



**Meeting and declaration on  
"HEALTH CARE FOR ALL"  
Antwerp, Belgium, 25-26 October 2001**

**SUMMARY REPORT  
(TRADUCTION FRANCAISE EN PREPARATION)**

The conference "Health Care for All" held in Antwerp, Belgium on 25-26 October 2001 was initiated by the Belgian Government as President of the European Union and the Antwerp Institute for Tropical Medicine.

The meeting was attended by Ministers and Directors of Health of the fifteen African partner countries of Belgium, directors and high-level representatives of the European Union and its member states, UN-based and non-governmental organisations, the pharmaceutical industry, and scientists and experts concerned with world-wide health development and disease control.

It was not the intention to start another global initiative but to provide results and recommendations which would influence existing agencies and initiatives, and provide a firm basis for national policies.

The meeting was introduced by Dr. Gryseels, Director of the ITM, who outlined five major objectives for the meeting:

- (1) To draw the attention of the international community to the unacceptable state of health in large parts of the world.
- (2) To orient the international initiatives for the fight against AIDS, tuberculosis and malaria towards the strengthening of national health systems, recognising that access to adequate health care is essential for sustainable disease control but, most of all, a universal human right.
- (3) To provide the most affected countries with a forum enabling them to freely express their experiences, problems and expectations, and to organise an informal consultation for the EU, the newly established Global Fund for the Fight against AIDS, Tuberculosis and Malaria and other agencies.

- (4) To review concrete experiences, successes, failures, and perspectives in health systems development and the integration of disease control.
- (5) To bring together all stakeholders in international health development - national and international decision-makers, public health and disease specialists, NGO's and the pharmaceutical industry - who all can find a common goal in the promotion of accessible health care for all.

The meeting was then officially opened by both chairpersons, Mr. Boutmans, State Secretary of International Co-operation of Belgium, and Dr. Songane, Minister of Public Health of Mozambique.

In a first plenary session on Thursday morning (25 October), the EU (Dr. Fransen), the Global Fund (Dr. Kyionga), WHO-AFRO (Dr. Touré), and the ministers of health of South Africa (Dr. Tshabalala-Msimang), of Rwanda (Dr. Rwabuhiri), of Benin (Dr. Seignon) and of Mozambique (Dr. Songane), expressed their views, needs and expectations on both the national and the international level.

Upon request of the organisers, each of the Ministers also highlighted a particular aspect of health care development, i.e. equity, resources, partnerships, accessibility of general importance and of special relevance to their countries. . All the ministers pointed out how structural adjustment programmes and the brain drain result in the lack of human resources in the health sector which is one of the the major problems in their countries today. All of them emphasised that this meeting was indeed addressing a crucial issue, which is often undervalued in international debates. They also agreed that this meeting was very timely in view of the new initiatives that are being developed.

Dr. Kiyonga of the Global Fund described this new initiative and announced that 1.5 Billion US\$ had been committed so far. He expressed his concern about the persistent lack of awareness of the Northern public of the devastating health crisis in the South, and of the market failures which structurally hinder the countries' access to drugs and commodities.

What immediately became apparent in this introductory meeting was the stark contrast between, on the one hand, the important challenges, commitments and achievements of the countries, and, on the other hand, the international response to the global health crisis, particularly when compared to the reactions to the terrorist acts and the anthrax scare in the North. A poignant example in this regard is the observation that the Global Fund commitments are roughly equal to the efforts made to fight anthrax in the US, and only a fraction of the resources made available to counter terrorism in the wake of the attacks of 11 September.

The meeting then continued with authoritative reviews of the models and experiences in the development of health care systems on the international (Dr. El Abassi, UNICEF / WHO) and on the national level (Dr. Samake, Mali). These two speakers made it clear that there exists proof of effective and affordable

models to achieve access to adequate health care for all, provided that there is enough political will and a clear national policy to which external agencies agree to subscribe.

Models and experiences for the integration of the control of AIDS (Dr. Perriens, UNAIDS), malaria (Minister Rwabuhiri, Rwanda) and TBC (Mr. Seignon) in health services were then given. These three speakers clearly explained that, although the reduction of the burden of diseases is a multi-sectorial effort, the health services still play a pivotal role, which includes management, prevention, surveillance and intersectoral actions.

On Thursday afternoon (25 October), six interdisciplinary working groups reviewed and discussed technical issues of health services development (focusing respectively on management, resources and quality), and their role in the control of HIV/AIDS, malaria and TBC. The work done by these groups crystallised in discussion papers and keynote lectures prepared by top experts in the field.

The ministers and directors of Health, together with representatives of international organisations, came together to finalise a declaration on "Health Care for All" (in annex). This declaration was drafted and discussed by them in the weeks preceding the meeting.

At the same time, the collaborators of the ministers reviewed the country processes which are essential for health care development and disease control, and for the utilisation and management of international assistance in this field.

On Thursday evening (25 October), all the participants were welcomed in the Town Hall by Mr. Van Wallendael, acting Mayor of Antwerp, and enjoyed a reception and a very sociable walking dinner. Mr. Van Wallendael praised the efforts of the participants, expressed Antwerp's commitment to international health development, and in particular referred to the Institute of Tropical Medicine and to Dr. Piot, Director of UNAIDS (originating from the ITM) as leading examples in international health development.

Many participants used this opportunity to visit the mobile exposition, "Access to medicine", of Médecins sans Frontières, which was set up on the Town Square for this occasion.

On Friday morning (26 October), all the participants came together in a plenary session.

Dr. Makamba (MOH RDCongo) described another, special country experience from the Democratic Republic of Congo, where health systems are extremely weakened yet faced with enormous problems including AIDS, malaria, trypanosomiasis and all this in a context of war and economic crisis.

Dr. Soucat of the World Bank reviewed the experiences with sector-wide approaches and integrated poverty-reduction strategies.

Dr. Maher of the WHO unveiled a new framework to reduce the burden of HIV/AIDS and TBC, and integrated approaches for increasingly interrelated problems.

All three speakers highlighted both general and specific problems related to health care development, and the need for integrated policies on international, national and local level which aim at improving access to health care in general as at the controlling of specific diseases.

In a following and just as captivating session, other international stakeholders gave their input and presented their views on the subject.

Dr. Pécoul presented the rationale, objectives and strategies of MSF's campaign "Access to Medicine", of which he is the international co-ordinator. He analysed the failure of the free market, particularly with respect to the TRIPS agreements, to existing markets and to the development of new drugs for tropical and poverty-related diseases. He also mentioned the recent creation of constructive partnerships with the industry and stressed that pricing systems key factors in improving access to drugs in developing countries.

Dr. Sørensen, the CEO of Novo Nordisk and representative of the European Federation of Pharmaceutical Industries and Associations (EFPIA) explained the view taken by the pharmaceutical industry. According to him not TRIPS, but poverty are at the basis of the lack of access to drugs in developing countries. He continued by stating that reducing intellectual property rights would undermine the long-term perspectives for developing new drugs in particular for tropical diseases.

Dr. Lorenz of the Swiss Tropical Institute then challenged the research community by pointing out that tropical diseases sciences, particularly in the North, are strongly biased towards basic and product-oriented research, whereas operational intervention research was at least as important and certainly as urgent. He also pleaded for stronger north-south and south-south networks to address the global issues at stake.

A lively debate ensued on these subjects. Nevertheless it appeared that all stakeholders could indeed find common ground in the urgent need to strengthen health services, as the proper way to distribute and utilise drugs and commodities, as the prerequisite for creating economic mechanisms for the marketing and development of drugs, and as the basis for relevant intervention research.

In a last session on Friday morning, the different working groups presented their findings. The expert groups each came forward with an in-depth analysis and practical proposals of their subject. These will be further elaborated upon in a full publication of the meeting's procedures.

Minister Songane presented the draft of the "Health Care for All" declaration, on which the ministers personally had spend several hours earlier that day in a small committee to refine the consensus reached the day before. The plenary gathering provided an animated but constructive additional input to the Declaration, which was then referred to a small secretariat for final editing.

The ministers, directors and representatives of international and non-governmental organisations then participated in a press lunch, attended by a number of national and international journalists.

The conference was concluded by a "political" meeting, which was attended by high-level politicians from the EU, including EU Commissioners Mr. Nielson (development) and Mr. Busquin (research) and Mrs. Aelvoet, Vice-prime Minister and Minister of Health of Belgium. This closing session was co-chaired by dr. Tshabalala-Msimang, Minister of Health of South Africa and Mr. Boutmans, Belgian State Secretary of International Co-operation.

Mr. C. Paulus, Governor of the Province of Antwerp and Chairman of the Board of Trustees of the ITM, and Mr. T. Van Wallendael, acting mayor of the City of Antwerp, welcomed the participants.

On behalf of the participants, Dr. Songane, summarised the findings of the meeting and presented the "Health Care for All declaration" (see elsewhere on this web page).

Dr. Piot, Executive Director of UNAIDS, then outlined his strategy for promoting a multisectoral response to the AIDS-crisis. While recognising the pivotal role of health services in AIDS-care and in some preventive actions, he warned against the "over-medicalisation" of AIDS-control, and emphasised the importance of political will to create "AIDS-conscient" societies.

Dr. Nabarro, Executive Director of the World Health Organisation, first stressed the importance and uniqueness of this meeting, which, unlike many others, was not an assembly of officials' speeches but of passionate advocates of global health who are trying to find practical solutions to the health problems. He said that the Antwerp meeting and call were consistent with WHO's policies to support national policies and to strengthen health systems., He also referred to the current emphasis on outcome-oriented health policies, which may need additional activities to reach the quantitative targets set by the WHO and the UN for the year 2015.

Dr. Bergévin, vice-director of UNICEF, also described the quantitative targets set by the UN Children Conference and related conventions, such as the pending eradication of poliomyelitis. He highlighted the need for partnerships between the health services and national governments in order to reach these global goals and thought that health services alone will not suffice.

Mr. Busquin, EU-commissioner for Research, then make an important announcement on the initiatives on poverty-related diseases within the upcoming Sixth Framework Programme. In the past three years the Commission has spent 120 MEU on research onn AIDS, malaria and tuberculosis but the time is now ripe to move to a higher level. He outlined in particular the European Clinical Trial Platform, which would promote field trials for new drugs and vaccines against these three diseases.

Mr. Nielson, EU-commissioner for Development, called for a massive increase in support for improving the health of the poor people in the world. In line with the spirit of the meeting, he highlighted the need to continue supporting the

establishment of strong health systems, to ensure universal access to effective health care, and to support targeted actions which complement longer-term efforts. Nielson also outlined current and future Community support which will confront the major diseases of HIV/AIDS, tuberculosis and malaria. This will include a Euro 120 million (about 110 million U.S. dollars) pledge to the Global Health Fund). He stressed the importance of addressing the wider determinants of health, particularly through fighting poverty and providing education.

Dr. Kiyonga then described the current state of the Global Health Fund, newly established on the initiative of Mr. Kofi Annan. He announced the new name for the "Global Fund to fight AIDS, Tuberculosis and Malaria", and provided the current level of commitments of 1.5 billion US\$, in part, over several years. This is still far from the target of 10 billion US\$, which is based on only a partial coverage of all the needs. He pounded on the international market failures which hinder global access to health care, the lack of awareness in the North of the impact of the health crisis in the south, and on the fact that this is truly a global crisis threatening the entire world.

Mrs. Aelvoet closed the Conference by stressing the commitment of the Belgian government and population to international solidarity and global access to health care. She confirmed that Belgium would continue to plead the cause of the South on all possible forums, in particular but not only during the presidency of the EU. The Antwerp Call would be an important instrument, which could and should be used at the level of the WHO, the UN, the World Trade Organisation and the upcoming Monterrey conference on development financing, to orient international policies and donors to the true needs of the countries.

Mr. Leysen, council member of Antwerp and one of the early initiators of the meeting, then invited all participants to a closing reception in the Rubens House.

All participants agreed that this was a highly stimulating and productive meeting, which gave a new and strong incentive to the improvement of global access to health care and the integrated fight against major diseases. By emphasising the views and expectations of the south, the meeting and the declaration must be taken into account by national and international policy makers. All the officials agreed to introduce the declaration for formal approval by their national governments, and to introduce it into the different international forums as an important message from the south.

The organisers of the meeting and all participants felt that that their objectives were met. In spite of the short preparation time, also the practical organisation went smoothly.