

## Panel Discussion: Global Issues

*Mohga Kamal-Yanni (MK) and C. Velayutham (CY) (Chair: John Lister (JL))*

(JL) This has really opened the discussion up, and given us a more interesting way of looking at things than we would have had.

(JI) A fascinating question. About the growth of newspapers, despite all the pressure from other forms of media. The very opposite is happening in the rest of the world. Why is this happening now?

(CY) I can find two reasons for that. One is the increase in literacy rate. The second reason is that people are still not very convinced about television's authenticity or credibility. They seem to trust newspapers more than they do television. We have 50 television channels. Thirty of them are owned by politicians. So people never trust television for credibility. They still prefer print media rather than television.

(Amelia Beltramini) Two questions. Who are the owners of those newspapers, and who are their target? Second, are there signs of corruption of those journalists who were writing in this subject? Are there signs they have been paid by the private hospitals?

(CY) To answer the first question, it's the elite, because it's the elite who own newspapers, and I can say the whole electorate read newspapers. Second, in terms of profit these are very profitable newspapers. So there is no direct connection between journalists getting bribes from the pharmaceutical companies. But the policy of the newspaper could be to support a certain private hospital policy.

(Unattributed) When you were talking about masks I was fascinated by that, because I think about 10 years ago there was an article in a newspaper about the ineffectiveness of masks against bacterial infections when they were used in hospital. It's surprising that for something 1,000 times smaller than a bacteria, which is a virus, how can anybody suggest that this is going to work? The virus is so small it is going to go through the pores, it's not going to be stopped. There must be some misinformation.

(CY) In terms of quality, most of the articles are not researched properly. They just have very superficial information and they are more into promoting vaccination. That was the agenda for the newspapers rather than talking about the treatment measures, home remedies and so on. So that's definitely one of the reasons they want to spread this message.

(John Lister) On the mask question, I remember flying to see friends in Canada and flying into Toronto with a heavy cold during the SARS outbreak. On a Canadian subway in Toronto, we were the only people without masks, and there was me spluttering away! All kinds of people were wearing these masks at the time, it was a big craze.

(MK) Viruses don't travel in air on their own, they travel on droplets.

(Unattributed) But they also travel in the air.

(MK) Yes, but droplets are released when you are talking and so on.

(S2) I have a short question about sources. When you were talking about the effects of the epidemic. People stopped travelling to the towns. You seem to imply that the information was not just exaggerated but may have been incorrect. I was wondering, where did the newspapers get their information from? From your presentation you gave the impression that journalists were somehow exaggerating, there were no clear indications from the health authorities. Was this the case?

(CY) It is true that the epicentre was Punny. It's true because it started in Punny. But it was not that alarming that you should not travel to these places. The number of deaths was few, 10-15. So this was not that alarming that you need not travel to a place and do business there. Secondly, the health authorities – both the state department and the health officials – they kept on giving out loads of press releases to the media which were not covered prominently. It usually was covered on the back page or on the city page, or in the small items saying that the people need not worry about that. I don't find fault with the health authorities. The problem is the idea of the framing or the agenda of the media is to tell people this is something you cannot control and is spreading like an epidemic, so you have to get scared.

(JL) Mohga, this was a really interesting case study in terms of the development of the issues about getting a press story out of HIV/AIDS and the way that this panned out. What if today we started looking at global stories what would be the top stories? Are there particular kind of hooks that journalists can use in their own areas? We have journalists here from various countries. Angles that can make those stories come alive in other countries. Could you name one other one which is a big current one for Oxfam?

(MK) Hepatitis C is a big story and there is a global coalition, not as strong as the HIV coalition, doing some campaigning and a couple of journalists are covering it but not really in a big way. The big story is cancer. It doesn't seem that there is interest, understanding – it's maybe there isn't the interest in cancer in developing countries. Cancer is still almost like a personal issue, 'eat well, go running and you will be ok'. Of course these things are important but there is access to treatment as an issue. You can't just say 'oops, this is your fault'. It's still considered as part of the non-communicable diseases which are diseases of elite. How wrong they are. On my twitter, there is a picture of an old man standing with a sign saying 'I have cancer, the government can't treat me, I can't afford it, I'm going to die'. He is obviously a poor person. But the media here is not interested.

If you are following some of what's happening, you must have read about the big giant Pfizer was going to swallow up Astro-Zenica, the British-Swedish company. I've been following that closely. The first issue to concern people? Cutting jobs. Second thing, cutting R&D, because Pfizer is notorious for that. Then some people, the Guardian and a bit in The Times, questioning why Pfizer is coming to Britain, actually to escape tax in the USA. One or two sentences about the danger of having a big monster influencing countries, influencing the government's policies and the revolving door

between pharma and government, which is really awful. Nothing about the potential impact of one monopoly monopolising quite a lot of cancer drugs and how that would affect developing countries.

If the UK cannot fight this, the USA is struggling to get Pfizer to stay in the USA, can you imagine Egypt or India or Malawi standing up to these people and argue about prices? Or argue about regulation? Nobody is mentioning this in the press.

(Trudy Lieberman) Can you speak a little bit about how the drug Silvadi for Hep C and how that is going to play out in the developing world in terms of cost? I touched on it in my presentation on Wednesday and this is going to be a huge issue in the USA.

(MK) This is the other thing that is happening. The issue of pricing is not middle-income countries, it's high-income countries. I mentioned that NICE rejected a drug from Roche, a breast cancer drug, just because it's £90,000. On Hep C it's really interesting because the country that promotes free market, free pricing, no price control, like the USA, the European way of dealing with medicine, is now starting to be really bitten by the high price. I'm sure you know that in California some of the insurers got together and decided to limit the indication for that particular new drug because they just don't want to pay the price. The inequality angle in that whole debate is incredible. Who gets hepatitis C in the USA? It is people on drugs, people who are homeless, people who are in prison, who are either uninsured or have insurance that is not very good. The people who cannot afford high insurance or pay from their pocket. Even the press started to scream about this particular drug.

(Rinke van den Brinke) In global health I would say probably the main issue would be sanitation and communicable diseases and microbial resistance. Mainly it's sanitation which seems to me to be more or less the basic protecting people against getting diseases at all. I think we speak very little about it.

(Unattributed) First about the tami-flu. I think there's a dubious role of the pharma industry not only in India, and how they include the media I don't know. You can have a stockpile of £400 million worth of tami-flu which has not been used. The question is, whether it was required at all or whether it was hype by the pharma industry. The second question somebody else raised about hepatitis C drugs. The pricing of them. That's because of the WTO; countries cannot manufacture these drugs at a lower rate, like India. India used to manufacture these drugs at a lower price because they had something called a compulsory licence. The Indian government allowed them to manufacture the drugs. But now India has signed a WTO agreement and agreed to pay a higher price for some of the drugs. There are legal battles. If a new drug is made, and the Indian government says it will supply the company which makes the drugs cheaper, the multinational firms start to make a prisoner of the Indian government. This battle is continuing. The main thing is the World Trade Organisation which is forcing the price of the drugs to be higher.

(Jane Hammond) Rotary International is doing a lot of work fighting various diseases and social issues and is putting a great importance on sanitation. A lot of clubs and districts are financing sanitation projects in all sorts of places, particularly in helping local people to drill very simple wells. I know that other NGOs are doing that sort of thing. Can anybody give any view as to whether these

sorts of effort, which might seem very small when looked at alone, are they making any impact on the countries where they are going on?

(Diana Garrisi) There is again an example from the Victorian period. We can look at the past of this country to see the sanitation movement which taken by newspapers, which were publishing public health columns inviting people to use soap. Sometimes exaggerating as well the use of soap, so again here an analysis of the history of the press probably is useful. The Times was very good in this sanitation movement in using surgeons and medical research, who wrote columns in newspapers, which were proven to be effective.

(RB) In the Netherlands it was exactly the same in the newspapers as well, campaigning for sanitation and helping it happen.

(MK) On sanitation, the answer to your question is 'yes'. People like Oxfam and I'm sure many others work on sanitations, particularly in emergencies where the danger is higher. This will actually cut massively the risk of all sorts of diseases. So yes it works. I think the issue is that is that enough? Obviously NGOs' work is important but we're not a service provider. It needs government effort. But again it's one example of how do you report on this? It's also an example of the way that people here or in the west generally report on say Africa; it's always about problems. Nobody reports on positive things. Would your editor allow you to go around saying 'these people are alive because they have medicines, thanks to your government giving aid or to you as a person who did something about it' just to show the positive thing? So maybe the way to cover sanitation and other issues to go and look for positive things and then mention the problem. People here are sick of hearing about the black African young child dying.

On the WTO, even the UK could have issued compulsory licences. Basically it's the government to hell with the patent, we're going to encourage generic companies to make the drug and they compete and the price goes down. But they can't because of the power here. In India there is very good law and there is a lots of flexibility. Another thing about compulsory licences is accurate reporting. If you report something wrong and it's just a little thing, people start saying it, and start believing it. Then it goes to the decision makers. Some people reported abandoning patents with a compulsory licence in epidemics, in emergency situations. It isn't. The UK could have issued compulsory licences on that drug without an epidemic or in an emergency; anybody could have done that, particularly in the UK because it is a government system here.

We realised that politicians then start saying 'in an emergency', which means if a country issued a compulsory licence in a non-emergency they get punished. So accurate reporting please!