



BE-CAUSE HEALTH ANNUAL REPORT 2023

BE-CAUSE HEALTH IN PICTURES

2023



From left to right:

- » Adrian Xopan, Davide Ziveri, Matteo Innocenti, Rivka Meelis and Hilda Flavia Nakabuye performing a Maya ritual at the ECTMIH Conference in Utrecht
- » The volunteers and speakers behind the scenes of the 2023 Be-cause health conference 'Breaking Taboos in Global Health'
- » Live drawing of the keynote speech of Jayati Ghosh at the 2023 Be-cause health conference 'Breaking Taboos in Global Health'
- » Call launched by Emerging Voices for Global Health, Be-cause health and Health Systems Global for crowd-sourcing success stories and promising failures in global health



Strengthening health for all – What works in a world in poly-crisis and uncertainty?

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FOREWORD

Dear Be-cause health members and friends,

Another year has passed and 2024 is progressing rapidly.

The world around us is facing conflicts more than ever, pandemics are a permanent reality and equitable access to health services is far away. The climate crisis is growing bigger year after year, and people are forced to flee from disaster or conflict. Action against inequalities has suffered from reduced instead of increased attention.

In Brussels, Antwerp, Ghent, Kinshasa, Genève, Mumbai, Conakry, Niamey, and Bujumbura, our network continued to work and grow.

Our working groups generated interaction, shared information and lobbied on planetary health, sexual and reproductive health rights, social protection, decolonisation, new technologies, equal access to quality supplies and medicines, etc.

The presidency of the European Union by Belgium in the first semester of 2024 is a priority for Be-cause health and we will be involved in the April conference in an unprecedented way. We are proud to be a co-creator of a successful journey that started somewhere in 2022, and will continue for over 18 months.

With a bigger group of stakeholders, we will prepare the EU presidency by drafting a strong civil society [call to action](https://www.be-causehealth.be/en/bch-news/sign-the-civil-society-call-to-the-eu-and-its-member-states-to-prioritise-health-equity-and-justice-2/)¹ with recommendations for the implementation of the EU Global Health Strategy. We call on the EU to prioritise action for the right to health for all, to leave no one behind and for a decolonial approach, including more balanced and inclusive participation and decision-making between and within countries, as well as within global health initiatives.

Meanwhile in 2023 we welcomed 10 new organisations, which are fully active. Our 50 by 2025 ambition is now within reach, and with more

than 150 active expert-members and almost 1,000 friends, our platform is very vibrant.

We hope to see you at our next Be-cause health event, one of the meetings of our working groups, a network event or the general assembly. Next year is our 20th anniversary and we hope you will join us to celebrate on the 10th of October 2024.



Happy reading!

Stefaan Van Bastelaere
Chair



LIST OF ABBREVIATIONS

| | |
|-------------------|--|
| 3D | Three dimensional |
| Africa CDC | African Center of Excellence for the Prevention and Control of Communicable Diseases |
| ANGs | Actors of the Non-Governmental Belgian Development Cooperation |
| AzV / MsV | Artsen zonder Vakantie / Médecins sans Vacances |
| BCH | Be-cause health |
| CM / MC | Christelijke Mutualiteiten / Mutualités Chrétiennes |
| CoP | Community of Practice |
| COP28 | 28th United Nations Climate Change Conference |
| COVID-19 | Coronavirus Disease 2019 |
| CSO | Civil Society Organisation |
| DGD | Directorate General for Development Cooperation (Belgium) |
| DIH | Determinants of International Health |
| Dr | Doctor |
| DRC | Democratic Republic of Congo |
| EC | Ethical Commission |
| ECTMIH | European Congress on Tropical Medicine and International Health |
| eHealth | Electronic health |
| eLearning | Electronic learning |
| ePHC | Electronic courses on Primary Health Care |
| eRM | Electronic courses on Research Methods |
| ESP-ULB | Ecole de Santé Publique de l'Université Libre de Bruxelles |
| eSRH | Electronic courses on Sexual and Reproductive Health |
| e-Tutorial | Online tutorial |
| EU | European Union |
| FA | Framework Agreement between DGD and the ITM |
| FESTMIH | Federation of European Societies for Tropical Medicine and International Health |
| FMG | Fraternité Médicale Guinée |
| FPS | Federal Public Service (Belgium) |
| GA | General Assembly |
| H&I | Humanity and Inclusion |
| HC4All | Health Care for All |
| HICs | High-Income Countries |
| IHR | International Health Regulations |
| IT | Information Technology |
| ITM | Institute of Tropical Medicine |

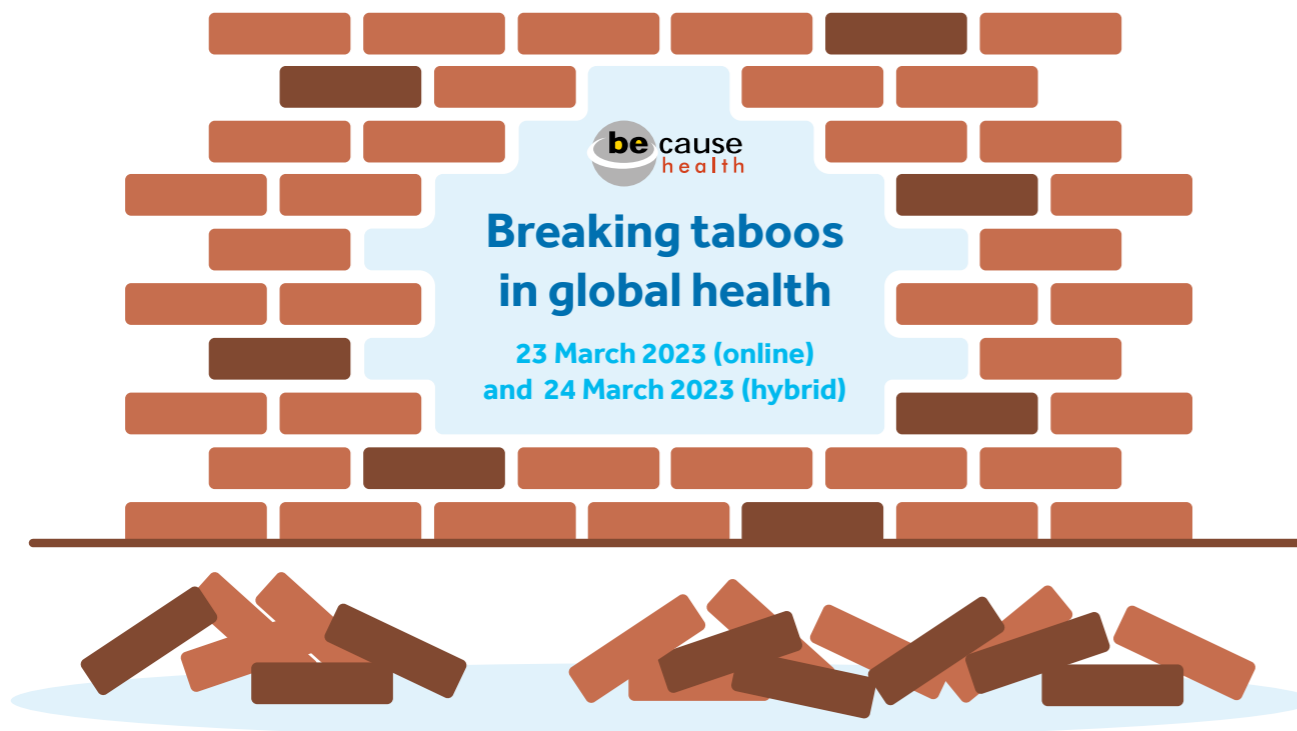
| | |
|-------------------|---|
| IYAD | International Youth Association for Development |
| KCGH | Dutch Knowledge Center Global Health |
| LMICs | Low and Middle Income Countries |
| MdM / DvdW | Médecins du Monde / Dokters van de Wereld |
| MHPSS | Mental Health and Psychosocial Support |
| MMI | Medicus Mundi International |
| mRNA | Messenger RiboNucleic Acid |
| MSDC | Maison de Solidarité des Diabétiques au Congo |
| NGO | Non Gouvernemental Organisation |
| NVTG | Dutch Society of Tropical Medicine and International Health |
| PH | Planetary Health |
| PHC | Primary Health Care |
| PPR | Pandemic Preparedness and Response |
| QUAMED | Quality Medicines for All |
| R&D | Research and Development |
| SAPI | Save the People International |
| SC | Steering Committee |
| SPH | Social Protection in Health |
| SRHR | Sexual and Reproductive Health and Rights |
| UGent | Ghent University |
| UHC | Universal Health Coverage |
| ULB | Université Libre de Bruxelles |
| UMC | University Medical Centre Utrecht |
| UN | United Nations |
| UNOCD | United Nations Office on Drugs and Crime |
| WG | Working Group |
| WG DIG | Working Group Digitalisation |
| WG DIH | Working Group Determinants of International Health |
| WG DRC | Working Group Democratic Republic of Congo |
| WG MED | Working Group Access to Quality Medicines |
| WG PH | Working Group Planetary Health |
| WG RGH | Working Group Researchers in Global Health |
| WG SPH | Working Group Social Protection in Health |
| WG SRHR | Working Group Sexual and Reproductive Health and Rights |
| WHO | World Health Organization |

¹ <https://www.be-causehealth.be/en/bch-news/sign-the-civil-society-call-to-the-eu-and-its-member-states-to-prioritise-health-equity-and-justice-2/>

“BREAKING TABOOS IN GLOBAL HEALTH” BE-CAUSE HEALTH INTERNATIONAL CONFERENCE ON THE FUTURE OF GLOBAL HEALTH

<https://www.be-causehealth.be/en/bch-events/breaking-taboos-in-global-health>

The Be-cause health (BCH) international hybrid conference “[Breaking taboos in global health](#)” was held on 23rd and 24th of March. The conference explored global health topics that are often left aside, ignored, or only addressed with “a High-Income Country (HIC) gaze”. Since so many of them remain unspoken, the participants of the conference dived deeper into some of these “**inconvenient global health truths**”. They reflected on the future of global health, the future role of development cooperation in general, and the role that global health stakeholders could/should play in this. They shared experiences, cases, and research results, looking **beyond the walls of sectors, regions, dogmas, and political beliefs**.



Global health taboos

Commercialisation of health, healthcare, and health products

The **commercialisation of health, healthcare and health products** has undeniably taken off in recent decades. Private stakeholders, both for-profit and non-profit, have been taking on a more pronounced role in the health sector. Commercial approaches to healthcare delivery, governance, and financing have become more dominant in the global health policy arena. These developments have implications on the right to health, access to healthcare and health products for the world’s population.

Addressing power imbalances in global health

Health equity and healthcare for all has become a key landmark goal in global health theory, policy, and practice. While national and international stakeholders are struggling to find solutions so that everybody can have access to the highest standard of health, they are confronted by structural barriers. These are sustained by enduring power asymmetries, all embedded in today’s global health theory and practice.

Including the excluded

The **right to health and access to quality healthcare** are human rights. However, a considerable group of people and their health problems slip through the cracks of our healthcare net. Their right to health is ignored, and the majority of people are not aware of their health problems.

Impact of innovation, recent technologies, and Research and Development (R&D)

Science is advancing rapidly, and recent technologies are influencing our health. However, **the gap in access** to these technologies between the Low- and Middle-Income countries (LMICs) and the HICs remains huge.

Climate justice as a prerequisite for health equity

Climate risks are carried out **unjustly**. The link between health inequity, the climate crisis and social injustice is seldom (directly) made. To tackle the health crisis induced by the complex climate emergency, we need to fight social injustice and go beyond purely technical (including biomedical), narrowly formulated, solutions and treatments, and consider **traditional, indigenous and community initiatives** in global and local health.

Key takeaways

The conference wanted to break taboos in global health, gather the knowledge, and practice that exists about them, exchange on insights and results, learn from successes and failures to rethink the future of global health, by giving a voice to all.

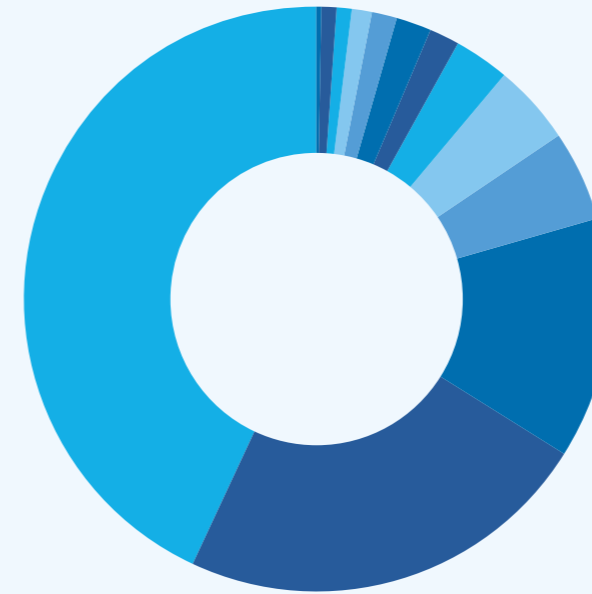
However, we concluded that **more time is needed** to really break entrenched taboos, that during the conference **many taboos still remained untouched**, or that the consequences of breaking the taboos **are not really translated into our practices and institutions** (yet).

Be-cause health should keep on breaking those taboos, and play this role in its future activities.

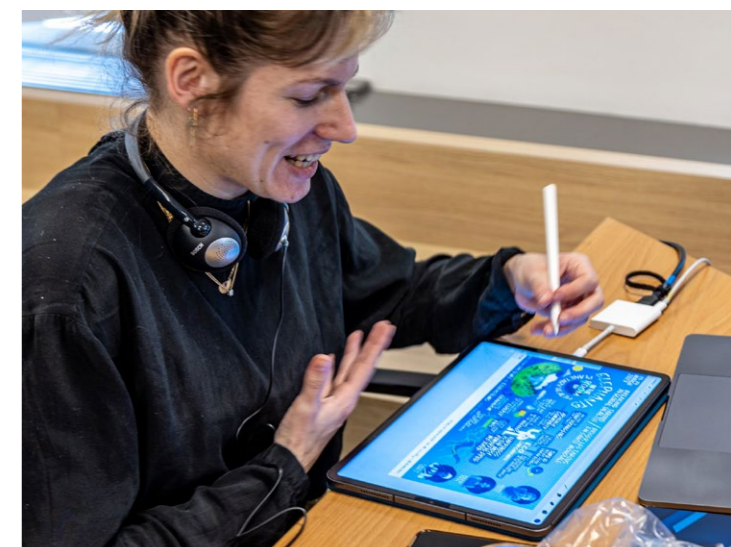
A taskforce voluntarily supported the set-up of the programme and the practical organisation of the conference. A scientific committee, also on a voluntary basis, and chaired by Dr. Abdoulaye Sow (Fraternité Médicale Guinée, FMG), reviewed the abstracts and selected the various speakers. The platform diversity was well represented within the **taskforce** and the **scientific committee**.

The supporting partners of the conference were the **Institute of Tropical Medicine (ITM)**, that hosts Be-cause health, **Enabel** that facilitated the venue for the conference, and the **Belgian Ministry of Foreign Affairs / Directorate General for Development Cooperation (DGD)**.

In numbers



- » 1 half day of **online conferencing**
- » 1 half day of **hybrid conferencing**
- » **167 remote participants** on March 23
- » **313 remote** and **97 on-site participants** on March 24
- » **13** submitted **organised sessions**
- » **36** submitted **individual abstracts**
- » **2** **keynote sessions**
- » **10** **parallel sessions**
- » **33 remote** and **13 on-site speakers**
- » **6 remote, 6 on-site** and **8 chat moderators**
- » **21 other collaborators**



WORKING GROUPS

Access to Quality Medicines

<https://www.be-causehealth.be/en/bchgroups/access-to-quality-medicines/>

The Working Group (WG) Access to Quality Medicines (WG MED) is dedicated to fostering active engagement among its members in research, education, and advocacy initiatives with the aim of advancing **equitable access to high-quality medical products**. The WG MED facilitates exchange among its participants and provides the opportunity for external individuals, including students, to showcase their areas of research, fostering networking and cross-learning.

The activities within the WG MED have evolved, leading to separate events for anglophone and francophone participants, although some members actively engage in both forums. Additionally, customised distribution lists have been implemented to cater to participants interested in virtual meetings and those solely seeking **updates on relevant literature**.

On April 19th, the WG MED organised a **virtual meeting** for the **anglophone community** with 27 participants. On the agenda were the influence of **NGOs' internal policies on the procurement of quality medicines** and **staff awareness of quality-related risks**, and the issue of **access to essential medicines at the primary health care level in regions affected by conflicts**.

On December 1st, a **3-hour webinar** was organised for the **francophone community**, attracting approximately 50 participants. The objective of the webinar was to analyse and discuss how **regional pharmaceutical regulatory initiatives** contribute to **strengthening national regulations in African countries**. The presentations featured a comprehensive representation of organisations.

Findings from the webinar that the WG MED organised in **2022** for the **francophone community** on the topic of **Substandard and Falsified Medicines in African Countries**, were used to publish the **peer-reviewed article "The response to substandard and falsified medical products in francophone sub-Saharan African countries: weaknesses and opportunities"**² in the Journal of Pharmaceutical Policy and Practice.

Panel Discussion "Equal Access to Controlled Substances for Medical and Research Purposes"

<https://www.be-causehealth.be/en/bch-events/panel-discussion-equal-access-and-empowered-health-2/>

The WG MED and WG Democratic Republic of Congo (WG DRC) collaborated with the **United Nations Office on Drugs and Crime (UNODC)** to organise, in the fringes of the meeting of the Horizontal Working Party on Drugs of the Council of the European Union (EU), a two-day Panel Discussion on the topic of "Equal Access to Controlled Substances for Medical and Research Purposes," held in Flagey (Brussels) on November 14th and 15th.

Notwithstanding the universally recognised medical indispensability of narcotic drugs and psychotropic substances, millions of people in particular in LMICs continue to suffer due to a lack of access to controlled medicines, including those on the World Health Organisation (WHO) List of Essential Medicines.

The panel discussion explored the reasons for inequities in access to, and availability of, controlled substances and the different challenges and barriers relating to access to controlled medicines for **pain management** and other **healthcare needs**, all of which are complex, multi-tiered and interrelated.



Democratic Republic of Congo

<https://www.be-causehealth.be/en/bchgroups/dr-congo-2/>

The WG DRC is a **geographical group**, given the importance of the bilateral and economic relationships between the Democratic Republic of Congo (DRC) and Belgium. The WG DRC is represented by the various stakeholders involved in international solidarity and active in DRC: stakeholders of the non-governmental Belgian development cooperation (ANGs), health institutions, 4th pillar and diaspora associations, universities, and anyone interested in health development in DRC.

On November 17th, a discussion was organised on **"The state of implementation of universal health coverage (UHC). The case of free maternity care in DRC."** Approximately 10 people participated in the meeting and eminent personalities and scientists shared their knowledge on the subject.



Determinants of International Health

<https://www.be-causehealth.be/en/bchgroups/determinants-of-international-health/>

In view of four different elections and the Belgian presidency of the Council of the European Union coming up in 2024, the WG on Determinants of International Health (WG DIH) wrote a memorandum on international health, together with a number of organisations from outside the WG. Afterwards, some of these organisations decided to join Be-cause health and the WG DIH, as a space for exchange, coordination and learning.

On November 9th, they organised a first meeting with the newly formed WG. Participants gave their input and feedback on the draft concept note for the EU Conference **"Towards health equity: Strong Health Systems, Universal Health Coverage and Social Participation"**³, that will be co-organised in

April 2024 by the Belgian Ministry of Foreign Affairs, International Trade and Development Cooperation, Enabel and Be-cause health, in the framework of the Belgian Presidency of the EU Council.

Digitalisation

<https://www.be-causehealth.be/en/bchgroups/digitalisation/>

On March 23rd, the WG Digitalisation (WG DIG) organised a session during the 2023 Be-cause health international conference **"Breaking Taboos in Global Health"**⁴ on the theme "The Opportunities and Limits of Digitalisation: Between Optimism and Pessimism." With entrepreneurs and e-health experts, this webinar aimed to explore the limits and opportunities of digitalisation for healthcare access.

Key-takeaway

*Ultimately, digital solutions and public health policies focused on digitalisation must adapt to the **needs of the population** and not the other way around. This is how digitalisation in healthcare can improve access to healthcare for all, without being a universal solution.*

Taoofeekat Adigun, Researcher at the African Center for Digital Health Policy Research



On December 14th, the WG DIG organised a **webinar** on **"Using e-learning tools to strengthen healthcare professionals"**⁵. This hybrid event aimed to explore the transformative potential of e-learning tools in building the capacities of healthcare professionals across the African continent.

² <https://doi.org/10.1186/s40545-023-00628-y>. Reference: Mace C., Nikiema J.B., Sarr O.S., Ciza Hamuli P., Marini R.D., Neki R.C., Bourdillon Esteve P., Ravinetto R. "The response to substandard and falsified medical products in francophone sub-Saharan African countries: weaknesses and opportunities." Journal of Pharmaceutical Policy and Practice, vol. 16, p. 117 (2023)

³ <https://www.be-causehealth.be/en/bch-events/towards-health-equity-strong-health-systemsuniversal-health-coverage-social-participation-2/>

⁴ <https://www.be-causehealth.be/en/bch-events/breaking-taboos-in-global-health/>

⁵ <https://www.be-causehealth.be/en/bch-events/leveraging-e-learning-tools-to-strengthenhealth-professionals-2/>

Planetary Health

<https://www.be-causehealth.be/en/bchgroups/planetary-health-2/>

The **Climate and Health nexus** has gained track in global health in 2023, from the One Sustainable Health forum in July in Lyon, to the World Health Summit in October in Berlin, to the milestone of the Declaration on Climate and Health, signed by more than 120 countries, at the 28th United Nations (UN) Climate Change Conference (COP28) in December in Dubai. The journey of Planetary Health (PH) has started.

On January 25th, the WG Planetary Health (WG PH) started the year hosting a webinar about ["Reinforcing health systems in climate crises: One Health in action and floating hospitals"](#)⁶.

On March 24th, at the Be-cause health conference ["Breaking Taboos in Global Health"](#)⁷, the WG PH facilitated a **plenary session** entitled "The elephant(s) in the room of Planetary Health" with the **Arhuaco indigenous leader Calixto Suarez from the Sierra Nevada in Colombia**.



Indigenous voices are invaluable to enrich our knowledge systems from other perspectives.

In addition to **three coordination meetings** during the year, on June 21st, the WG PH had the pleasure of inviting the members to a **private pre-screening of "The Climate Baby Dilemma"** at the Enabel Conference Centre.



After the screening, participants discussed the intersection of climate crisis, eco-anxiety, and family planning among younger generations. The evening was organised in collaboration with the WGs Mental Health and Psychosocial Support (MHPSS) and Sexual and Reproductive Health and Rights (SRHR).

On November 23rd, the WG PH co-organised a panel session at the European Congress on Tropical Medicine and International Health (ECTMIH) 2023⁸ Utrecht on ["Planetary health and wellbeing: what does mental health mean on a warmer planet? Transdisciplinary views and diverse contexts"](#)⁹ with Adrian Xopan, an indigenous leader from the Mayan community in Mexico.



On December 3rd, the Health Day at the COP28 in Dubai, the WG PH closed the year. After a **teambuilding breakfast** at Médecins du Monde (Brussels), the WG PH participated, in the presence of our special guest Adrian Xopan, at the **Climate March in Brussels**.

Researchers in Global Health

<https://www.be-causehealth.be/en/bchgroups/belgian-network-of-researchers-in-global-health/>

On February 16th, the renewed WG Researchers in Global Health (WG RGH) was launched during a first meeting that attracted 17 participants. The coordination of the WG RGH lies with **global health professionals in the early stages of their career**. The WG provides a platform for discussion and a community of practice (CoP) contributing to global health research and practice. The general objective is to bring young professionals together, share knowledge, foster interdisciplinary partnerships and facilitate, consolidate and promote evidence-based research and highlight the importance and relevance of global health topics.

During a meeting on November 27th, the WG RGH started planning and preparing the production of a **series of podcasts called 'Global Health Insights'** (release scheduled in 2024/2025). The series will feature individual episodes with contributions from the different WGs, each aligning with the overarching theme of **'Paradigm Shift in Global Health.'** This podcast is aimed at global health professionals and students.

Sexual and Reproductive Health and Rights

<https://www.be-causehealth.be/en/bchgroups/sexual-and-reproductive-health-and-rights-hiv/>

The WG SRHR organised five **meetings** in 2023, one hybrid and four digital. **The topics** discussed ranged from the **links between mental health and SRHR**, via the preparation of the Belgian Presidency of the EU Council, to decolonisation and opposition to SRHR in international negotiations, among other things.

On June 23rd, the WG SRHR organised an **in-person workshop on decolonising SRHR through programming** from the bottom-up, with stakeholders from Belgium, Uganda and DRC.

⁶ <https://www.be-causehealth.be/en/bch-news/recording-of-the-webinar-reinforcing-health-systems-in-climate-crisis-one-health-in-action-and-floating-hospitals-2/>

⁷ <https://www.be-causehealth.be/en/bch-events/breaking-taboos-in-global-health/>

⁸ <https://www.be-causehealth.be/en/bch-events/ectmih-2023-utrecht-shaping-the-future-of-equitable-and-sustainable-planetary-health-2/>

⁹ <https://www.youtube.com/watch?v=6QfWgfMQAtQ>

¹⁰ Using the BCH reflection gender and power relations tool: <https://www.be-causehealth.be/wp-content/uploads/2023/11/Be-cause-health-reflection-gender-and-power-relations-tool.xlsx>

¹¹ <https://www.bodyandrights.be/>

¹² <https://www.be-causehealth.be/en/bch-events/towards-health-equity-strong-health-systemsuniversal-health-coverage-social-participation-2/>

The key takeaway from the workshop is the need to continue on the decolonisation track. The WG SRHR will discuss further on how to incorporate their learnings into the work of the WG and in advocacy efforts of the WG in general, and of its member organisations.

On April 18th, the WG SRHR appointed a **French speaking co-chair**. This decision was based on the lesson learned from the observation¹⁰ that French speaking members felt less comfortable participating because English had become the dominant language in the WG. Afterwards it was decided to send the agenda and the invitations for the WG in English and French, and that questions or clarifications can be asked/given in French during the meetings. This is important to ensure equal participation of all interested WG members.

During the yearly update of the factsheet data, featuring in the e-tutorial on SRHR ["Body & Rights"](#)¹¹, **some bugs** were detected in the tutorial. The developers were contacted and the main issues were fixed.

Social Protection in Health

<https://www.be-causehealth.be/en/bchgroups/social-health-protection>

In 2023, the WG Social Protection in Health (WG SPH) focused entirely on preparing the planned EU Conference ["Towards health equity: Strong Health Systems, Universal Health Coverage and Social Participation"](#)¹², organised in the framework of the Belgian Presidency of the EU Council (2024).

The topic of Universal Health Coverage (UHC) is one of the main topics of the planned conference and the WG SPH gave its input and feedback on the draft concept note for the conference. They also started the preparation of one of the afternoon workshops "Social Health Protection: How does social health protection strengthen health systems and advance UHC?"

REPRESENTATION AND NETWORKING

ECTMIH 2023 “Shaping the future of Equitable and Sustainable Planetary health” – Utrecht

<https://www.be-causehealth.be/en/bch-events/ectmih-2023-utrecht-shaping-the-future-of-equitable-and-sustainable-planetary-health-2/>

Be-cause health is the Belgian member of the [Federation of European Societies for Tropical medicine and International health](#)¹³ (FESTMIH). Every two years, FESTMIH co-organises the ECTMIH Congress with some of its member organisations. In 2023, the ECTMIH Congress was organised in Utrecht (the Netherlands) in collaboration with the Dutch Society of Tropical Medicine and International Health (NVTG), the Dutch Knowledge Centre Global Health (KCGH) and the University Medical Centre Utrecht (UMC).

The **ECTMIH congresses** stimulate an active participation of researchers from LMICs, global health thinkers, policy and decision makers, and include debates on the role of cooperation agencies and of scientific institutes in the field of global health. The number of participants averages around 1,500.

Over the last 15 years, successive ECTMIH congresses have repositioned themselves from the original core tropical medicine priorities within a wider context of cross-cutting global health issues and disciplines. The **ECTMIH 2023 congress** was held from **November 20 – 23**, and was entitled “[Shaping the future of Equitable and Sustainable Planetary health](#)¹⁴”.

Be-cause health, as a delegate of the General Assembly (GA) of FESTMIH, collaborated in the **general organisation** of the congress, **moderated several sessions** during the congress, and **co-organised the first session on Climate Justice and a session on decolonising global health**, together with FESTMIH and the NVTG. The WG PH submitted a proposal for **an organised session** and was selected to organise the session on **Planetary health and well-being**.

On November 21st, the first session of ECTMIH 2023 “[Climate Justice](#)¹⁵” creatively combined **scientific insights, storytelling, art and rituals** to unravel connections between the climate emergency, global environmental challenges, and present avenues to achieve **social justice and health equity**. Powerful images, scientific evidence

and case studies and testimonies from Bangladesh, Mexico, and Uganda were presented.

On November 23rd, in **an interactive session** on “[Decolonising Global Health. Beyond the rhetoric facing the practice](#)”¹⁶ two cases of the struggle, to move beyond the rhetoric of decolonising global health, were showcased.



As is customary, **BCH members were very well presented** in the ECTMIH programme and participated in over 30 sessions, and several poster presentations.



For an overview, see: <https://www.be-causehealth.be/wp-content/uploads/2023/11/ECTMIH-programme-ITM-and-Be-cause-health-2023-Utrecht.pdf>

In the fringes of the ECTMIH 2023 Congress, Be-cause health and the ITM Alumni network organised a well-attended **networking event**. During the event ITM staff, alumni and Be-cause health members, present at the congress, were able to meet up and discuss on the congress’ findings.

GA In-depth discussion “Lessons learned from the Pandemic?”

https://www.be-causehealth.be/wp-content/uploads/2024/02/230926-Minutes-General-Assembly-BCH_draft.pdf

On September 26th, after the statutory part of its General Assembly (GA), Be-cause health organised an in-depth panel discussion on “Lessons learned from the Pandemic?”. Did we become wiser after the pandemic, and are we better prepared for the future? After a panel of speakers set the scene, a debate with representatives of the Belgian government and the audience took place.

UGent Health Sciences Crossing Borders

On October 19th, Be-cause health presented itself, via **an interactive booth**, to all Ghent University (UGent) medical students with an interest in global health, during their event “Health Sciences Crossing Borders”.

Enabel Sector Days

On November 16th, Be-cause health was invited to make a presentation on **planetary and mental health** at the annual Enabel sector days. During these days, all Enabel’s staff, from its health projects worldwide, come together to share, exchange and plan. Adrian Xopan (an indigenous Maya leader) and Dr. Davide Ziveri (co-chair of the WG PH) presented the case of the Maya community in Mexico.



Medicus Mundi International CoP on Climate and Health Justice

<https://www.medicusmundi.org/climate/>

Be-cause health is member of the Medicus Mundi International (MMI) Community of Practice (CoP) on Climate and Health Justice.

On November 30th, in the framework of this CoP, Be-cause health co-organised (together with [the Kampala Initiative](#)¹⁷), and moderated a session on “[Assessing vestiges of coloniality within the discourse on climate and health justice](#)”¹⁸.

¹³ <https://www.festmih.eu/>

¹⁴ https://cris.vub.be/ws/portalfiles/portal/112913730/Programme-ECTMIH_2023.pdf

¹⁵ https://youtu.be/j9ARzcVd_rl?si=p-XUAr2D0qYf13Le

¹⁶ <https://youtu.be/NeizA1NkreY?si=EtKr7LJZGPdVQ7Z7>

¹⁷ <https://www.medicusmundi.org/kampalainitiative>

¹⁸ <https://www.medicusmundi.org/vestiges-of-coloniality/>

COORDINATION

Steering Committee

In 2023, Marlies Casier (Sensoa) gave back her mandate as a valued member of the Steering Committee (SC). After five years of engagement in the SC, Marlies left Sensoa and became a postdoctoral researcher at the Department of Social Work at the UGent. The GA elected Elisa Vanlerberghe (Fracarita NGO) as the new member in the SC. She is the co-coordinator of the WG RGH and will try to give voice to the young professionals, researchers and the emerging voices.

In 2023, one GA and five SCs (three online and two hybrid) were organised, including one SC with attendance of the WG coordinators, and an extraordinary SC to agree upon the new Internal Regulations. A teambuilding activity was organised for the SC members and WG coordinators.

Secretariat

The secretariat shared [Newsletters and Updates](#)¹⁹ with relevant information on activities or linked to the platform throughout the year. The website is updated regularly. [Facebook](#)²⁰ and [Twitter](#)²¹ were followed up. An internal [LinkedIn group](#)²² is in place.

ITM continues to host and support the BCH secretariat by facilitating and supporting 1.3 FTE for the coordination, the administration and the communication of the platform.

New members

<https://www.be-causehealth.be/en/about-us/members-2/>

On September 29th, 10 candidate member organisations presented themselves to the GA, either live, online or with a video presentation: UNICHIR, Solidaris, QUAMED, Friendship Belgium, MSDC, SAPI, Les Amis du Monde Entier, Congodorpen, BlueSquare and Ugani Prosthetics. All organisations were accepted as members by the GA.

New internal regulations

<https://www.be-causehealth.be/wp-content/uploads/2023/11/Internal-regulations-2.0-Update-Nov-2023.pdf>

In 2023, a small taskforce within the SC reviewed the 2018 internal regulations. The review was needed following the recommendations of the [2020 hera evaluation](#)²³, and [SC's management response](#)²⁴. Moreover, the membership candidacy of a for-profit organisation provoked some discussion during the 2022 GA. The SC committed itself towards the GA to lay down, within a year, a framework or guidelines with regard to the membership of (for-profit) organisations.

Recommendations hera Evaluation Report BCH 2017-2020

- » Assess whether the vision, objectives and result areas of BCH need to be updated;
- » Clarify roles in advocacy of the platform and WGs;
- » Continue the current governance structure;
- » Promote communication and exchange between WGs;
- » Continue and enhance engagement in the policy dialogue with DGD;
- » Invite and involve senior managers of member organisations;
- » Promote diversity, inclusion and learning by promoting inclusion of young professionals and experts from LMICs;
- » Keep membership records up-to-date;
- » Continue strengthening internal and external communication.

On September 26th, the SC presented the new set of internal regulations to the GA, which approved the proposal. We highlight the main agreements:

Procedure for Be-cause health membership

Membership of BCH is open to both organisations and individuals. **Every four years** members are asked to **renew their membership**. In 2024 all members (individuals and organisations) will be

asked to renew their membership in line with the new conditions.

Conditions for membership

- » Endorse the Be-cause health vision and mission and the principles of the Health(care) for All declaration;
- » Be active in and/or have an interest in cooperation with LMICs and in combating global poverty and inequality;
- » Show an interest in what is happening in Belgium in the field of global health;
- » Be actively engaged within at least one of the thematic or ad hoc WGs.

New procedure for applications of member organisations

Candidate members are asked to conduct an [ethical self-screening](#)²⁵.

The **Ethical Commission (EC)** evaluates the potential member by reviewing the **ethical self-screening** and starting a dialogue when appropriate. The EC presents its conclusions to the SC. If the SC accepts the application, it refers the candidacy to the GA which endorses or declines the membership of the candidate organisation.

Suspension or exclusion of a member organisation

In case there is a **complaint about ethical misconduct of a member**, the EC assesses if the complaint is justified. If justified, the EC conducts an ethical screening to assess if the membership is still eligible. If not, the SC can decide to suspend the member until the decision on an exclusion of the member is made by the GA.

Ethical Commission and BCH Ombudsperson

The EC is formed within the SC, and chaired by the **BCH Ombudsperson**. The EC is in charge of the ethical screening of (candidate) member organisations and the follow-up on complaints about ethical misconduct of Be-cause health and/or its members.

New procedures for partnerships, funding, advocacy and policy advice

New procedures on how to **engage with other organisations/networks**, how to **attract funding** and how to **organise advocacy and policy advice** are now in place.

Organisational structure of the SC

The **optimal composition** of the SC aims to reflect the **diversity of the members**:

- » two representatives of academic institutions;
- » two representatives of NGOs;
- » two representatives of public institutions;
- » two representatives of member organisations from a LMIC;
- » two representatives of another kind of member organisation; and
- » one individual member.

People from the **LMIC-diaspora community** in Belgium are pro-actively encouraged to apply. The **gender balance** of the SC is 50:50 (if the number of members is even), or 60:40 in either direction (if the number of members is uneven). The secretariat will make reasonable accommodation to enable **persons with disabilities** to be members of the SC. **The permanent WGs** are represented as much as possible in the SC.

Conclusion

The new internal regulations reflect the recommendations of the hera evaluation (update vision and mission, promote diversity and inclusion, straighten out the membership procedure and strengthen the membership database by limiting membership in time and linking membership to WG participation, among others), and the lessons learned from the internal process on decolonising Be-cause health (open up membership to individuals and organisations not based in Belgium, adding two representatives of member organisations from LMIC to the SC, among others).

¹⁹ <https://www.be-causehealth.be/en/#newsletter>

²⁰ <https://www.facebook.com/becausehealth>

²¹ https://x.com/health_cause

²² <https://www.linkedin.com/groups/13632386/>

²³ <https://www.itg.be/nl/attachment/bf3fc880-1287-4c70-8c83-3b5307e10736/bch-evaluation-report.pdf>

²⁴ <https://www.itg.be/nl/attachment/ab0eafe6-a2cd-4aa2-a9e6-a28177f0a461/bch-management-response.pdf>

²⁵ <https://fs10.formsite.com/formulierenITG/pccwllks8i7/index>

Strengthening Health for All: what works in a world in poly-crisis and uncertainty?



Strengthening health for all – What works in a world in poly-crisis and uncertainty?

<https://www.be-causehealth.be/en/bch-news/submissions-call-strengthening-health-for-all-what-works-in-a-world-in-poly-crisis-and-uncertainty/>

In 2001, the ITM organised a conference in Antwerp on **Health Care for All (HC4All)** that resulted in a short and powerful **declaration** of priorities for health care. This **HC4All declaration**²⁶ served as a foundation for Be-cause health since the network was created in 2004.

The values of the declaration remain topical. However, [the external evaluation](#)²⁷ in 2020 identified the need to review the HC4All declaration as a reference text, or at least add a number of **new priorities**. It is clear that in 20 years the world has changed. Our planet is reaching its social, economic, and ecological limits. Climate crisis, warfare, increasing migration, economic turmoil, a debt crisis in many LMICs and a pandemic as well as infodemics, among other things, challenge the emerging responses for the health and health care goals of communities, countries, and international institutions.

We started the review process **by compiling an overview of potential topics** from documents relevant to our platform today. This overview was presented at the 2022 GA to collect input from the members. However, it soon became clear that this exercise **exceeds the platform**, and that we need to broaden the discussion beyond the platform members.

For this reason, in December 2023, BCH, together with the [Emerging Voices for Global Health](#)²⁸ and [Health Systems Global](#)²⁹ networks launched a call to invite researchers, health workers, health practitioners, policy makers, health activists and members of grassroots organisations worldwide, to submit a pitch for **a short story of success or a promising failure in global health**.

The aim of the call was to draw upon the lessons learned and conclusions from the stories to draft a **declaration** which reaffirms the **right to Health for All in the current context of poly-crisis and uncertainty**. The declaration should be internationally supported as widely as possible by academic and civil stakeholders, policy makers and governments.

Gender and Power Relations Policy

In 2023, [the gender and power relation policy](#)³⁰ was in place after the “[gender and power relation reflection tool](#)” was tested and positively evaluated. The policy stipulates that:

- » **The taskforce** Gender and Power Relations has (min.) one meeting every two years;
- » The gender and power relations **reflection tool** is filled out once every two years to assess gender practices and analyse power relations within meetings of the platform (WGs/SC), and to propose actions to improve the functioning of the WGs/SC from an inclusive perspective.
- » Every two years **an action plan** is drafted by the taskforce with clear indicators and recommendations (detecting needs and possible mitigating measures) based on the results of the reflections of the WGs/SC.
- » The action plan is presented to the SC. The SC decides upon the action plan, and is responsible for its follow-up.

²⁶ https://www.be-causehealth.be/wp-content/uploads/2020/10/declaration_on_health_care_for_all-1.pdf

²⁷ <https://www.be-causehealth.be/wp-content/uploads/2016/05/BCH-Evaluation-Report-hera-Elektronische-versie-1.pdf>

²⁸ <https://ev4gh.net/>

²⁹ <https://healthsystemsglobal.org/>

³⁰ <https://www.be-causehealth.be/wp-content/uploads/2023/11/Be-cause-health-gender-and-power-relations-policy.pdf>

OVERVIEW OF EXPENSES 2023

| REVENUES | RECEIVED | |
|--|--------------------|--------------------|
| DGD FA5 ITM project (operating costs) | € 73,500 | |
| EXPENSES | BUDGET | REALISED |
| Network management (organisation SC and GA) | € 1,000.00 | € 4,293.59 |
| Communication (website, newsletters, annual report, other) | € 4,000.00 | € 4,444.13 |
| Be-cause health annual conference 2023 | € 38,000.00 | € 37,608.15 |
| Be-cause health thematic WG activities (including the co-organisation of the panel on “Equal Access to Controlled Substances for Medical and Research Purposes”) | € 25,500.00 | € 20,239.92 |
| Participation of BCH and partners from LMICs in international scientific and policy global health events (including ECTMIH Utrecht) | € 5,000.00 | € 6,921.18 |
| Total expenses operating costs 2023 | | € 73,560.97 |
| Total budget operating costs 2023 | € 73,500.00 | |
| Balance 2023 (operating costs) | € -60.97 | |

The support of the platform is one of the outcomes (“Belgian Programme - Policy Support”) under the 5th framework agreement between ITM and DGD (FA5), covering the 2022-2026 period. ITM considers only one budget line for the BCH 5-year programme. However, the secretariat will continue to make and revise its annual budget (by its SC as well as its GA), and to report in the same way as before.

WHO WE ARE

Composition of the Steering Committee (December 2023)

Chair

- » Stefaan Van Bastelaere, Enabel
 - » Substitute: Xavier de Béthune, individual member

Coordinator

- » Magalie Schotte, ITM

Treasurer

- » Xavier de Béthune, individual member
 - » Substitute: Davide Olchini, Médecins du Monde (MdM)

Members of the Ethical Commission

- » Amandine Oleffe, École de Santé Publique – Université Libre de Bruxelles (ESP – ULB)
- » Valérie Van Belle, Christelijke Mutualiteiten (CM) – Mutualités Chrésiennes (MC)

Ombudsperson

- » Félix Vanderstricht, ULB Coopération

Observer member

- » Mabelle Mrad, DGD
 - » Substitute: Enrico Balducci, DGD

Other members SC

- » Thérèse Delvaux, ITM
 - » Substitute: Belen Tarrafeta, ITM
- » Béatrice Futshu, MSDC
 - » Substitute: Anselme Mubeneshayi Kananga, International Youth Association for Development (IYAD)
- » Amandine Oleffe, ESP – ULB
 - » Substitute: Dimitri Renmans, ESP – ULB
- » Ignace Ronse, individual member
 - » Substitute: Martinus De Smet, individual member
- » Laure Speecke: CM- MC
 - » Substitute: Valérie Van Belle, CM - MC
- » Elisa Vanlerberghe, Fracarita
 - » Substitute: Jan Decoene, Fracarita
- » Davide Ziveri, Humanity & Inclusion (HI)
 - » Substitute: Antoine Sepulchre, HI

Listed member organisations (December 2023)



Observing member / Funding organisation

» Belgian Development Cooperation – DGD

Thematic group contacts

For the following themes, there is an active group of members who organise regular meetings to exchange and learn, co-organise workshops or seminars, co-develop tools to influence Belgian stakeholders policies and practices:

- » **Access to Quality Medicines**
Belen Tarrafeta, ITM
- » **Determinants of International Health**
Nicky Gabriëls, Viva Salud
- » **DRC**
Anselme Mubeneshayi Kananga, IYAD
- » **Digitalisation**
Mireille Ntchagang, BlueSquare and Stefaan Van Bastelaere, Enabel
- » **Planetary health**
Davide Ziveri, Humanity & Inclusion and Xavier de Béthune, individual member

- » **Researchers in Global Health**
Elisa Vanlerberghe, Fracarita Belgium and Rebecca Kahler, individual member
- » **Sexual Reproductive Health and Rights**
Sara Salarkiya, Sensoa and Marianne Nguena, GAMS
- » **Social Health Protection**
Elies Van Belle, Memisa and Paul Bossyns, Enabel
- » **Mental Health and Psychosocial Support**
Hilde Buttiëns, Memisa and Katia Verbiest, Artsen zonder Vakantie (AzV)

For each of these themes, reference documents, essential links and presentations of previous workshops and conferences are available on our website: <https://www.be-causehealth.be/en/working-groups-overview/>.

CONCLUSION

Dear Be-cause health members and friends,

First of all, I thank all contributors to this 2023 annual report. The drafting was a joint effort by our steering committee members and WG coordinators. Every year it is a challenge to report on all activities of a network as diverse and vivid as Be-cause health. We hope we have succeeded, and you have enjoyed your reading.

As we conclude this year's report, I want to highlight the lessons learned from our 2023 "Breaking Taboos in Global Health" conference. The conference really pointed out that it is crucial to emphasise the need for ongoing efforts to keep on breaking taboos, and continue the "uncomfortable" path of decolonising global health. Decolonisation is not merely a theoretical exercise. The conference has underscored that the legacy of colonialism is still deeply embedded in our day-to-day global health policies and practices. Decolonising global health means addressing power imbalances by ensuring that the voices, knowledge, and leadership of those mostly not included in the discussion, become central to the conversation. It is clear we are not even close to the beginning of this process. It is not enough to break taboos in conversation alone; these discussions need to be translated into action that reconfigures power structures, challenges existing norms, and fosters true equity.

The climate emergency confronts us with the hard facts. The poorest half of the world's population is only responsible for 10% of carbon emissions. However, they already suffer the most from the impact of the climate emergency. Yet, there are no positive signs that "the wealthy" are willing to ban their use of fossil fuels. Moreover, to tackle the health crisis induced by the complex climate emergency, we need to do more. We need to decolonise, fight social injustice and go beyond purely technical, narrowly formulated, solutions and treatments, and consider traditional, indigenous and community initiatives in global and local health. We need to embrace knowledge systems that have been sidelined by dominant, Western-centric paradigms. These visions on planetary health can maybe guide us out of the poly-crisis and uncertainty we are living in today.

As Be-cause health looks to the future, we

are committed to continuing this work of decolonisation, to break taboos, and to maintain an inclusive platform where diverse voices are heard and respected. A platform where decolonisation is not just a goal but a guiding principle—one that requires vigilance, humility, and a willingness to confront uncomfortable truths. By working together, we can dismantle the remnants of colonialism in global health and build a more just and equitable future for all.

Be-cause health is uniquely positioned to drive this change needed to create a more equitable global health landscape. We should continue to lead the way in breaking taboos, decolonising global health, and ensuring the right to health for all. I sincerely hope to see you all along this pathway.

Let's meet each other soon at one of our many future activities, be it online or in person. I look forward to it!

Magalie Schotte
Coordinator Be-cause health





Belgian Platform for
International Health

BE-CAUSE HEALTH ANNUAL REPORT 2023

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Contact details

Nationalestraat 155 · 2000 Antwerpen · Belgium
becausehealth@itg.be · www.be-causehealth.be

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Magalie Schotte · mschotte@itg.be
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Contributors

Nathalie Brouwers (ITM/BCH), Nicky Gabriëls (Viva Salud), Anselme Mubeneshayi Kananga (IYAD), Mireille Ntchagang (Bluesquare), Sara Salarkiyya (Sensoa), Magalie Schotte (ITM/BCH), Belen Tarrafeta (ITM), Stefaan Van Bastelaere (Enabel), Elies Van Belle (Memisa), Elisa Vanlerberghe (Fracarita), Davide Ziveri (H&I)