

Offline: A plague rises in Ethiopia



NHS England

It's time to revivify the campaign against tobacco in Africa. Last week a letter and photographs arrived from a physician in Ethiopia (who prefers to remain nameless). He writes: "I work in Ethiopia and am bringing to your attention posters that have appeared in Addis Ababa over the past several months that advertise Rothmans cigarettes. These posters would be illegal in the UK. They target poor people, in line with the targeting of many developing countries by tobacco companies. The posters and words on the cigarette packs are in English, not in Amharic (the official language of Ethiopia). So health warnings are in a language that is not understandable by many poor Ethiopians. The health warning is printed in a very small area of the pack, on the side, and in barely visible gold lettering. I ask you to ponder the health consequences and costs to human lives and health care in developing countries if the prevalence of smoking increases from less than 10%, as it is now, to 25–30% or more as a result of British American Tobacco (BAT) marketing and advertising in poor countries. Last week, a 3-year-old girl came up to me clutching a pack of Rothmans to her chest: her poor mother was trying to sell them to me." According to Ethiopian news sources, the tobacco market in Ethiopia will grow substantially over coming years. Ethiopia's National Tobacco Enterprise (NTE) has a monopoly on manufacturing and importing all tobacco products into the country. 78% of NTE is owned by the Ethiopian government. Which means the government is colluding in an epidemic of death among its own people, a truly extraordinary situation. NTE predicts, even boasts, accelerated sales of cigarettes over the next 5 years. Perversely, the company has said "our main focus is on social responsibility, rather than profit". In January this year, Ethiopia's Foreign Affairs (and former Health) Minister, Tedros Adhanom Ghebreyesus, visited the UK. One of his meetings was a roundtable discussion with over 30 UK companies—one of which was BAT. Come on Tedros, my friend, end this charade.

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Simon Stevens is to be the new Chief Executive of NHS England. I don't know him well. When he entered the Department of Health as a special adviser to the Labour health team in 1997, he assiduously courted those who

might have views about how the NHS should evolve. I was one of those he invited to lunch. I can honestly say, without any rancour at all, that I made no impression on him. But he certainly made an impression on me. He was clearly in a hurry to do something radical to the NHS. His zeal and energy were palpable and infectious. I think I talked about inequalities in health and how the Labour Government could do something historic, putting equity at the heart of the NHS. But I could tell I was off target. He wanted to hear something more tangible, something that would really shake the NHS out of its complacency. He paid for lunch and left quickly, leaving me to reflect on the fact that I had failed my interview, and badly. And so now he is to return from a successful period in the US (he is currently Executive Vice President of the UnitedHealth Group). His appointment is causing deep divisions among friends. On one popular Internet forum, a very senior medical leader in the NHS wrote: "It's good news. He turned the NHS around last time. He broke the cartel of doctors who created waiting times. I know he was also pro-competition—but it was a different time. He is pro-NHS. We MUST give him a chance. It's our last chance, really it is." A well-known academic who has studied the NHS carefully over many decades replied: "Simon Stevens was [former Health Minister Frank] Dobson's policy advisor, he was and is pro-market, and he used his position for his own benefit—namely, to jump into a senior position in UnitedHealth Care in the US, an appalling organisation in an appalling system, which has a record of fraud and denial of care. He did not break the cartel of doctors, but he did play a role in the break up of the NHS before he left and thereafter through the links with his company in the NHS. He has been appointed to take the project of abolition of the NHS forward and because of his knowledge of the US health system. We should be exposing his record and his company's record." Where does the truth lie? I don't know for sure. But I do know he knows he will be held accountable for protecting the values of the NHS, including equity, and the quality of the care it delivers. We should work with him.

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