

UGSM-Monarch Business School Doctoral Dissertation Proposal

Corporate Citizenship & Civil Society Organisations In The
Sustainability of HPV Vaccination in India: A Framework For
Ethical Collaboration

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1.0 INTRODUCTION

Despite being a preventable disease, cervical cancer claims the lives of almost half a million women worldwide each year (Dabash, Vajpayee , & Jacob , 2005). Genital human papillomavirus, also called HPV, is the most common sexually transmitted infection (C.D.C., 2012). It is passed on through genital contact and almost all cervical cancer is caused by HPV (C.D.C., 2012). India bears one fifth of the global burden of the disease with approximately 130,000 new cases a year (Dabash, Vajpayee , & Jacob , 2005) and about 73,000 women die of the cervical cancer annually, the first cause of death of women (W.H.O., 2010). In Europe, the introduction of HPV vaccination has illustrated the importance of new stakeholders such as scientific societies as well as Civil Society Organisations (CSOs) such as cancer leagues, women’s associations and patient groups (Laurent-Ledru, Thomson, & Monsenegro, 2010).

It appears that the public’s main source of acquiring information about the disease and its vaccinations has been mainly through online medical website access. Hence, there has been an evolution in healthcare away from a “disease-centered” approach towards a “patient-centered” approach (Laurent-Ledru, Thomson, & Monsenegro, 2010). Also, the newer avenues for information dissemination provided by social media outlets such as Youtube, Blogger, Facebook, Twitter have a tremendous potential for delivering information and in some cases have led to the increased empowerment of the

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public and civil society (Laurent-Ledru, Thomson, & Monsenegro, 2010; Gupta & Udupa, 2011). In addition, social media tools also enable users to generate, broadcast, and share information and health experiences online in a way that is not available with conventional website; hence anti-vaccine groups are able to effectively spread their message (Kim & Chung, 2007).

A review to the seminal literature appears to show a lack of study on the “patient-centered” approach in India. In order to address this apparent lack of study the contemplated research will review the following important areas that have a bearing on the transformation of Indian society and medical information from that of a “disease-centered” approach toward that of a “patient-centered” approach, these include:

1. The HPV Vaccines
2. Immunization Policy
3. Women and Education
4. Civil Society
5. The Importance of Media

1.1 THE HPV VACCINES

Two vaccines, Cervarix™ from GlaxoSmithKline and Gardasil® from Merck & Co., are presently on the market. Gardasil® also protects against genital warts and has been shown to protect against cancers of the anus, vagina and vulva. More than 85 types of papillomaviruses have been identified (Zur Hausen , 1999). Both vaccines are available for females; Gardasil® is also available for males (C.D.C., 2012). Gardasil® was launched in India on October 14th, 2008 (Jha , 2012). The sales of Gardasil® increased 72% over 2009 in India.

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Cervarix™ launched in 2009 in India and has increased in volume by 60% in 2010 (Madhumati & Jyothi Datta, 2010).

1.2 IMMUNIZATION POLICY IN INDIA AND THE HEALTHCARE SYSTEM

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. The UIP was launched in 1985-86 and the target is to achieve 100% immunization coverage (Nilanjan, 2006). Several National Immunization Programs are already in place, such as the *Pulse Polio Immunization Programme*. It began in December 1995 as part of a major national effort to eradicate polio (Nilanjan, 2006). Madhavi (2003) noted that strong indications of immunization policy are pushed by the pharmaceutical industry and mediated by international organisations (Madhavi, 2003). The Government of India currently spends 28.6 million euros annually on the procurement of the 6 UIP vaccines alone (Parliament of India, 2009). The private sector, an out of pocket market, provides another way to access the HPV vaccination and accounts for more than 80% of total healthcare spending in India (PriceWaterhouseCoopers, 2007).

1.3 WOMEN AND EDUCATION IN INDIAN SOCIETY

With a population of more than 1.2 billion people, India is the world's largest democracy and its economic growth has brought significant economic and social benefits to the country (The World Bank, 2012). However, social, cultural

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and economic factors continue to inhibit women from gaining adequate access even to the existing public health facilities (Nilanjan, 2006). Women's lives are governed by multifaceted and nuanced realities where class, caste and religion intersect with each other in complex ways to reinforce women's subordination (Sarojini, Anjali, & Ashalata, 2010). The importance of the role of education, literacy and female literacy in making people more health conscious is also agreed upon by many other researchers (Dreze, 1993; George & Nandraj, 1993). Also, a survey carried out by the International Agency for Research on Cancer, IARC, in Asia shows that there is a direct association between education level and HPV prevalence (Anh, Hieu, & Herrero, 2003).

1.4 FAMILY INFLUENCE IN INDIA

The decision-making around vaccination takes place within the family and the mother has the primary responsibility for seeing that it is carried forth (Bingham, Drake, & Lamontagne, 2009). Hence, parents are the decisions makers for childhood vaccines and will be an important primary audience for communication about the HPV vaccine (Sherris et al., 2006). Moreover, parents are also an important secondary audience as their attitudes towards vaccination are a major predictor of adolescent attitudes towards vaccines (Zimet, 2005).

1.5 THE CERVICAL CANCER AWARENESS

The awareness of human papillomavirus (HPV) was found to be 48.9% in India (Joy et al., 2011). Furthermore, Civil Society Organisations (CSOs) have been

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voicing their concerns regarding the safety and efficacy of the two HPV vaccines, the unethical promotion of the vaccines, the public health implications and the consequence if the vaccines were introduced into the country's Universal Immunisation Programme (Sarojini, Anjali, & Ashalata, 2010). A group composed of physicians, community health groups, human rights and 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* (Jacob, 2010).

In July 2009, the Indian unit of PATH, a US based healthcare organisation, launched a demonstration project for vaccination against cervical cancer (Dabade , 2010). The project was a collaboration between The Indian Council of Medical Research, ICMR, and the state Government, with support from the Bill and Melinda Gate Foundation (Sarojini, Anjali, & Ashalata, 2010; Dhar A., 2010). The three doses of the Human Papilloma Virus, HPV, vaccine Cervarix™ were administered to 16,000 girls between 10 and 14 years of age in Andhra Pradesh (Sarojini, Anjali, & Ashalata, 2010). Similarly, in August 2009, the Gujarat government launched a two year "Demonstration Project for Cancer of the Cervix Vaccine" to immunise 16,000 girls between 10 and 14 years with three doses of Gardasil®, with the vaccines being provided free of cost by the

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two pharmaceutical companies (Sarojini, Anjali, & Ashalata, 2010). In April 2010, the Government called a halt to trials of HPV vaccines after seven girls died. This was widely reported in the media (Sarojini, Anjali, & Ashalata, 2010).

1.6 MEDIA

Advertising is a powerful force that shapes the attitudes and behavior of people (Khosla , 2011). The reseach of Gregory A. Poland argues that “sadly, we have moved from an evidence-based medicine to media and celebrity based one”, (Poland, 2010, p. 2361). An unbranded disease awareness campaign named “Guard yourself”, www.guardyourself.in, was launched at the end of November 2011 in Bangalore by MSD India, the Indian subsidiary of Merck & Co, which included the Bollywood superstar Sonali Bendre as the concept ambassador. Advertising of prescription drugs is not presently allowed in India because of the potential for harm from inappropriate use (Khosla , 2011). However, with the trends of an open society and fast increasing access to world class information through the internet the Indian consumer has easier on-demand access to the Gardasil website: www.gardasil.com. India had 52 million active Internet users in 2009 and this population is being increasingly exposed to advertising for prescription drugs (Gupta & Udupa, 2011).

2.0 THE MAIN RESEARCH QUESTION

With the aforementioned evidence in mind, the following main research question has been developed:

The Main Research Question

“What are the characteristics of a new conceptual framework or model that more adequately addresses the underlying imperatives of vaccine adoption, as evidenced with the case of Human Papillomavirus in India?”

Sub-Research Questions

In order to more fully address the Main Research Question, a series of Sub-Research Questions has been developed focussing on the “why” and the “how” inclinations of the phenomenon as it pertains to the society in India. The Sub-Research Questions will in-turn inform the nature of the analysis with regards to the Main Research Question. They are:

- SRQ-1. Have CSOs begun to mobilize themselves in matters of health and women’s rights protection?
- SRQ-2. Are educated women relying on communication from print media, newspapers and online information in their choice for HPV vaccination?
- SRQ-3. Have the CSOs begun to create partnerships with other stakeholders, e.g.: the pharmaceutical industry, government & Society of Paediatricians / Gynaecologists for the HPV vaccination awareness?
- SRQ-4. Do educated women have trust in the vaccine and the related marketing efforts of the pharmaceutical industry?

3.0 THE RESEARCH RELEVANCE

The main objective of the research is to develop a framework or new conceptual model for efficient collaboration & communication processes between the main stakeholders of the vaccination program. The successful introduction of any new vaccine depends on many factors, including the need for broad-based support from policy decision-makers, healthcare professionals, and the general public (Waisbord & Larson, 2005; Wittet, 2001).

Presently, communication and education about HPV vaccines come from various sources and may appear to be confusing at times. Consumers are increasingly turning to online sources for healthcare answers and the pharmaceutical industry needs to be aware of this new trend and be better prepared. In addition, there appears to be a lack of specific data from India concerning the HPV vaccination. The current research focuses on five main objectives:

1. To identify the role of Civil Society in the HPV vaccination and the public-private partnerships existing;
2. To gain a better understanding of the organisation of CSOs related to HPV vaccination and their reliance and trust on communication and social marketing from the pharmaceutical industry;
3. To provide a comparative analysis of lessons learned from Europe;
4. To compare and contrast the findings to the existing academic literature related to the communication & education; Civil Society and Corporate Citizenship theories, and;
5. Develop an ethical framework of communication strategies for collaboration.

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The above will pave the way for implementation of a future HIV vaccine, a process which will likely face similar challenges (RHO Cervical Cancer, 2008).

4.0 CONTRIBUTION TO EXISTING KNOWLEDGE

The process of business and more precisely the introduction of a new vaccine requires interactions with a number of entities who become stakeholders.

James E. Post, Lee E. Preston & Sybille Sachs (2002) define the stakeholders in a corporation as:

“The individuals and constituencies that contribute, either voluntary or involuntarily, to its wealth-creating capacity and activities, and they are therefore, its potential beneficiaries and/or risk bearers” (Post, Preston, & Sachs, 2002).

TABLE 4.0 Classification of Stakeholders			
Primary Social Stakeholders	Secondary Social Stakeholders	Primary Non-Social Stakeholders	Secondary Non-Social Stakeholders
Investors	Government and regulators	Nature environment	Environmental pressure groups
Employees including managers	Civic institutions	Future generations	Animal welfare organisations
Local communities	Social pressure groups	Non-human species	
Suppliers	Media and academic commentators		
Other business partner	Trade bodies		
	Competitors		
Source: (Wheeler & Sillanpaa, 1997)			

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Table 4.0 illustrates some of the main categories of stakeholders found within the academic literature as delineated across primary and secondary as well as social and non-social categories. With respect to the contemplated research, the stakeholders of primary importance are identified as: pharmaceutical companies, medical practitioners, individual women, Civil Society Organisations, NGOs and Government.

Throughout the contemplated research, a level of analysis methodology will be maintained that seeks to focus on the critical considerations facing the above groups as compartmentalized within the following schema:

TABLE 4.0 B 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

As indicated by the color application in Table 4.0 B and due to limited resources available, the contemplated research will focus solely on the Micro and Meso levels of analysis and will therefore ignore aspects pertaining to or specific to the Macro level. This focus is intentional so as to provide the necessary attention and importance on the individuals within the stakeholders community that are believed to be key players, decision makers and gatekeepers of

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vaccine adoption practices. It is further believed that a focus on the imperatives of the individuals, whether they be categorized within the Micro or Meso level of analysis of the adoption process for vaccinations, will therefore provide a unique perspective to the domain of knowledge. It is believed that there presently lacks sufficient study of the phenomenon of vaccine adoption through an analysis by way of a triangulation of data between the three primary groups within the contemplated research, being: individual women, civil society knowledge workers and industry decision makers. It is believed that this lack of focus and integration represents a gap in knowledge within the domain and within the geography studied and therefore provides the possibility for the uncovering and identification of unique and new understandings that will prove beneficial for both the academic and professional communities.

5.0 THE RESEARCH METHODOLOGY

Authors William Emory and Donald Cooper understand research as “a systematic inquiry aimed at providing information to solve problems” (Emory & Cooper, 1991, p. 14). A systematic enquiry is a work that rigorously follows commonly accepted scientific methods (Glaser Barney & Strauss Anselm, 1967). The contemplated research will employ a qualitative methodological approach to data collection which is often the most useful approach for exploring audiences’ knowledge, attitudes, beliefs, behaviors, and communications needs and preferences (Sherris, et al., 2006).

5.1 PHENOMENOLOGICAL RESEARCH

The qualitative research process will be based upon a phenomenological methodology focussed on Civil Society Organizations (knowledge workers). With the development of closer relationships between civil society and business communities Civil Society is portrayed as the gatekeeper of good communication and understanding of the messages related to vaccination. 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 unique to this group:

Group 1: Knowledge Workers-CSOs:

1. Step-One: Interviews: Interviews based on semi-structured open-ended questions will be employed. The target audience will be comprised of approximately 50 knowledge workers holding key positions within their respective civil society organizations, being NGOs, IGO or GOs. They will be English speakers and thus no translation in local languages will be required.
2. Step-Two: In-depth Interviews: In-depth interviews informed from the data obtained in Step-One will be concluded with a sub-set sample population from Group 3 of approximately 15 knowledge workers evenly balanced between industry and NGO/IGO/GOs.

5.2 THE DATA ANALYSIS

The qualitative research data will be analysed using the NVIVO or MaxQDA software. Questionnaires will be pre-tested to ensure the accuracy of the questions. Interviews will be face-to-face, audio recorded and are expected to be 30 minutes in length. The objective is to gain an in-depth understanding of the roles, missions, perception of HPV vaccines and working habits of the civil society organisations group. Telephone interviews will be used in the event that physical interviewing is impossible due to time constraints or geographical considerations.

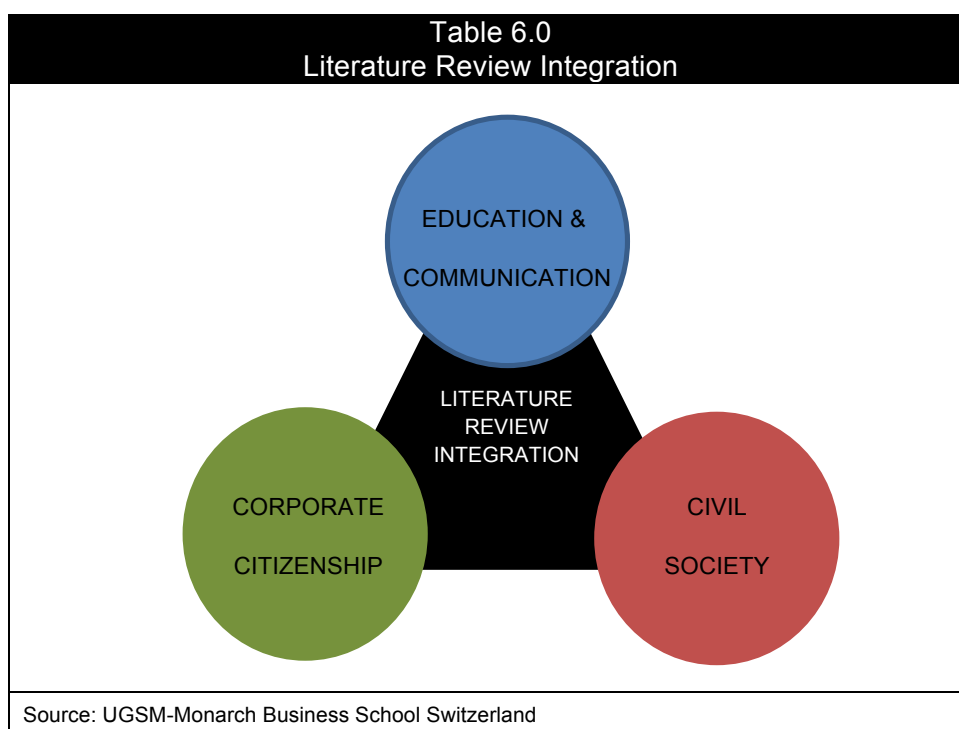
5.3 ETHICAL CONSIDERATIONS

Informed consent and the continuing voluntary nature of participation will be required for the research. Anonymity will be granted to participants and responses will be kept confidential. No vulnerable population will be involved in the study, i.e.: minors, non-literate individuals or individuals with a disability.

6.0 THE LITERATURE REVIEW

The literature review will extensively investigate the following three themes:

1. Education and Communication Theories
2. Corporate Citizenship Theory
3. Civil Society Theory



An analysis of the intersection of the above three areas or domains of knowledge is believed to be of critical importance to the better understanding of the phenomenon behind the adoption of HPV programs and therefore constitute the main focus of the literature review.

6.1 THEORIES OF EDUCATION AND COMMUNICATION

There is no greater tool for economic consciousness, employment, and development than knowledge through education. Knowledge in India is linked to the European epistemology, hence it is relevant to understand how it has been integrated by the local population and has shaped the mind-set.

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6.1.1 Historical Background of Education:

The Western Education of Colonial India and the Rise of Civil Society

The colonial era is linked with the rise of western knowledge and it is through this knowledge that the non-western world came to be conquered, represented and ruled (Seth, 2007). They made it clear that:

“the education which we desire to see extended in India is that which has for its object the diffusion of the improved arts, science, philosophy and literature of Europe; in short European knowledge” (Seth, 2007, p. 2).

Sanjay Seth, Vina Mazumdar, Partha Chatterjee and Neera Chandhoke are seminal authors on the diffusion of western epistemology and its consequences on perception and behaviour. This phenomenon has also led to the rise of civil society. As illustrated by Chandhoke (2011) it emerged out of twin processes of:

“Resistance to colonialism and the development of a self-reflective attitude to practices increasingly found unacceptable in the light of modern systems of education and liberal ideologies” (Chandhoke, 2011, p. 173).

6.1.2 Cross-Cultural Psychology

Cross cultural psychology is concerned in understanding behaviour of people across cultures. Values are the currently held normative expectations that underlie individual and social conduct (Laungani, 1997). As Brislin et al (1973) state:

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“Cross-cultural psychology is the empirical study of members of various culture groups who have had different experiences that lead to predictable and significant differences in behaviour. In the majority of such studies, the group under study speak different languages and are governed by different political units (Brislin, Lonner, & Thorndike, 1973, p. 5)”.

Seminal authors specialised of cross-cultural psychology of India and Europe are Laungani Pittu, Marshall H. Segall, Pierre R. Dasen and John W. Berry. Manuals, archives and ethnographic reports will be reviewed.

6.2 THEORIES OF CORPORATE CITIZENSHIP

The term “Corporate Citizenship” is often used globally or as a catch phrase to refer to issues of corporate social responsibility, sustainability, ethical behavior and corporate governance (Henderson, 2010). All of the above are concerns to be addressed within the development of a new conceptual model for HPV vaccination adoption.

6.2.1 Business and Community: The Case of India

As Sundar (2013, p. 2) states, business needs the consent and cooperation of society as well as of government to operate effectively and to grow:

“Corporations need communities and vice versa. It is a social contract that is mutually beneficial.” The research will examine how Indian businesses have contributed to society from the merchant charity to the contemporaneous

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management of multinationals. Hence, the research will identify the factors which inhibit or encourage corporate citizenship practices. Seminal authors who will be reviewed are Pushpa Sundar, Anil Agarwal, Sanjay K. Agarwal.

6.2.2 Corporate Social Responsibility: the evolution of a construct

According to Klaus Schwab (2008) Corporate Social Responsibility corresponds to:

“How a corporation responds to the expectation of its stakeholders i.e. the wide community of all the organisations and individuals that are in any way affected by or interested in its actions: shareholders, owners, investors, employees, suppliers, clients and consumers (Schwab, 2008).”

Stakeholder theory stems from the assumption that individuals are not above the community, they are part of society and have a responsibility towards it. Hence, corporations have a wider responsibility than merely creating value for the shareholders. They have a responsibility towards society. Stakeholder theory holds a holistic view of society and lays down normative principles for governance (Albuquerque, 2010, p. 349). William C. Frederick argues that there has been a progression of CSR over a period of 40 years (Crane, Matten, & Moon, 2008, p. 55). The Frederick framework (1987-2006) is based on CSR 1-3 and there are multiple additional branches such as corporate responsibility, corporate reputation and corporate relationships (Crane, Matten, & Moon,

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2008). Seminal authors to be covered include: Sandra Waddock, William Charles Frederick and R. Edward Freeman.

6.2.3 Corporate Citizenship and Community Stakeholders

Multinationals corporations, MNCs, operate in different environments with heterogeneous regulatory requirements and enforcement mechanisms and they have to respond to contradictory expectations. In a globalized world, global governance, referring to rule making and enforcement on a global scale, is no longer the purview of governments alone (Braithwaite & Drahos, 2000; Reinicke & Deng, 2000). Today, MNCs as well as civil society groups participate in the formulation and implementation of regulations in policy areas such as human rights, preserving the environment, fighting corruption or education (Williams, 2004). Corporate citizenship can be linked to the place that corporations have in the society, next to other “citizens” with whom the corporation forms a community. Citizenship then focuses on rights and responsibilities of all members of the community, which are interlinked and dependent upon each other (Waddell, 2000). Chris Marsden and Jorg Andriof (1998) define corporate citizenship in the following way:

“Good corporate citizenship, is about understanding and managing an organisation’s influences on and relationships with the rest of society in a way that minimises the negative and maximises the positive (Marsden & Andriof, 1998).”

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Seminal authors within the domain are Chris Marsden, Jorg Andriof and Andrew Crane. Additional sources of information will be obtained from the UN Global compact, Global Reporting Initiatives, World Economic Forum Global Education Initiatives and non-academic sources as Sustainability reports, Citizenship reports, Public Accountability reports and CSR Reports from corporations.

6.3 THEORIES OF CIVIL SOCIETY

Civil society in India emerged out of the process of resistance to colonialism (Chandhoke, 2011). In the literature, there are three main definitions of civil society that stand out: civil society as a description of the types of actors, as the public sphere and as a set of norms and values which promote a “good” society (Edward, 2009).

6.3.1 Theory of Grassroots Associations and Social Capital

According to David Horton Smith (2000) 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 (Smith, 2000).”

Voluntary associations are synonymous with civil society and an engaged democratic citizenry. They are committed to the public good (Kunreuther, 2011). The norms and networks that enable people to act collectively and provide a common frame of references for conducting conversations and the resolution of these issues is called social capital (Woolcock, 2011, p. 198). Also, community

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organising 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). Seminal authors within the domain are: Frances Kunreuther, Jeffrey C. Alexander, Michael Woolcock, Deepa Narayan.

6.3.2 The Public Sphere And Public Opinion

Jurgen Habermas (1989) first articulated the idea of public sphere as a body of “private persons” assembled to discuss matters of “public concern” or “common interest” (Habermas, 1989). The value of the public sphere is rooted into the following concepts:

1. There is a concern important to all citizens and to the organisation of their lives together;
2. Then, citizens might identify good approaches to these matters of public concerns through dialogue and debate;
3. Finally, the states and others powerful organisations might be organised to serve the collective interest of ordinary people (Calhoun, 2011, p. 311).

The public sphere is open to all, it means all can participate and have a voice (Calhoun, 2011). Seminal authors include: Craig Calhoun, Jurgen Habermas, Michael Edwards.

6.3.3 Civic Knowledge

Civil society and knowledge are connected. In order for a civil society to function well, its citizens must have knowledge that enable them to negotiate what is right and wrong. Also, civil society generates knowledge that cannot be produced by other institutions. Finally, civil society plays an essential role in preserving and nurturing the institutions that produce valuable knowledge (Levine, 2011). Seminal authors to be studied within the domain are: Peter Levine, Peter Ackerman and Michael McDevitt.

7.0 RESEARCH PLAN

Interviews for each group will take place over a 5 month period from September 2013 to February 2014. Each face to face or telephone interview should last a maximum 30 minutes at a location and time that is amenable to participants. They will be conducted within the Indian provinces or towns of Kerala, Mumbai, Bangalore, and Hyderabad.

8.0 RESEARCH TIMELINES

The contemplated research is expected to conclude over a 36 month period between March 2012 and March 2015. The Gantt chart provided in Table 8.0 further illustrates the duration of each task anticipated within the research process. Although every effort has been made to anticipate the steps within the research variation in the plan may be encountered due to variables beyond the

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control of researcher. Variables that may have a significant effect on the research timeline which lay beyond the control of the researcher are accessibility and available time periods for sample participants which may result in a modification of travel schedules and prolongation of the field research stages.

TABLE 8.0 Project Timeline												
	2012			2013				2014				'15
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Preiminary Literature Review	■	■	■									
Chapter 1: Introduction			■									
Chapter 2: Lit Research				■	■	■			■			
Chapter 3: Research Method					■	■	■					
Field Research:												
Stage 1 Interviews							■					
Stage 1 Analysis								■				
Stage 2 Interviews								■				
Stage 2 Analysis									■			
Chapter 4: Data Analysis										■		
Chapter 5: Synthesis											■	
Chapter 6: Conclusions												■
Manuscript Submission												■

9.0 RESEARCH BUDGET

The research will be funded privately. Therefore, no requests for supplementary grants, assistantships, or scholarships will be made. Moreover, no funds will be received from any public body or pharmaceutical company in the carrying out of the contemplated research. The budget of the research is presented below as approximately 8,200 Euros. No additional resources or funding will be asked of

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UGSM-Monarch Business School Switzerland. The budget is presently fully
funded and research may begin immediately.

TABLE 9.0 Research Budget	
Item	Euros
Hotel accommodations	1,000
Books and Articles Purchases	2,500
Travel Expenses	1,500
Conferences	1,000
Software and Digital Recording	1,500
Reproduction Expenses- Manuscript	200
Miscellaneous Supplies & Charges	500
Total Approximate Costs	8,200

10.0 RESEARCH PROPOSAL APPROVAL

The contemplated research proposed herein has been approved by the University and the student may commence the research immediately. The student is not to deviate from the proposed research unless expressly confirmed by both the Supervisor and the University in written form.

Approved by the University

On 06-Aug-2013 in Zug-Switzerland

By: Dr. Jeffrey Henderson, D.Phil.

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