

**37th Union World Conference on Lung Health:
Newsmaker Interviews:
Gareth Thomas
November 2, 2006**

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JILL BRADEN BALDERAS: Gareth Thomas, member of Parliament and the U.K.'s International Development Minister. Thank you so much for joining us today.

GARETH THOMAS: A pleasure.

JILL BRADEN BALDERAS: One of the major focuses of this conference is investing in health care workers and health care systems in developing countries. Can you talk about the importance of the training of health care workers, but then also encouraging these health care workers to actually stay in their countries to contribute to their health care systems?

GARETH THOMAS: Well, if we're going to tackle the major diseases facing developing countries, we do need to strengthen health systems. And at the heart of good health systems, good health services in countries, are health workers. So we need to see more nurses, we need to see more doctors, we need to see more lab assistants, et cetera, being recruited, staying in their country and providing the service that we would recognize in developed countries.

Training our health workers is obviously key. It's one key issue. But there are many other reasons why people want to leave their health services. Poor pay is often an issue. Lack

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of support, particularly if you're a rural health worker as opposed to a health worker in a town. We have, for example, tried to tackle some of these problems in Malawi, increased the pay of nurses by 50-percent, with the government both on Malawi. And sort of put in place a program to double the number of nurses and triple the number of doctors over the next six years. We've also funded a number of health trainers from the U.K. to come over to Malawi on short-term placements to help train up trainers who will stay in Malawi, who are Malawians themselves, and who can lead in the future the training of their health workers.

JILL BRADEN BALDERAS: One of the issues, as well, is the brain drain - these workers actually going to more developed countries. What are some of the things that developed countries can do to be responsible to help some of these other health care workers actually stay back in their countries?

GARETH THOMAS: Well, I think the first thing that they can do is to recognize that there is a problem in the first place. And we are, at the moment, the only country that has a code of conduct for recruitment by our health service of people from developing countries. Now, there are discussions across the European Union for a European-wide code of conduct, and we

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want to see that code of conduct agreed and being implemented as soon as it's possible. But we also need, and I think discussions through the World Health Assembly on international codes of conduct, or at least a recognition by other developed nations, that they need to put in place similar ethical recruitment practices.

JILL BRADEN BALDERAS: One of the issues you also touched on in your plenary presentation was the link between TB and HIV, and then proving the health systems to treat those two diseases together. So what are some issues that you feel like are on the table to improve the treatment for both of those diseases?

GARETH THOMAS: One of the most basic issues is to recognize the linkages between TB and HIV and AIDS. And in some countries, in Africa, for example, we're seeing someone with TB and AIDS having to go to two separate clinics to get support. We need to see the response to TB, the response to AIDS, much better integrated together so that people only have to go to one place to get the support that they need.

JILL BRADEN BALDERAS: Now, the organizers of this conference had a press conference a couple of days ago asking for \$95 million to help combat XDR TB, the extensively drug-

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resistant tuberculosis, within the next year. Do you feel like this whole emergence of XDR TB will help raise awareness for funders of diseases like tuberculosis?

GARETH THOMAS: Well, inevitably, it will help to raise awareness. And the international community has got to respond to the challenge of extreme drug resistance and TB. We know that one of the things that has helped TB resistance develop is poor TB control programs. So I think this is, in a sense, a call to both developed nations and developing nations to overhaul our TB control strategies in each developing country where they're not strong enough. And that places a responsibility on us as donors, to look at what we're doing to support countries who want to do that, but also it places a responsibility on the developing countries themselves to look at what they need to do, what they need to ask of donors, what they need to ask of themselves to do to strengthen their own TB control systems.

JILL BRADEN BALDERAS: You work closely with the Global Fund to buy [misspelled?] HIV, TB and malaria. One part of their mission is to encourage corporate responsibility and corporate partnership with fighting these three diseases. What do you feel like has worked so far in that mission to encourage corporate responsibility, and how much work do you feel like is

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left to do to encourage the private sector to take some responsibility for these diseases?

GARETH THOMAS: Well, we are seeing a number of very good examples around the world, of the private sector responding to the HIV and AIDS, TB, malaria challenges in the communities where their businesses are based. And we also hope that we can persuade more private sector companies, particularly the big private sector companies, to give money to the Global Fund to fight AIDS and TB and malaria. Some are beginning to have very active discussions. One or two big companies have signed big contracts. We need more similar imaginative partnerships to develop.

I know the Global Fund secretary are [misspelled?] talking to a number of private sector companies. I hope people who watch this webcast will be aware of that and be wanting to respond, obviously, if they're working for a big business. We want them to get involved, we want them to support the Global Fund, we want them to do more in their own communities where their businesses are [inaudible].

JILL BRADEN BALDERAS: How do you make the argument to these corporations that this is actually worth their investment?

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GARETH THOMAS: Self-interest is the biggest cause. There are, for example, many big businesses operating in southern Africa already who lose valuable amounts of staff to AIDS, TB and malaria. So helping to put in place effective TB control strategies for their work force, helping to make sure that loved ones of those workers have got similar access to good health services is, frankly, an investment in their own business. People are at the heart of good business. Successful businesses need to protect their workers, so investing resources through the Global Fund through putting in place effective strategies at community level for better health is a good investment in their businesses' future.

JILL BRADEN BALDERAS: Last question. You talked about also in your plenary speech about the G8 in moving forward. And now that Germany has the presidency and they've actually put Africa on the map in terms of making sure that Africa is a priority, can you just talk about the future of that, and how you see diseases like HIV/AIDS, tuberculosis and malaria really being showcased and focused on?

GARETH THOMAS: We know that Germany has put Africa very recently at the heart of it, a G8 presidency and its European Union presidency. We do know that they want to focus on health issues in Africa as part of their G8 presidency.

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We're obviously waiting to hear more detail on what they want to do with those areas. We'll be working extremely closely with the Jones [misspelled?], with whom we've got a very good relationship. And having put Africa at the heart of our G8 presidency in 2005, at Gleneagles, we're delighted that the Germans have, in a sense wanted to build on that agenda, on the successes that we had, we'll be helping them to try and move the agenda forward as well.

JILL BRADEN BALDERAS: Wonderful. Minister Gareth Thomas, thank you so much for your time today.

GARETH THOMAS: Thank you.

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