

Referring to both pharmaceutical and tobacco companies, explain how transnational corporations can influence the health of people in countries at different stages of development (15)

Both pharmaceutical and tobacco companies can be transnational corporations and some wield enormous international power and influence covering over one hundred countries with billions of pounds worth of profit; in 2009, GlaxoSmithKline had a net income of approximately £6 billion! Some corporations have, for example, used their profits to help fight widespread diseases in less economically developed countries (LEDCs), such as GlaxoSmithKline's help in the fight against Lymphatic Filariasis in Asia, Africa and Latin America. Some have set up health programmes in more economically developed countries (MEDCs) to reduce common health problems in these areas, such as different types of cancer. However, some corporations only supply people with the means to deteriorate their health, such as some tobacco companies like British American Tobacco, especially in LEDCs, but both pharmaceutical & tobacco companies play an important role in the health of the world's people.

A pharmaceutical company is a company, which develops, produces and markets drugs licenced for use as medications, so obviously these companies play a huge role in the health of people worldwide as they provide medication against diseases that would harm health. In LEDCs, medicines can be very expensive and in some countries in the world, in sub-Saharan Africa for example, people's incomes may be so minuscule that they may not even be able to afford food let alone medicine. Pharmaceutical companies make two types of drug: branded and generic. Branded drugs are three to thirty times more expensive than generic drugs and so in LEDCs they are out of the majority's reach, but they are patented and their chemical composition cannot be copied for twenty years; this means that should another company wish to reproduce the specific drug so it can be made available at a cheaper price for the market in LEDCs, it is not possible due to the patent. Therefore this has negatively affected people's health in LEDCs, as the majority of deaths from disease in LEDCs (excluding HIV/AIDS) are curable with modern-day medication but it is how the medication is sold by pharmaceutical companies that prevents medication getting to these countries. Cheaper drugs to combat these common diseases cannot be produced as some pharmaceutical companies patented their branded drugs to increase their profits and eliminate competition from rival pharmaceutical companies.

Although pharmaceutical companies may be harming the health of populations in LEDCs by patenting their drugs for twenty years, many of their drugs are manufactured in factories that are located within LEDCs as they are often far cheaper than producing drugs in MEDCs as wage regulations are much stricter and land is much more expensive. Pharmaceutical companies want to manufacture as much product as they can to maximise profit and so, for example, Bayer HealthCare, whose headquarters is in Germany, manufacture drugs in Morocco, Indonesia, Columbia, Guatemala and El Salvador all of which are LEDCs. The fact that vast quantities of drugs are produced in these countries means that the pharmaceutical companies will need a large, low-skilled workforce to do menial jobs in the factory. In comparison to salaries in MEDCs, the workers in LEDCs are paid far less, but it is much more than many people would have been able to earn before their jobs in the factories, as many of these LEDCs rely heavily on agriculture which is often a very low-paid form of employment. With this higher salary, people may be able to afford healthcare and the more expensive branded drugs that they are helping to manufacture. Some workers' healthcare may even be partly paid for by their employer, therefore helping better the health of the population in LEDCs.

Pharmaceutical companies, such as GlaxoSmithKline and Bayer HealthCare, are thought to have a social and moral responsibility to help in the fight against diseases if they find a cure for them during their drug research and development. Diseases such as Malaria, Yellow Fever, Tuberculosis and African Sleeping Sickness are all curable with drugs produced by pharmaceutical companies. However, these companies are in a widely capitalist industry that

wants to maximise profits wherever possible and providing free medical care for people in LEDCs is often not done, but GlaxoSmithKline and Bayer HealthCare have started a revolution in this field by showing that by using only a small fraction of their vast profits they can help improve the health of millions of people worldwide. GlaxoSmithKline, for example, discovered albendazole in 1972 and was found to be effective against roundworms and tapeworms which caused Lymphatic Filariasis (LF), a disease that causes permanent disability and currently 120 million people are infected with the disease in Asia, Africa and South America. Since 2008, GlaxoSmithKline donated over 1.4 billion albendazole treatments to 48 LEDCs. Their aim is to donate as much albendazole as required to treat the 1 billion people in 83 countries at risk from LF. They also joined the Global Alliance to Eliminate Lymphatic Filariasis (GAELF) in 2000 as a founding member and work together with governments as well as non-governmental organisations (NGOs) to eliminate LF. This is just one example of the work that pharmaceutical companies have done in LEDCs to improve the health of the inhabitants by providing free medication at the cost of a small proportion of their multi-billion pound annual profit.

Pharmaceutical companies have had a large presence in LEDCs in recent history and so have many tobacco companies, traced back to trade and colonial links in the latter part of the millennium. Tobacco companies feel much less of an obligation to help eradicate disease than pharmaceutical companies do and for that reason few tobacco companies have invested, at the expense of their profit, in health schemes to aid the disease-stricken in LEDCs. They are much more interested in securing a long-term community of consumers demanding their product. British American Tobacco (BAT) in Africa is a prime example of this capitalist, profit-driven attitude in LEDCs. In Malawi, BAT advocated the sale of single cigarette sticks, which were very popular with children as they were so cheap; a single cigarette costs one fifth of the price of a single biscuit, which at least has some nutritional value. BAT used a "single-stick" campaign to try and encourage as many young people as possible to start smoking as they knew that once they had tried a few they would eventually become addicted to their product, which is wondrous news for their profit, as their body tells them that they 'need' a cigarette and so they buy more of their product and for this reason, 80 000 to 100 000 children start smoking worldwide every day. Advertising to children in this way ensured that BAT maintained a constant group of consumers to replace the smokers that either, more likely, died from smoking-related diseases or stopped smoking. Smoking causes many types of cancer, such as lung, throat, kidney and liver cancers, and emphysema is also a common problem and every eight seconds someone dies from tobacco use. Although, like pharmaceutical companies, they provide employment for local people, they are often only few tobacco plant farmers and are paid very little and do not receive the healthcare that pharmaceutical companies provide. So, in LEDCs tobacco companies are having a very bad effect as they cause many life-threatening diseases and their advertising campaigns show little sign of wanting to help eradicate the problem.

As well as having a presence in LEDCs, pharmaceutical and tobacco corporations have presence in MEDCs as well. Pharmaceutical corporations' headquarters are often based in MEDCs, such as the headquarters of Bayer HealthCare in Germany and GlaxoSmithKline in the UK. They often do most of their research and development in MEDCs, as they have easier access to highly-developed facilities and laboratories to conduct experiments. Much like in LEDCs, pharmaceutical companies provide employment in MEDCs, but this is often much more skilled work in research and lab work and is highly paid unlike in LEDCs where there are less strict wage restrictions. The majority of people in MEDCs have a high income in comparison with those in LEDCs and so can therefore afford the branded drugs that pharmaceutical companies produce and cleverly market. The sale of these branded drugs in MEDCs to consumers is where most profits of pharmaceutical companies are made. They are not inaccessible as they were in MEDCs and for that reason the health of the population in MEDCs is often much better and the generic drugs provided to health services in MEDCs are often quite cheap and are easily accessible reducing the level of disease in MEDCs. Even though branded drugs might make cheaper, generic copies of these drugs impossible, because of people's higher

disposable income, people can afford the branded drugs and are willing to pay extra money for the knowledge that is produced by a genuine pharmaceutical company and not a supermarket spin-off.

Much like the social and moral responsibility pharmaceutical companies felt in LEDCs, they also feel obligated to do something about the common diseases in MEDCs as well, despite the lower level of disease. A huge health problem in MEDCs are STIs and STDs among youths and costs healthcare services lots of money to treat these diseases. In the UK in 2008 there were 123,018 new diagnoses of chlamydia in clinics: a record number. Additionally from 1999 to 2008 there were 11 times the number of primary and secondary diagnoses of syphilis. The Bayer HealthCare pharmaceutical company started a family planning initiative in 1961 and now has had family-planning clinics in 130 countries for 50 years. They also created "World Contraception Day", which is a day every year to accentuate the importance of contraception. On this day there are fund-raising events, radio talk shows, competitions and events in nightclubs and discos.

Tobacco companies are also present in MEDCs as would be expected and have a large market. Currently around 20% of adults in the USA are smokers and there are large markets in many countries. Many of the same health effects as in LEDCs are found in smokers in MEDCs, such as cancer and emphysema, although treatment of these diseases may be better in MEDCs it still costs the health services many millions of pounds to treat these diseases, which could be classified as diseases of affluence as they are brought upon yourself. In the UK smoking costs £13.74 billion to the government overall! Cigarettes contain many carcinogens and these will obviously adversely harm health of smokers, but although advertising of cigarettes is banned in many MEDCs the already implemented addiction to cigarettes does not need advertising to continue. Fewer people start smoking in MEDCs than LEDCs as advertising is banned and fewer children start smoking as they are well aware of the health effects smoking has as many MEDCs make it compulsory to learn about the effects it has to reduce the cost to the government. Much like with pharmaceutical companies, tobacco companies provide employment in MEDCs, but it is mostly administrative work in offices as production occurs mainly in LEDCs where there are favourable growing conditions for the tobacco plant. Due to MEDCs' laws, tobacco companies must provide some level of healthcare and so in that instance they help better the health of their employees, but again they do little to help with international health problems as they are more concerned with their profit.

In conclusion, both tobacco and pharmaceutical companies have great influence on the health of people in countries at different stages of development, whether they be an MEDC or an LEDC. Producing drugs and medicines and health aid provided by pharmaceutical companies are probably the largest positive influences either of these types of companies have on the health of populations. Pharmaceutical companies are generally positively influencing the health of people in countries at different stages of development, but in different ways either by providing aid or employment or through the capitalist nature of the industry they are in. Whereas tobacco companies are trying to maintain a large consumer pool for their product, whilst adversely affecting people's health due to the carcinogenic nature of tobacco and cigarette products and are therefore negatively influencing the health of people in almost exactly the same way in countries of all stages of development. As tobacco companies have less social and moral responsibility they are not motivated to help in the fight against widespread diseases, like the pharmaceutical companies are.