### GENERAL ASSEMBLY BE-CAUSE HEALTH

26 APRIL 2022 MEMISA, BRUSSELS





## **AGENDA**

- 9:30 Welcome and coffee
- 10:00-11:30 Statutory part
- 11:30 11:50 Coffee break
- 11:50-13:10 Discussion Health Care for All Declaration (HC4All) (introduction)
- 13:10-14:00 Lunch
- 14:00-16:00 Discussion HC4All (continuation)
- 16:00-16:30: Reception





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### STATUTORY PART

- Welcome and introduction
- Approval minutes GA 9 March 2021
- Annual report BCH 2021
- Expenses BCH 2021
- Planning BCH 2022
- Budget BCH 2022
- New members GA
- New members SC
- New WG coordinators





**BE-CAUSE HEALTH REPORT OF THE YEAR 2021** 





### WG ACCESS TO QUALITY MEDICINES



Raffaëlla Ravinetto



# WG RESEARCHERS IN GLOBAL HEALTH - HEALTH POLICY AND SYSTEMS

Belgian Network of Researchers in Global Health – Health Policy and Systems BNR-GH-HPS

Elisabeth Paul



## WG DEMOCRATIC REPUBLIC OF CONGO



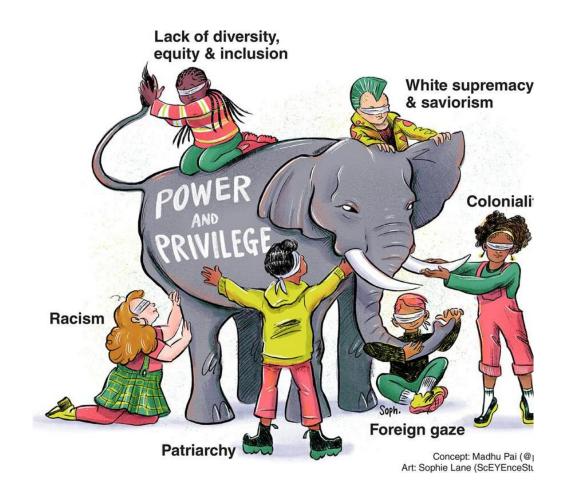


Anselme Mubeneshayi Kananga



# WG DETERMINANTS OF INTERNATIONAL HEALTH





Jasper Thys





### WG DIGITALISATION





Mireille Ntchagang



### WG MENTAL HEALTH



# Be-cause health matters 14

Voix de la santé mentale en Afrique : expériences vécues et leçons à tirer.

### **Avant-propos**

"Voix de la santé mentale en Afrique" et leurs points de vue

Comptes-rendus des ateliers

Rapports sur les différents ateliers par thème.

### Santé mentale en Afrique

Aperçu de la situation et des besoins

### Synthèse

Pistes, chantiers et tensions.

Pourqoi se concentrer sur l'Afrique francophone ?

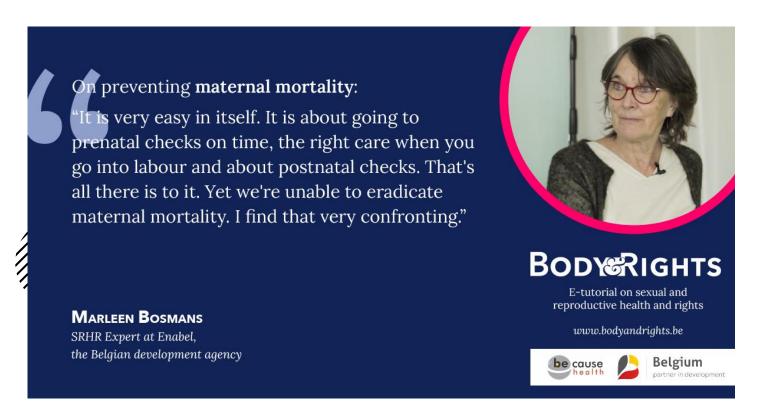
### Feed-back

sur l'organisation et la participation à la Conférence



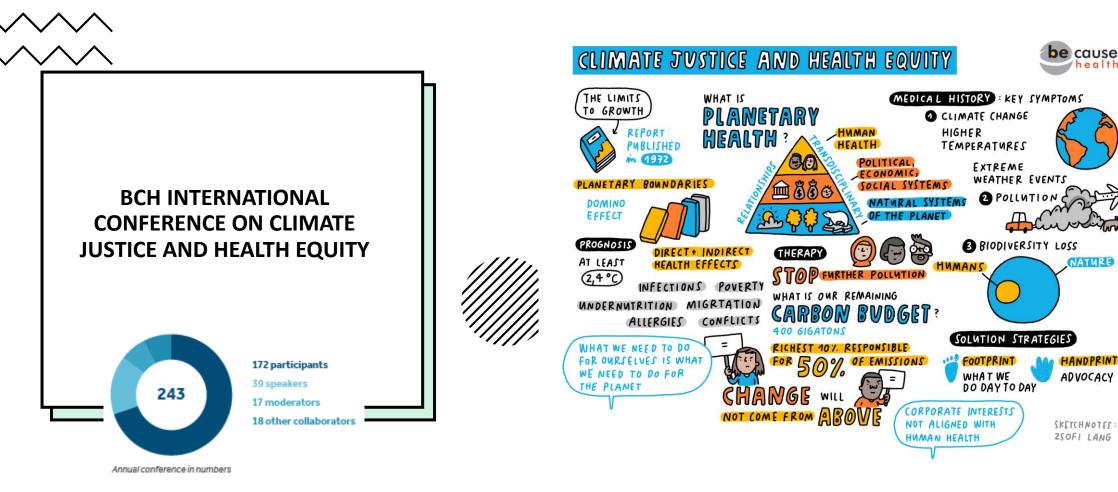
Willem van de Put

# WG SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS



### **Marlies Casier**





http://bchmatters15.be-causehealth.be/







## **BCH GENDER POLICY**



Magalie Schotte



# Expenses 2021

Expenses 2021 ex-BaTM (Belgian Assoc Tropical Medicine)	Amount - €
FESTMIH Fees 2021	1.950,00
ECTMIH 2021 online participation Magalie Schotte	€ 126,42
Total Expenses 2021	€ 2.076,42
Remaining funds - Budget 2021	€ 12.965,95



### **OVERVIEW EXPENSES 2021**

REVENUES	RECEIVED
DGD FA4 ITM project (operating costs)	€68.680,00

EXPENSES	BUDGET	REALISED
Network management - Steering group	€3.670,00	€604,35
Update Body & Rights e-tutorial	€17.780,00	€16.718,69
Communication (Be-cause health matters, translations, graphic work, annual analytics, support & hosting Body&Rights, etc)	€4.268,00	€3.227,68
Representation of Be-cause health expertise at international fora	€7.000,00	€0
Annual conference Climate Justice and Health Equity	€25.000,00	€27.989,98
Working group activities and events (incl. Conference Mental health voices from Africa)	€8.962,00	€16.331,98
Stimulate cooperation in Global South	€2.000,00	€0
Total expenses 2021		€64.872,68
Total budget operating costs 2021	€68.680,00	
Balance 2021 (operating costs)	€3.807,32	

The COVID—19 pandemic limited the activities and thus the level of expenses in 2020. A part of the balance was transferred to the BCH budget 2021, another part to the general FA4 budget (2017-2021). In 2021 some of the activities cancelled in 2020 were held and budget was relocated from activities that couldn't be organized due to applicable COVID-19 measures to activities in line with these sanitary regulations.



### P L A N N I N G B E - C A U S E H E A L T H 2 0 2 2

(highlights)



### WORKING GROUPS

Access to Quality Medicines

Researchers in Global Health - Health Policy and

Systems

Democratic Republic of Congo

Determinants of International Health

Digitalisation

Mental health

Planetary health

Sexual and Reproductive Health and Rights

Social Protection





# B U D G E T B E - C A U S E H E A L T H 2 0 2 2

Result	ACTIVITY	DESCRIPTION (SHORT)	COSTS (in EURO) - 2022
1	1,1	Be-cause health network management (SC & GA)	500€
1	1,1	Be-cause health network management (SC & GA)	500€
1	1,1	Be-cause health communication (website, newsletters, annual report and other publication)	6.500 €
1	1,2	Be-cause health annual conference	- €
1		Be-acuse health annual conference	- €
1	1.3	Be-cause health thematic working groups activities	15.000 €
1	1.3	Be-cause health thematic working groups activities	1.000 €
1	1.4	Registration fee of IMT, related Belgian (BCH) and Global South (EV/IHP/) participants attending international scientific and policy global health events	3.000 €
1	1.4	Travel expenses of IMT, related Belgian (BCH) and Global South (EV/IHP/) participants attending international scientific and policy global health events	4.000 €
			30.500 €



### **Presentations**

### **New member Be-cause health**



New working groups and working group coordinators Be-cause health

New members Steering Committee Be-cause health



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New member Be-cause health

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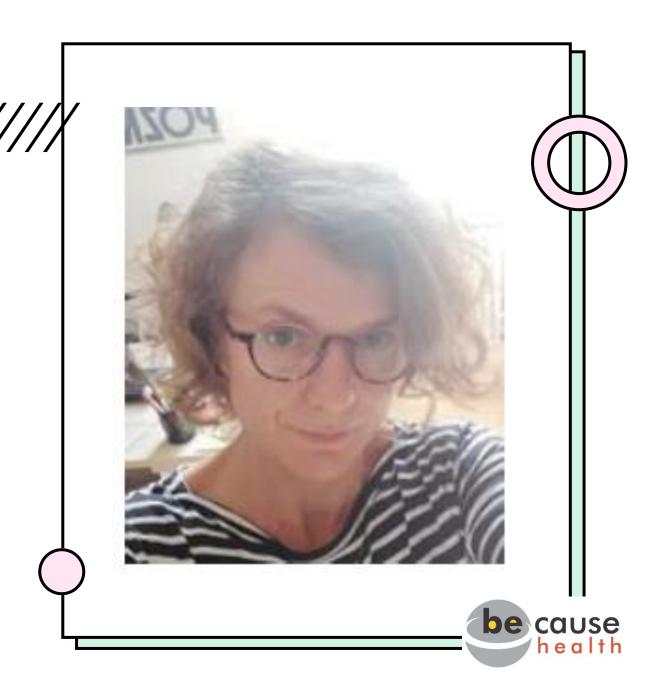
# STEFAAN VAN BASTELAERE





## A M A N D I N E O L E F F E

amandine.oleffe@ulb.be



## DAVIDE ZIVERI







### **Presentations**



New member Be-cause health

New members Steering Committee Be-cause health

# New working groups and working group coordinators Be-cause health



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## HC4ALL: SUMMARY AND CONTEXT



ng and declaration on HEALTH CARE FOR ALL Antwerp, Belgium, 25 - 26 October 2001





## MEETING AND DECLARATION ON "HEALTH CARE FOR ALL"

ANTWERP, BELGIUM, 25-26 OCTOBER 2001

ONCE UPON THE PAST?

Thérèse Delvaux





Formulated by a ministerial working group Endorsed by the participants of the conference on "Health Care for All" Antwerp, 25-26 October 2001

### WHO?

- Initiated by the Belgian Government as President of the European Union and the Institute for Tropical Medicine
- 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
  - Scientists and experts concerned with worldwide health development and disease control.



## WHAT? Adequate health care

Strenghtening national health systems for sustainable disease control

- To draw the attention of the international community to the unacceptable state of health in large parts of the world;
- To provide the **most affected countries** with a **forum** enabling them to freely express their experiences, problems and expectations
- 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.
- To review concrete experiences, successes, failures, and perspectives in health systems development and the integration of disease control.

WHERE? In Antwerp, Belgium







Antwerp, stunning Town Hall

# and the international level

- Chairpersons,
  - Mr. Boutmans, State Secretary of International Co-operation of Belgium;
  - Dr. Songane, Minister of Public Health of Mozambique.
- Panel
  - 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. Rwabuhihi), of Benin (Dr. Seignon) and of Mozambique (Dr. Songane)



### 2. Models and experiences for the integration of disease control



- Control of AIDS (Dr. Perriëns, UNAIDS), malaria (Minister Rwabuhihi, Rwanda) and Tuberculosis (Mr. Seignon) in health services were then given
- Although the reduction of the burden of diseases is a multisectorial effort, the health services still play a pivotal role, which includes management, prevention, surveillance and intersectoral actions

3. Problems related to health care development, and the need for integrated policies on international, national and local level.

• 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

- 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 sectorwide approaches and integrated poverty-reduction strategies

# 4. Drugs : MSF's campaign "Access to Medicine" (Dr. Pécoul)

- 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.
- Recent creation of constructive partnerships with the industry and stressed that pricing systems key factors in improving access to drugs in developing countries.



## **HCA** Declaration

- 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 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.

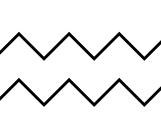




#### Political meeting

- 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.
- 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 partners
- hips 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 annoucement 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 on 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



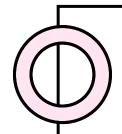


HEALTH
CARE FOR
ALL (2001)
UPDATE
NEEDED?



Xavier de Béthune





# Aims (to be combined)

A new Mission-Vision-Strategy document for BCH

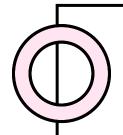
A new Strategy document for DGD

A Community of Practice about H(C)4All

An international (or BCH) conference similar to the one in 2001

A (set of) publication(s)





#### Stakeholders BCH in Global South

## Involving SOUTH partners much more than before, using virtual communication tools

- People using the health care services and programs
- Field workers
- Authorities

- (Indigenous) communities



#### (Until now) this requires a male sperm and a female ovule

Most often, this union results from sexual intercourse

- We as BCH, strive for the RIGHT to freely desired and safe sexual intercourse between consenting adults with whoever they choose
- We as BCH, strive for the parent's and certainly for the mother's RIGHT to
  - Safe pregnancies how many times they/she choose.s
  - Safe childbirth at the moment in their/her live.s and how many times they/she choose.s
- We as BCH, strive for a comprehensive and positive approach to sexuality and procreation
- We as BCH, strive for ...
- One of our important tools for this is the Body and Rights e-tutorial:



BODYERIGHTS

Tutoriel en ligne sur la santé et les droits sexuels et reproductifs

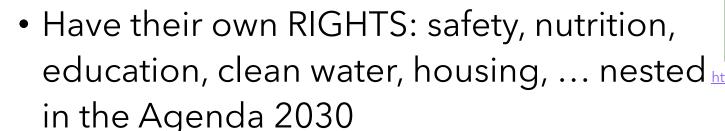
www.bodyandrights.be



💥 Mise à jour 2021



#### Babies and children





- We as BCH, strive for UNIVERSAL access to promotional, preventive and curative (health) care
  - Especially during the first 1000 days of life (<a href="https://thousanddays.org/why-1000-days/">https://thousanddays.org/why-1000-days/</a>)
- We as BCH, strive for a safe environment for children to grow up, ...
- We as BCH, strive for ...



#### Youth and adolescents

- Youth and adolescents are vocal and right to denounce the abuses to the Earth, to society and to themselves. They are too often exposed to early labour, violence, disease, sexual abuse,....
- We as BCH, strive for the recognition of youth and adolescents as fully conscious human beings, able to make their own decisions regarding their lives, their gender and their health.
- We as BCH, strive for UNIVERSAL access to factual and scientific information.
- We as BCH, strive for ...





#### Adults

- ALL human beings have RIGHTS to health and quality health care, EQUITABLY, according to their needs
- ALL human beings must be able to promote their own health and the health of others
- <a href="https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health">https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health</a>
- We as BCH, strive for a tailored approach, suited to EACH individual (e.g. all together: married, fertile, LGBTQi+, parent and migrant, ...)
- We as BCH, strive for...



## Elderly

- Compassionate care
- AUTONOMY
- Access to (health) care

- We as BCH, strive for a timely recognition of the specific needs and care for this growing group of people
- We as BCH, strive for...



### III people

- He/she/X is a citizen, member of different groups with their own risks and levels of exposure, member of communities and civil society, inside an overall population.
- He/she/X faces
  - Acute and chronic illnesses
  - Infectious and degenerative illnesses
  - Epidemic or endemic illnesses
  - Mental aspects of health and health care
  - AUTONOMY losses
- We as BCH, strive for UNIVERSAL access to health and health care of each individual confronted with illness.
- We as BCH, strive for the best possible quality in all the above situations.
- We as BCH, strive for...



#### People living with a disability

- Prevention of impairments / health care beyond disability / rehabilitation / social support
- AUTONOMY, independence, and meaningful participation in social life and decision-making on equal basis
- We as BCH, strive for the access of all persons with disabilities to needed health care and rehabilitation.
- We as BCH, strive for the inclusion of people with disabilities and psychosocial disabilities and their supportive networks of choice in the society
- We as BCH, strive for...





### Dying and dead people

- Palliative care
- Grief
- Rituals: RIGHT to care for the dead in the best possible way
- We as BCH, strive for proper care for the dying and the promotion of palliative treatment
- We as BCH, strive for decent and locally appropriate burying rituals
- We as BCH, strive for...



#### Survivors of violence and trauma

- Social violence (physical, mental, sexual, ...)
- Natural catastrophes
- Man-made catastrophes (conflict, migration, exploitation,...)
- Torture
  - Prisons, health related coercion,...
- We as BCH, strive for a peaceful world, where survivors of violence and trauma are cared for and get their own dignity back.
- We as BCH, strive for a smooth integration of emergency, humanitarian and development approaches.
- We as BCH, strive for...





#### Health care workers

- Traditional or Western
- Technical, logistical or administrative
- Local, national, international
- Public, Private not for profit, Private for profit, Informal
- Health committees, District Health Management Teams, Local and national authorities
- We as BCH, strive for the empowerment of all health care workers willing to improve the access of all citizens to quality health (care)
- We as BCH, strive for the participation of local actors in the management and sustenance of quality health services.
- We as BCH, strive for...





One full time equivalent = presence x motivation x competence

#### 'Robots'

- ICT and Artificial Intelligence
  - Internet
  - Patient record
  - DHIS2
- Social media
  - Infodemics
- We as BCH, strive for the efficient automatisation of repetitive tasks, both technical and managerial.
- We as BCH, strive for the use and improvement of electronic patient records.
- We as BCH, strive for the reliance on evidence-based facts.
- We as BCH, strive for...





## Policy

- Democracy and political participation, De-colonisation, Ownership
- Decentralisation (international (Switching the Poles) and national), good governance, evidence-based approaches, quality and balancing
- Peace, reduction of poverty, socially and economically productive lives
- We as BCH, strive for equal PARTNERSHIPS with all the relevant stakeholders (citizens, ill people, patients ... to ... international authorities) to promote and improve health (care) (WATSAN, Nutrition, One Health,...).
- We as BCH, strive for collaborations with indigenous and local communities, including the poorest and most neglected groups of society.
- We as BCH, strive for...



### Suppliers and financing

- Medicines and medical sundries and materials
  - Public, Private not for profit, Private for profit, Falsified, AMR
- Materials and equipment
  - Local production, adapted technology, maintenance, supplies
- Financing
  - Balancing gratuity, self-financing, mutual or not insurances, state budgets, donor funding,...
- We as BCH, strive for official, certified, reliable supplies, suppliers and supply mechanisms
- We as BCH, strive for a balanced mix of funding sources, allowing better access to needed care
- We as BCH, strive for...



#### Health systems

- HC Workers : see supra
- Health programs
  - Specificity vs integration
- Integrated health services, district health systems
- Sustainability, accountability, social acceptability (as in Person Centered Care), solidarity, affordability
- We as BCH, strive for Primary Health Care in its broadest sense, as a way to organize health promotion and services from the community upwards to the most specialized services.
- We as BCH, strive for personal and family centred care, as the way to promote the dignity and AUTONOMY of all citizens.
- We as BCH, strive for...



### Social protection

- Development of social protection
  - Health (care), employment, retirement

- We as BCH, strive for the development of social protection in LMICs beyond health, to unemployment and pensions.
- We as BCH, strive for...



## Management

- Planning cycle
- Quality improvement cycle

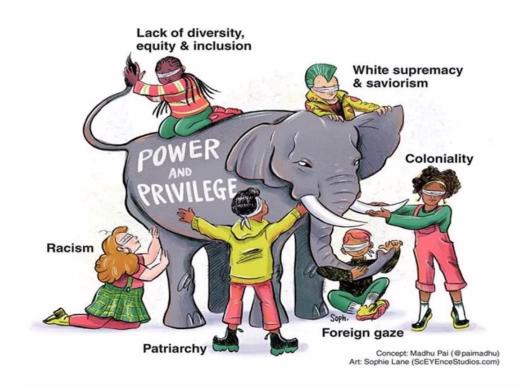
- We as BCH, strive for the systematic use of efficient management and quality improvement tools.
- We as BCH, strive for...

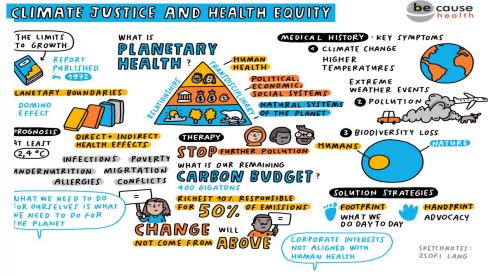




#### We live on a planet, from South to North and from East to West

With ever changing geopolitics, also of health and health care









#### We as BCH, want to live here together

We as BCH, strive for a non destructive use of the resources of the Earth (also by health care services).

We as BCH, strive for the sustainance of communities and families, through which human beings develop, protect and reproduce themselves.

We as BCH, strive for ...



### • Forecasting 10-20 years

- Evolution of international relations
  - Decolonisation, Role of BRICS countries
- Evolution of medical technologies
  - Diagnostics, therapeutics, digitalisation of care
- Evolution of the environment
  - Climate change, pollution,...
- Evolution of...



#### CLIMATE JUSTICE AND HEALTH EQUITY





ECONOMIC

STRUCTURAL INEQUALITIES 2 COMMUNITIES

WORSENING MALNUTRITION



AGROECOLOGY TRAINING

- FARM TOOLS SEEDS + OTHER ORGANIC INPUTS

CLIMATE JUSTICE

UNDERDEVELOPMENT

SURVIVAL OF FUTURE GENERATIONS

PEOPLE'S MOVEMENT

LOTS OF

MINING







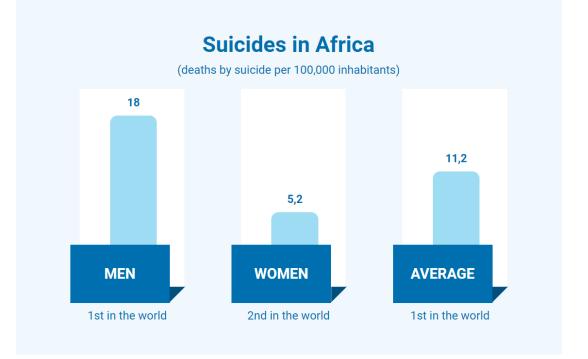


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#### **Decolonisation**



Climate Justice and health equity





**be** cause

health

BCH INTERNATIONAL
CONFERENCE ON CLIMATE
JUSTICE AND HEALTH EQUITY

**KEY MESSAGES** 

 accelerating health crisis induced by the climate emergency requires our urgent attention. People around the world are facing increasing extremes of heat, food and water insecurity, and changing patterns of infectious and chronic diseases



#### a **global challenge**

- mainly marginalised, poorer, population groups, both in the global South and in the European countries are most affected. This makes the climate and health crisis a major issue of justice as well
- The urgency of the issue, and the need for an interdisciplinary, intersectoral, intergenerational and international approach.

Magalie Schotte



BCH INTERNATIONAL CONFERENCE ON CLIMATE JUSTICE AND HEALTH EQUITY

**KEY MESSAGES** 

- complex health issues should be tackled in international cooperation, solidarity and policy
- attention to regions and groups already experiencing a lot of stress



not only look at biomedical, narrowly formulated, solutions and treatments

consider how **traditional**, **indigenous and community initiatives** show

how humans can have their place in ecological systems in a sustainable, balanced way. That is ultimately the best outcome in terms of public health and the health of the planet.

#### Magalie Schotte



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#### REFLEXIONS ON BE-CAUSE HEALTH MISSION STATEMENT

26.04.2022



**Houssynatou SY** 

# INTRODUCING ME...

- From Mali, diaspora in Belgium
- Afro optimist
- Complexity / System thinking

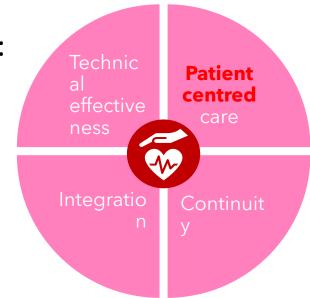


Some reflections built on the "piece à casser" Proposed by Xavier de Bethune in dec 2021



#### HEALTH FOR ALL

- Primary Health and/or Primary health care
- Patient/person centred care/system => dialogue and power sharing with communities
- Social determinants of health ⇔intersectoral collaboration)
- Pro-poor health financing mechanisms :
  - sustainability at national level
  - coordinated global efforts





# BE-CAUSE HEALTH AS INTERNATIONAL NETWORK

#### Decolonization:

- Exchanges & equal partnerships : starting from partner needs
- Self determination : former colonies in the driver sit
- Diaspora as link







# BE-CAUSE HEALTH AS INTERNATIONAL NETWORK

Critical/political role on global agenda goals:

- UHC (unrealistic) attainment
- vaccine (in)equity



# FROM SUPPORTING TO STRENGTHENING SYSTEMS

Governance as cross cutting block

- State stewardship
- More downstream/horizontal accountability
- Vertical programs, global actors and development actors towards the ultimate goal of stronger health systems

=> coordination



Leadership and

ITM's Health Systems Dynamics framework



Interaction with

# • ADAPTIVE TO CONTEXT

- Fragility (settings, states or countries)
- Triple Nexus humanitarian help/development work/peace building)
- Resilience to climate change, pandemics, war...

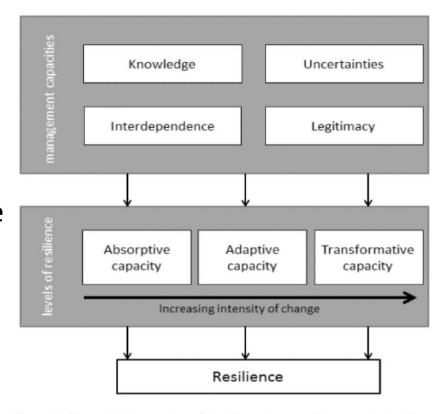


Figure 1 Conceptual overview of health system resilience, adapted from Blanchet et al. (2017).



# ADAPTIVE TO CONTEXT

- Fragility (settings, states or countries)
- Triple Nexus humanitarian help/development work/peace building)
- Resilience to climate change, pandemics, war...
- Learning organizations, systems & networks
- Action research essential in program formulation



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