ways in the hands of people of a country to express and practice their identity (Lal, 1996) and influence their behaviors. Hofstede (1980) identified Indian society as ''collectivist''. Collectivism is defined as a group of individuals who see themselves as an integral part of one or more collectives. In India, family plays a vital role all along and is of dominant concern for most Indians (Mandelbaum, 1970). Role of patriarch is very crucial and there is a stigma around a sexual transmitted disease. This is seen as a barrier in the adoption. As exemplified in the academic literature, participatory communication is the most effective one for development projects and fosters trust, commitment and the right-attitude (Servaes & Malikhao, 2005; Freire, 1983; Kennedy, 1984; Nair & White, 1994). The top-down communication used in the communication media to support development initiatives by the dissemination of messages has demonstrated its limits (Servaes & Malikhao, 2005). This model sees the communication process mainly as a message going from a sender to a receiver. At the stage of the decision making, whether to adopt a strategy or not, personal communication is given more weightage (Servaes & Malikhao, 2005; Lerner & Schramm, 1976). Participatory communication integrates the concept of cultural identity and its importance to local communities. Paulo Freire

(1983) refers to this as the right of all people to individually and collectively speak their word:

> 'This is not the privilege of some few men, but the right of every (wo)man.' (Freire, 1983, p. 76)

All people are said to take ownership of communication and to experience empowering outcomes (Kaplun, 1985; Diaz Bordenave, 1994). This vision of development communication is authentic participation, as opposed to a manipulative, pseudo participation (Huesca, 2002). Also, it is at the community level that the problems are discussed and it implies the right to participation in the planning and production of media content. As a consequence, it means that the viewpoint of the local groups is considered before the resources for development projects are allocated and distributed, and that suggestions for changes in the policy are taken into consideration (Servaes & Malikhao, 2005).

As a conclusion, the annual reports of both companies are externally verified. Yet there is scepticism about the motivation behind such reporting practices, with many regarding such an activity as one which legitimizes the business activity while justifying what the organization must do in order to satisfy its stakeholder and mainly its shareholders' demands. Stakeholders therefore need to be able to assess the material in the reports against information obtainable elsewhere to develop for themselves a picture of true corporate social responsibility. Hence, they can assess how accountable the business is (Jallow, 2009). It is in this perspective that CSOs

related to HPV vaccination were interviewed. Their findings were compared to the findings contained in the reports.

5.2 IDENTIFICATION AND TRIANGULATION OF FINDINGS FROM SEMI-STRUCTURED INTERVIEWS

Table 5.2 provides a synthesis of participant profiles from Tables 4.3 A, B, C.

TABLE 5.2
Synthesized Participant Profiles

Gender	Number of Participants	Post-graduation diploma	Years within the discipline (range)	Megalopolis
Female	5	5	1 to 32	4
Male	9	9	3 to 20	7
Gender	**Location : South of the country**	**Location: North of the country**	**Rural / semi-urban settings**	
Female	5	0	1	
Male	8	1	2	
LEGEND				
Megalopolis: Mumbai, Delhi, Bangalore Semi-urban: Cochin, Trivandrum				
Source : Aurélia Narayan, 2015				

The research has demonstrated that locations, levels of expertise and whether the candidates have a previous experience working with the pharma industry had influences and shaped the categorization of the learning.

1. Location: location North-South and urban of rural settings in the perception of the participants;

2. Level of expertise: working at the grass-roots level with the community can be different from working at the policy level. Each category bringing its valuable knowledge and bringing a full-picture of the situation;

3. Links vis a vis the pharmaceutical industry: Some respondents were reluctant or suspicious in answering some of the questions as they had connections with the industry.

5.2.1 Participants' Definition Of CSR

The participants were asked to provide their definition of CSR. Some of the responses were: *'Good that the companies needs to do in order to continue to sell the product.'; 'It should not have any relationship with the specific stakeholders of the company and should not be in the same field.' 'Endeavours by large organizations towards the betterment of society.';* '*It is able to contribute for its upliftment and to its betterment in an ethical manner with no expectation of any gain.'* It was clear from the definitions provided that the philanthropic aspect is the main variable taken into account. However, each category has its own perception. CSR contains a mercantile aspect and should be more of an altruist act. The stakeholders dimension is not taken into account in the relation between the company and society. There is a lack of trust and scepticism with regard to intentions of companies. It is concerned with giving back something to society where you are making profits. The improvement of public health is a predominant aspect. More can be done than what they are presently doing.

Table 5.2.1 synthesizes candidates' responses according to Tables 4.4.1 A and B.

TABLE 5.2.1
CSR Definition Four Dimensions

DIMENSIONS	EXPLANATIONS
Altruism	'no expectation', 'no direct benefit', 'not in the same field of the company'. Respondents' vision on what CSR should be. An act of disinterest of any return except doing well for others. It envisions the company as a separate entity without any connexion.
Deceitful act and communication	There is definitely a lack of trust and negative image associated with CSR. It is seen as a mean to improve communication and images of companies without any real willingness and consistency behind. It is also a marketing tool to sell themselves among the society.
Organizational	Companies have to make profits out of their social actions. The idea of profitability is central. The perception is that only large organizations are concerned by the fact to engage into CSR endeavours.
Oriented towards the community	The CSR initiatives are oriented towards the community, this is a public action. The forms offered can education, time, public health, awareness programme. The idea is to give back to the society and to foster its upliftment.

Source: Aurélia Narayan, 2015

Indeed, CSR initiatives are still the privilege of big corporations due to the fact that it has been made mandatory by law for companies who have a net profit of more than 700 million Dollars (Porter M. , 2013). However, it is important to highlight the fact that companies have also ethical, legal and economic responsibilities (Carroll A. , 1991). Surprisingly, CSR is perceived as an activity that should not have direct link with the stakeholders of the company. The literature emphasizes that it is essential to nurture stakeholder relationships for any successful business because they represent the very basis on which companies are founded (Waddock, 2008). To foster trust in India, it is essential that MNCs expand their network of influence and do not restrict themselves in their social endeavours to their primary stakeholders but rather to expand their efforts to include the community at large, wherever the need lies. The

prescribers expect from the MNCs a role that can be seen as the one of the Government in a westernised economy. They have to ensure the welfare of the people especially in the area of health. This corresponds to the concept of corporate citizenship (Matten & Crane, 2005). Also, the idea of creating shared value (Porter M. , 2013) is raised making their products available to all but in a more philanthropic way. The annual reports are not creating trust with the stakeholders at large as their main intention is to inform and engage with shareholders. GSK and MSD India should foster their efforts in communicating to a larger audience via specialized CSR reports in order to inform everyone about their CSR endeavours. However, the CSR reports presently developed by GSK focuses only on philanthropic topics and should rather extend their communication reach to internal, societal and community-based projects.

5.2.2 Candidates' Perception Of The Pharmaceutical Industry

The analysis and synthesis of the two questions related to the perception of the pharmaceutical industry is gathered under one umbrella. Candidates and their communities' perception of the pharmaceutical industry is summarised hereunder. One person did not answer the question. *'Mixed kind of view'; '; physicians on the ground are still being remunerated for prescribing'. 'MNCs misunderstood because of their aggressive pricing'. 'Pay bribes or favours'; 'Domestic generic manufacturers are doing a very good job of bringing down the cost of medicines but efficacy is questionable.'; 'It is a profit driven industry.'*

Also some of the responses linked to the perception of the pharmaceutical industry in relation to the Indian society were: *'Pharmaceuticals are expensive'; 'they operate on the verge of ethical limits'; ' they don't care whether people are dying or are affected;'* '*needs to be ethically monitored'; 'they should be more concentrated on the generics and pricing of pharmaceuticals'.*

Upon synthesis and integration of candidates' responses, the following findings are highlighted:

Main ideas/concerns raised:

1. There are two categories of companies i.e. the foreign pharmaceutical companies or pharmaceutical MNCs and the local generic manufacturers. Generic products are affordable compared to branded medicines but their quality is poor;
2. Pharmaceutical companies are pushing physicians to prescribe their products and hence, there is a lack of ethics from MNCs in their behaviors. In addition, perception is that their tactics are unethical especially in clinical trials;
3. The perception is that MNCs are only motivated by profits which triggers a negative image. Also, the pricing of their products is inappropriate for the Indian market, they are too expensive for an inclusive reach;
4. MNCs are doing some good through their CSR units;
5. MNCs' products are of good quality.

5.2.2.1 Characteristics Of The Pharmaceutical Industry Perception

Table 5.2.2.1 was created after synthesis of candidates' responses in Tables 4.5, 4.5.1 A & B, 4.6, 4.6.1 A& B.

TABLE 5.2.2.1
Six Characteristics Of The Pharmaceutical Industry Perception

CHARACTERISTICS	EXPLANATIONS
Expensive	The pricing adopted by the MNCs is perceived as inappropriate compared to the purchasing power of the population. Local generic products are more affordable.
Powerful	It is exemplified as a powerful lobby which dominates, controls essential medicines.
Mistrust	There is a lack of trust and suspicion. Acceptance is not granted.
Unethical practices	Unethical practices regarding clinical trials and in the relation with physicians are damaging the image. This is even more deleterious as this industry is dealing with human lives, hence expectations are high. Their tactic of marketing is seen as overly aggressive.
Important role	Industry is expecting to bring values to the society, to perform CSR activities in the area of health.
Quality	The quality of MNCs' products is high.

Source: Aurélia Narayan, 2015

The Table 5.2.2.1 synthesizes how the pharmaceutical industry is perceived.

1. In relation to the Society: More CSR is expected especially in the area of public health and a more affordable cost of the medicine;

2. As an entity itself: There is a lack of trust and it is known for unethical behaviour.

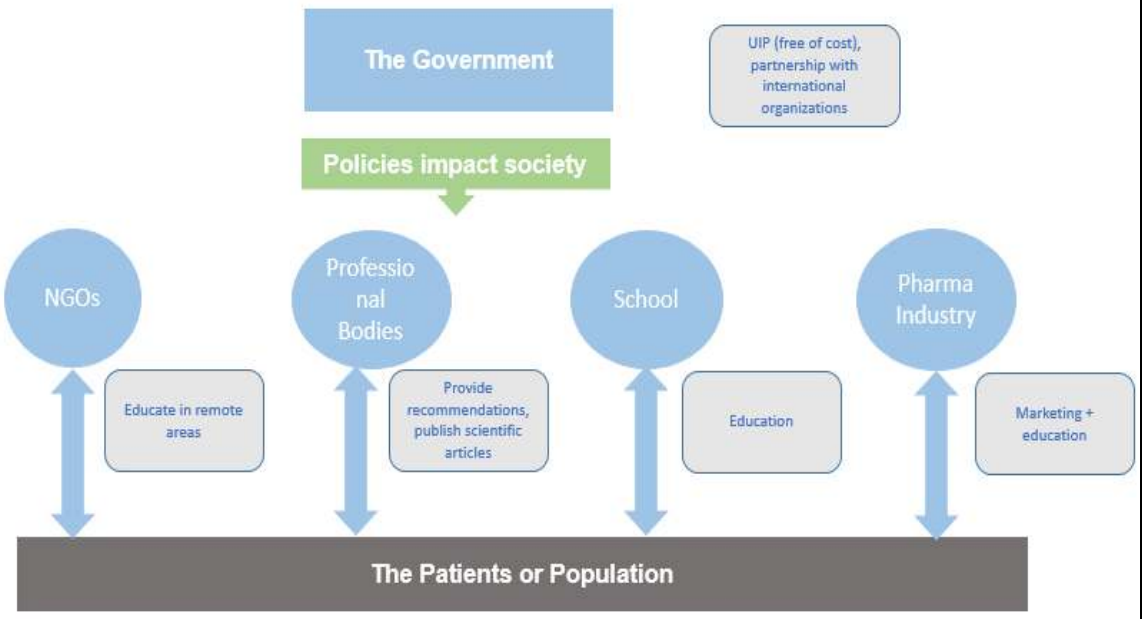
5.2.3 Description Of The Chain Of Communication For New Vaccination

Upon synthesis and integration of candidates' responses, it appears that the chain of communication for new vaccination is done by five major groups.

1. The Government: Decides to include the vaccine in the UIP, hence it can be free of cost for the population. It is not the case of the HPV presently. The Government leads programmes related to public health in partnership with international organizations;
2. The Pharmaceutical Industry: They are in charge of the marketing of their products. Their medical representatives visit physicians and introduce them to their new drugs or vaccines. The industry uses also Bollywood or cricket stars to impact with its messages. Also with their CSR units, they educate and raise awareness of the population regarding the disease;
3. Civil Society Organization: NGOs at the grass-root. They visit the villagers and educate them. Medical professionals' bodies inform about the vaccination and the population in large via media and press. They provide recommendations. They publish scientific articles. Anti-vaccination groups communicate also via press, magazine and create a climate of fear;
4. Physicians: They educate and communicate with their patients on the importance of the vaccination;
5. Teacher: At school and college level, education exists.

In Figure 5.2.3, an illustration of the main actors and their roles have been provided.

FIGURE 5.2.3
Actors In The Chain Of Communication For New Vaccination



Source: Aurélia Narayan, 2015

If the Government decides that the vaccine should be included in the UIP, the vaccine will be free of cost for the population. Also, international organizations, like the GAVI fund, after a health economic evaluation can help in bringing down the cost of the vaccine.

5.2.4 Opinion On Regulation Governing Human Rights And Clinical Trials

Some of the responses were the following:

'Patients are not given full disclosure'; 'Physicians are using poorer patients who cannot afford therapy as guinea pig.' 'There is a lot of floating rule'. 'Draconian

regulation, making clinical trials very difficult'; 'The regulation is not implemented at the ground level' 'Conducted by large MNCs'. 'It is difficult to establish a death due to a medication in a clinical trials, hence compensations are rarely given.'

Upon synthesis and integration of candidates' responses, the following findings are highlighted:

Main ideas/concerns raised:

1. Regulation of clinical trials is not implemented at the ground level;
2. Clinical trials recruitment procedures are immoral and unethical.

5.2.4.1 Characteristics Of The Regulation And Implementation Of Clinical Trials

Upon synthesis of Tables 4.8 and 4.8. A& B, and integration of the data, the following Table was created.

TABLE 5.4.4.1
Six Characteristics Of Regulation Governing Human Rights And Clinical Trials

CHARACTERISTICS	EXPLANATIONS
Non-compliant	Regulation is cumbersome and inappropriate. It is not implemented on the ground. The outcome is that drugs are not tested on the ground for the Indian market. It is a patchy framework.
Unethical Implementation	MNCs are criticised for unethically implementing clinical trials. Consent forms are not taken, patients are not compensated, and records are not followed.
Actors	There is a plethora of actors regulating clinical trials namely the Indian Council of Medical research, the Parliament, the Drug and Cosmetic Act. Pharmaceutical industry is the initiator.
Source: Aurélia Narayan, 2015	

There is an inconsistency between what the policy requires and what is going to be implemented on the ground at three different levels:

1. Policy level and Regulatory framework;
2. Tactics on the Ground;
3. Opposition to the Western countries standards.

5.2.5 Role Of Multinationals In The Area Of Health And HPV

The analysis and synthesis of the two questions related to the perception of the pharmaceutical industry are gather under one banner.

5.2.5.1 Components Of The Role Of MNCs In The Area Of Health

Below is some examples of the responses*: 'They don't have a role to play if there is no profit to make'; they have a role to play in the distribution and access to medicine in an inclusive fashion.' They are educating patients and engaging them with doctors on specific platforms.' They are improving the health of society via education.'*

5.2.5.2 Components Of The Role Of MNCs In The Area Of HPV Vaccination

Some of the reponses included: *'They have a big role to play in the integration of the vaccine in the national vaccination programme.' 'They are influencing the professionals to such an extent that professionals are in turn convincing the population to be vaccinated.' 'It is more about educating, raising awareness'. 'They are not trying to address any issue that is why they are making money out of selling this vaccine.'*

Upon synthesis and integration of candidates' responses, the following findings are highlighted:

Main ideas/concerns raised:

1. MNCs have a role to play in making the HPV vaccination affordable to all;
2. Pharmaceutical industry has to reduce the cost of medicine, also the industry is making huge profits with the HPV vaccine;
3. There is a mix king of view and a lack of trust. The perception is that MNCs are only in India for profits; hence they don't have any role to play;
4. It is perceived as an effective vaccine for some, others have safety concerns;
5. Pharmaceutical companies should educate and raise awareness.

5.2.5.3 Further Analysis On The Role Of MNCs In The Area Of Health and In The HPV Vaccination

There is a need to create trust with CSOs at the grass-root level. There is no connection between these organizations and the pharmaceutical industry. The Indian corporations like the Tata Council for Community or Birla Group, have this tradition of philanthropy and to give back, which is well perceived among the communities. However, the perception is different for MNCs. Grass-root organizations are very critical for emphasizing benefits to business rather than a wider responsibility towards society (Sundar, 2000). However, major role that can be attributed to MNCs is the education and awareness of the disease. It is obvious that presently the Culture-Centered Approach as previously seen in chapter two is not implemented. The

framework imposes a structural transformation from the grassroots or subaltern communities (Dutta, 2008). Those communities must organize themselves by using technologies (Dutta, 2011). By incorporating all the data, MNCs can educate remote communities to the use of new technologies, use of applications to remind them of a vaccination date. They can raise awareness and educate the population through such mobile application based solutions. The situation is that presently we are in a situation as described by Freire 1971, where knowledge does not belong to or need to be transmitted by a handful of experts to a mass of illiterates. The communication is in one direction, top-down.

5.2.6 Sensitivity Of HPV Communication In India

Two codes were created : 'yes' or 'no'. Most of the responses were categorized under the code 'yes'. The communication on HPV is sensitive and some of the reponses were*: 'only targeting women which is not acceptable'; ' sexual disease are not to be talked about'; 'market aggressively' ; 'not an easy task because it involves a sexual transmitted disease' ; 'people are more open minded'; 'no cultural sensitivity at all'.*

Upon synthesis and integration of candidates' responses, the following findings are highlighted:

<u>Main ideas/concerns raised:</u>

1. Sensitivity of only targeting women;

2. Sensitivity of talking openly about sexual transmitted disease and of the mode of transmission of the disease;
3. Language and cultural barriers, mosaic of cultures and a lot of disparities; according to where you are living in the country, your caste, your age, your level of education matter;
4. Education is the starting point, awareness programmes should target parents;
5. Communication should focus on the risks and outcomes of the disease;
6. Lack of trust in pharmaceutical marketing.

5.2.7 What Has Your Organization Done With Regard To HPV, Human Rights And Women's Education Related Programmes Within The Community

Two codes were created : 'yes' or 'no'. Most of the responses were categorized under the code 'yes'. The organizations that undertook HPV related activities were not sponsored by the industry. Instead, it was part of medical college programmes or independent NGOs at the grass-root level not funded by any pharmaceutical company. Some of the responses were: *'we offer the vaccination', we do carry pap-smear camps', ' we have assisted in treating and rehabilitating these patients'; we have made a movie', we don't run a community based programme', 'we have not worked on HPV at all'*.

Upon synthesis and integration of candidates' responses, the following findings are highlighted:

Main ideas/concerns raised:

1. Community programme at the grass-root level done by indepent NGOs;
2. No funding provided by the pharmaceutical industry in pap-smear camps;
3. Tertiary sector not involved in any CSR or community programmes.

There is definitely not any interest in educating or raising awareness about HPV disease from the industry. Also, it appears that NGOs at the grass-root level are working independently and no funding is provided to them from the industry.

5.2.8 The Most Important Message To Give To The Community You Are Representing

From the scientific community, the vaccine is very well received and accepted. However, trust in the pharmaceutical industry and its marketing is not granted. Some of the responses were: *'to communicate to the community'; ' a greater clarity of communication about the quality of science'; most of the Indian women should get vaccinated', ' if you don't take the vaccine, you can end uo with cervical cancer'; 'prevention is better than cure', 'being able to organize business in developing markets in ways different from the way businesses are organized in developed markets'.*

Upon synthesis and integration of candidates' responses, the following findings are highlighted:

1. Males are also infected, communication should target also males;
2. Needs to communicate accurately science;
3. Importance of HPV vaccination, prevention is better than cure;
4. Need to educate the population about healthy lifestyle and prevention;
5. Communication should link the fact of getting vaccinated and not developing the disease at the later stage in life;
6. Pharmaceutical industry has to contribute more on the welfare of society.

5.3 IDENTIFICATION AND TRIANGULATION OF FINDINGS FROM FOLLOW-UP INTERVIEWS

The questions of the follow-up interview were divided into five themes which are: citizenship, trust, access-inclusiveness, communication and education. Four candidates partook in the second round of interviews. Due to statistical significance, the results will be presented in a descriptive fashion. Also, questions were fine-tuned and slightly differentiated according to the type of CSOs that the respondents belonged to.

5.3.1 Citizenship Theme

The first theme to be studied was citizenship. Comparisons on the behaviour was done between Indian companies and MNCs operating in India. Also, opinion was collected about the role of MNCs as good corporate citizens. Some of the responses were the following: *'Alliance with domestic pharma manufacturers', 'back office of the*

world', 'Indian companies more in developing generics', MNCs manage their PR more vigorously, PR pushes, making believe that they are doing more than they are actually doing. I don't know any CSR activity the pharma is doing.'

Upon synthesis and integration of candidates' responses, the following findings are highlighted:

1. MNCs are in India to take advantage of the low cost work force which will translate into profits in Europe and U.S.;
2. India is a back office, US companies partner with local companies through alliances;
3. Indian manufacturers are more into generics;
4. Non pharma are much better CC than pharma MNCs;
5. CSR activity from pharma is not known;
6. CC is being compliant with the law, should be made part of the business model;
7. Communication should be consistent between what they are doing and what they communicate, push on communication can backfire;
8. Lack of ethics among sales representatives with physicians, they try to incentivise;
9. MNCs' products are of good quality, trust in their products;
10. MNCs are only profit oriented, no trust in their intentions and behaviors.

There are obviously discrepencies between what the CSR and annual reports say and what is perceived at the ground level. Also Indian academician like Pushpa Sundar (2013) defines CC in those terms: 'the term implied behaviour which would maximize a company's positive impact and minimize the negative impact on its social

and physicial environment, while simultaneously providing a competitive return to its financial stakeholders' (Sundar, 2013, p. 194). The idea behind the concept is that companies should keep in mind the welfare of all the stakeholders and not only shareholders and adopt a more participatory approach to working with communities to meet their needs rather than paternalistic descisions as to what is needed (Sundar, Business & Community, 2013). Community programmes that MNCs are engaged with are not recognised by stakeholders and more is expected from them at the grass-root level. This boils down to the fact that they are not inclusively targeting the communities, like for instance the ones in the most remote areas. Also, communication needs to target all the stakeholders and not only the shareholders. Those facts result in a lack of trust in the pharmaceutical companies.

5.3.2 Trust Theme

The second theme under scrutiny was trust. The questions were related to trust in the pharmaceutical companies as well as creating trust with communities. Some of the reponses were*: 'inappropriate pricing', 'should not always be business-minded', they are losing trust', 'they don't do anything' ,'no connection between CSR and perception of MNCs'*.

Upon synthesis and integration of candidates' responses, the following findings are highlighted:

1. Historically GSK used to have an advantage and good reputation in India which is not anymore the case;
2. Doctors are consciously choosing not to prescribe a branded products that is more expensive;
3. Branded products are still too expensive;
4. MNCs have to be more ethical in their collaboration with doctors, they have to go through them, direct marketing to patients is forbidden;
5. MNCs should communicate more and accuretely on their CSR activities. They should be accountable to the society;
6. We create trust with communities by talking to them, getting to know them and be humble and helpful.

5.3.3 Access And Inclusiveness Theme

The third theme was related to access and inclusiveness of medicines. Questions were related to how to make pharmaceutical products available to all, even in the most remote places of the country. Some of the responses were: *'establish good distribution network', 'need to have doctors' trust', 'multiple medical representatives', 'reduce the price'.*

Upon synthesis and integration of candidates' responses, the following findings are highlighted:

1. Need to develop a good distribution network with medical representatives;

2. To reduce the price so medicine can be affordable even for people living in the rural areas (important market);

3. Need to have doctors' trust;

4. The quality of medicine has to be good;

5. Should be procured by the public system;

6. Combatting piracy.

In addition, industrialized countries have been supplying the same product at low price for developing countries thanks to economies of scale. However, when the product has a different presentation in developing countries, it becomes impossible to deliver it at a reduced price for example, a single dose instead of a combination. Hence, industrialized-country manufacturers start to leave those markets in favour of markets with higher return on their investment (Milstien, Gaule, & Kaddar, 2007). Vaccines from emerging markets are supplied by local manufacturers at cheaper costs (Milstien, Gaule, & Kaddar, 2007). The solution to secure a good and affordable supply of vaccines is to foster licencing or contract manufacturing with local manufacturers. Indeed, most partnerships presently are with small biotech companies, based on profit sharing and division of world territory (Milstien, Gaule, & Kaddar, 2007).

5.3.4 Communication Theme

The fourth theme studied in the follow-up interviews was the HPV communication and decision making. Questions asked were about communication in an emerging market, in local languages and relevance therof. Some of the responses were: *'it is*

made in local languages' , 'mostly made in rural communities', 'they have to be indianised to be successful', 'regulation is less, grey areas'.

Upon synthesis and integration of candidates' responses, the following findings are highlighted:

1. Using the film industry (Bollywood) or cricketers in your scientific communication does not help in creating your brand and in creating trust with your audience;
2. Communication is done in local languages for STDs but only in leaflet and poster format (not seen for HPV);
3. In rural areas the decision maker is the father, in urban areas it is both parents
4. Communication has to be adapted to the local values and cultures;
5. HPV should be communicated to the community, not in terms of boys or girls i.e. no gender differences;
6. The fact that HPV is a chronic disease does not contribute positively towards vaccine adoption. Communication should focus on cervical cancer, which is the eventual outcome.

As previously seen, the academic literature highlights the fact that, the cost of the vaccine is the major determinant of vaccine uptake in developing countries. In alignment with the findings of the interviews, the other issues surrounding HPV vaccine introduction in developing countries are public ignorance and confusion about the complexity of HPV infection compounded by socio-cultural sensitivities concerning vaccination of a sexually transmitted infection (Kane, Sherris, Coursaget, Aguado, & Cutts, 2006; Agostie & Goldie, 2007).

5.3.5 Education Theme

The last theme under study was education. Some of the reponses were: *' 99% of people are unaware of the infection itself', 'India has given a lot of opportunities to women', 'polio is an example', ' we go along with our doctor', 'we trust our doctor's recommendations'.*

Upon synthesis and integration of candidates' responses, the following findings are highlighted:

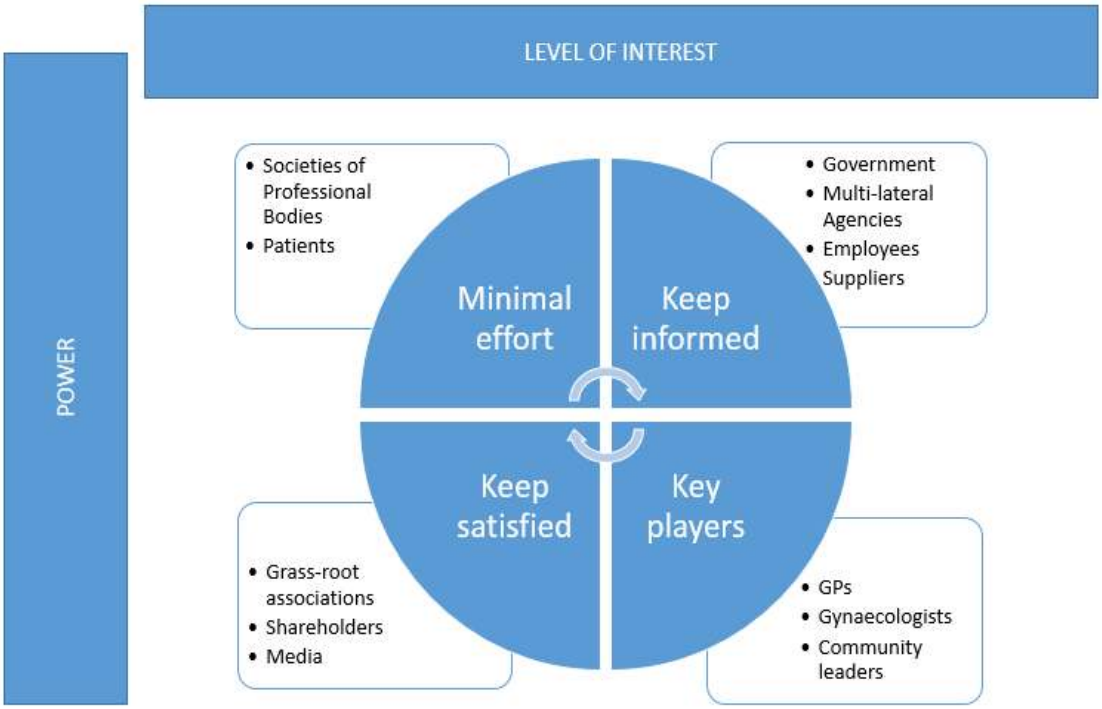
1. Education is very important; e.g. polio vaccination;
2. Needs have to be evaluated at the grass-root level;
3. Women are not subjugated;
4. Need to educate on HPV infection, lack of awareness;
5. Difference of thought between rural and urban settings; a more open mindset in urban settings;
6. Trust first goes with family doctors.

In comparison with the literature, it emphasizes the fact that developing countries need a wide-scale comprehensive educational campaign that should be tailored in an individualized manner based on patient's or parent's culture, age, and literacy (Sherris, Friedman, Wittet, Davies, & Steben, 2006; Zimet G. , 2005). It is what the findings of the interviews recommend but it is not enough. Communication should be done also by 'word of mouth'. It means communication direction should go from the grass-root level to the traditional communicator i.e. the corporate.

5.4 CONTRIBUTION TO KNOWLEDGE

The integration of the findings of content analysis and findings from semi-structured and follow-up interviews have led to the generation of a framework for vaccines' adoption in India (Appendix Y). This framework draws deeply from the example set by the polio vaccination in India that was a veritable success. One of the first advantage is that the vaccine is funded by the government and hence is free of cost for the population. There were a support network of community leaders, international and grass-root organizations, GPs' that communicate positively on the vaccine and helped to create trust between the different stakeholders. The seriousness of the disease and the usefulness of the vaccine were clearly perceived as the communication was also in local languages and inclusive. A stakeholder mapping had been designed for the HPV vaccination that is provided in figure 5.4 B below.

FIGURE 5.4 A
Stakeholders Mapping



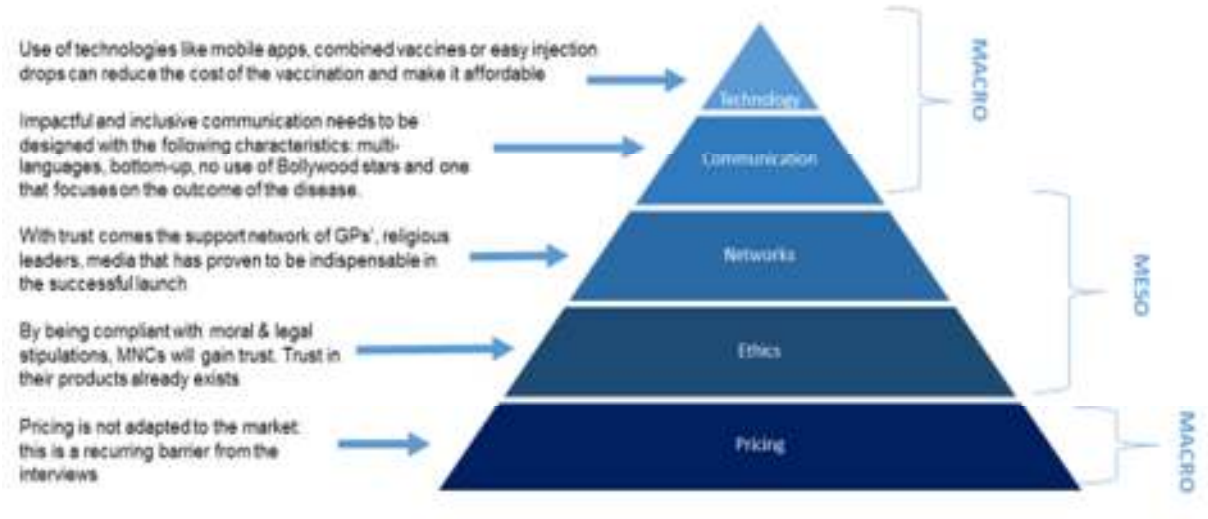
Source: Aurelia Narayan, 2016

The research has proven that GPs and pediatricians need to be convinced about their products in an ethical way by the pharmaceutical industry. There is no doubt about the quality of the product but there is mistrust regarding the tactics used by the MNCs. Media and grass-root associations have the power to influence the prescriber's decision since their communication is broadcast widely.

The integration of the findings of content analysis and findings from semi-structured and follow-up interviews have led to the generation of the Aurélia Narayan© Pyramid

of HPV vaccines' adoption in India. The challenges with this vaccine are several and come down to the fact that the vaccine is not part of the Universal Immunization Programme (UIP) funded by the Government. This fact leads to pricing that has to be reviewed in order to reach to a wider population in the country. Also, the disease is not adequately 'feared' and the infection is considered mild. There is a stigma around a sexual transmited disease for some communities living in remote areas. Hence, the pharmaceutical industry has to foster its efforts in communicating properly to all the stakeholders about its CC strategy and also about the disease in a fashion that is inclusive, in alignment with societal expectations and values. The framework below provides the reponses.

FIGURE 5.4 B
Aurelia Narayan's© Pyramid of HPV Vaccine Adoption



Source: Aurelia Narayan, 2016

5.5 SUMMARY OF CHAPTER FIVE

After a comprehensive analysis of the research findings, the results have revealed that there is a lack of trust in the pharmaceutical marketing from CSOs and especially so among physicians in India. However, products from MNCs are well recognised for their efficacy and quality. Furthermore, the results have shown that there is a defficit of communication from MNCs to the population at large on their CC strategies as well as about the HPV vaccine itself. Indeed, India is a plethora of cultures, communities and languages and each of them have to be addressed appropriately via a more participative communication so needs can be fulfilled.

Through a thorough investigation of the literature it is believed that the present research is the first detailed research focused on CC of pharmaceutical MNCs and trust granted to them by CSOs that evaluates how it is influencing the adoption of the HPV vaccine in India. Previous studies were focussing their research on the scientific and cultural aspects but never under the prism of the corporate citizenship. The content analysis of the public communication from MNCs related to CC in general and to HPV vaccine in particular was highligting deficiencies and explains one of the reason for the non-adoption. Finally, the present research develops a new CC framework of HPV vaccine adoption in India.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

Mrs. Aurélia Narayan, M.Sc., M.Phil.
Doctor of Philosophy in Governance
UGSM-Monarch Business School Switzerland

CHAPTER SIX – CONCLUSION AND RECOMMENDATIONS

6.0 REVIEW OF CORPORATE CITIZENSHIP CONCEPTS IN RELATION TO THE HPV VACCINE ADOPTION

For robustness, the research question is restated below:

" What are the characteristics of an Indian corporate citizenship framework that more adequately addresses the underlying mechanism of HPV vaccine adoption?"

Business in India is engrained with the concept of Gandhian trusteeship which means giving back something to society or simply put, philanthropy. The commonest CSR approach in India is not an integrated approach (Arora & Puranik, 2004). However, this tendency has showed its limitations and the global trends indicates that CC should be an essential part of business strategy (Sundar, 2013; Porter M. , 2013). With a growing civil society that is willing to voice its concerns and denounce all misbehaviour, it is definitely not enough. MNCs operating in the country are increasingly being expected to behave in compliance with the law and in an ethical manner. The HPV vaccine demonstration project has been an example of immoral behaviour related to the conduct of clinical trials. The media coverage that followed impacted all the different stakeholders negatively.

The literature review of this research was triangulated between corporate citizenship, civil society organizations and communication concepts. It highlighted the fact that

there is a gap in understanding CC in the emerging markets context, especially with regard to the behaviors and practices of MNCs. Also, these discrepencies between CC and local communities need local grass-root measures in place to address them. The link between HPV vaccination acceptance and trust in the pharmaceutical industry seemed to have never been raised before. Finally, acceptance and barrier aspects to HPV vaccination in emerging markets are almost not documented.

6.1 THE SIGNIFICANCE BEHIND THE RESEARCH FINDINGS

It is hoped that the present research can help companies in :

1. Providing a framework of CC in India for pharmaceutical businesses;
2. Helping them build trust with all the stakeholders;
3. Improving their corporate and products-based communication;
4. Fostering communities to adopt a vaccine that has proven its efficacy;
5. Paving the way for the two newly launched dengue and malaria vaccines.

6.2 OBSTACLES TO HPV VACCINATION

The obstacles to the adoption of HPV vaccine are several:

- A lack of trust in the pharmaceutical marketing: perception of the pharmaceutical industry is not positive and needs to be improved by targeted and inclusive communication.
- A lack of communication to the communities: The pharmaceutical industry is focussing a lot of effort in communicating to the shareholders and to the English speaking audience i.e. the educated ones. However, not enough is

done to communicate on their activities as well as on the product itself to the communities in remote areas.

- The prescriber community i.e. the physicians is convinced by the product itself. However, they are not willing to accept to be forced or incentivised to prescribe it. More ethics in the manner to sell pharmaceutical products is required to foster trust and mutual respect.
- There is no support network of community leaders such as religious leaders or teachers that can carry the messages of good communication.
- The perception of the seriousness of the disease is inexistent. It is perceived to be a mild infection and not a life treatening disease. There should be emphasis on the outcome of the disease.
- There is a large gap in the understanding of the disease and the vaccine between the educated and the uneducated population.

6.3 CONTRIBUTION TO PHARMACEUTICAL PERCEPTION AND HPV VACCINE ADOPTION IN INDIA

The research has shown that there are discrepencies between what the pharmaceutical companies are portraying themselves to be in corporate reports and what is perceived on the ground. The main actors in this vaccination remain the family physicians and paediatricians. However, trust in the working relationship has to be created. There is a need for the industry to communicate to all the stakeholders and not only restrict its efforts to the shareholders. Also, the communication channel should be revised to include a more collaborative and participative approach where the needs of the communities are assessed. Efforts should be emphasized on the

products' communication as it is almost inexistent on the corporate websites. Surprisingly, it was also almost inexistent in local languages. As per the academic literature, CSR endeavours by Indian companies is usually concentrated to close knit and direct communities and it is in alignment with what is felt by remote CSOs at the grass-root which are desperately looking for partnerships with the industry. There is a link between pharmaceutical behaviour and trust in the HPV vaccine adoption. Indeed, from the medical community it is well understood that this vaccine is efficient. However, the lack of moral and ethics prevent them from prescribing the MNCs' vaccines. Also, the lack of trust in the pharmaceutical marketing from CSO is also preventing the adoption. The Aurélia Narayan© framework tries to provide solutions and close the gap.

6.4 RESEARCH VALIDITY, RELIABILITY AND LIMITATIONS

As previously seen in chapter three, to bring credibility to the research, data triangulation has been used. It means that different sources of data/information have to be used (Guion, 2002). First, the literature review has been done and revolves around three themes which are CC, CSOs and communication. Second, triangulation has been performed around content analysis, literature review and the field research. Triangulation in research is used in qualitative research to check and establish validity. It is defined to be:

> "a validity procedure where researchers search for convergence among multiple and different sources of information to form themes or categories in a study". (Creswell & Miller, 2000, p. 126)

Also, for the content analysis of reports, a deductive approach was selected. Structured analysis matrices were developed according to the previous literature review and categories of codes were assessed so that it is in alignment with the fields of matrices. Also, the field research consisted of in-depth interviews followed by follow-up interviews to analyse the subtle meanings and confirm previous understandings. In order to carefully secure the relevant selection of participants, previous informal interviews with three participants were performed. This phase helped in getting a better understanding of the situation. Questionnaires were pre-tested on five persons and then fine-tuned for more relevance. Finally, to secure validity the same methodology was used for all the interviews. First an introductory email with consent form was sent. If in agreement of the conditions, an appointment was set up for a telephone interview. The same questions have been asked to all the respondents. Then, the transcript of the interview has been sent back for review and validation.

However, some limitations have been identified for the research. The number of respondents, fourteen, for the field research should have been larger to bring more statistical significance to the study. Also, the follow-up interview with only four respondents don't allow to compare and contrast the findings between the different types of organizations. The assumption is that a face to face interview could have

been more suitable and more in alignment with the Indian culture than a telephone interview. Some respondents may have been carefull in their responses given the fact that the researcher was not in front of them and the answers given over the phone. Trust was more difficult to create. A face to face interview would have allowed a more free flow of responses.

6.5 FUTURE RECOMMENDATIONS

Indian corporate citizenship still remains an under studied subject especially concerning MNCs. Hence, more studies should be done on this subject. Also, the adoption of HPV vaccine in India has been studied from a pure anthropologic standpoint. India being such a diversified country composed of different languages, cultures and communities that deserve to be approached and understood. This will lead to the creation of a framework that highlights the cultural barriers to the adoption according to their geography. Also, more studies need to be done on trust in the pharmaceutical industry in India and how to better communicate so that it helps to create a climate of trust. Finally, adoption of vaccines in emerging markets is an important topic as more future vaccines like dengue and malaria will be available soon. Hence, there is definitely a need to better understand how trust or mistrust in pharmaceutical companies can damage the successful launch of a product.

6.6 SUMMARY OF CHAPTER SIX

This research is an attempt to define the role of pharmaceutical MNCs operating in India and how they shoulder societal responsibilities in order to gain the trust of society. It also defines a framework that is not only just scientific that will foster the adoption of HPV vaccine in India.

It is hoped that research on Corporate Citizenship in emerging markets will develop further, so that the population can benefit from MNCs' operations and a more balanced situation is achieved. Also, research in this area will help MNCs to be better accepted in such markets and help them leverage on their global experience to achieve more success locally.

APPENDICES

APPENDIX A:

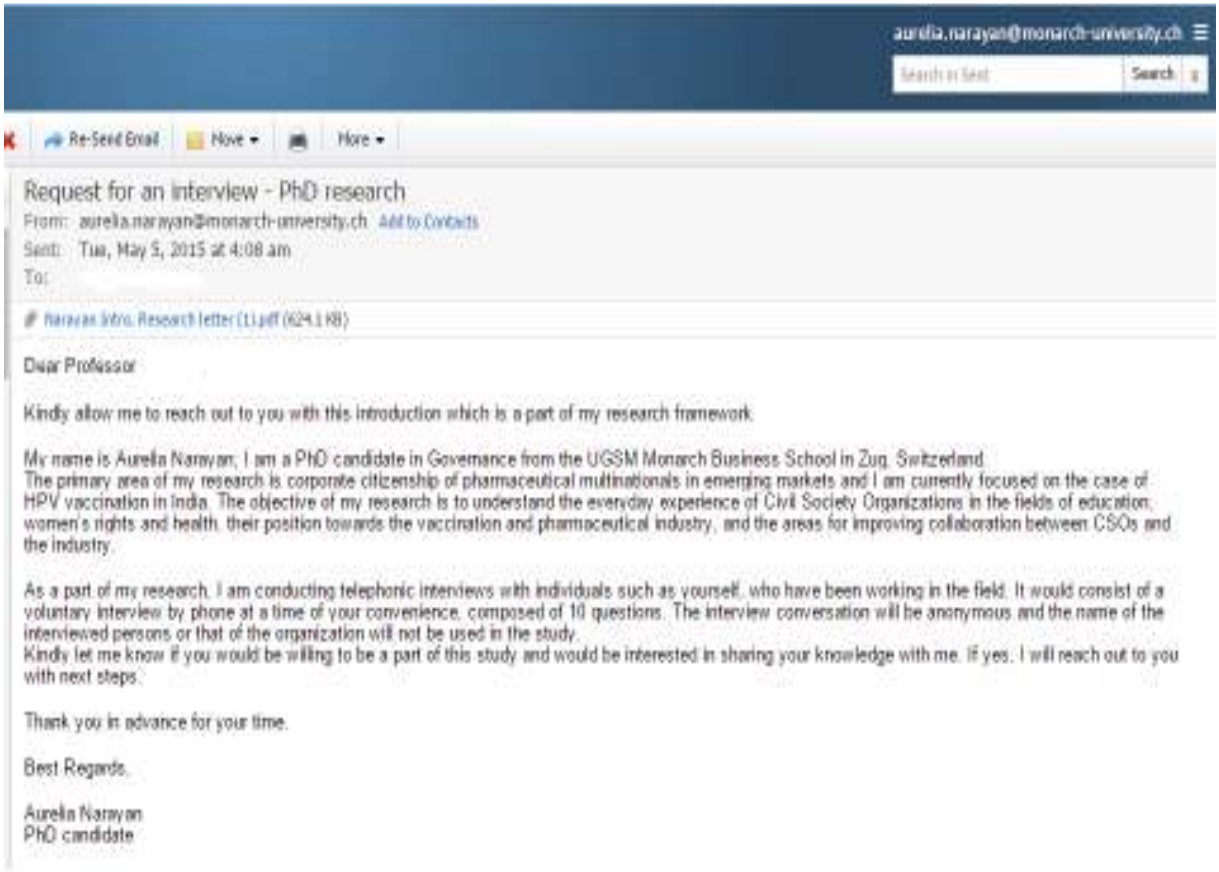
MAP OF INDIA

MAP OF INDIA

Source: (GAVI, 2015)

APPENDIX B:

INTRODUCTORY EMAIL AND APPOINTMENT SETUP



aurelia.narayan@monarch-university.ch

Search in Sent | Search

Re-Send Email | Move | More

Request for an interview - PhD research

From: aurelia.narayan@monarch-university.ch Add to Contacts

Sent: Tue, May 5, 2015 at 4:08 am

To:

Narayan Intro. Research letter (1).pdf (624.1 KB)

Dear Professor

Kindly allow me to reach out to you with this introduction which is a part of my research framework.

My name is Aurelia Narayan, I am a PhD candidate in Governance from the UGSM Monarch Business School in Zug, Switzerland.
The primary area of my research is corporate citizenship of pharmaceutical multinationals in emerging markets and I am currently focused on the case of HPV vaccination in India. The objective of my research is to understand the everyday experience of Civil Society Organizations in the fields of education, women's rights and health, their position towards the vaccination and pharmaceutical industry, and the areas for improving collaboration between CSOs and the industry.

As a part of my research, I am conducting telephonic interviews with individuals such as yourself, who have been working in the field. It would consist of a voluntary interview by phone at a time of your convenience, composed of 10 questions. The interview conversation will be anonymous and the name of the interviewed persons or that of the organization will not be used in the study.
Kindly let me know if you would be willing to be a part of this study and would be interested in sharing your knowledge with me. If yes, I will reach out to you with next steps.

Thank you in advance for your time.

Best Regards,

Aurelia Narayan
PhD candidate

APPENDIX C: DOCTORAL DISSERTATION FIELD WORK LETTER

UGSM-MONARCH BUSINESS SCHOOL SWITZERLAND
Flurstrasse 1 PO Box 30 CH-6332,
Hagendorn-Zug Switzerland
Tel: 0041 41 780 08 82
Fax: 0041 41 780 01 82

Monday February 2, 2015

REF: Doctoral Dissertation Field Work – Aurelia Narayan
Candidate Number: 2012-600-444

To Whom It May Concern,

This letter is to serve as an introduction for the fieldwork that Mrs. Aurelia Narayan is carrying out as partial fulfillment of the requirements of obtaining a Doctor of Philosophy in Governance Degree at Monarch Business School Switzerland. The outline and methodology of research has been approved. Aurelia Narayan is working under the supervision Dr. Jeffrey Henderson, Ph.D. for the dissertation. The rights of the participants for data presentation will be respected.

The purpose of Aurelia Narayan's research is to study "Corporate Citizenship of Pharmaceutical Multinationals in Emerging Markets: A Study of HPV Vaccination in India". As per the protocols of the University all information collected will remain anonymous and confidential at all times and remain solely the property of the University.

If there should be any further questions please do not hesitate to contact me at the coordinates provided below.

Yours truly,

Professor Dr. Donald Oxford York, D.Phil., Ph.D.
Dean of Student Development
Member of the Research Ethics Committee
dr.york@ugsm-monarch.ch
International Tel: 1-514-267-9815
International Fax: 1-866-940-4376
Switzerland Tel: 0041 41 780 08 82

APPENDIX D: HUMAN SUBJECTS APPROVAL FORM

HUMAN SUBJECT APPROVAL FORM

1. **INVESTIGATOR: INVESTIGATOR:** Aurelia Narayan, M.Phil, Monarch Business School Switzerland, D.Phil Candidate

2. **TITLE OF RESEARCH:** Corporate Citizenship of Pharmaceutical Multinationals in Emerging Markets.

3. **SPONSOR NAME AND ADDRESS:** None

4. **DURATION OF STUDY:** January 2015 till August 2015.

5. **LOCATION:** India

6. **SUBJECTS:** CSOs in the area of health, human rights and education

7. **CONTACT METHOD:** Email and Telephone.

8. **PROCEDURES:** 30 to 60 minute interview and a follow-up interview for further clarification.

9. **PURPOSE OF STUDY:** To study the everyday experience of knowledge workers in CSOs regarding the HPV vaccination and to understand their position vis à vis the industry and their forms of collaboration between these two parties.

10. **RISKS AND BENEFITS:** The survey questions will pose no potential risk to the subjects. After the session is finished, participants will receive a description of the objectives and procedures, and can request a copy of the data analysis. This experience will be of great educational value to all participants. Furthermore, it will encourage amassing knowledge on this currently underdeveloped research sphere.

11. **COSTS TO SUBJECTS:** None

12. **PERSONAL OR FINANCIAL INTEREST IN THE RESEARCH:** None

13. **INFORMED CONSENT:** This will be obtained by the investigator before starting the experiment. See attached form.

APPENDIX E: CONSENT TO PARTICIPATE IN RESEARCH STUDY

CONSENT TO PARTICIPATE IN RESEARCH STUDY

TITLE OF RESEARCH Corporate Citizenship of Pharmaceutical Multinationals in Emerging Markets.

INVESTIGATOR: Aurelia Narayan, M.Phil, Monarch Business School Switzerland, D.Phil Candidate.

PURPOSE OF STUDY: To study the everyday experience of knowledge workers in CSOs regarding the HPV vaccination and to understand their position vis à vis the industry and their forms of collaboration between these two parties.

PROCEDURES: 30 to 60 minute interview and a follow-up interview for further clarification.

RISKS AND BENEFITS:
The questions pose no potential risk to the subjects. After the session is finished, participants will receive a description of the objectives and procedures, and can request a copy of the data analysis. This experience will be of great educational value to all organizations and participants. It will help managers with identifying their professional goals and discuss the different ways of achieving these goals. Furthermore, it will encourage others to amass knowledge on this currently underdeveloped research sphere.

CONFIDENTIALITY:
All test data will be computer coded and used for analysis only. Original information will be destroyed. All information collected will remain anonymous and confidential at all times and remain solely the property of the University.

COSTS/COMPENSATION:
There will be no cost to you beyond the time and effort required to complete the procedures described above.

RIGHT TO REFUSE OR WITHDRAW:
At any point in the study participants may refuse to continue. Participants may quit or change their mind about being in the study even after it has commenced.

Mrs. Aurélia Narayan, M.Sc., M.Phil.
Doctor of Philosophy in Governance
UGSM-Monarch Business School Switzerland

QUESTIONS:
At any point in time should you have questions please do not hesitate to ask. If at a later time any questions should arise. The principal investigator can be reached at **0033 7 87 33 53 42**. Also, by email aurelia.narayan@monarch-university.ch. You will be given a copy of this form.

CONSENT: Your signature below or written consent via email or hand written letter will indicate that you have agreed to volunteer as a research subject and that you have read and understood the information provided above.

_____ _____
Date Signature of Participant

_____ _____
Date Signature of Researcher

APPENDIX F: QUESTIONNAIRE

PART A – Participant Profile

PROFILE

1. Name of the organization:

2. Area of specialisation:

3. Do you have previous working experience in pharmaceutical industry?

4. Name of the contact person:

5. Gender:

6. Title:

7. Years within the discipline:

8. Diploma:

PART B – Characteristics Survey

Opinions on the pharmaceutical sector:

1) What is your definition of Corporate Social Responsibility?

2) What is the perception of the pharmaceutical industry by those you represent?

3) What is your perception of the pharmaceutical industry in relation to the Indian society?

4) Describe the chain of communication for new vaccinations in your industry?

(who are the main stakeholders or people involved in communicating messages for new vaccinations?)

5) What do you think about the current regulations governing human rights and clinical trials in the industry?

6) Can MNC's in India have a role to play in the area of health?

HPV specific:

7) Can MNC's in India have a role to play in HPV vaccination?

8) Do you perceive that the communication about the HPV vaccination in India is culturally sensitive?

If no, how can it be made more culturally sensitive?

9) What has your organization done with regard to HPV, human rights, women's education-related programs within the community?

10) What is the most important message to give to the community you are representing?

APPENDIX F1: OPENING DIALOGUE OF THE INTERVIEW

At the outset, thank you for agreeing to interview with me. As per your mail, yes my subject is more oriented towards the social aspect of communication in pharmaceutical industry. In this brief 45 minutes also, I would like to understand your perspective one this question based on:

1) Professional expertise, in your case specifically the legal aspect
2) Your views as a member of Indian society in general
3) As a concerned family member specifically toward female member

Please feel free to interrupt me at any time if you are not understood my question or would like to have more clarity as to the specifics of any.

You will notice that several questions are general or broad based. This are intentionally so since my thesis is a work in phenomelogical research. Especially over skype, we are bound to get cut off during our conversation, kindly give me one minute to call you back.

Allow me to highlight that there are no correct or wrong answers. My study is focussed around the perception of people such as yourself with regards some of the concepts that are covered in the questions. If you feel you do not know the answer a question, we can skip it.

Can we start?

APPENDIX G: FOLLOW-UP ON TRANSCRIBED CONVERSATION

Re: Contact for PhD research

From: [redacted] Add to Contacts
Sent: Thu, Mar 12, 2015 at 6:48 am
To: aurelia.narayan@monarch-university.ch

I went through the transcript and i am fine with it. Kindly go ahead.

Regarding contact number of one of our coordinate i will get back to you.

Regards

From: "aurelia.narayan@monarch-university.ch" <aurelia.narayan@monarch-university.ch>
To: [redacted]
Sent: Wednesday, 11 March 2015 2:16 PM
Subject: Re: Contact for PhD research

Dear Dr. ,

At the outset, thank you for your time and for an instructive interview.

Kindly find attached the transcript of our conversation for your validation.

Alternatively, if you have changes in the transcript, let me know and I will follow-up.

To follow on from our discussion, could you share with me the coordinates of your colleague who will be interested in being a part of my interviews?

Best Regards,
Aurelia Narayan

APPENDIX H: INTERVIEWEES' DEFINITION OF CSR

TABLE 4.5 Part I CSR Definitions	
C1	Good that the company needs to do in order to continue to sell the product. It needs to be done in order to increase the market segment or to some extent to protect their intellectual property. Something to be done for the good of society.
C2	DK
C3	Endeavours by large organizations towards the betterment of society. Foreign companies have huge CSR units. It needs to be an indispensable unit in their business model. Not yet one of the core function. A lot left to do for the Indian society in term of mental health, vaccination, children health and communicable diseases.
C4	It is a social outlook, MNCs have to price the drugs appropriately so it can reach all groups of people. They should plough back some of their profits into some kind of activity to improve the quality of life in the market where they are making money.
C5	Illustrated by the Majumdar Shaw cancer research hospital, corporate responsibility is identifying the risks factors and the high risk groups, teaching them, creating awareness programmes about HPV infection.
C6	Corporates who make huge profits have to give back to the society in which they are functioning, in the form of money and time, towards the community for its upliftment.
C7	Obliged to do something back for society. It is to be able to contribute for its upliftment and to its betterment in an ethical manner with no expectation of any gain.
C8	It should have no relationship with the specific stakeholders of the company and should not be in the same field, or should not generate any direct benefit, and should not be any form of corporate investment.
C9	Big corporate houses take up some social initiatives, bring out some public health problems, and take care of society.
C10	MNCs have profited from society and whitewash any negative image of them in their annual reports, convincing the Government of their commitment to the betterment of society. I do not believe in the concept of CSR.
C11	NA
C12	Profits from MNCs instead of being spent in giving back to society are being used for the welfare of their own employees. CSR is an advertising gimmick used to repatriate profits to the parent companies' country.
C13	Giving back something to the community, to people who cannot afford the cutting edge medications or vaccines. Provide the best of treatments. A certain amount of revenue that the corporates generate should go back to the community for the betterment of the lower classes of society.
C14	Every corporate should take up some social issue or the other, that impacts society, especially in the field of education, I mean educating the children.
Source: Aurelia Narayan, 2015	

DK: Don't know NA: Not Applicable

APPENDIX H1: CODING OF THE CSR DEFINITIONS

Code A : Corporate Social Responsibility		
1. Altruism	I.	Ethical manner
	II.	No expectation of any gain
	III.	Initiatives
	IV.	Giving back something
	V.	Betterment of the lower classes
	VI.	No relationship with the specific stakeholders
	VII.	Not a form of corporate investment
	VIII.	No direct benefit
	IX.	Not in the same field the company is working
2. Deceitful act	I.	Done many wrong things
	II.	To whitewash
	III.	To convince
	IV.	Questionable intentions
	V.	Compulsory by the law
	VI.	Obliged to do something
	VII.	Corporations have to undertake
3. Forms	I.	Welfare of employees only
	II.	Compulsory by the law
	III.	Social initiative
	IV.	Bring out some public health problems
	V.	To provide the best of treatment
	VI.	In the field of education
	VII.	In cash
	VIII.	In time
	IX.	Appropriate pricing of their drugs
	X.	Identifying the high risk groups
4. Mercantile aspect	I.	Part of the profits
	II.	Increase their market segment
	III.	Certain amount of the revenue
	IV.	Make huge profits
	V.	Gaining a lot
5. Communication	I.	Have to be known for what they do
	II.	Part of their advertising
	III.	Annual report
	IV.	To convince
	V.	Have to have some social outlook
6. Size of the company	I.	Corporations
	II.	Big companies
	III.	Large organizations
	IV.	Corporates who run the industry
7. Welfare of the society	I.	Upliftment
	II.	Foundation
	III.	Recognising the high risks groups
	IV.	Creating awareness programmes
	V.	Welfare of the employees
	VI.	To give back to the society
	VII.	Bring out some public health problems
	VIII.	Social initiatives
	IX.	Benefits for the society
	X.	To reach to all groups of people
	XI.	Enhances social and human activities
	XII.	Improve the Human Development Index
	XIII.	Improve the quality of living
Source: Aurelia Narayan, 2015		

APPENDIX I: CANDIDATES' AND THEIR COMMUNITIES' PERCEPTIONS OF THE PHARMACEUTICAL INDUSTRY

TABLE 4.6 Candidates' Perception Of The Pharmaceutical Industry	
C1	Important part of the health system; mixed kind of view; physicians on the ground are still being remunerated for prescribing; the perception of doctors is that pharmaceuticals are a little bit pushy. They force doctors to prescribe; not all doctors are able to resist; general perception is that they are important; they are not per force been seen as purely a force for good; motivated by economic gain.
C2	Mostly apart from the list of vaccination given compulsory, people don't go for other vaccinations. I don't think people are aware of getting themselves vaccinated. We must not close our eyes and follow whatever they represent to us. We must understand the importance and proper use of medications before using them on the patients.
C3	Mostly the pharmaceutical industry takes initiatives in CSR in areas of hygiene and sanitation. Foreign companies have a huge CSR unit. But Indian pharmaceuticals need to take it to a larger extend. It needs to take it as one of their indispensable unit in their business model. It still functions as a support one. Not yet one of their core function. There is a lot to do for the Indian society from pharmaceutical perspective in terms of mental health, vaccination, children health and communicable diseases.
C4	Profitability is quite high. They seem to be doing well, they are marketing very well. Companies are doing good business and they are marketing and interacting very well.
C5	Specific guidelines about marketing to doctors. Pay bribes or favours. Pharmaceutical companies should look forward to not only creating value for themselves but also creating value in society and choosing to deal with 'ethical' doctors who can serve the nation. Pharmaceutical companies should encourage research and scientific progress. Rather than increasing doctors' meetings and congresses. Pharmaceutical companies should not promote the product blindly. Indian companies should instead be looking to come out with a preventive drug, to create patents and to market themselves.
C6	There are many pharmaceutical companies, this is a huge market by itself. There is a strong lobby. Government should look at controlling the primary and essential medicine.
C7	The pharmaceutical industry is a profit driven industry, driven by the numbers at the end of the day and the profits.
C8	Pharmaceutical industry in India is divided between domestic generic manufacturers and dual patent companies. Domestic generic manufacturer have portrayed themselves as engaging in some sense of serving the public interest by producing cheaper medicines. Multinationals companies, because of the price of their medicine, are misunderstood.
C9	Some pharmaceutical companies are doing a very good job of bringing down the cost of essential medicine, binging out new products, generic products. Indian companies do less research.
C10	Pharmaceutical industry is made to make profit. That's it. What else. They want to make money. And they want to make more and more money. They don't care whether people are affected or dying or getting hurt. The idea of doing business is very important. Drug companies have huge power, huge money.
C11	It depends on the products they sell out in the market. If it is good, it is accepted. But any new product by the pharmaceutical industry is slowly accepted. The industry is very helpful. They make available medicines. The community is suspicious about new medicine. There are difficulties from ethical, community acceptance and family relation aspects.
C12	NA
C13	There are two sets of pharmaceuticals. Companies which are globally renowned with authentic brands. And the other set of companies that we have in India are those which

	make generic medicines. They sell these medicines cheaper but their efficacy is questionable. Pharmaceuticals dominate the market and influence a lot of the general practitioners and the specialists as well. General practitioners are more likely to prescribe brands of these companies.
C14	NA
Source: Aurelia Narayan, 2015	

NA: Not Applicable

APPENDIX I1: CODING OF THE PERCEPTION OF THE PHARMACEUTICAL INDUSTRY BY THE CANDIDATES AND THEIR COMMUNITIES

Coding Of The Perception Of The Pharmaceutical Industry		
1. organizations	I.	Generic medicines
	II.	Multinationals companies
	III.	Foreign companies
	IV.	Huge CSR Units
	V.	CSR not a core function
	VI.	CSR is a support function in their business plan
	VII.	Obtain licence for producing vaccines from their western parent company
2. Affordable medicines	I.	Make medicine available
	II.	Bringing down the cost of essential medicines
	III.	Generic medicines which are low cost
	IV.	Medicine cheaper but questionable efficacy
	V.	Cheaper than the patented product
3.Agressive marketing	I.	Specific guidelines about marketing to doctors
	II.	Increase doctors' meetings & congresses
	III.	Should not promote the product blindly
	IV.	Difficulties from an ethical & community acceptance
	V.	Film stars
	VI.	These pharmaceutical movements' on pricing
4. Doing good for society	I.	Collaboration with ethical doctors who can serve the nation
	II.	Helpful
	III.	Doing a good job
	IV.	Bring down the cost of medicines
	V.	Initiatives in CSR
	VI.	Hygiene, sanitation
	VII.	Mental health, vaccination, children health and communicable diseases
5. Economic gain	I.	Profit driven industry
	II.	Driven by the numbers & profits
	III.	Creating values only for themselves
	IV.	To make more and more money
	V.	Don't care if people are dying
	VI.	Idea of making business very important
	VII.	Have huge money
	VIII.	High profitability
	IX.	Good interactions with doctors
	X.	Misunderstanding of how to enter the Indian market
	XI.	Inappropriate pricing
6. Safety and quality products	I.	Patients ask for a medicines which he feels the molecule is helping him
	II.	Acceptance
	III.	Depends on the product they sell
	IV.	Percentage of acceptance
	V.	Available medicines
	VI.	More study needed
	VII.	Questionable efficacy of generic products
	VIII.	Medicines are not up to the mark
	IX.	Drugs produced are not comparable with international standards
7. Collaborative industry	I.	Specific guidelines for marketing to doctors
	II.	Vaccines made free of cost by government

	III.	Lot of people supported the polio vaccination
	IV.	Community acceptance
	V.	Develop values in society
	VI.	Support of NGOs
8. Intellectual property	I.	Patent
	II.	Globally renowned brands
	III.	Authentic brands
	IV.	Divided with generic companies
9. Mistrust	I.	Specific guidelines to regulate pharma –doctors relation
	II.	Bribes
	III.	Favours
	IV.	Slow acceptance
	V.	Suspicious
	VI.	Not well received
	VII.	Not being done properly
	VIII.	Strong lobby
	IX.	Quality not comparable with international standards
	X.	Misunderstanding
	XI.	Have failed
10. Powerful	I.	Huge power
	II.	Remain on the market
	III.	So many companies in the market
	IV.	Globally renowned brands
	V.	Dominate
	VI.	Influence
	VII.	Strong lobby
	VIII.	Controlling
	IX.	Primary and essential medicines
	X.	Supported by the government
11. Targeted communication	I.	Specific guidelines for marketing towards doctors
	II.	Develop values in society
	III.	Deal with ethical doctors
	IV.	Looking at teenage population
	V.	Paediatricians
	VI.	Interacting well with doctors
	VII.	Seminars for doctors
Source: Aurelia Narayan, 2015		

APPENDIX J: CANDIDATES' PERCEPTION OF THE PHARMACEUTICAL INDUSTRY IN RELATION TO THE INDIAN SOCIETY

Table 4.7 Perception Of The Pharmaceutical Industry In Relation To The Indian Society	
C 1	The perception is that pharmaceuticals are expensive. In a developing country like India where purchasing power is still low, MNCs operate on the verge of ethical limits. A patient with cancer, for example, can end up spending his entire life saving on treatment which extend his life for a few month. Subsequently, the family is left with no financial backing to continue living above the poverty line. The perception is that there are out to make a quick buck.
C 2	I don't know
C3	About honesty and integrity. It deals with human health and human life. The ethics part of it is very important. Early phase testing of drugs testing of drugs is still poorly regulated in India. It needs to be closely and ethically monitored. Very important and even in terms of distribution of medicine, vaccines, public health. All these areas that CSR image can add value and make a difference for society.
C 4	Drug pricing is very good in India. Very competitive, lots of competitors. All Indian society is benefiting from the pharmaceutical industry. Accessible to most of the people. 90 % of the population can purchase most of the essential drugs at a very minimal cost as compared to the rest of the world. Pharmaceutical industry is socially responsible. Market forces allow the pricing to be competitive in India.
C 5	NA
C 6	There is control over essential medicines. Drugs produced by local companies are not comparable with international standards. Many of these pharmaceutical companies obtain licences for producing drugs from the parent company which is headquartered in the western world. Pharmaceutical companies' movement on pricing of the drug is a burden for the people in this country.
C 7	We are a generics nation. It is fragmented and dispersed. There are only a few multinational companies who do a lot of drug discovery and want to sell their patent and molecules in India. Some of the pharmaceutical companies in India are very good. They do a lot of social responsibility work. They are focused on patient education, primary prevention of disease. Ready for a lot of effort in educating the patients. Primary generic companies are only focussed on sales and managing the numbers at the end of the day. A lot of effort is being allocated by companies in the patient education area.
C 8	Pharmaceutical industry has an important role to play. The range of delivery of public health is still far short of where it needs to be. The pharma industry will play a very important role in rolling out universal healthcare. India should achieve a reasonable coverage if not a universal coverage for its primary and secondary healthcare in the next decade.
C 9	There are a lot of multinationals companies which do provide medicines at a much cheaper cost and some of these companies also manufacture generic. But quality of these products is not very well controlled.
C 10	They don't care whether people are affected or dying or getting hurt.
C 11	The industry is very helpful because they make available medicines.
C 12	I don't know much whether they give back to the society.

C 13	Pharmaceutical industry has a big role to play. India needs vaccines and medications that are suitable for local conditions and are cost-efficient. At the moment, Indian pharma companies are lagging behind in this aspect.
C 14	I feel that they should be more concentrated on the generics and pricing of pharmaceuticals rather than spending on marketing.
Source: Aurelia Narayan, 2015	

NA: Not Applicable

APPENDIX J1: CODING OF THE PERCEPTION OF THE PHARMACEUTICAL INDUSTRY IN RELATION TO THE INDIAN SOCIETY

Coding Of The Perception Of Pharmaceutical Industry In Relation To The Indian Society	
1. Pricing	I. Provide medicines at cheaper cost II. Good drug pricing III. Low price IV. Accessible to most of the people V. Competitive pricing
2. Negative image	I. Should concentrate on generic, cheaper medicines rather than branded products II. Pharmaceuticals are expensive III. Unnecessary charging to much IV. Need for cost efficient vaccines V. Respect of local conditions VI. Pricing is a burden for the people VII. Delivery of public health still far short VIII. Don't care whether people are dying or getting hurt IX. Squeezing the population for money X. To make a quick buck XI. Need to keep in mind it is about honesty and integrity
3. Ethics	I. Honesty II. Integrity III. Human life IV. Health V. Ethic VI. Public health VII. Indian society is benefiting VIII. Important role IX. Universal healthcare X. Very good XI. Do a lot of social responsibility XII. Patient education XIII. Prevention XIV. Added value
4. Market force	I. Very fragmented, dispersed II. Many pharmaceutical companies III. Lots of competitors IV. Competitive pricing V. Controlling primary and essential medicines VI. Patented products VII. Generic products
5. Quality of generics	I. Not very well controlled II. Not comparable with international standards
Source: Aurelia Narayan, 2015	

APPENDIX K: CANDIDATES' DESCRIPTION OF THE CHAIN OF COMMUNICAITON FOR NEW VACCINES

TABLE 4.8 Description Of The Chain Of Communication For New Vaccination	
C1	Pharmaceutical companies with vaccine-based products, communicate directly to paediatricians who form their main prescribing base. Polio is different and supported by the government and have in addition a lot of social organizations. Mandatory vaccines are bought and made available free of cost by the government. TV actors participate in the vaccine communication programme.
C2	Midwifes, NGOs, health workers are the main targets of communication strategies. They visit people in different areas and communicate to the villagers. They are in hospitals and they inform people about the vaccination. In villages, people don't have TV, they are not educated, and there are healthcare workers and NGOs who carry out this duty. The chain of communication includes efforts by the pharmaceutical representatives, articles, TV and through various conferences.
C3	Vaccines are manufactured by public health units. Need for a large privately set up organization for manufacturing vaccines. Both Indian and MNCs pharmaceuticals undertake CSR initiatives involving educating, empowering women and communicating the importance of vaccination to people in rural parts of India. Also several NGOs and government organizations take part in the communication, Pharmaceuticals have their marketing channels as well as their public health units and their communication units. They can take part in the distribution system.
C4	The information for a vaccination comes from the pediatric association and subsequently the pediatricians. For childhood vaccines they advise the children that they come across in their clinics. Marketing is also done by the pharmaceutical representatives. Also we see newspapers, and other kind of media and press.
C5	Eradicate even community disease by creating vaccines. Study published. Scientific debate.
C6	Healthcare professionals, responsible for providing health, act as ambassadors for promoting this vaccine. The industry itself promotes the vaccine. Second, it is medical professionals individually. Third, there are professional bodies, mainly by medical professionals. They communicate about the vaccine to the community in gross through various media and channels.
C7	The major stakeholders are the government of India, the medical fraternity i.e. the doctors, and the communication channels such as TV, newspapers and many of the social media platforms. And of course educating the parents is something that is universal in India. Every baby has to go through these vaccinations. Vaccination is expensive in India.
C8	It depends on which disease they are talking about. With respect to polio and other mass diseases, the government has taken the lead. Often philanthropic organization like Bill and Melinda Gates Foundation have taken the lead. Civil society has played a very significant role along with the government. Big corporations have played a less important role. Vaccines like HPV belong more to a niche market. Universal coverage is not being achieved through the public health system. I suppose the primary communicators are companies directly and doctors. Ultimately, communication depends crucially on which vaccine we are talking about.

C9	Expanded immunization programme (UIP) is a mainstay in India. Doctors make patients aware of the options available to them. There is social media. Mass media also comes into the picture.
C10	Bill and Melinda gates foundation, private-public partnership, GAVI. They are trying to push these vaccines.
C11	In the community, people working as sex workers could be advised. The very young girls may accept vaccination. The feeling is that there are other protections that prevent sexually transmitted diseases. I don't know if they will accept it. Introduced into health training sessions. Society is moving into a very modern way of living.
C12	N.A.
C13	India has two sets of people. One set are people who are educated and who come up and ask for the vaccine, they know about it. The second set of people, are those who are ignorant, not necessary because of a lack of education, but because of a general lack of awareness. It takes a little bit more of an effort from the Doctors side. You tell them that this vaccine is available and it is good for you. People do accept it. When it comes to multiple doses of vaccine, they may not follow-up at the right time or are lost to follow-up.
C14	It should be mainly the family doctors who can educate people on vaccination. School and college level sex education also occurs.
Source: Aurelia Narayan, 2015	

NA: Not Applicable

APPENDIX K1: CODING OF DESCRIPTION OF THE CHAIN OF COMMUNICATION

Code Chain Of Communication For New Vaccine	
1. Acceptance	I. Educating II. Across socio economic status III. Universal IV. Working hard to get acceptance V. Training VI. Metropolis VII. Section of society VIII. Developed countries IX. Stigma X. Go ahead with the vaccination XI. It is engrained XII. Larger appeal
2. Communication channels	I. Facebook II. Through training III. Directly communicated by pharmaceutical companies itselves IV. Pharma companies have their marketing channels V. Industry itself promotes the vaccine VI. Pharmaceutical representatives VII. Companies are the primary communicator VIII. TV IX. Newspapers X. Research scientists XI. Health training sessions XII. Mass media XIII. Social media XIV. Healthcare professionals act as ambassadors XV. Visit people in the villages and communicate about it XVI. Film stars XVII. Civil Society has played a significant role
3. CSR	I. Public health unit from MNCs pharma companies II. Educating people III. Empower women IV. Communicate on the importance of vaccination
4. Healthcare Professionals	I. From marketing executives to physicians on the ground II. Pediatricians III. Responsible for providing health IV. Prescribe the vaccine V. Midwives VI. Make aware the patients about the options available VII. Pediatric association
5. Schools	I. Take it to the school
6. NGOs	I. GAVI II. Countries giving money to GAVI III. Address public health problems IV. Visit people in villages V. Support the vaccine VI. Private-public partnership[s VII. Bill & Melinda Gate Foundation

	VIII.	Rotary Club
7. Government	I.	Universal coverage not yet achieved
	II.	Make sure the vaccine is not too expensive
	III.	Some vaccines supported by the government
	IV.	Vaccination is an approach by the government
	V.	Guidance and direction
	VI.	Universal immunization programme
	VII.	Available to the population free of cost
8. Target audience	I.	Specifically targeting teenage population
	II.	Physicians treating this age group
	III.	Niche market
	IV.	Hard data from sex workers
	V.	Educated people who asked for the vaccine
	VI.	People who are not aware of the vaccine
	VII.	General lack of awareness
9. Persuasion	I.	Trying to push these vaccines
	II.	Understand what could be averted and what could not
	III.	To convince
Source: Aurelia Narayan, 2015		

APPENDIX L: CANDIDATES' OPINION ON REGULATION GOVERNING HUMAN RIGHTS AND CLINICAL TRIALS

Table 4.9 What Do You Think About The Current Regulation Governing Human Rights And Clinical Trials In The Industry?	
C 1	India is a huge developing hub for clinical research. There is a lack of regulation. There is a lot of flouting of the rules. Many patients are not given full disclosure and are not explained the contra-indication of therapy, prior to joining the trial. Remuneration: a patient in India can easily be found for less than a couple of dollars for the entire clinical trial. A lot of clinical trials are also be run out of the clinics of well-known physicians. They themselves are exposing their patients to the risk and often times they are using poorer patients who cannot afford therapy as guinea pigs. They expose them to therapy without having being told the exact side effects. Government has a long way to go in terms of regulation. The same for IP rights, there is a long way that India needs to go in terms of protecting intellectual property rights.
C 2	There should be more regulations. It is compulsory to have these written and take informed consents. We always have to inform people, we need to get their signatures, to tell them if there is any adverse effect. We need to follow them for a particular period of time.
C 3	A huge number of clinical trials are conducted by large multinationals in India as well as Indian companies. They work closely in partnership with these research organizations. They take care of signing up documents from patients and approval from doctors. I think a lot of regulations are not followed accurately. Before a drug is administered to the patient, the consent is very important, the participation is very important, the documentation they elaborate needs to be really followed as per international standards which I think is lacking in India. Ethical practices are not followed up to the standards that they should be.
C 4	I think the regulation and the standards are quite elaborate in India and they are equivalent to the western standards but they are not implemented at the ground level. There is a perception that there is a deviation from the standard methodology. The perception is that the major corporates are dealing with the western trials in a different way. There is also a perception that the patients are not being compensated enough and that trials are also not conducted in the same fashion as would have been, if the same trails were in Europe or North America.
C 5	This is conducted by the respective Ethic Committee meeting in their respective colleges. You can conduct trials by taking just 100 subject or patients and it is not valid. The trial may happen in the private sector or the trial may be guaranteed or permitted by the Indian Council of Medical Research. A study does not carry meaning unless it is approved by a large number of ethical researchers.
C 6	The question is do we have regulation? The answer is yes. There is the Indian Council for Medical Research which has given some guidelines. Along with them is The Ministry for Health. They stipulate regulation for all clinical trials. Doing clinical trials is tougher and tougher. Regulations are becoming stricter. Clinical trials have been conducted in many places, hospitals clinical departments. Their clinical trials are not strictly per the regulation.
C 7	There are talks and discussion about clinical trials in India. No trials are happening presently. There is a difference of opinion. If there is a death of subject in a human trial, there are some issues relating to compensation because which it is very difficult to distinguish death linked to the drug in the trial and death due to other. Hardly a few good clinical trials centres exist. Proper recording is not being done.

C 8	I suppose it is fair to say that the last 10 years have been a disaster for clinical trials regulation in India. The executive branch of government had chosen not to effectively regulate clinical trials. The intervention of the Supreme Court has led to the most draconian regulation, making clinical trials very difficult, almost impossible in India. As a result we have a very patchy framework. It is a court driven approach and not by the executive branches when it comes to new regulatory frameworks. If the parliament steps in into this question and puts in place an effective regulatory framework, we might see some reasonable balance between people who participate in these clinical trials and the companies and doctors who administer them. At this point, we are far away from that position.
C 9	NA
C10	Huge topic by itself. Has undergone a lot of changes. In this vaccine's case, there are some changes in the Drug and Cosmetic Act that have been brought up.
C 11	Pharmaceuticals have to ask for permission from the Government to introduce any new vaccine. What is required is hard data. Publicity could help but it will take some time. That is the way to get acceptance. Communicating is also through training. With respect to Sexual Diseases the situation is more delicate. As the way society is moving, it is commonly acceptable to exchange partners in metros like Bombay and New Delhi. A section of society may accept it. It is not accepted as in other developed countries. It will take a long time, it is so engrained in the feeling that we are good. It is not accepted because it is related to a disease which is seen as a stigma.
C 12	NA
C 13	I don't think we have too much of an issue.
C 14	I think right now clinical trials in India are becoming very strict. They should be given proper permission to carry out clinical trials. Most of the drugs are tested only in western countries. I think India should also participate in these clinical trials. I think to get approval this could be the first step.
Source: Aurelia Narayan, 2015	

NA: Not Applicable

APPENDIX L1: CODING OF OPINION ON REGULATION GOVERNING HUMAN RIGHTS AND CLINICAL TRIALS

Code	Opinion On Regulation Governing Human Rights And Clinical Trials	
1.	**Institutions in charge**	I. Changes in the Drug and Cosmetic Act II. The executive branch of Government III. Parliament IV. Supreme Court V. Outsourced to clinical research organizations VI. Ethic committee VII. Permitted by the Indian Council of Medical Research
2.	**Strict regulations**	I. Floating of rules II. very strict III. proper permission IV. tougher and tougher V. standards are quite elaborated VI. equivalent to western standards VII. draconian regulations VIII. very difficult to make clinical trials, almost impossible IX. it is court driven
3.	**Unethical practices**	I. Regulations are not followed accurately II. To choose not to effectively regulate the clinical trials III. Proper recording is not done IV. Most of the Drugs are tested only in Western countries V. Many patients are not being given full disclosure VI. Side-effects not communicated VII. Issue relating compensation, difficult to identify death related to the drug in the clinical trial and death due to other cause VIII. They are exposing their patients to this risk IX. They use poorer patients who cannot afford the treatment as guinea pig X. Highly unethical
4.	**Public opinion**	I. Discussions II. Perception that the major corporates are dealing with the western trials in a different way III. Difference of opinions IV. Perception that the patients are not compensated enough V. Not conducted in the normal rules and regulations that would be followed in Europe and in the U.S.
5.	**Recruitment methodology**	I. We are far away from some reasonable balance between the people who participate and the companies and doctors who administer them II. Not used to a data driven approach III. No habit of doctors connecting data IV. The consent is very important V. The documentation they elaborate needs to be really followed as per international standards and it is still lacking in India VI. Compulsory to have these written consents VII. We need to follow them for a particular period of time VIII. Pioneers

	IX.	A patient can easily be found for less than a couple of dollars for the entire trial
	X.	Run out of the clinics of well-known doctors
Source: Aurelia Narayan, 2015		

APPENDIX M: ROLE OF MNCs IN THE AREA OF HEALTH

TABLE 4.10 Can MNCs Have A Role To Play In The Area Of Health?	
C 1	MNC can have a role to play. It is a market based phenomenon and a question of money. There is a niche segment where they can make a profit. Otherwise, MNCs don't have much of a role. Developing a market like India which could give you returns in 10, 20 or 30 years may not make good economic sense for a multinational. There is a lot of scope for Ayurvedic medicine to grow.
C 2	Lots of international companies carry out this kind of trials in India. The last case of HPV was related to some US NGO companies.
C 3	Yes definitely. India is a huge market and the pharmaceutical market as well as the healthcare market are growing at an exponential rate. They can make a difference to society because they know the regulation, the standards of implementation, and have the manpower and the funding. Progress in India depends on educating and empowering people.
C 4	NA
C 5	NA
C 6	MNCs have a role to play in the health of the population of this country. It is a huge debate. All these MNCs have an influence on health through drugs. MNC companies have an influence through vaccines. And finally through medical technologies. They have a role on the health of this population because they are providing care. Health is a global concern.
C 7	MNCs are trying to make a difference in improving the health of society. In chronic care therapy, they are always trying to come up with programmes, and initiatives. Directly touching the patient via education relating to compliance of a particular therapy, engaging patients and doctors on a particular platform. Pharmaceutical companies have opened call centres where the patient can call and ask about the drug. Such a service is already available for Diabetes. The drug representative will directly reach the patient, explain the mechanism of all the drugs that have been delivered and what the drug is about. They get reminders for replenishment of medicines. Such initiatives are becoming more commonplace from MNCs.
C 8	They have a significant role to play with new diseases, especially lifestyle disorders. They have a monopoly control over some important medicines that could affect a significant proportion of India's population. Their ability to manufacture, supply and distribute these medicines will have significant effect on the treatment of these diseases. The level of integration both through mergers and acquisition and through other equity deals, global and domestic manufacturers have come together and merged. MNCs have a strong foothold on the Indian market. They will play a significant role in India either through their domestic entities or through their global entities.
C 9	NA
C 10	No, MNCs have no role. Societal development is not what they want. They want to do business. They are not coming here to improve health. I don't think they can bring health to my country.
C 11	MTP was received with great opposition because it was targeting only women and their reproductive rights. Some of these pharma

	vaccines and medicines have been having a lot of side-effects. They have done some work which has not been accepted.
C 12	I never got any funding from them.
C 13	Of course they can have a role. The research aspect is lagging behind in India and by Indian companies. We just produce the vaccine in bulk. Very few regular vaccines come out of Indian pharmaceuticals. Most of it comes out from the multinationals in India. There are some aspects that need to be taken care of. Number one is the cost of the product. That is something that prevents most of the people from accessing the latest medicines or vaccines.
C 14	NA
Source: Aurelia Narayan, 2015	

NA: Not Applicable

MTP: Medical Termination of Pregnancy*

*India is one of the few countries where a women can undergo abortion under the pretext of "contraceptive failure" without consent of the father.

APPENDIX M1: CODING OF ROLE OF MULTINATIONALS IN THE AREA OF HEALTH IN INDIA

Code Role Of Multinationals In The Area Of Health In India		
1. Yes	I.	cost of the product is something that prevent most of the people from accessing to healthcare
	II.	they spent a considerable amount of their time and resources into campaign which directly touched the patient in terms of services, education, compliance of the therapy, engaging patients and doctors into a particular platform
	III.	to finance women's education in term of health and hygiene
	IV.	empowering people
	V.	to finance health camp
	VI.	become partner of NGO
	VII.	need them on the ground
	VIII.	they come up with programmes that touch directly the patient
	IX.	how to prevent the disease
	X.	they know the regulation, the standards about implementation and they have the manpower and the funding
	XI.	Ability to manufacture, supply and distribute medicines
	XII.	Strong foothold
	XIII.	MNCs have an influence through technologies, through vaccines, through drugs
	XIV.	In a niche segment where they can make a profit out of it
	XV.	Research
	XVI.	Improving the health of the society
	XVII.	With new diseases
2. No	I.	most of these multinationals' professionals are not CSR professionals
	II.	they don't know how to take the decision
	III.	they want business
	IV.	they can't bring health
	V.	some of the pharmaceutical medications are giving a lot of side-effects
	VI.	MNCs are not going to make a long-term profit
Source: Aurelia Narayan, 2015		

APPENDIX N: ROLE OF MNCs IN THE HPV VACCINATION

TABLE 4.11 Can MNCs Have A Role In The HPV Vaccination?	
Candidate 1	In any vaccination they have a role to play but it depends on the cost. Are they able to recuperate their costs? Are they able to find a market where they are able to sell a drug which justifies the kind of investment they make in research? My feeling is no. The buying capacity, the purchase power is not high enough in India. But there is still a segment of society that can afford it.
Candidate 2	They had conducted immunization of girls and they had a problem. Adverse events were not followed-up.
Candidate 3	Definitely. Especially among women needs. Education is the most important to get vaccinated. Communicating and educating people and women, international organizations can partner, aid in understanding the disease. Knowledge transfer, distribution and organized vaccination.
Candidate 4	I have seen too many cases of cervical cancer. India is the cervical cancer capital of the world. HPV vaccines seems to have worked in some places. There is a huge decrease in the load and an increase in the contribution to nation building by people who don't suffer anymore. MNCs have a big role to play because they have done all the R&D. They can initiate, market and start off in a big way. We can probably integrate the vaccination in the National vaccination Program. MNCs have a big role to play in this.
Candidate 5	International organizations must lead, it could be WHO. Any organization looking into creating and marketing HPV vaccine should follow basic rules and regulation that the vaccine must be cheap, must be safe and it must be free of any side effect when it is used. There must be proper trial happening before its marketing and its usage. Any organization who wants to come up with a proper vaccine must be looking to previous effects, current effects and the future prospects of the virus causing infection in the Indian population. What is it going to cause, how is it going to behave, how is it going to be prevented by administering vaccine are all questions that need answering before HPV vaccination can become a standard in the treatment of cervical cancer in India.
Candidate 6	Adverse effects must be reported. They stopped the vaccine and then later they continued. Why are these multinationals people having a strong affection for this country? It is pure size of the country. India is the second most populated country in the world. The female population is almost 50 percent of this country population. The sheer size of the population creates a huge market for MNCs to strongly promote their vaccines through the media. They are influencing the professionals to such an extent that professionals are in turn convincing the population to be vaccinated against HPV is essential.
Candidate 7	I am not sure whether multinationals have a role to play. It is more about awareness (not the vaccine production). Educating the general public, educating the targeted customer segment. It has to be an approach from the Government of India. The stakeholders such as the doctors, national organizations, NGO and to some extend probably pharmaceutical companies who join together and come up with a comprehensive programme to address these issues and raise awareness of human papilloma virus. Instead they are making millions

	of vials and spreading it across the country which then get expired and destroyed. It is more the 'other' stakeholders who are very important and make sure they can make a change in the environment regarding the HPV in India. The role to play by pharmaceuticals is quite limited.
Candidate 8	NA
Candidate 9	Awareness is not much. The 2 vaccines are available. One factor that is always important in India is the cost. MNCs can do something about it. There must be some regulation preventing vaccination. Creating awareness and reducing the cost of vaccines is also important.
Candidate 10	HPV is another market for MNCs. They are not trying to address any issues from a public health point of view. That is why they make money out of selling this vaccine.
Candidate 11	The HPV vaccine is not something very popular or well received. You can take up community wise like Muslims or Hindus and their views are different but one underlying theme for them is that they are very orthodox and traditional. This vaccine is related to sexual intercourse. The society is very permissive but it is not looked at very positively. Long ago, it was kind of accepted because many of the women took it for granted that their place was in the house and they cannot come out and demand their rights. But today it is a little different. They are starting to think about their rights. From my experience, it is not accepted yet. It is difficult to have sex outside marriage. MNCs have done some work which has not been accepted. The vaccine is not very popular in the South of India.
Candidate 12	NA
Candidate 13	Yes, they do
Candidate 14	Yes, I think so. Many in India are not aware about the vaccination. I think MNCs can play a role in educating people and patients.
Source: Aurelia Narayan, 2015	

APPENDIX N1: CODING OF ROLE TO PLAY BY MNCs IN HPV VACCINATION

Coding Role Of MNCs In HPV Vaccination		
I.	**Yes**	I. Cancer of the cervix is the leading cause of women cancers in this country II. All the stakeholders like pharma industry, NGOs, national organizations should come up together with a comprehensive programme to address these issues III. Bring a change in the environment IV. Their role is quite new and concentrated on the manufacturing V. They can partner with Indian research organization in helping understanding the disease VI. Knowledge transfer, distribution and organized vaccination VII. About awareness VIII. Educating the targeted client IX. They can make it affordable X. Strongly promote the vaccine through all the media XI. Increase to the contribution in the nation building from people who don't suffer anymore XII. They can integrate the vaccination into the National immunization programme XIII. They can conduct immunization of girls; vaccination camps
II.	**No**	I. Pharma medicines and vaccines have given a lot of drawbacks and side-effects II. Only targeting women III. Have a strong influence on medical professionals IV. We don't need a production of the vaccine, we need awareness V. They should follow the basic rule in regulation, the vaccine must be cheap, safe and free of any side-effect VI. They want to be able to recuperate their costs VII. Some proper trials should be happening before marketing the product VIII. Vaccine that is not well received because of the traditional population, especially in the South, related to sexual intercourse
Source: Aurelia Narayan, 2015		

APPENDIX O PERCEPTION THAT THE COMMUNICATION ABOUT HPV VACCINATION IS CULTURALLY SENSITIVE?

Table 4.12 Perception Of The Cultural Sensitivity Surrounding HPV Vaccination Communication	
C 1	I am not sure whether HPV vaccination is culturally sensitive. MNCs are not able to understand the differences in the local cultures. To a large extend they get it wrong. I think MNCs need to always work with counterparts in India, with local communities, NGOs and local organizations which will really help them understand how to communicate.
C 2	In general, people don't see the importance of vaccination. Vaccination is simply followed because it is in the universal immunization programme. Otherwise, people are not so much aware to get themselves vaccinated. HPV is a sexually transmitted disease. I feel people are not aware of HPV vaccination. I don't think a pap smear is done regularly. Usually we don't go to a gynaecologist before marriage. We can relate to why people don't get a pap-smear done. Talking about HPV and all those things related to sex and gynaecological problems before marriage is culturally sensitive In India. Things will change for sure, but it will take some time.
C 3	It is sensitive in terms of multiculturalism or the religious perspective. India is a multicultural and 'multi-faiths' country. Any HPV related communication needs to be very sensitive to transfer knowledge. International organization can really partner with Indian research units in helping to dissipate knowledge about the vaccination.
C 4	I don't think so. I think it not sensitive at all. We can go out and market aggressively. Apart from a few communities, or a few groups of people, overall, there should be no problem with cultural sensitivity.
C 5	It is culturally sensitive. Parents are apprehensive. It is one of the vaccines where you have to immunise adolescents, young females, adolescent females, children to prevent HPV related cancer. There must be awareness programmes and the government sector should come forward to conduct studies about the existing knowledge of HPV infection among parents and school kids. Only then, you can advance into administering the vaccine. Without creating awareness programmes or without correlating the information, education and communication programmes, you cannot justify the HPV vaccination of adult females. It is always better to administer HPV vaccine to target the high risk population i.e. the adolescent female population.
C 6	I don't think there is any cultural sensitivity to this part in terms of promoting the vaccines. In the urban population, there is no cultural sensitivity. Maybe in rural population, they are not able to get this message.
C 7	Yes, however to some sections of the society, in certain geographies in India, it is sensitive. Campaigns have to be made in such a way as to cater to this particular geography as well as the caste as well as the regional sensitivity around the issue. It has to be done under different banners. It has language barriers, it has cultural barriers, it has caste barriers and societal barriers. So the programme has to be modified for each particular region and each particular language and each particular caste.
C 8	Sexual and reproductive health has cultural variation across the world and in some parts of India. HPV related communications might be sensitive. But I suppose that there are two elements of sensitivity around the HPV programme. One is that the cultural sensitivity about discussing sexuality or sexual activity openly. The second is about the ability to communicate this

	experimental character of the intervention, wherein we take on experimental interventions with human subjects, clarify the risks and outcomes, or expected outcomes, might be improved based on what it was with the HPV experiment. It was both with respect to cultural questions as well as these experimental questions that HPV ended up in more controversial than necessary.
C 9	I do counsel patients with children who are above 10 years old. When I do counselling one on one, it is much easier. If you try to do it in an en masse fashion, with a multimedia campaign that might become a problem in India because it is something not to talk about. The information can be communicating in another fashion also. It is something that can prevent a massive illness like cervical cancer. Communication might be culturally sensitive. So long as, we are not talking about the mode of transmission of the illness, it is alright. For example, one can talk about ideas about how the disease is prevented, prevalence of the disease and what kind of mortality it can cause and how it can be prevented and for the details you can go to your doctors. That will be a much better way of communication.
C 10	As a doctor, I can talk to a woman in my clinic, in privacy, explain to her the disease and that it can be spread by sexual route. You can say that it is cancer of the cervix. What are the causes for that, how does it happen? There is no social problem with it. It is not on the agenda. I can talk about cervical cancer at public talks or on the radio, and again explain to people what are the causes of cancer of the cervix. People are open. That is not a big thing. I am a male doctor but if a patient of mine is not, I can still explain to her any gynaecologic problem. There is no hesitation on that. When it comes to rural areas, if you put the information into context, in their language, in their culture, then definitely it is accepted. We have groups of women in India, in the villages, where they share their gynaecologic problems. There is no taboo for that; that is not a problem.
C 11	The communication is going around with a certain group, mainly doctors and paramedics. It has not trickled down to society, especially the poor people or the common people. I have not heard of doctors prescribing or at any clinic, any hospital, government or private of information to get vaccinated for such a contingency disease in the far future. Since the majority of the patients are in the age group of late teens to early twenties, the prospects of getting a disease later in life seem remote and vaccination is perceived as unnecessary. This propaganda is practically null. Nobody has taken up this issue to inform the community or the society that it is good for you and for your family or that this is good for the future. There are also few studies in India which had brought and highlighted a lot and I think it is banned now in India. There are so many drawbacks and side effects related to this for women alone. The target population is mostly women and not men. Contraceptive injections are targeted at women. This is a thing which is only for women and it is not acceptable to feminists who may argue against this vaccination and not to go for it. Even modern families will not recommend it. Maybe a very small percentage might.
C 12	NA
C 13	It is rather acceptable. Some of the people do know what it means, what it is to stay protected. These patients are easy. For the other set of people, it takes a little bit of effort. You have to sit down with them and you have to tell them that it is important for them. This is not an easy task because it involves sexually transmitted diseases. But they do accept it. Some people do question and they do refuse.
C 14	Yes I think so. Many in India are not aware about this vaccination. I think MNCs can play a role in educating people and patients.
Source: Aurelia Narayan, 2015	

APPENDIX O1: CODING OF PERCEPTION OF SENSITIVITY IN COMMUNICATING ON HPV VACCINATION

Code Perception Of Sensitivity In Communicating on HPV Vaccination		
1. Yes	I.	This propaganda is practically null
	II.	Only targeting women which is not acceptable for feminists
	III.	If you do it in mass fashion with a multimedia campaign that might become a problem in India
	IV.	Something is not to talk about
	V.	Use of HPV vaccine in adult females not justified
	VI.	It is better to target first the high risk population
	VII.	Not heard of any doctors prescribing for such a contingency disease
	VIII.	Nobody has taken up the issue to inform the community that it is good for you
	IX.	They don't see the importance of vaccination
	X.	To some section of the society based on geographies
	XI.	language, culture, caste barriers
	XII.	parents are apprehensive
	XIII.	As long as we are not talking about the mode of transmission of the disease
	XIV.	they can communicate about the prevalence of the disease, the kind of mortality it can cause
	XV.	not an easy task because it involves a sexual transmitted disease
	XVI.	in rural areas they are not able to take this message
	XVII.	sexual and reproductive health has cultural variation across the world, in some parts of India related communications can be sensitive
	XVIII.	MNCs are not able to understand the differences in the local cultures
	XIX.	they need to work with counterparts e.g. NGOs
	XX.	it is sensitive in term of the multiculturalism or the religious perspective
	XXI.	easier to do the counselling one on one
	XXII.	cultural sensitivity about discussing openly sexual activity
	XXIII.	the programme has to cater to this particular geography
2. No	I.	There must be awareness programmes
	II.	Should conduct studies about knowledge of HPV infection in parents and in school kids
	III.	Start by educating people
	IV.	People really know what it is
	V.	In urban area there is no issue

	VI.	Clarify about risks and clarity about outcomes might be done on a better way than it was done for the HPV experiment
	VII.	There is no social problem with that
	VIII.	You can talk on media to people what are the cause of cervical cancer
	IX.	No hesitation
	X.	As a male doctor, I can explain gynaecologic problem to a woman
	XI.	People are more open-minded
	XII.	No cultural sensitivity at all
	XIII.	Decisions taken by the parents
	XIV.	They just take it as part of a routine vaccination
Source: Aurelia Narayan, 2015		

APPENDIX P ACTIVITIES DONE BY YOUR ORGANIZATION IN RELATION TO HPV, HUMAN RIGHTS, WOMEN EDUCATION PROGRAMMES

Table 4.13 What Has Your Organization Done With Regard To HPV, Human Rights, Women's Education-Related Programs Within The Community?	
Candidate 1	We did work with a lot of sex workers. They do not even have access to basic healthcare which means a sex worker doesn't have access to a doctor. There is now a significant 2 to 3% who are openly gay and are looking for a way to express themselves. We are able to change some of these regulations. It is a very slow process. Slowly the government of India has now recognised some of these populations.
Candidate 2	After my M.B.B.S, we were supposed to serve in different rural areas and district hospitals. We used to go to schools and inform about vaccination.
Candidate 3	We run a CSR unit as a foundation and a human resources unit working on social welfare. It works very closely with society in the areas of women's health, women's empowerment from micro finance to public health, education, hygiene, sanitation. CSR unit is very active and really makes a difference to society.
Candidate 4	As an intern, we used to do a lot of pap-smear, we used to see a lot of patients from the rural areas with advanced cervical cancer. We have assisted in diagnosing and treating a lot of these patients during our medical training.
Candidate 5	We are about to include HPV in the sexual transmitted infections programmes, creating awareness programme as an eye-opener for urban and rural population. There is a new policy already made.
Candidate 6	My organization conducts several health education programmes highlighting the importance of HPV vaccine. It also promotes the vaccination directly in terms of taking this vaccine to people at an affordable price with the help of pharmaceutical companies. They promote the vaccination and they offer it at an affordable price. They are making people take the vaccination. Giving them health education about the vaccine is important for preventing cancer of the cervix. Then directly providing the service, in terms of giving HPV vaccination.
Candidate 7	The pharmaceutical companies will look only at what drugs it is selling to which particular therapeutic area.
Candidate 8	We have not worked on the HPV question at all. We have just tracked it passively.
Candidate 9	There are some hospitals who do carry on awareness camps, pap-smear camps. During those camps, patients can be educated about this vaccination.
Candidate 10	I am associated with several organizations. One is called the Drug Action Forum Karnataka, All India Drug Action Network, Jagruti. I work at the grassroots with Jagruti. I work on the state level with the Action Forum Karnataka. I work at the national and international level through All India Drug Action Network. Right now I am starting to educate on diabetes and hypertension. After talking to several patients, we know which material is missing. I will address those questions in the form of

	a small pamphlet. I have never worked with the pharma industry.
Candidate 11	I am a committee member of one or two NGOs. I am involved in rural development programmes focussed on women. They have gone through intensive training, interactive workshops, and research. We have tried to bring new issues, newer ways of protecting women from family violence. They are making them aware of their rights. In rural areas women are blamed for not having male children. If they are brought out and if they are empowered more, then society sees this as the reason for more divorces. More women want to live a happy life, getting away from marriages that bind them to difficulties. They should be made aware of their rights. They can be made aware to work for that, especially in health. I don't think many women think it is their rights to decide how many children they want. We can help women understand by putting more women in local governance and making them think aloud. With my experience of the first batch, they listen to men alone in the family and are unable to take their own decisions. In the subsequent batches, the girls were better, but these things are highly politically related. If there is no side effect to the vaccine and everyone is protected, this could lead to other social problems such as rape. This type of cancer is more common in other countries.
Candidate 12	I definitely need teachers. We have worked with a lot of schools for the children in the village. We need teachers. We have made a movie about the story of rape in India. To inform the children about being careful in case of rape or people who are abusing them. I have done work with street girls. But we need money. Companies can give us computers. People from big companies help me to put up very complicated business plan for the work. It can be waste management, agriculture or milk production.
Candidate 13	No. We don’t run a community based programme. We just do a one to one. Anybody that come, we just consider them and we offer the vaccination.
Candidate 14	No, not yet. Not even one in my seven years have they undertaken any CSR activities. They don’t have any CSR programmes. I have never come across something like that.
Source: Aurelia Narayan, 2015	

APPENDIX P1 CODING: ACTIVITIES RELATED TO HPV, HUMAN RIGHTS AND WOMEN'S EDUCATION PROGRAMMES

Code	Activities Related to HPV, Human Rights and Women's Education Programmes
1. Yes Candidates 1,2, 3, 4, 5, 6, 9, 10, 13	I. We look into the incidence of the cancer of the cervix and the incidence of cancers caused by HPV II. I worked at the grassroots, state and international levels III. By working with this population (transvestites), we are able to change some of these regulations. The Government of India has now recognised some of these populations IV. We offer the vaccination V. We offer the vaccination to an affordable price through the help of pharmaceutical companies VI. We do carry on awareness camps, pap-smear camps VII. Patient are educated about the vaccination VIII. We used to do a lot of pap-smear IX. We have assisted in diagnosing, treating and rehabilitating these patients X. We have made a movie about the story of rape in India
2. No Candidates 6,7, 8, 9, 13	XI. We don't have the portfolio to venture into other activities XII. The pharmaceutical company will only look at what drugs it is selling to which particular therapeutic area XIII. We don't do any research activities XIV. My organization has not done anything XV. We don't run a community based programme XVI. Not even once in my seven years have they undertaken any CSR activities XVII. We don't have any marketing for HPV XVIII. We have not worked on HPV at all XIX. We have just tracked it passively
Source: Aurelia Narayan, 2015 generated using NVivo 10	

APPENDIX Q: MOST IMPORTANT MESSAGE TO GIVE TO THE COMMUNITY YOU ARE REPRESENTING

TABLE 4.14 The Most Important Message To Give To The Community You Are Representing	
Candidate 1	We need to hang in there, in order to have some hope. India is a country which always move slowly. We have the potential to become an economic country which recognises the minority rights. From a cultural and social perspective India is getting there. It takes time. We need the time to come of age as a society, as a people. In the long run, we need to have hope. Development in India has often been compared to an elephant, moving slowly, but surely forward.
Candidate 2	We should help women understand the importance of getting themselves checked every year, getting their pap-smear done. HPV is also related to hygiene, sexual contact. We are not aware of the importance of vaccination and health check-ups. We hardly visit a gynaecologist.
Candidate 3	2 important things for women in India are education and health. Large organizations can really help in women's empowerment, working closely with Indian society and making a difference.
Candidate 4	Marketing appropriately and creating a link between not taking the vaccine and developing cervical cancer later in life, can create the required impact. The message is, If you don't take the vaccine, you can end up with cervical cancer. It is possible to market in that way.
Candidate 5	Across the globe HPV infection is a sexually transmitted disease. The high-risk serotype of human papillomavirus can harm the cervix and harm your health as a whole. It is not only infects females, but males are also being infected by HPV. Men also have to be careful.
Candidate 6	HPV vaccine is very important, very essential and people should get vaccinated for protection against cervix cancer. This is what they are trying to communicate to the community.
Candidate 7	Is prevention is better than cure? Everything going towards the customer has to be more about the awareness and prevention of the disease rather than treatment and cure.
Candidate 8	To communicate science carefully. It is doable even in a society like India where education levels can be quite varied. I suppose a greater clarity of communication about the quality of science would be very useful. The pharmaceutical industry as it consolidates, will have to reimagine its role as a business in a very hierarchical and quite poor country. They will have to figure out a way of conducting business that doesn't accentuate or make these hierarchies worse. That is the fundamental challenge. This is a challenge of a style of doing business, not so much as communication but being able to organize businesses in developing market in ways different from the way businesses are organized in the developed markets.
Candidate 9	Women in India do face a lot of issues. Cervical cancer, like certain disease can be avoided thanks to vaccination. We should definitely go ahead with it. In Indian women, it is the most common cancer that we encounter. Vaccination can prevent it and most Indian women should go for it.
Candidate 10	There is no pill for every ill. Many diseases are because of lifestyle. We cannot depend on medicine for everything. We need to have a healthier lifestyle, healthier food, healthy environment and education.
Candidate 11	Work out your own results based on your own experience. Do some research and putting your beliefs into your work.

Candidate 12	NA
Candidate 13	HPV vaccine is important. In India, the burden of cervical cancer and the human papillomavirus related cancer is quite huge. A lot of women in the reproductive age are affected. I think we need to really step up vaccine coverage with the HPV related vaccines.
Candidate 14	They should be making it compulsory for vaccines especially for women. I think there is a high rate of cervical cancer and HPV is one of the reasons. Maybe the government hospital should be given a training on vaccination. They should be making it compulsory
Source: Aurelia Narayan, 2015	

NA: Not Applicable

APPENDIX Q1 CODING OF THE MOST IMPORTANT MESSAGE TO GIVE

Coding	Most Important Message	
1. Behaviours	I.	Move slowly
	II.	Compared to an elephant
	III.	We should go ahead
	IV.	We are not aware of the importance of vaccination and health check ups
	V.	Pharma will have to reimagine its role as a business
	VI.	A way of conducting business that does not accentuate the hierarchies
	VII.	To organize business differently for emerging markets
2. Communication	I.	To communicate science accurately
	II.	Community
	III.	To create the link between not taking the vaccine and developing the cervical cancer later
3. Awareness & Prevention	I.	More about the awareness the disease rather than the treatment and cure
	II.	Importance of getting themselves checked
	III.	No pill for every ill
	IV.	Cannot depend on medicines
	V.	HPV can be avoided thanks to vaccination
	VI.	Awareness among the community
	VII.	Prevention better than cure
4. Reliability	I.	Quality of science
	II.	HPV vaccines can save lives
	III.	Important
	IV.	Essential
	V.	Protection against cervical cancer
	VI.	Should be compulsory
5. Development	I.	Community
	II.	Society
	III.	Varied education levels
	IV.	Education and health
	V.	Training on vaccination
	VI.	Country which recognises the minority rights
	VII.	Women empowerment working with local organizations
6. Culture	I.	To come of age as a nation
	II.	Open about sexual relations before marriage
	III.	Extremely diverse
	IV.	Lifestyle
	V.	
7. Burden of the disease	I.	Burden of HPV is huge
	II.	A lot of women are affected
	III.	High rate of HPV
	IV.	Common cancer that we encounter
	V.	High risks
	VI.	Harm your health as a whole
	VII.	Males are also being infected

Source: Aurelia Narayan, 2015

APPENDIX R: FOLLOW-UP INTERVIEW EMAIL

Re: PhD: Follow-up interview - 4 more questions
From: [redacted] Add to Contacts
Sent: Thu, Jul 2, 2015 at 11:24 am
To: aurelia.narayan@monarch-university.ch

Dear Aurelia,

I would be happy to answer the questions.

Please let me know when.

Regards
[redacted]

On Wed, Jul 1, 2015 at 5:20 PM, <aurelia.narayan@monarch-university.ch> wrote:

> Dear Dr[redacted],
>
> Hope that this email finds you well.
>
> At the outset allow me to thank you for your time on our previous interview.
> The results have been coded and analysed and I would like to request you for another follow-up conversation.
>
> This time, the questionnaire is composed of four questions and is currently under review by my PhD supervisor. I am expecting to start this second round by mid-July and I would be happy for you to participate.
>
> Kindly indicate your availability in July – August for the same.
>
> Best Regards,
> Aurelia Narayan

APPENDIX S: IN DEPTH INTERVIEW QUESTIONNAIRE

Name of the candidate:
Code:
Target Audience:

CITIZENSHIP
Target audience: Prescribers
- How do you describe your experience working (or interacting) with the pharma industry? - Do you think there is a difference in behaviour between Indian pharma companies (e.g. Dr. Reddy, Biocon) compared to international pharma companies (AZ, Novartis)? - Would you describe MNCs (foreign pharma companies) as being good corporate citizens?
Target audience: Policy influencers + Communicators
- Do you think there is a difference in behaviour between Indian pharma companies (e.g. Dr. Reddy, Biocon) compared to international pharma companies (AZ, Novartis)? - Would you describe MNCs (foreign pharma companies) as being good corporate citizens? - How would you define being a corporate citizen? - Do you think pharma MNCs (foreign pharma companies) should communicate more on their CSR activities?

TRUST
Target audience: Policy influencers
- Do you think that CSR endeavours by pharma MNCs (foreign pharma companies) are creating trust? - Do you think they are doing enough? - Does your community or organization exercise pressure on the pharmaceutical industry?
Target audience: Communicators + prescribers

- What are some of the areas that pharma MNCs (foreign pharma companies) can improve?
- Do you think that MNCs (foreign pharma companies) should communicate more on their CSR activities?
- Can you describe how you were approaching and creating trust while working with communities?

ACCESS AND INCLUSIVENESS
Target audience: Policy influencers + Communicators
- How can pharmaceutical MNCs (foreign pharma companies) make available their products and services to all? - How can pharmaceutical MNCs (foreign pharma companies) make available their products in the most remote areas of the country?
Target audience: Prescribers
- How can pharmaceutical MNCs (foreign pharma companies) make available their products and services to everyone? - How can pharmaceutical MNCs (foreign pharma companies) make available their product in the most remote areas of the country? - How do you perceive the cost of medication for your patient?

COMMUNICATION
Target audience : Policy influencers
- Do you think MNCs (foreign pharma companies) should communicate differently in an emerging market compared to a westernized economy? - Do you feel the communication made by the pharmaceutical industry around the HPV vaccine was pertinent? - Is the communication around medications or vaccines made in the local language?
Target audience Prescribers
- Who in the family is the decision maker for HPV vaccination?

- Is the communication around medications or vaccines made in the local language?
- Do you think communication around HPV vaccine should target only girls or both boys and girls?

Target audience : Communicators

- Do you think MNCs (foreign pharma companies) should communicate differently in an emerging market compared to a westernized economy?
- How do you communicate with communities?
- Do you work with the help of NGOs?
- To secure adherence to a treatment or to a vaccination follow-up, how do you communicate?

EDUCATION

Target audience Policy influencers + Communicators

- Do you think education is a way to get acceptance of a vaccine or disease?
- How can the needs of the population be assessed before launching an educational programme?
- Can we empower women? If so, how
- Do you use leaders in the community or technologies to educate people?

Target audience: Prescribers

- How many patients do you see in a day?
- To secure adherence to a treatment or to a vaccination follow-up, how do you proceed?
- Given that HPV is a chronic disease, do you think that patients find it less serious?

APPENDIX S1 OPENING DIALOGUE OF THE INTERVIEW

Thank you for agreeing to be part of the follow-up interview. It will take approximately 30 minutes. All the information collected will remain anonymous and confidential at all time.

This second in-depth interview is conducted with few selected respondents. It has for objective to deeper the understanding of the barriers and nuances to the HPV vaccination as well as how pharmaceutical companies can better serve the Indian society in which they are operating.

Please feel free to interrupt me at any time if you have not understood my question or would like to have more clarity as to the specifics of any.

The interview will be recorded and transcribed. Then the data will be coded. As usual, there is no wrong or right answer. My study is focussed around the perception of people such as yourself with regards to some of the concepts that are covered in the questions. If you feel you do not know the answer of a question, we can skip it.

Can we start?

APPENDIX T CITIZENSHIP

TABLE 4.14 Citizenship	
Target Audience : Prescribers	
Describe your experience working or interacting with the pharma industry?	
C 4	My interaction with the pharmaceutical industry is through medical representatives. I find that most people don't represent their products adequately. Some of them try to incentivise the doctors. Overall, the environment is reasonably good but I feel there is a lot of scope for improvement. They can be more pro-active, bring a little bit more clarity on the product and can avoid unnecessary information. My relation with pharmaceutical industry is just related to the promotion of drugs.
C 6	N.A.
Difference of behaviours between Indian pharma companies compared to international pharma companies	
C 4	Of course, there is a difference in the brand value. MNCs have better brand recall and trust. As far as I am concerned, I have better trust in MNCs. They hire better personnel. The medical affairs and people related are better qualified. They are more professional compared to indigenous ones from local pharma companies. The Indian pharma is also catching up in professionalism and ethics. The main difference between the pharma companies is that I would trust the product by MNCs' companies because they are manufactured as per the western standards, rules and regulations. So I would trust them more.
C 6	My general opinion is that both are with business motives. Definitely, there is a taking off for expanding their business and pushing themselves to their aims. I don't think there is any difference in terms of motives because it is purely business oriented.
Would you describe MNCs as being good corporate citizens?	
C 4	Yes, for Indian standards. I would say western pharma companies are good. My opinion is that they have good standards and we can trust them.
C 6	None of those the MNCs have good intentions. They are not good for people.
Source: Aurelia Narayan, 2015	

TABLE 4.14 Citizenship	
Target Audience : Policy Influencers	
Do you think there is a difference in behaviour between Indian pharma companies (e.g. Dr. Reddy, Biocon) and international pharma companies (AZ, Novartis)	
C 1	Indian companies are more into developing generics. There are only a few companies who are participating in original research. From my perspective, there is a world of difference in terms of what they want to achieve in this market. This directly influences their approach. If you look at it, Dr. Reddy's Laboratories is trying to push their products to European and American companies. Whereas the American companies themselves are more focussed on the retail client i.e. the patient himself. I think that definitely translates into some sort of difference. They are different in every way i.e. in the number of people they employ, in terms of relevance to the local market. In some cases, like you mentioned Novartis, they have some advantages in being in India. Most of their efforts in those back offices translate into a sale in Europe and then in the US. Overall their approach to India should be different.
C 8	10 or 15 years ago, the Indian pharma companies would make a point of distinguishing themselves from the MNCs pharma companies. But more recently, many Indian pharmaceuticals have become subsidiaries of international operations. Most of them have very strong commercial ties with big pharma. There are those two majors' alliances; one with the domestic pharma manufacturers and the one with the MNC manufacturers. Previously those two were distinct positions. Over the years, I think that gap has reduced quite significantly. Many Indian companies would not make too much of a distinction in the way they work and the way MNC pharma works.
Would you describe MNCs as being good Corporate Citizens?	
C 1	Some MNCs are really good corporate citizens. For example, the Bill and Melinda Gates Foundation, India is not really their market in terms of Microsoft. But if you look at the Founder and Microsoft itself, they are doing a lot of good work in developing countries. Yes there are MNCs which are very committed to social development and which are uplifting the population. They are looking at this at a higher level. If you are uplifting people from poverty, they are able to gain an income and to spend more on products that these companies are selling. This is in contrast to maybe some others MNCs which also look at developing the market albeit on a more short-term perspective saying let us profit from the base of the pyramid, let us be able to market to the less fortunate. The difference is based on what these companies want to sell. To pharmaceuticals, yes they are corporate citizens but not all can be the same. As MNCs go in India, I think non-pharma based MNCs are much better corporate citizens than pharma MNCs.
C 8	I think the foreign pharma companies manage their PR and their CSR more vigorously than Indian companies. I have not done or read any research that compares CSR functions across those two kind of companies. I don't have the evidence to say clearly one is better or more sincere. But I suspect that they are quite similar. It is my intuition. I have not read any research comparing the two.
How would you define being a good corporate citizen?	
C 1	That's a legal definition. I think it is a question of having certain rights which are given to me by the constitution of India. And some duties which are also parts of my responsibilities. As from the top of my head, something that I probably learnt in school, there is a right to information, or a right to health or a right to freedom. These are rights that I get by nature of being a citizen. One also has duties, duties to obey the law and to have a positive effect on society. It is a wide definition but what it means to me is being able to contribute back to the society that has helped me to come up as an individual.
C 8	I guess you can define it in two ways. One is the manner in which business is conducted should be legally compliant and humane. Or you can define it in a narrow

	way which is that you don't talk about the business at all but you ask the company to do some social good. My preference is that when we talk about good CSR, we talk about both. There is a tendency to focus only on the CSR function and not to focus on the business model. My sense of a good corporate citizen is one that does both.
Do you think MNCs should communicate more on their CSR activities?	
C 1	Yes absolutely. I don't know any CSR activity that pharma is undertaking currently. I know of Bill and Melinda Foundation, I know of Infosys and their initiatives to feed the underprivileged children. But I have not heard of any initiatives by pharmaceuticals. The malaria programme is also funded by the Bill and Melinda Gates Foundation but Novartis is providing medication at a much lower price and contributing in some way. As far as India goes, yes MNC Pharmaceuticals need to improve their communication because I don't see it or hear about it.
C 8	Yes except that when they try to provide drugs at cheaper rates and so on and so far, those initiatives have not turned out very well. Over-promoting any CSR effect can have a negative effect and backfire with respect to an MNC's reputation. But generally speaking, if you are doing good work, you should communicate it well. This communication can occur in the mainstream media i.e. websites, television and so on. It is very important to communicate effectively. Take the example of what is happening in India with Nestle. I believe the communication chain is a part of the problem in this case.
Source: Aurelia Narayan, 2015	

APPENDIX T1 CODING OF CITIZENSHIP FOR CANDIDATES 4 & 6

Code Experience working with the pharma industry	
1. Communication	I. Presentation II. More clarity III. Less unnecessary things
2. Marketing	I. Medical representatives II. Product III. Promotion of drugs
3. Unethical	I. Inadequate II. incentivise
4. Training	I. Improvement II. Pro-active
Code Difference of behaviour between Indian pharma compared to International pharma companies	
1. Yes	I. Trust in MNCs II. Western standards III. Western rules and regulations IV. Brand value V. Product VI. Well-known company VII. Better personnel VIII. Better qualified IX. Professionalism X. Ethics XI. Indian pharma is catching up
2. No	I. Both have business motives II. To expand their business III. Purely business oriented
Code would you describe MNCs as being good corporate citizens?	
1. yes	I. MNCs are good compared to Indian standards II. Have good standards III. We can trust them
2. No	I. None of these pharma are good II. They are not good for people
Source: Aurelia Narayan, 2015	

APPENDIX T2 CODING OF CITIZENSHIP FOR CANDIDATES 1 & 8

Code Difference of behaviour between Indian pharma companies compared to international pharma companies		
1. Yes	I. II. III. IV. I. V. VI. VII.	Indian companies more in developing generics Few participating in original research World of difference American companies more focus on the patient himself Different in the number of people they employ Relevance to the market India back office of the world 10-15 years ago, Indian pharma would make a point in distinguish themselves
2. No	II. III. IV. V. VI. VII. VIII.	Past 10 years, lot of them have been bought over Strong commercial tights with big pharma Majors alliances Alliances with domestic pharma manufacturers Alliance with the MNCs manufacturers The gap is reduced quite significantly Not make much of a distinction in the way they work
Code MNCs as being good corporate citizens		
1. Yes	I. II. III. IV. V. VI.	Some MNCs are really good Some committed to social development Uplifting the population People can spend money on their products Not all can be the same Non-pharma based MNCs are much better CC than pharma ones
2. No	I. II.	MNCs manage their PR vigorously No research done to prove it is better
Code definition of corporate citizen		
1. Legal	I. II. III. IV. V. VI.	Legal definition Having certain rights Given by the Constitution Duties part of my responsibilities To obey the law Legally compliant
2. effect on society	I. II. III.	Positive effect on society To contribute back to the society Humane
3. strategy	I. II. III.	Manner in which business is conducted Narrow way, to focus on social good Business model
Code should pharma companies communicate more on their CSR activities		
1. Yes	I. II. III. IV. V. VI.	I don't know any CSR activity that the pharma is doing I have not heard of any initiatives by pharmaceuticals They need to improve their communication I don't see it or hear about it Be consistent Elaborated PR machine
2. No	I. II. III.	Those initiatives have not turn out well Making sound that are making more that they are actually doing You should communicate it well
Source: Aurelia Narayan, 2015		

APPENDIX U TRUST

TABLE 4.15 Trust	
Target Audience : Prescribers	
What are some of the areas that pharma MNCs can improve?	
C 4	Marketing, I think. Since the Indian market is quite different from the American market. The company cannot directly market to the consumer. They have to go through the doctors. Hence, they can do a better job in marketing and sales, pre-sales and post-sales. Second thing of course is cost cutting. They are much more expensive than the Indian generic medication. Of course, they cannot cut cost at that level. But the costs have to come down because the Indian purchasing power to buy medicines is much less compared to the western world. Even though they spend a lot of money in R&D, the pricing of the drugs has to be appropriate.
C 6	One thing is that they should be accountable. I mean accountable to society. This societal accountability is the most important criteria they should have. They should not always be business minded. They come to India because the market is very big. In that context, they should focus on providing quality drugs at an affordable price, so that every Indian can buy it. This is one thing they can do. Apart from that, technology transfer and patent rights should be stopped. There are a lot of issues and cases under trial with respect to patents and protection of drugs.
Do you think that MNCs should communicate more on their CSR activities?	
C 4	Yes, I think so. However, I am not sure how it will help advertising the corporate social responsibility. Advertising may not help immediately but down the road it may help sales and increase the market penetration over a period of time, in the long term.
C 6	Yes they have to do CSR activities. There is no doubt about that. They should communicate accurately.
Can you describe how you were approaching and creating trust while working with communities?	
C 4	Trust is basically because we have good intentions. You spend a few minutes or a little bit of time talking to them, reassuring them that you are here to help them. Also, a lot of services like para-medical services have to be provided. So we provide them and then we do a little bit of publicity before we go to their place and meet communities. Positive advertising, positive publicity, talking to them and getting to know them and to meet the demand. It is important to understand the problems they have. There are various approaches to solve a problem.
C 6	First is to be friendly. Don't try to create a barrier between you and the person by stating you are educated. Don't have this kind of ego. Second, be always helpful to them i.e. listen to them, help them. You will definitely build trust with them. You should feel that you are a servant to them. Trust will get automatically created. Then, try to remove the barrier between you and the community in terms of being educated and knowledgeable. If you can help people and answer to their needs, then trust will definitely be generated.
Source: Aurelia Narayan, 2015	

TABLE 4.15 Trust	
Target Audience : Policy Influencers	
Do you think that CSR endeavours by pharma MNCs (foreign pharma companies) are creating trust?	
C 1	I think they are losing trust to answer your question. I think pharmaceutical MNCs within the context of history and culture in India have a very good place 1 or 2, 3 decades ago. GlaxoSmithKline, to name just one among many companies, would be a product more expensive or of higher quality and this is something that was guarantee to work. This was how in general products were perceived, especially pharmaceutical products. Often times, because India is a market with lower price points, you will find that they are always competing, me too products, for a very long time; in rural India even today, pharmaceutical multinationals have a very good advantage in term of their brand names since 200-300 years. If they exist in the UK, they exist in India. I think that kind of historical significance that came, contributed to foreign companies having a very good reputation. It is changing. Today, with the competition that is around, better knowledge, I think doctors are consciously choosing to not prescribe more expensive MNCs based products and instead, choose local generic product. That is exactly my point of view. It is not that pharma MNCs have established themselves in terms of reputation. I think they are losing their reputation and have to be careful because in some time they will have nothing left.
C 8	They should know what is going on with their products. The best way to deal with those problems is to communicate. We have not seen that with the Nestle case.
Do you think they are doing enough?	
C 1	I don't see the connection between selling medication and CSR in India. Personally, I think if I got a cold or a cough, or an infection I will go and buy an antibiotic and take it. And depending on how much money I have to dispose on that particular medication, I would either choose a multinational company or a local company. Now are they doing enough? I think if you are making a connection between CSR, social development and perception of a brand, I think even if they were to do a lot of CSR, it will make no difference. A market like India, I will compare it with the Coca Cola brand. There will be always local lemonade that will sell as competition to Coca Cola. In India you will have coconut juice, watermelon juice but Coca cola is already established. They don't need to do anything specific in term of corporate responsibility to establish themselves to market their products. The pharmaceutical companies are established like Coca Cola is. So they don't need to do anything and that's why they don't do anything. Even if they do any contribution, it won't have any impact because we have already a lot of contributions happening. Pharma is not going to make any profit out of it. They cannot develop the entire population to such an extent they are all able to afford cancer medication. That's impossible. The line of thought you are bringing is not something practical nor feasible or is not happening on the ground. There is no connection between CSR and perception of MNCs in the mind of the population.
C 8	We have not seen that with the Nestle case.
Does your community or organization exercise pressure on the pharmaceutical industry?	
C 1	N.A.
C 8	Yes of course in terms of pricing. From an NGO side, it is a question of supply and demand. It is a question of economics in India and not of social responsibility.
Source: Aurelia Narayan, 2015	

APPENDIX U1 CODING OF TRUST FOR CANDIDATES 4 & 6

Code Areas the pharma MNCs can improve?	
1. Marketing	I. Marketing II. Cannot directly market to the client III. Have to go through doctors IV. They can do a better job in marketing and sales
2. Costs	I. Cost-cutting II. Much more expensive than the Indian generics III. Costs have to come down IV. Inappropriate pricing
3. Responsibility towards society	I. Indian capacity to buy drugs is much less II. Accountable to the society III. Not always business minded IV. Technology transfer and patent rights should be stopped
Code Should MNCs communicate more on their CSR activities?	
1. Yes	I. It may help sales in the long run II. They have to do CSR activities
2. No	I. I am not sure how it will help CSR II. They should communicate accurately
Code Describe the way you were approaching and creating trust while working with communities?	
1. Empathy	I. Good intentions II. Reassuring III. Getting to know them IV. Don't create a barrier V. Build the trust
2. Communication	I. talking to them II. little bit of publicity III. positive advertising IV. be friendly
3. Answer the needs	I. to meet the demand II. understand the problem III. no ego IV. helpful V. be a servant to them VI. answer their needs
Source: Aurelia Narayan, 2015	

APPENDIX U2 CODING OF TRUST FOR CANDIDATES 1 & 8

Code do you think CSR endeavours from MNCs are creating trust?	
1. Yes	I. Within the context of history and culture, MNCs had a very good place 3 decades ago II. GSK was perceived as a higher quality product more expensive III. would guarantee to work IV. perception of pharma products V. MNCs had a very goof advantage VI. Brand name VII. Exist in the UK, exist in India VIII. Foreign companies had a very good reputation IX. It is changing
2. No	I. They are losing trust II. Doctors are consciously choosing to not prescribe MNCs products III. Local generic products IV. They are losing their reputation V. Be careful VI. They will be completely lost VII. They should communicate, it is not the case VIII. Nestle case
Code are they doing enough?	
Yes.	I. No connection between selling medication and CSR II. No Connection between CSR and brand or corporate perception III. Even if they were doing a lot of CSR, it is not going to make any difference IV. They don't need to do anything specific V. It won't have any impact VI. They are not going to make any profit out of it
No.	I. They are not doing enough, example of Nestle case
Code your organization is exercising pressure on the pharmaceutical industry?	
1. Yes	I. In term of pricing II. Question of economics and not of CSR
2. No	I. No
Source: Aurelia Narayan, 2015	

APPENDIX V ACCESS AND INCLUSIVENESS

TABLE 4.16 ACCESS AND INCLUSIVENESS	
Target Audience : Prescribers	
How can pharmaceutical MNCs make available their products and services to all?	
C 4	They have to established good distribution channels and to bring to cost down. Doctors will be more than willing to use foreign pharma companies' drugs. If the prices are relatively cheaper, so that the Indian doctors can prescribe it to patients who can afford to take it. Of course, you need to have the doctors' trust, something which is already there. The only thing MNC companies have to do is competitively price their products. In my practice, Patients paid for their medication, they can afford the medication. I will choose for them a good reputable company. India has a lot of reputable companies. I will make sure of the quality of the drug. Any reputable company I have trust number 1, and number 2 in my setting, I would then only be concerned about the price of the drug. So long as the product is priced reasonably, I would not go for a cheaper drug. I would go for a reputable, trustworthy and reasonably priced medication. These are the two things I look for.
C 6	They have to make it affordable. They have to reduce the cost. Second thing, if they have to improve the service, they have to look at what we need. In India, there is a need for medicines.
How can pharmaceutical MNCs make available their products in the most remote areas of the country?	
C 4	I am not sure how the distribution chain works. They have multiple medical representatives meeting the doctors and take it forward from there, I guess.
C 6	Who is going to these rural areas? Predominantly, the Government service covers health care in rural India. If pharma companies can target the government sector, I think they will be able to take their medicines to the most remote areas. Through social marketing they can reach the most remote areas.
How do you perceive the cost of medication for your patients?	
C 4	It is reasonably ok compared to the cost of living. It is not very bad. The prices have to still go down or to have to be subsidized for the rural population. Overall, compared to the rest of the world, Indian drugs are competitively priced.
C 6	N.A.
Source: Aurelia Narayan, 2015	

TABLE 4.16 ACCESS AND INCLUSIVENESS	
Target Audience : Policy Influencers	
How can pharmaceutical MNCs make available their products and services to all?	
C 1	If you mean specifically MNCs companies, the Indian market is really a price sensitive market. There has to be pricy sustainability. It is not about providing a couple of free boxes of medicines. In a country like India which has a huge amount of infections, GSK or a large company which manufacture antibiotics, for example can reduce the price from a social perspective. But it does not happen.
C 8	I guess the big problem for Pharma MNCs is the same that big software companies faced in India maybe 25 years ago. Unless the price is suited for each market, they are not going to make the drugs accessible. That is the big issue. Indians do not have either public coverage or insurance coverage. A lot of purchases are private. In a market of this sort, price is important. If it is not the right price, no one can buy it. It is just like what software companies had to do 25 years ago. When they came to India, they wanted to sell software at the same price as software in the United States. There was no market. There were a lot of piracy. And it didn't work very well. Over the years, they moderated their prices and they suddenly discovered that there is a market. Pharma companies have the same challenge.
How can pharmaceutical MNCs make available their products in the most remote areas of the country?	
C 1	I think it is the supply chain. It is about making their products available. From my experience working in rural India, I personally think there is a lot of money to be made for pharmaceuticals there. It is a huge market. Especially rural India which is less exposed to other influences in terms of saying competition from local brands. In a non-urban setting I think international brands would have a much better appeal. There are a lot of good antibiotics which are not available in rural areas. It has to do both with pricing as well as with availability. At some point in that chain, a combination of availability and pricing contributes to reach. I am not saying you can't get any specific imported medication in a rural part but it is extremely difficult. And how do you make that reach happen? I think it is through a good supply chain. Secondly, it is to reduce the price. If you reduce the price, you are obviously going to see more and more of these medicines being utilised by non-upper classes i.e. those who don't normally have this kind of money to spend on ordinary therapy. Those kind of people start to use those medications and find it really effective and start believing in those brands afresh. Also, If I may add this point which builds on what I was saying earlier, India is coming of age. It is nearly 60 years after independence. If you notice most of these brands that were established before independence were popular among the older generations because they knew that it stood for quality. What has happened recently in India, for example Nestle, which is a Swiss company, is a case in point. So with the older generation no longer there and the newer generation with stories like this, I think overall MNCs are coming down in the opinion scale. All this contributes to the brand not being recognised anymore. Also, I think the availability was better a couple of decades ago in terms of doctors being able to prescribe. There were no competition. So if a doctor wanted a specific medication in the rural side, he had to prescribe a branded medication. A local alternative was not available. In today's market, there is so much competition, and there is so much of spurious medication it is not only a question of reach. It is also a question of combatting piracy, i.e. contaminated fake medication. There are so many issues that are there in the market. Communication alone is not going to solve anything. I think it requires a large amount of committed long term sustainable pricing. It requires investment in term of developing these distribution networks.
C 8	I suppose that there are only two ways. They should be procured by the public system. Public hospitals are available in most part of India. Private hospital are

	less accessible. Clearly pharma companies have to get into the public procurement system in India. And second, their price well. If they don't price appropriately, they are not going to be bought.
Source: Aurelia Narayan, 2015	

APPENDIX V3 CODING OF ACCESS AND INCLUSIVENESS FOR CANDIDATES C 4 & 6

Code How can pharma MNCs make available their products and services to all?	
1. Distribution	I. Distribution channel
2. Trust	I. Have doctors trust II. Trust III. Good reputable company IV. Quality of drug
3. Price	I. Competitively price II. Afford III. Make it affordable IV. Reduce the cost
4. Customer oriented	I. Improve the service II. What we need III. Need for medicines
Code How can pharma MNCs make available their products in the most remote areas of the country?	
Distribution network	I. Distribution chain II. Multiple medical representatives
Communication	I. Social marketing
Public Affairs	I. Government II. Target the government sector
Code How do you perceive the cost of medication for your patients	
Expensive	I. Bad II. Have to still go down III. Have to be subsidized for the rural population
Source: Aurelia Narayan, 2015	

APPENDIX V4 CODING OF ACCESS AND INCLUSIVENESS FOR CANDIDATES C 1 & 8

Code how can pharma MNCs make available their products and services to all?	
1. Price	I. Price has to be suited to each market II. To make the drug accessible III. No insurance coverage IV. Price is the key V. Not the right price
2. Brand perception	I. No connection between CSR and perception of MNCs II. Won't have any impact III. Establish themselves to market their product IV. Don't need to do anything
Code how can pharma companies make available their products in the most remote areas of the country?	
1. supply chain	I. Supply chain II. Investment in term of distribution network
2. Price	I. Price well II. Don't price accurately
3. Brand perception	I. No other influence II. No competition III. MNCs coming down IV. The case of Nestle V. Older generation no longer there VI. Brand not being recognised anymore VII. Communication alone is not going to help
4. Public system	I. Procured by the public system II. Public hospital
Source: Aurelia Narayan, 2015	

APPENDIX W COMMUNICATION

TABLE 4.17 Communication	
Target Audience : Prescribers	
Who in the family is the decision maker for HPV Vaccination?	
C 4	It does not matter which drug. Mostly male in the family take the decision in the rural communities. Of course, in the other communities, it is a very individual decision. If it is a child, the decision is taken by both the father and the mother in urban setting. In rural setting, it will be mostly male.
C 6	… it will be the head of the household. You mean the father? Yes, in 90 % of the cases. In 10 %, the woman is empowered and she will take the decision.
Is communication around medications or vaccines made in the local language?	
C 4	Yes, it is made in the local language.
C 6	Yes, it is. It is made in English and in the local language.
Do you think communication around HPV vaccine should target only girls or both boys and girls?	
C 4	India is still a very gender sensitive country, so you have to target both of them. When the boys grow, they will vaccinate their daughters. I think boys have to be targeted more to sensitize the issue.
C 6	You cannot say boys and girls. WE cannot see in terms of boys and girls, they should communicate to the community (14.40), to be addressed more to male and female gender. Instead of boys and girls, it should address male and female gender in the society.
Source: Aurelia Narayan, 2015	

TABLE 4.17 Communication	
Target Audience : Policy Influencers	
Do you think MNCs should communicate differently in an emerging market compared to a westernized economy?	
C 1	Absolutely, absolutely. How? I will say plethora of things If you look at it from a perspective what matter. More and more westernised markets are becoming regulated. The way of advertising for pharmaceuticals is changing. From that perspective India is not yet that regulated. There is a lot of leverage, a lot of grey areas in term of what is marketed and what is not. The approach has to be very different because from a perspective of regulation. Apart from that, I would say, let's say you are looking at a new western company trying to enter the Indian market, they need to study the marker very extensively. There are a couple of interesting points for you to note would be some of the largest hospital chains in India are owned by Japanese investors. Lots of foreign direct investment going directly into hospitals and healthcare from abroad. It is a contrasting market and healthcare from abroad. Overall, there are a lot of MNCs that succeed because they understand the local culture differences.
C 8	I suppose what is happening in the Nestle case, they are realising. They found they are slightly out of touch with the cultural sense. They are trying to correct for that. I suppose there is an appropriate cultural way of communicating. In an area like CocaCola or soft drinks, it may not matter. Culture might travel quite easily. In areas like drugs, I think is far more complicated. There are some appropriate culturally way of communication. To that extend, they have to Indianised to be successful.
Do you feel the communication made by the pharmaceutical industry around the HPV vaccine was pertinent?	
C 1	I can't answer that question because I am not very sure what was happening with HPV at that time. I can tell you from a pertinent perspective, yes maybe it was pertinent. But was it targeted at the right people. I don't know. I am sure the communication told people who get it, how to get it and what it prevents.
C 8	N.A.
Is the communication around medications or vaccines made in local language?	
C 1	Yes it is often made in local language. I have seen posters, not for HPV, but for some others ISTs which do have instructions in the local language.
C 8	N.A.
Source: Aurelia Narayan, 2015	

APPENDIX W3 CODING OF COMMUNICATION FOR CANDIDATES 4 & 6

Code who in the family is the decision maker for HPV vaccination?	
1. Male	I. Mostly male II. Taken by both III. Father and mother IV. Head of the household V. 90% of the case it will be the father
2.Geography	I. Urban settings II. Rural settings III. Rural communities
3. Women empowerment	I. Taken by both II. Father and mother III. 10% the woman is empowered IV. She takes the decision
Code communication around medication or vaccines made in the local language?	
1. Yes	I. Made in English and in the local language II. Made in the local language
2. No	
Code communication around HPV vaccine should target only girls or both boys and girls?	
1. Both	I. Cannot say boys and girls II. Male and female gender III. Communicate to the community IV. Gender sensitive country V. Target both of them VI. Boys have to targeted more to sensitize
Source: Aurelia Narayan, 2015	

APPENDIX W4 CODING OF COMMUNICATION FOR CANDIDATES 1 & 8

Code should MNCs communicate differently in an emerging market compared to a westernized economy?	
1. Yes	I. Westernised markets are more regulated II. Way of advertising pharmaceuticals is changing III. India is not yet regulated IV. Lot of leverage V. Need to study the market extensively VI. MNCs succeed because they understand the local culture difference VII. Nestle case VIII. They are realising IX. They are slightly out of touch with the cultural sense X. Inappropriate way of communicating XI. They have to Indi anise to be successful
2. No	N.A.
Code communication around HPV vaccination pertinent?	
1. Yes	I. Communication says who get it, II. How to get it III. What it prevents
2. No	N.A.
Code communication made in local language?	
1. Yes	I. It is made in local language II. Posters III. Instructions in local languages
2. No	N.A.
Source: Aurelia Narayan, 2015	

APPENDIX X EDUCATION

TABLE 4.18 Education	
Target Audience : Prescribers	
How many patients do you see in a day?	
C 4	I see 25 patients
C 6	N.A.
To secure adherence to a treatment or to a vaccination follow-up, how do you proceed?	
C 4	N.A.
C 6	N.A
Given that HPV is a chronic disease, do you think that patients find it less serious?	
C 4	N.A.
C 6	Cervical cancer is chronic disease. People don't take it seriously. But HPV is an infection and 99 % are unaware of the infection itself. It means that it is very mild also. 99% of people are not aware of the infection itself. There are about cervical cancer but not about HPV infection. So combination of lack of awareness and the fact that the infection is very mild is what make the people not very serious about the disease. Only in urban settings that's all. In rural areas, the tough itself is not there to be screened by using pap-smear. It is not at all seen in rural areas. In urban areas, 40 % of women might be aware of which only 5 % will get it done.
Source: Aurelia Narayan, 2015	

TABLE 4.18 Education	
Target Audience : Policy Influencers	
Do you think education is a way to get acceptance of a vaccine or disease?	
C1	Absolutely, polio is an example. Today you can even look at the contrary because education is what helped polio vaccine to establish and remove the virus from India. It is education that is the only thing that stands between the new cases of polio in Pakistan. People are not getting vaccinated. Education is very important.
C8	I suppose with newer vaccines, there is a degree of public education that needs to happen. But I guess the primary trust bearer for vaccines is your doctor. It is only when we have trust in our doctor that we go ahead with what they recommend. I don't think the public in India understands that fully what a vaccine means. We go along with our doctor and I suppose that is true with all vaccines in India.
How can the needs of the population be assessed before launching an educational programme?	
C1	I think it is very important to take a local guide. MNCs coming in, it is not enough if you take a large level consulting to raise this issue. You need someone on the ground dealing with patients on a day to day basis.
C8	N.A.
Can we empower women? If so, how?	
C1	Honestly women empowerment is probably a topic which is having undue amount of attention over the past few years. It has not really been a problem in India. If you look at pre-modern India, before colonisation by the British, India had always women in high position. Even after independence, we had for example, one of the first female prime minister. We continue to have a large number of women into the workforce. Women empowerment in India is not a big issue when it comes to urban and semi-urban population. That being said, there are other issues which are more pertinent to a western society which is also becoming true of India today. From a perspective of wives abuse which is happening in an educated community. That is the kind of empowerment that can come. Fundamentally when you are saying I think India has given a lot of opportunities to women to be doctors and lawyers and politicians. Society in my opinion is quite fair but women can be empowered in some rural areas. It is possible. There is a lot of subjugation in the rural areas. That is changing with the Internet and the access to the information. I don't think women are as subjugated as before. That comes in the process of a country and a population that is developing. Even in the United States, it is not very long ago that women are given equal rights. From where it is today, India has come a long way compared to what it was before Independence. Empowerment of women is a non-issue today. It is a question of bringing social education for men and women. We have a lot of other issues, like Prime Minister says, we don't have place for people to defecate, to go to the bathroom. It is a bigger problem.
C8	N.A.
Do you use leaders in the community or technologies to educate people?	
C1	Yes that is already happening. In India in addition to full time courses like engineering and medicine, there are other colleges which are polytechnic to equip people to be able to have technical skills and to give them a career. And if you see many of those institutions bring in leaders to inspire and bring up a new generation of technicians and operators. These colleges which are not very well known because they are not full-time college engineering, they give people particular skills, use this model. It has already being done in India using leaders to encourage and guide youngsters. Engineering and medicines already have people.
C8	Yes certainly. The government of India does it himself. They use no less than Bollywood celebrities. I suppose that all those form of communication are very useful. Using local means of communication still works very well. We have a very crowded media space. We are an over developed media country. I suppose there is some exhaustion in using only media personalities.

	The literature says that using Bollywood stars to communicate science is not helping your brand, do you agree with that? Yes, we use cricketers and Bollywood celebrities to sell everything. I suppose it appears in other parts of the world. Celebrities based marketing. I would not put my life based on what a cricketers or a Bollywood celebrities says.
Source: Aurelia Narayan, 2015	

APPENDIX X3 CODING OF EDUCATION FOR CANDIDATES 4 & 6

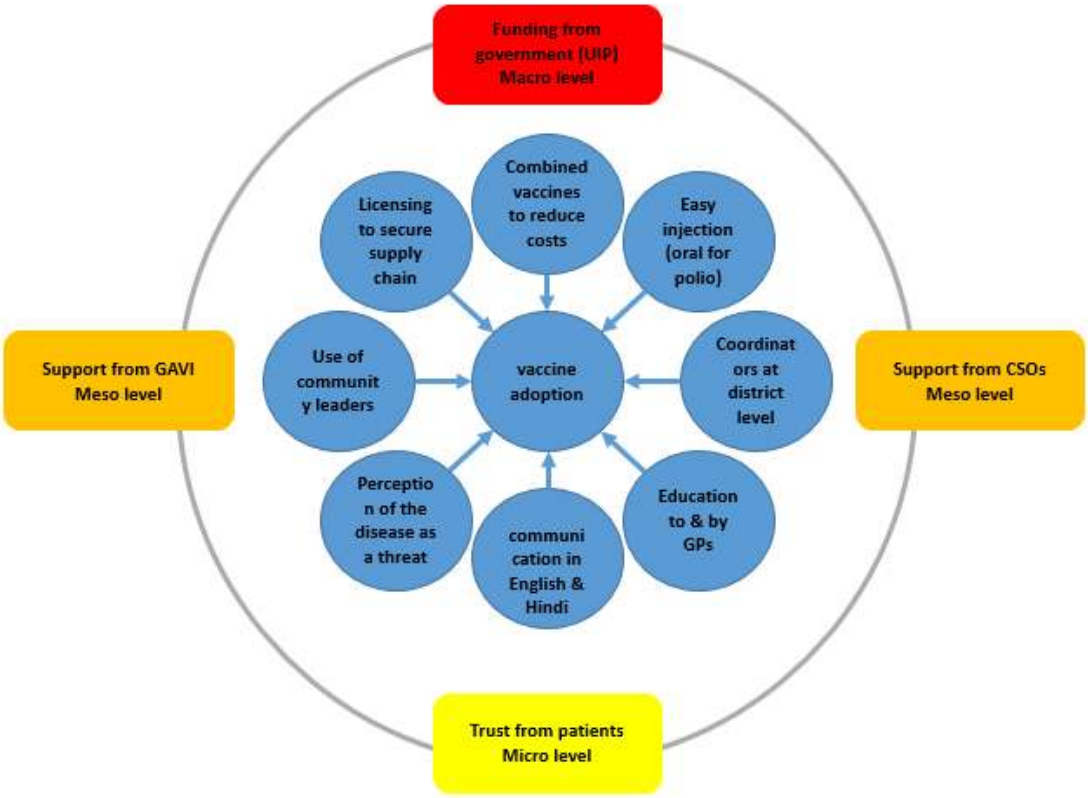
Code how many patients do you see in a day?	
1. Number	I. 25 patients
Code to secure adherence to a treatment or to a vaccination follow-up, how do you proceed?	
	N.A.
Code given that HPV is a chronic disease, do you think that patients find it less serious?	
1. Awareness	I. Unaware of the disease II. Lack of awareness III. People are not serious about the disease IV. In urban settings only V. In rural settings, the tough itself is not there VI. 40% are aware in urban settings
2. Perception of the disease	I. Chronic disease II. People don't take it seriously III. HPV is an infection IV. The infection is mild
3. Behaviour	I. The tough is not there to be screened by using pap-smear II. 5% will get it done
Source: Aurelia Narayan, 2015	

APPENDIX X4 CODING OF EDUCATION FOR CANDIDATES 1 & 8

Code do you think education is a way to get acceptance of a vaccine or disease?	
1. Yes	I. There is a degree of public education II. Absolutely, polio is an example III. It is what help the vaccine to establish and remove the virus from the country
2. No	I. The primary bearer for a vaccine is your doctors II. Only when you have trust in your doctor III. We go ahead with what they recommend IV. People in India don't understand fully what a vaccine means V. We go along with our doctor
Code how can the needs of the population be assessed before launching an educational programme?	
1. Grass-root level	I. Local guide II. Someone on the ground dealing with patients on a day to day basis
Code can we empower women?	
1. Empowerment	I. Women in high position II. Female prime minister III. Large number of women into the workforce IV. Women are not subjugated as it used to be before
2. Technology	I. Internet II. Changing III. Access to the information
3. Development	I. Society is fair II. Educated community III. India has come a long way IV. Binging social education V. Men and women VI. Developing VII. Women are given equal rights
Code do you use leaders in the community or technologies to educate people?	
1. Yes	I. Bring in leaders to inspire II. Bring up a new generation III. To encourage and guide youngsters IV. The Government of India does it himself V. Local means of communication still works very well VI. Crowded media space VII. Over developed media country VIII. Some exhaustion IX. I won't put my life based on what a Bollywood celebrities says
2. No	
Source: Aurelia Narayan, 2015	

APPENDIX Y FRAMEWORK OF VACCINES' ADOPTION

Framework Of Adoption Of Vaccines In India



Source: Aurélia Narayan, 2015

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