

**37th Union World Conference on Lung Health:
Plenary: Consequences of Smoking and Tobacco
on Lung Disease in Developing Countries
November 2, 2006**

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KAREN SLAMA, Ph.D.: We are very happy and privileged to have with us this morning the UK Member of Parliament Gareth Thomas, Minister. Originally a teacher, he was elected to Parliament in 1997 and since 2003 has been the Parliamentary Under Secretary of State of the Department for International Development. His ministerial responsibilities include the U.N., Conflict and Security Policy, International Trade, Regional Development Banks, Civil Society and Information, and policy areas including HIV/AIDS and Global Health Incentives.

We are highly honored to have Minister Gareth Thomas with us today. Thank you.

[Applause]

GARETH THOMAS, MINISTER OF UK PARLIAMENT: Karen, Jean-Francois, ladies and gentlemen, thanks very much for the opportunity to come and join with you. It's both good to be in Paris but, more importantly, it's good to be here at this 37th World Conference on Lung Health. Not the least because the Union has a very long and very distinguished history of playing a very vital role in improving the health of the world's poor.

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I wonder if I may to focus on two issues, first on the issue of tobacco and secondly on the issue of tuberculosis. When we think of the burden of disease it can very difficult sometimes to see beyond massive challenges of today in many poor countries dealing with AIDS for example and infectious childhood illnesses, and the appalling levels of death of women in childbirth. In such environments the rising burden of noncommunicable diseases is too easily sidelined. I believe we ignore this rising burden at our peril. Poor nutrition for example, diabetes for example, cardiovascular disease and cancer are all mounting challenges.

In south Asia, for example, the burden of noncommunicable diseases is already greater than that of communicable diseases. Within that picture tobacco is a huge and increasing problem. In 25 years' time, tobacco will be responsible for causing 10 million deaths per year which seven million being in the developing world. Indeed if current tobacco use patterns continue, some one billion people will be killed by tobacco use in the 21st century.

What we are seeing is that as smoking rates are declining in the West, many tobacco companies are increasingly looking to expand their markets in developing countries. In country after country we are hearing reports of

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the tobacco industry lobbying governments with exaggerated reports of the economic contribution they are making. And I believe that together we need to confront that lobby with accurate data that demonstrates the disease burden and the costs of tobacco use. We know that tobacco companies continue to target young people with images of a glamorous western lifestyle. We must see that stopping and tobacco companies beginning to act with real social responsibility.

We can see the failure of to practice good public health in practice. In 1990, for example, tobacco-related deaths in India were less than 200,000. The figure is expected however to reach a staggering 1.5 million a year by 2020. And tobacco is already a leading cause of death in China. The damage that tobacco results in for families and economics is enormous. Tobacco users suffer repeated sickness and are less productive. The high cost of treatment push families into poverty and are a large drain on our country's health budget.

And the poorest households often spend a significant proportion of their income on tobacco. A study in Bangladesh, for example, showed that the money spent daily on tobacco could have added over 500 calories to the diet of children in each family. More than 10 million malnourished people could

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have an adequate diet if only two-thirds of the money that is spent on tobacco is spent on food instead.

Now the World Health Organization's framework convention on tobacco control, which many of you would have been very active in lobbying for, is a unique historic public achievement which I think we can be proud of. It clearly set out the tools that countries can develop to reduce tobacco use and save lives. We do need to see increase taxes on tobacco, strong restrictions being placed on advertising and the promotion of tobacco. We need to see smoking in public places restricted and increased public education on the harmful effects of tobacco. Good quality education programs are going to be particularly critical. Research from India, for example, shows that smoking prevalence is much greater among the illiterate or those with limited time in school.

Now we know that changing behavior takes time. And countries need to plan and implement a comprehensive approach over time. We need that process to start now. We can't afford to wait until the hospital beds are full of the chronically and terminally ill. Now we know that progress is possible. The number of smokers in South Africa, for example, has dropped by a third since 1993. That means some 600 million fewer packs of cigarettes being smoked. And it shows the benefit of tough legislation and increasing the cost of

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smoking the way in which that has worked and has made a difference.

In 2005, we as a department provided just over a million pounds to the International Development Research Center under their research for international tobacco control program to fund research in developing countries by developing countries. It will help to make the framework convention work at the grassroots. Now we also support tobacco control at country level. In Pakistan, for example, where funding the Network for Consumer Protection and have done so since 2001. That's enabling them to develop a nationwide, anti-tobacco policies, advocacy work, consumer, education and work.

There is too, as many of you will be familiar, and increasingly between tobacco use and tuberculosis. Again a study in India showed that smokers are much more likely to die of TB than non-smokers. We know that TB is killing some two million people a year. We know that there has been progress but we are hampered by three key issues. Firstly, weak health systems, then the catastrophe link between HIV and TB, and thirdly by drug resistance, the recent emergence of extensive drug-resistant TB being a great concern.

I think that existing TB control strategies need to be overhauled. More money would, of course, help and make an

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important difference, but money alone is not going to be enough. We need to see more health workers being recruited. We need ethical recruitment practices to prevent the targeting of health workers in develop countries.

Now we are seeing the development of E-wide code of conduct on ethical recruitment. We need that urgently and we need all developed countries to adopt similar ethical recruitment and practices. We need better access to medicines too. Cheaper drugs of course but we also need far more stronger systems to ensure that the right drugs are delivered to the right place at the right time.

TB and HIV services too need to be much better coordinated. In some African countries, as many as 70-percent people with TB also have HIV, yet too many have to attend one clinic for TB treatment and then another clinic for treatment of HIV or for AIDS. Now, that clearly has got to change.

We need too more research on TB. New drugs would allow for shorter courses of treatment. A new effective rapid diagnostic tests would mean it would be easier to detect TB. And we need a new vaccine. The TB vaccine we use today was used in the 1920s. Now we are in the UK through my Department support TB control through our country programs and through our support for its actual organization, through partnerships with the World Health Organization, The Stop TB Partnership,

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the Global Fund to Fight TB and Malaria, and through UNISAFE, the new international drug and purchase facility.

And we are also supporting increasing research but our major contribution to improving the health of the poor is through our support to governments to improve their ability to deliver basic services, health of course but education too, water too, social and protection. We are committed to take half of our direct country support to those basic and services. Our aide has increased from some 2.1 billion pounds in 1997 to some 5.9 billion pounds in 2005, almost a tripling in our aide and budget. And we will meet our target to provide 0.7-percent of national income as aide by 2013, two years ahead of the EU average.

We will meet our target too by making sure as well that aid is longer term and more predicable. It is only then will countries have a comfort zone that they can scale up health services, recruit additional staff, and be able to pay those staff over the longer term.

Ladies and gentlemen, we are making progress in controlling the challenges, the health challenges, of today particularly communicable diseases and childhood illness. Child mortality is falling. In many countries, life expectancy is increasing and too. But if we are to defeat TB, then we can't afford to relax. Now is the time to reinforce

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and accelerate the efforts that we are seeing already. But we also need to make sure that we are ready for the next round of public health challenges in developing countries, that we are addressing those early on. In particular, we need to confront now the challenge that tobacco poses for public health in developing countries. Thanks very much.

[Applause]

KAREN SLAMA, PH.D.: Thank you very much. This is a challenging issue for all of us and I think that now Minister Thomas is open to questions from the floor on any of topics that he has discussed. So please, you can use the microphones that are on each side of the room. Yes, please.

PAUL SEINFELD: Paul Seinfeld, chair of the Stop TB Partnership Advocacy Working Group. Gareth, the major issue that many of us are concerned about here at the moment, those of us who are concerned primarily with tuberculosis as the impact of an extremely resistant tuberculosis. And I think that has three primary messages: One, the need to increase the robustness of programs on the ground. Two, the need for new tools which you touched on strongly in your speech just now. And three, the need for increased collaboration at all levels, particularly at field level between HIV and TB services.

And I am also conscious when you are talking about smoking that on some things that on smoking as on TB the

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Department for International Development has a relatively good record. When I had my TB alert hat on back in England, they have engaged in encouraging you to put more effort into, still more effort into both of those areas. But here, I would like to ask you to reflect in so far as different as a relative angel among donors on TB and smoking what efforts and how are you making to encourage other countries and other potential donors. We would like to see much more coming from the European Commission. We would like to see much more coming from a number of major EU countries notably Germany, Spain, Italy, three of the major European economies that so far are spending relatively little as far as I am aware on TB, on smoking I'm less aware but I know that I was at a conference of AIDS NGOs in Spain last week and one of things that struck me was that they all smoking like chimneys [laughter] and it was the first time in years I had felt uncomfortable about secondary smoking. It just become almost unthinkable in similar gatherings in Britain.

So I would really like to say, what are you doing and what can we do to help you in order to persuaded others to be good? Thank you.

GARETH THOMAS, MINISTER OF UK PARLIAMENT: Well, I've never been called an angel before, so and certainly Paul, I

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don't mean by you before. So thanks very much. We will use that in our publicity bag back in the UK.

On what can we do with other donors? Well, we are waiting to see what the European Commission, for example is going to commit to the next round of global fund and financing. The EC has been a keen player in helping to mobilize resources for the Global Fund. You will be familiar with the proportion of Global Fund money that is going into the finance of TB. We want to make sure that more of the Global Fund money is used to help in the recruitment of health workers in the development of stronger health systems.

So that the robust practices at country level, you talk about quite rightly as being needed. We can actually see on the ground.

The other thing that I think is important in terms of donors is recognizing that donors need to work together more effectively than perhaps we have done in the past to make sure that our efforts are being aligned so that we are having a discussion about where the gaps are in developing countries and response on health and the countries are taking developed countries donor agencies and taking responsibility for filling those gaps, not just doing everything that we think will be uninterest to our countries back in our own audiences.

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So we are putting pressure on the EC. There is more that needs to be done to persuade other donors to contribute on health and TB. That's why I think conferences like this are important. But anything that you can do to – I think networks like this are important because they do provide the opportunity to correct debate about which countries could do more. Some of the countries that you have eluded certainly could have a look at what else they could do perhaps through the Global Fund or through research programs or the support they give at EC and BC level.

So I certainly encourage the groups of NGOs that there are to make the representations that they do with added vigor to those countries. And I think all of us need to put, to work together to make sure that the EC does come forward with a significant figure for the next round of Global Fund.

JERRY PHAN: My name is Jerry Phan [misspelled]. I am a professor for the minister of science for Pakistan. My question to you is that at government level can't you take some measures against multi-international tobacco companies because when they come to the developing countries they forget all rule regulation. They start targeting children. They start organizing [inaudible] where you don't like it. so you can't you do some you know major – so that multi-international tobacco countries follow the same policies as

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following the developing world and in the developing countries.

GARETH THOMAS, MINISTER OF UK PARLIAMENT: My answer to that job would be to say that actually, it is our responsibility, I think, to highlight the damage that tobacco companies can caused or have caused in our own country and to in a sense to raise the alarm about the potential damage that tobacco can do in other countries. But at the end of the day, I think it's the responsibility of the developing country themselves to decide what legislation they want to see in their own country. It's not for me to dictate to your government or to other government what they should put in place.

I think I have a responsibility to sound the alarm to and, in a sense, point to what good practice there is around the globe, but I think it's for developing countries, their own parliaments, to pass the laws to put the pressure on in that way. I think otherwise it would me looking as though I was being a bit colonial. So one of the things for example that we are doing in Pakistan is to support the network for consumer protection, I think is the organization.

JERRY PHAN: But even – thank you, minister, but the thing is they do not even follow the local laws. Take, for example, Biza Hert [misspelled] is a small train in UK but

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the same Biza Hert is not smoke-free in Pakistan. Not only smoke free in UK, but not in Pakistan. So they do not even follow the local laws, there is nobody to challenge them. Therefore, so strong, they worth so much money.

GARETH THOMAS, MINISTER OF UK PARLIAMENT: Well, one of the things that we also do, Java, is to increase the ability of govern – is to tackle issues around government in developing countries so helping to build up more effective justice systems, more effective policing systems to strengthen the ability of Departments of Health, to initiate action. So looking at those governance questions so that big companies can be held to account the regulation is better.

We also provide support in a variety of ways to make that happen. At the end of the day though I think its still got to be your government that prosecutes the multi-national company and holds them to account. I think as I say I can play a role in raising the alarm. I can play a role in helping to fund research that demonstrates what good practice is. But in the end the response in Pakistan has got to lead not by me but its got to be lead by the Pakistanian government and I think you know the calls that you make in Pakistan will help to increase the pressure and provide the support to the Pakistanian government so that they can do just that.

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BETHA: My name is Betha from Malawi. My question is looking at the conquest of complain against smoking and tobacco in terms of the livelihoods of small [Inaudible] farmers, as we are striving in this complain I want to hear from you in terms of how best can we work with other sectors so that in complaining we should also explore ways of a positive shifting from tobacco farming to other commercial cropping so that we don't leave catastrophic or unsustainable livelihoods. We shall not sustainable at all if now in countries where the majority are poor and they depend on tobacco farming.

GARETH THOMAS, MINISTER OF UK PARLIAMENT: Well, I think you are right to say, in a sense, that we need to recognize that tobacco is grown in many developing countries. And there needs to be a strategy in place to provide support for the development of alternate crops so that people aren't put out of work. But one of the ways to campaign on that issue, I think, is to highlight the fact that many tobacco farmers find themselves in debt to the tobacco companies because often what you see in a developing country are contract system if you like between the tobacco company on the one hand and the small farmer on the other whereby the big tobacco company provides credit in the form of seeds or fertilizer, pesticides, other sorts of technical support. And

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then, in a sense, locks the actual farmer into continuing to provide and continuing to produce tobacco on their land.

So we have to help break through that stranglehold that, on occasion, companies have with people, develop alternative crops, develop conservative sources of finance like micro credit, better access to finance in that way. And to make sure that in countries' poverty reduction strategies or national development plans, the alternatives to growing tobacco are identified and are being supported by donors and by resources from that developing country, government themselves.

LINDA KERRY WALKER: I'm Linda Kerry Walker from the International Council of Nurses based in Geneva. My question or and slash comment follows up from the first question and that is in your role as a relative angel I wonder what you could do to prod the rest of the G8s to honor the commitments that they made at Gleneagles. And which have been absolutely pathetically followed up with, with exception of course of the UK. Those [laughter] commitments to be HIV/AIDS, antipoverty strategies. And perhaps you could be our shepherd in helping us you know doing some really effective advocacy the G8 on this issue.

GARETH THOMAS, MINISTER OF UK PARLIAMENT: Well, I recognize that things are changing very quickly and I come

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from being an angel to being a relative angel in just the space of a couple of minutes. [Laughter] Nevertheless, at least angel still is being used as a description. [Laughter]

I'm not actually, Linda, as gloomy as you are about where the G8s are. The commitments that were made on debt relief for example have been implemented and potentially \$55 billion of debt relief is on the table. The results is happily provided by G8 nations to the World Bank, the African development bank so that debt relief can be put in place. And we are seeing an increase in resources from G8 countries. We haven't yet got the trade deal which was one of the key pillars but there will be an opportunity after the American midterm elections we hope to restart those trade talks.

I think it's very important that Germany has put Africa back center stage as part of its next G8 presidency. And to help with the sort of renewed focus that presidency will give to development German Prime Minister set up an Africa Progress Panel, which has on it a whole series of international celebrities, experts, call it what you will, people independent of any government to chant the progress of the G8 nations in following through on their commitments. And that will provide, in sense, a very public demand each year for us to follow through on our commitments to see who is the lagits [misspelled] and in a sense to provide the information

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to NGOs in each of those countries to use to put pressure on their governments to deliver.

But I'll come back to this point, I think the biggest thing will help to in a sense re-galvanize the attention of the international community is the fact that Germany, very helpfully has put Africa back center stage for its G8 presencey.

LINDA KERRY WALKER: We hope it stays there.

GARETH THOMAS, MINISTER OF UK PARLIAMENT: Well, Honorary Maire [misspelled] who's the, I can't pronounce but who is the German Development Minister, has been very, very clear and very, very explicit as has Angela Merickrell [misspelled] the Prime Minister of Germany that Africa is one of their Cabinet's priorities. We know that it's going to be a priority for German EU presencey as well. What I think all of us has got to do both those at my level and those within the NGO world, those within the academic or medical world have got to is to seize the opportunity of that focus on Africa to make sure that our voice is heard and that some of the progress that we have seen, as we saw at Gleneagles, is now reinforced and built on.

MALE SPEAKER: [Inaudible] and I want to ask you a tough question if I may. First of all, may I compliment you on the information you have given us about the foreign aid

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that will be increased from the UK. And hopefully that will serve as an example to others. And I also heard you say something which addresses some of the defects of foreign aid which I don't have initially the time to go into but the way the foreign aid operates is that a very small proportion of it actually translates into aid that's meaningful in terms of development. In recent years, the whole bunch of that aid has been shifted towards humanitarian aid and an extraordinarily large percentage is spent on the countries who actually give the aid, is spent on their own workers supporting the aid programs. But that's one issue.

The question I want to ask you is, has your government done the sums regarding the amount of money that flows from developing countries into your country as a result, not only your unfared trade rules, and not only from debt payment? And incidentally, I think the developing countries pay about \$350 billion a year in debt interest repayment fee as compared to the \$70 or 80 billion in foreign aid that they actually receive. But what about the perpetuation of removal of resources like health professionals and others without even attempting to pay back their education in the countries from which they come.

GARETH THOMAS, MINISTER OF UK PARLIAMENT: There is an enormous withdrawal of resources from developing countries

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by developed countries in all sort of covert ways which most people don't seem to understand but yet take for granted the philanthropies are a drop in the ocean and in my view we are not going to begin to reverse the situation developing countries until such time as those in the developed world begin to understand the endless economic growth for themselves and can't continue to take place at the expense of the very basic necessities for others.

Now, is that gender on the table? Are people discussing those issues? Some of the sums have been done. I would like to know whether those sums are being discussed at Gleneagles and are very important talk about prices because without that I mean certainly in South Africa at the moment half of that population is living under pre-industrial Britain conditions. Partly due to way the Global economic policies operate and under those circumstances control even tuberculosis and building the infrastructure for the assistance is almost impossible. It certainly can't depend on philanthropy.

MALE SPEAKER: Well, I agree with you that –

GARETH THOMAS, MINISTER OF UK PARLIAMENT: In a sense, development can not be based on philanthropy. I think at the heart of development there has to be a partnership and the partnership must be that developing countries so have a

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responsibility to, in a sense, to reform their trade practice. The way in which we deny access for many developing countries for example into the European market isn't acceptable and has got to stop and we've been playing our part in trying to persuade the European Union to do its bit in the World Trade Organization talks to get a uniquely development friendly trade deal. There is more work to do and, as they say, there are number of other countries who got to give some ground, at the least the United States. And we hope after next week's elections in the United States that there will be an opportunity to close the gap that there is between each developing country.

But I come to this point. There is a partnership role we need to do more on trade. We need to give aid and debt relief and that's what we need to be focused on.

The other part of the equation is that there has to be an action in the developing country themselves where developing countries have got to take responsibility for improving their own governments. So, for example, to take perhaps the worst-case example of governments in Africa is in Zimbabwe. It is not, frankly, the practices of the EU or the other rich nations which has created even worse poverty in Zimbabwe. It is the practice of the government itself. And so there needs to be reform in many developing countries. We are

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seeing increasing good governments across Africa and developed such as our own need to respond to that.

But I come to this point. It does need to be a partnership, action by developed countries on the one hand and the action within the developing country on the other hand. That was accepted by the Commission of Africa which was established and which feed into the G8 summit at Gleneagles. And it is that analysis which we need to revive and to move forward for the German G8 presidency.

DORINE MCINTYRE: My name is Dorine McIntyre from the International NGO Coalition Against Tobacco. I would like firstly to revisit the issue which was raised by Dr. Kahn right at the start of these question session on the issue of tobacco industry behavior. I would like to take slight issue with your response to his question. While I agree entirely that it's not the UK or anybody's role to set legislation or policy in other countries, I do think it's absolutely our responsibility to take responsibility for our corporate citizens' behavior overseas. The main instigator of much of the tobacco damage around the world is a company called British American Tobacco. And I am ashamed to be a citizen of that country that has that as one of its corporate citizens. Are you really suggesting that the UK government handle, take some responsibility for the behavior of its corporate

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citizens who are running rampage over developing world with their products, making obscene amounts of profits much of the taxation from which comes to back to the UK?

[Applause]

GARETH THOMAS, MINISTER OF UK PARLIAMENT: Well, there is a balance to be struck and I do think there is an argument to some extent around freedom which is at the heart of the response I give to your question. And that frustrated as I am that frankly that anyone that smokes, I know there is a demand for cigarettes and other tobacco products. I do think at the end of the day it is the – it must be the individual's choice as to whether or not to buy cigarettes or not and to consume those cigarettes. I think I have a responsibility to try and make sure there is as much information about the harmful effects of that tobacco use is made available.

If, however, individuals do choose to smoke, I think it is reasonable that companies can seek to provide those products. I want those companies to do that in as responsible way as possible. And I think I have a responsibility to try and make sure that developing countries have the resources and they need the access to information that they need to make sure that companies that are based in the UK, that their activities are well regulated in those developing countries.

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And that's why I seek to use opportunities like this to sound the alarm about what I think those tobacco companies embark to. It's why we fund research programs around the world and its why we do support the efforts in many developing countries to improve the quality of regulation of companies, why we seek to enhance the ability of Departments of Health, Departments of Education to educate their citizens to support their citizens so that I have information at public education program that is necessary, can be made available. At the end of the day, I do think people have a choice to make. We need to make sure it is as informed a choice as possible.

JUDY BUFFETT: Hi, My name is Judy Buffett. I'm from the University of Alberta in Canada. My question is very much similar to what we were just discussing. But and perhaps it comes from my naivete or my youth as was talked about yesterday but you touched on this idea of the socially responsible tobacco company and in my opinion, the socially responsible tobacco company would be the one that doesn't exist. [Laughter] What is a socially responsible tobacco company?

GARETH THOMAS, MINISTER OF UK PARLIAMENT: Well, let me put it in a different way. I mean, should we ban existence or try and stop the existence of tobacco and tobacco companies? No, I don't think we should. And I think it would

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- I don't think its naïve to ask the question, but I think it is unrealistic to think that if we were somehow to try and legislate against tobacco companies being in existence that that would somehow stop the production of tobacco.

I do think we have to then look at the demand for tobacco. And to try and educate people about tobacco use, the additive nature of it and to strengthen the ability of countries themselves to regulate the way in which the tobacco companies operate. At the end of the day, I do think it is about in a sense making sure that countries themselves have the capacity to decided for themselves what companies should operate in that country in what way. It is generally not for me, I don't think, to being take Pakistan or any other developing country what legislation they should have in place.

I do think, and I come back to this point, it is my responsibility to sound the alarm about British companies if they are not behaving properly about other international companies and that is what I'm seeking to do.

JUDY BUFFETT: Just a quick response, as a young person I find it very scary to see that these things are changing. I'm coming from North America and I can see that smoking is banned in a lot of places. Advertising is banned in a lot of places and its almost becoming just sort of a

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social pressure to not smoke while on the other hand, in these low income countries where we keep discussing this high burden that is going to increase, it seems to be the other way around. And I just think there should be more done to counter that like its being done in western countries. Thank you very much.

GARETH THOMAS, MINISTER OF UK PARLIAMENT: Well, as an older younger person, [laughter] I am, I sympathize with your frustration but I would point to you that there are or encourage you to say there are, to recognize that there are also many examples of very positive action in many developing countries.

In Pakistan, there is pressure for change. In Bangladesh there have been a series of steps introducing legislation. In South Africa, for example, I gave the figure since '99 to '03, 600 million packets of cigarettes and the equivalent of are not being consumed because of tough legislation and higher taxes.

So there is action being taken, there are many examples that you could practice. What we have got to is to spread that good practice and that's why in a sense gatherings like this and are important. We got to do more of this.

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MALE SPEAKER: Thank you. You really put a problem of tobacco in perspective in the numbers that you give are billion in debts and 21st century and very rapidly increasing number of debts in many developing countries and dear Pakistan. With this magnitude of the problem what has been the response of the global community. There have been other problems and at least in an initiative has been made. We refer to Global Fund. We refer to discussions in G8. Where does the [inaudible] stand and is there any part of rising this status, this visibility of tobacco problem at the global level to some forum, some mechanism and is UK going to take a lead in that?

GARETH THOMAS, MINISTER OF UK PARLIAMENT: On TB in, I think it was January this year, a global plan to stop TB was published and at the heart of that report or that plan was an indication of the scale of additional financing that was necessary. How I think we recognize that if we are to make progress on TB as well as on AIDS and malaria, at the moment the key diseases in many developing countries then we do need to see more resources committed for health and for research.

And that, in a sense, was one of the things that I'm to pin our approach the Gleneagles Summit in 2005. That's why we worked as hard as we did to get agreement on debt relief

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and on aid and on trade because that will generate the resources for developing countries to improve their own health systems, which at the end of the day is going to be key to moving forward on TB.

As I said, the fact that Germans have prioritized Africa again as part of their G8 presence, it gives us the opportunity to build on that progress, to look at issues around that financing gap for TB and hopefully to move forward again.

On tobacco, I think there has been quite a bit of discussion internationally in a sense one of the reasons for coming today is say that more international discussion is necessary and we need to recognize now that for many developing countries issues around cancer and the diseases that tobacco causes is rising out slowly up the public health agenda for those countries. We need to support them or put in place the right policies and the right responses to those new public health problems. In a sense, point them to the examples of South Africa, what has worked in India and in Bangladesh and in Pakistan. Certainly we have a role to play in that process. But we want other countries to play a role in that process and on that agenda too.

JAMES PALMER: Thank you. James Palmer, independent consultant from the U.S. Minister Thomas, I wanted to ask you

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if you could talk a little bit about some of the parallels and intersections between tobacco and HIV/AIDS over the next 40 to 50 years.

GARETH THOMAS, MINISTER OF UK PARLIAMENT: Well, I think the biggest synergy, unfortunately, between TB and tuberculosis is that the incidence of TB is more much greater amongst those who smoke. And therefore in responding to TB and in responding to tobacco individually we are also helping to tackle the other problem.

So I do think we need to recognize those linkages. Some of those linkages are not well understood. They are not well articulated. And this union I think has a key role to play in exploring those linkages further at the international, putting pressure on politicians to respond to that particular challenge.

I hope by coming that I have, in a sense, helped to give you encouragement to that process. I don't think that the UK can do it on their own. It does need the medical establishment and I apologize as describing you as that to raise the [inaudible] about the linkages between the two, to highlight what further research is necessary, and then to demand that politicians not only in the UK but also in other countries respond.

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ATLA KAPOUR [Misspelled]: Atla Kapour with Physicians for a Smoke Free Canada. I'm not going to call you an angel, Minister. [Laughter]

GARETH THOMAS, MINISTER OF UK PARLIAMENT: I'm sort of reassured, actually. [Laughter]

ALTA KAPOUR: I'm relieved I don't have to. Minister when we talk about the international tobacco epidemic and we see that individual countries in the developing world are seeming to reproduce on a much larger scale the epidemic curve that we have seen in North America and Europe, when we see that this is not the result of individual nation level corporations but it's being a coordinated effort mainly run by three large multinationals one of whom is resident in your nation. When you say I think you are being naïve, Minister, when you say that the only trust we can have individually helping each country and fighting this battle a 168 separate times in each separate nation. I think we need to use every measure available to us. And one of those measures that I would urge you to look at is to put pressure on the BAT to enact the same corporate code of practice that has been forced to accept in Europe and in North America but on, all the other nations where it is ignoring that. I think its naïve to say each nation has to fight that battle individually to force it to the same standard that it

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practices in the developed world and that pressure can be borne on those three multinationals to enact those practices worldwide and to cut off a large part of this epidemic curve that's being reproduced. And I urge to consider that level of action as one of our coordinated responses to tobacco.

[Applause]

GARETH THOMAS, MINISTER OF UK PARLIAMENT: Well, I think I have said in my speech that tobacco companies do need to act in a socially responsible manner. And I think your point about the code of conduct being observed in other countries as it is in some European countries is a perfectly fair point. I am not saying that we need to fight the tobacco epidemic in each individual country on its own exclusively from international efforts. There are many international forums where we need to have the debate about the tobacco epidemic. And, for example, the World Health Assembly is one office place for that to happen. We do need to be funding internationally research programs which look at what works in particular countries and helps those countries to put in place the right policies for their people. But at the end of the day I think with respect it is also naïve to think that you can fight the tobacco epidemic in a particular country from another country. You do have to support each country develop its own legislation, its own policies to respond to

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the needs of its citizens in dealing with that tobacco epidemic.

So I accept that action needs to place internationally, but I would encourage you to accept that we need to do even more collectively to support developing countries themselves, target and devise their own response to the rising tobacco epidemic that they will face.

KAREN SLAMA, Ph.D.: Well, thank you very much. We are now going to have to close the session and the final words will be spoken by Jean-Francois.

JEAN-FRANCOIS TESSIER, Ph.D., M.D.: Thank you, Karen. [Inaudible] of the union on behalf of all of us I would like to acknowledge Gareth Thomas for his very enthusiastic and motivating lecture. [Inaudible] is important for all of us who are engaged in the fight against tobacco. And especially to see what this is fund is not only question of medical and society action but first of all its citizen responsibility. I am sure that [inaudible] demonstrate it that we are convinced that in the next future the [inaudible] sale of tobacco will be in middle and low income countries. And that major risk factor of [inaudible] transition in this country will be tobacco and I am convinced that the solution, one part, one great part of the solution of this problem will be in a partnership and a strong partnership between developed and

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developing countries. And this action will be the future
great part of the future of the union. Thank you, Thomas, for
to have been, to have helped us in this action.

[Applause]

[END RECORDING]