

The Ideal -Wilbert Bannenberg

<https://www.volkskrant.nl/binnenland/zes-miljard-mensen-hebben-vandaag-de-dag-toegang-tot-medicijnen-dus-er-is-veel-bereikt~b63977f8/>

## **"Six billion people have access to medicines today. So a lot has been achieved"**



Wilbert Bannenberg *Photo: Ivo van der Bent*

Throughout his life, Wilbert Bannenberg (71) has been fighting for equal access to medicines for everyone in the world. 'As a doctor, you can save a life maybe once a week, I wanted to focus on the whole system.'

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In this series, [Fokke Obbema interviews](#) people who dedicate their lives to an ideal.

In the middle of the tropical rainforest, about two hundred kilometres from the Ghanaian capital Accra, there is a hospital of the Catholic mission, where in 1975 only one doctor works, while three hundred patients present themselves every day. As an intern, a Dutch, fourth-year medical student has to make an initial selection together with local nurses. 'I was given 45 seconds per patient for a diagnosis. And that while I initially had no experience at all,' says Wilbert Bannenberg, now 71 years old, in his home in Bergeijk in Brabant.

What impresses him most is the fate of a 19-year-old woman who delivers her child by caesarean section. The baby survives, but the mother gets an infection and dies due to a lack of the right antibiotics: 'She was only a few years younger than me. I was deeply shocked that we couldn't save her life.' The incident left him with a lifelong mission: equal access to medicines for every human being.

In Ghana, he made a start by tackling the hospital's pharmacy. 'It consisted mainly of medicines sent by Catholic nuns in Heerlen, out of charity. I even found insulin from my birth year, 1952. Most of it was worthless.' He asks this and other Ghanaian hospitals the question: which medicines are necessary for the main diseases? By focusing the procurement on these medicines, the hospitals will save a lot of money. Bannenberg's approach is part of a broader movement – a few years later, the World Health Organization (WHO) embraced the concept of 'essential medicines'.

Back in the Netherlands, in 1979 he co-founded Wemos, the Working Group on Medical Development Cooperation, together with physician Anne Emans. He later had two daughters with her. Initially, Bannenberg focused mainly on governments, but soon the pharmaceutical industry came into his sights. The small organisation Wemos successfully sues pharmaceutical company Organon in Oss for promoting anabolic steroids for malnourished African children. They are forced to put an end to this practice.

During his career, Bannenberg combines his work as a consultant for developing countries with campaigning for Wemos – equal access to medicines is the common thread. Since his retirement, he can be found mainly in Brabant. As chair of the Pharmaceutical Accountability Foundation, he is currently litigating against the American pharmaceutical company AbbVie. With the anti-rheumatism medicine Humira, that company has made 'excessive profit', which has cost the Dutch healthcare budget 1.2 billion euros, the foundation states. The underlying goal is a socially responsible price for medicines: 'I hope that we will be able to enforce this in future cases with a court ruling.'

Were you so driven as a child?

'To be honest, for a long time I was mainly a shy little boy with a stamp collection. I come from a family of silent people – my grandfather was one, so was my father, and I myself was quiet in my youth. What I learned from home is that you are in the world to do good for others. That brought the Catholic faith with it, my mother put it into practice by taking care of Brabant families as a social worker. My social awakening only started around the age of 15 with the marches of Pax Christi, the Catholic peace movement. There I learned to talk about relationships, religion, and politics with my peers. During my studies, this continued at a student parish, with a fairly socialist pastor. At university I was introduced to the work of Marx, Mao and Marcuse, the holy grail for students at the time. Under the influence of the 1970s, my faith disappeared, but my social commitment grew. Above all, I wondered how I could do the right thing.'

You studied medicine, but you didn't want to be a doctor.

'When I went to Africa, I wanted to know if I could follow in the footsteps of Albert Schweitzer (German physician and theologian, 1875-1965, working in Africa, *ed.*) and make people better. That turned out to be possible, but I decided not to. As a doctor, you can only heal one person at a time and maybe save a life once a week, but those patients keep coming.

I wanted to focus on the whole system, especially on equal access to medicines. When I met my wife Anne in Suriname and told her that, she was stunned. She had never heard anything like that from a medical student.'

In 1979, you and your wife were among the founders of the action group Wemos, which made a name for itself by suing the Brabant pharmaceutical company Organon. What did they do wrong?

'Medicines that Organon had to warn about in Europe because of harmful side effects, were sold in developing countries with promotional pitches – so they applied a double standard. What was really outrageous was that anabolic steroids were advertised for malnourished children, with a nice taste to go with it. They would promote their growth. In reality, the little protein from the food then goes to the muscles, but not to the brain. You also speed up the growth rate of bones for a while, but they stop growing sooner, eventually making you smaller than normal. Nurses were tempted with a radio to give these medicines to children. At the time, we could only complain to the Dutch pharmaceutical trade association, which had drawn up a voluntary code of conduct. But even on the basis of that weak self-control code, Organon was unsuccessful and had to withdraw those anabolic steroids.'

Was it malicious intent?

'We spoke to the Organon board and I got the impression that they didn't even know they were doing it. But they also didn't want to stop when we gave them the proof. They even tried to get our government subsidy withdrawn, but they didn't succeed. After the Organon affair, we helped a German activist group to take pharmaceutical companies such as Bayer and Hoechst to task on the same grounds. That was also a success.'

## **Could such an affair still be possible today?**

'No, pharmaceutical companies no longer dare to apply these double standards. If they try to do so, they are quickly exposed, thanks to the internet. Promotional talks in leaflets are also prohibited, only scientifically sound information is allowed. I think these are serious points of progress. Unfortunately, what we have not yet achieved is that EU countries show themselves to be responsible for the export of medicines. Their control is limited to the production method, strangely enough the value of the drug itself is not taken into account.'

Did you also target governments with Wemos?

'Certainly. In the 1970s, we had a very broad approach. Because we found that people were getting sick because of poverty, we also questioned the entire political system. But we were also very practical, we fought for clean drinking water to prevent disease or for condoms and good education in the fight against sexually transmitted diseases. And, of course, for access to essential medicines. The standard work on this subject is *Managing Drug Supply and Access to Medicines*, which I consider part of my life's work. An important principle for me in that access is that you can achieve 'more with less'. Governments should not go along with the excessively priced products of the pharmaceutical industry, but opt for the essential medicines. They are more important and cheaper.'

What has made a big impression on you in your career?

'The AIDS crisis in South Africa. That's where we lived as a family in the 1990s. During Nelson Mandela's presidency, I worked on behalf of the WHO in the South African Ministry of Health. We wanted to make AIDS medicines accessible to the entire population, so we fought against the pharmaceutical manufacturers. They did not want to make their medicines affordable, even though at that time there were a thousand deaths a day. In Soweto there were funerals all the time, families were only given a few minutes to bury their loved ones, the country was a *war zone*. However, the pharmaceutical companies stuck to their price, 7,000 dollars per patient per year, purely for profit. I was furious. In the end, we got the Mandela government to introduce separate legislation to enable a lower price. But the pharmaceutical companies challenged this in the Constitutional Court.

'When that threatened to last forever, we decided on a campaign of *naming-and-shaming* – in front of the cameras of BBC and CNN, AIDS patients declared that they would die without life-saving medicines from named companies. It was only then that the international headquarters of those pharmaceutical companies started to move. They thought it was getting too bad for their image. Their change of mind broke the resistance of their local branches in South Africa.

'After that, the only thing left to do was to convince the government, in the person of the next president Thabo Mbeki, to purchase these medicines. In the end, we had to calculate for him that it was cheaper to treat people than to let them die – the pensions for the widows would cost him more than the price of the medicines. That was the deciding factor for the economist Mbeki.'

Doesn't the importance of such a cost argument make you cynical?

'That's a danger, but cynicism is of no use, so I stay away from that. It is also horrible to realize that three years of unnecessary delay have resulted in an estimated 300 thousand extra deaths. Fortunately, I know for myself that I did everything I could to prevent that. What I think is especially important is that in the end we managed to get it done with a whole movement: with patients, doctors, media, action groups worldwide and the WHO. That makes me optimistic.'

Are you the same when you look at global access to medicines?

'When I started, the world's population consisted of four billion people, half of whom had access. Almost half a century later, there are eight billion of us and six billion people have access. So a lot has been achieved, but we have to keep fighting for that last two billion. An obstacle remains the greed, the profit-oriented attitude of companies. Nowadays you see large budgets going to excessively expensive cancer drugs that sometimes only offer a few months more life expectancy – 50 to 100 thousand euros per patient per year threatens to become normal. This puts a big strain on the healthcare budget. Our lawsuit against AbbVie, in which we argue that their prices have led to excessive profits and are therefore unlawful, is also important in that light. The revenue model of pharmaceutical companies is completely focused on those extremely expensive medicines. We want to put an end to that.'

Have you paid a price for your idealism?

'Especially when the children were young, I was absent a lot as a father; About eight to ten times a year I was away from home for one to two weeks. I justified this to myself with the

reasoning: in order to be able to do good things for people who desperately need it, I have to be present on site. But my daughters have said that they would have preferred to see me more often. The same goes for my wife, even though she supported my work. Looking back, I do regret it, it could have been less. My friends still think I'm monomaniacal. Personally, I prefer to call it focused. I just feel deeply driven.'

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**Book tip: It's okay to be mad at capitalism, Bernie Sanders**

'Of course, the government must act against the greed of companies, especially when our health is at stake. Sanders explains well why you can't rely on that and that you should never stop organizing in order to do something about the excesses of capitalism.'