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**38th Union World Conference on Lung Health
Newsmaker Interviews:
Nick Herbert, Member of Parliament, United Kingdom
November 12, 2007**

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JILL BRADEN BALDERAS: Nick Herbert, Member of Parliament from the U.K., thanks for joining us today. So, tell us how, as a Member of Parliament, did TB get on your radar screen?

NICK HERBERT: TB got onto my radar screen when two years ago I went with the Charity Results to Kenya and it was actually just after the regional declaration of emergency of TB in Africa. It was a really opportune moment to be visiting. I think from the point of view of many of us, U.K. parliamentarians, we know about HIV/AIDS and the global pandemic there. We're told about it; it's on our radar screens. So, to some extent, is malaria. When you talk to people back home about TB, they think it's a disease of the past. I think I probably thought as well. Results got in touch with me; they said that they were looking for MPs to try to take to Kenya to explain what the problem was. I've got a longstanding interest in the HIV/AIDS issue and wanted to join them. From that moment, we decided, the group of us that went, which was a cross-party group, to set up a parliamentary group because the span of the problem was really brought home to us by what we saw, particularly not just in the very poor parts of Kenya and the suburbs like Cabrera and places like that, but also in western Kenya in the southern provinces which are very poor. The average life expectancy is something in the 30s for

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men. It really brought it home to us when we saw the conditions of the clinics that there was a serious problem here that wasn't being addressed. After that, we've been to India and now I've come to South Africa, really to keep abreast of the issues and try to go back and promote them to my colleagues and to government and encourage further action.

JILL BRADEN BALDERAS: As you're promoting the issue of the tuberculosis, how would you rate political leader's awareness, and even your constituent's awareness of TB?

NICK HERBERT: I think, again, my constituents are surprised when I talk to them about TB. They think that it can be vaccinated against. I thought that when I first encountered this issue. I remember dumbly asking that question in the very first meeting that we had in Kenya and everyone was looking at me in amazement. Doesn't this guy know? I don't think people do because kids can have the BCG vaccination back at home, people think that they can be vaccinated against it. They thought it was a disease that we had eradicated in the U.K. and actually it's coming back in the U.K. now. Not on a course anything like the same scale that we see globally. We've only got 8,000 cases but it's been a big jump and that plus XDR and DLTB that has really brought the issue I think back onto the radar screens of certainly the political world. I think generally the public still isn't very conscious about TB. They

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just believe that consumption as we used to call it is a disease of the past.

JILL BRADEN BALDERAS: You mentioned MDR and XMDR-TB, multi-drug resistant TB and extensively drug-resistant TB and how that's possibly brought at least onto the screen of political leaders, but that still represents a small minority of actual TB cases. How do you think, in your work can you get political leaders more involved in just TB in general?

NICK HERBERT: I think it's important to emphasize, as I did when I was speaking at the conference, that the interest, which we as U.K. parliamentarians, have is not self-interest. Quite a lot of the journalists, when we go abroad, think that we're there because TB has arrived back in Britain and therefore we're concerned from a selfish point of view but, as I said, the scale of it is tiny. We have an advanced health system that can deal with it. We can afford the drugs to cure it, although of course there is huge concern about XMDR-TB. Our interest in this is a humanitarian interest. It's the interest that we should have a developed, wealthy country and the responsibility have to others. I think our political leaders actually have been stepping up to the mark. The great thing is that it's on a cross-party basis. There is no political disagreement about this in Britain but the successive Prime Ministers, first Tony Blair and then Gordon Brown, have made substantial commitments to dealing with this issue

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through, for instance the Global Fund, but also in terms of the bilateral support we give to individual countries. We are a major donor country. The amount of money that we've been giving has increased hugely and is now being matched by all of the parties in terms of their commitments. The good news is that we don't have a political [inaudible] at home. We have a consensus that we have a responsibility as a nation to do something about these pandemics, about malaria, TB, and about HIV. I think that is a principle that is a good one to apply in terms of what works in terms of dealing with these countries. It is when you put politics aside and recognize that these are not just health issues but actually very formidable social issues. TB is a disease that is a social disease that is a consequence of poverty. It is a consequence of the failure of many of the countries to develop. We have a shared responsibility to deal with it. We have responsibility in the West because of our common humanitarian interest. Actually, the recipient countries, the developing countries, their governments have a responsibility too, to ensure that they are putting these diseases up on the agenda, that they are ensuring the development of their own health systems, that they are ensuring the delivery of drugs and there are various countries where that has been problematic.

JILL BRADEN BALDERAS: We're even still hearing stories at the conference that TB drugs are stuck in customs for six

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months. Why do think this is still happening in high-burden countries?

NICK HERBERT: This is, ultimately, a question of political will and priorities. There will be different situations in different governments. What we have to do, I think, as politicians, as political leaders, is encourage people to be aware that this is a shared responsibility and a great humanitarian issue, and that we have a responsibility towards people who cannot speak for themselves. I've seen, for myself, the consequences of failure to act. I have seen people dying in clinics who would not die in the United Kingdom. Let us remember that this is a disease that is killing 1.6 million people every year, wholly unnecessarily. It's easily treatable and curable disease at relatively low expense, \$20.00 per patient. It actually is not just a tragedy that so many people are dying as a consequence, it's a scandal. It's a scandal that this disease that should have been a disease of the past has come back again. With concerted effort, it can be dealt with. There are great difficulties. There are difficulties of delivering the programs together with the HIV programs. There are difficulties because the drugs are old-fashioned drugs which require a long regime and therefore making sure that people not just have access to them but stay on the regime. There are the complications that are then caused by XDR and MDR-TB. When I say easily treatable, I understand the

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difficulties of delivering the programs, but in terms of actually treating the disease, the basic disease, we've been able to do that for decades and decades. That's why it's a scandal that people are still dying of this disease in the 21st century.

JILL BRADEN BALDERAS: In terms of holding governments accountable, in the high-burden countries who aren't necessarily making these changes in their health care systems or letting TB drugs sit in customs for awhile, do you believe those mechanisms are in place or is there much work to be done to hold them accountable?

NICK HERBERT: I think there's a lot of work to be done in terms of accountability. The message must go out to the high-burden countries and the governments that are responsible for delivering these programs and are in receipt of the aid. The developing countries have made a huge commitment and are being asked to do much more. I think it's our responsibility to do so and I have been arguing amongst others that we should do more. We have British taxpayers to whom we are accountable, back at home, and we have to be able to say to them that the money is being used properly and that it is getting to where it is meant to go. That's why the accountability mechanisms are important in making sure that the aid that is being given is going to the right places and is being successful. That must

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be built in to the delivery of the global plan. I'm sure that everybody understands that.

JILL BRADEN BALDERAS: Another country that you've worked in is India. You've worked with Members of Parliament there. Can you talk about what you have set up there and how you've been working with them to improve their TB control?

NICK HERBERT: The trip to India was a fascinating one because, of course, in many ways it's a divided country. It's a country that one part of it is taking off with fantastic economic growth, but where have of the population is still living below the poverty line on less than a dollar a day. That means that, again, because TB is so linked with poverty and so on that it is a huge problem on the Indian sub-continent. Britain is actually the biggest single donor to India and has a major role in delivering eight programs in the various of the particularly affected states. Again, we see, though not to such a great extent, the link with HIV but some link with HIV in India. I think that what was really encouraging was that we were able to link up with the Indian parliamentarians. They were forming a group just as we had formed a group. I think that on that level, the level of the legislature is quite helpful and we're going to try and keep those links. Although, of course, the Indian Members of Parliament, in such a huge country, the world's biggest democracy, represent about 10 times as many constituents than

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we do as British MPs so it was quite interesting talking to them and realizing what the difference were.

JILL BRADEN BALDERAS: Now you've mentioned several times the link between tuberculosis and poverty. How does TB fit in with the overall development goals and why is that important to consider?

NICK HERBERT: It is a social disease. It is a disease that is a consequence of poverty, of poor housing, of malnutrition, and so on and, ultimately, were there no cure, were there not the possibility down the line of vaccines and so on, that might make us more focused on the fact that actually it is raising people out of poverty levels. It is economic development. It is fair trade. It is bring down tariff barriers and making the West recognize responsibility. It has for the economic development of these countries, not just providing aid to them, but the economic development of these countries, that will really provide the long-term solution. What we mustn't forget is that, yes, poverty is the cause of these diseases but they are curable. Once people have them, then the governments, themselves, our governments, we have a responsibility to seek to cure people of these diseases because we have a humanitarian responsibility. This is a human rights issue as much as it is a health issue. The two things are not mutually exclusive. Of course, there must be economic development. Of course, in particular there are parts of the

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world like sub-Saharan Africa where that does still seem a very distant goal because of the particular geographic difficulties of those nations. Other parts of the developing world are actually taking off at remarkable speed and one of the issues there will be what responsibility will the West continue to have when countries like India are actually now building their own capabilities in terms of their own economic capabilities. They are going to have to take over a lot of these responsibilities and the same with China, of course. What we must remember is that this is an international disease. It is a disease that knows no boundaries. The slogan of the World TB [inaudible] this year was "TB anywhere is TB everywhere." In the era of globalization, of mass migration, and so on, no country can be insulated from the effects of this disease. Even if we didn't feel that we had a responsibility to deal with it, I think we should sit up back at home and realize that it's not something that we can just turn our backs to anyway.

JILL BRADEN BALDERAS: Last question for you. One of the issues that also conference organizers are discussing is health care systems and the issue of health care workers in high-burden countries leaving and go to more developed nations. Can you talk about why this issue is important and how developed countries can actually encourage these health care workers to go back to their countries and stay and help the systems?

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NICK HERBERT: I appreciate the huge concern that there has been about this issue. Actually, when we visited Kenya, a couple of years ago, one of the issues that was a concern that was raised with us was the movement of health care workers out and over to developed countries, Britain included, and the particular difficulty of recruiting health care workers in the rural areas in these countries as well as the urban areas. That difficulty is going to continue anyways. It's not just a question of them being denuded. It's a question of whether there is the planning infrastructure, the payment ability to keep a health care structure and the staff that are necessary there. I think we do, in the West, recognize our responsibilities here. I have to say that in terms of our national health service in Britain, the era of the big expansion was over the last 10 years. We saw a very big increase in the numbers of staff as a consequence. That is actually not just leveling off now but actually we now have the problem of recruitment of junior doctors, which is now the reverse. We have too many junior doctors in the U.K. for the numbers of jobs that are available. I think the issue that we once had of the dangers of denuding developing countries of their medical staff will not be the problem going forward that it has been for the last decade.

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JILL BRADEN BALDERAS: Nick Herbert, Member of Parliament in the United Kingdom, thanks so much for joining us today.

NICK HERBERT: Thank you for having me.

JILL BRADEN BALDERAS: Good. Excellent. Thank you very much.

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